Jackson State University
School of Public Health

Final Self-Study Report

Prepared for the Council on Education for Public Health
April 2018

TABLE OF CONTENTS

RESOURCE FILE INDEX 4

INTRODUCTION 7

A1. ORGANIZATION AND ADMINISTRATIVE PROCESSES 14

A2. MULTI-PARTNER SCHOOLS 21

A3. STUDENT ENGAGEMENT 22

A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH 24

A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH 25

B1. GUIDING STATEMENTS 26

B2. GRADUATION RATES 28

B3. POST-GRADUATION OUTCOMES 34

B4. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS 36

B5. DEFINING EVALUATION PRACTICES 39

B6. USE OF EVALUATION DATA 42

C1. FISCAL RESOURCES 44

C2. FACULTY RESOURCES 50

C3. STAFF AND OTHER PERSONNEL RESOURCES 56

C4. PHYSICAL RESOURCES 58

C5. INFORMATION AND TECHONOLOGY RESOURCES 61

D1. MPH AND DrPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE 64

D2. MPH FOUNDATIONAL COMPETENCIES 67

D3. DrPH FOUNDATIONAL COMPETENCIES 77

D4. MPH AND DrPH CONCENTRATION COMPETENCIES 84

D5. MPH APPLIED PRACTICE EXPERIENCES 95

D6. DrPH APPLIED PRACTICE EXPERIENCE 100

D7. MPH INTEGRATIVE LEARNING EXPERIENCE 104

D8. DrPH INTEGRATIVE LEARNING EXPERIENCE 107

D9. PUBLIC HEALTH BACHELOR'S DEGREE GENERAL CURRICULUM 111

D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS 112

D11. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES 113

D12. PUBLIC HEALTH BACHELOR'S DEGREE CUMULATIVE AND EXPERIENTIAL ACTIVITIES 114

D13. PUBLIC HEALTH BACHELOR'S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES 115

D14. MPH PROGRAM LENGTH 116
D15. DrPH PROGRAM LENGTH 117
D16. BACHELOR'S DEGREE PROGRAM LENGTH 118
D17. PUBLIC HEALTH ACADEMIC MASTER'S DEGREES 119
D18. PUBLIC HEALTH ACADEMIC DOCTORAL DEGREES 120
D19. ALL REMAINING DEGREES 121
D20. DISTANCE EDUCATION 126

E1. FACULTY ALIGNMENT WITH DEGREES OFFERED 127
E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE 135
E3. FACULTY INSTRUCTIONAL EFFECTIVENESS 137
E4. FACULTY SCHOLARSHIP 143
E5. FACULTY EXTRAMURAL SERVICE 150

F1. COMMUNITY INVOLVEMENT IN SCHOOL EVALUATION AND ASSESSMENT 155
F2. STUDENT INVOLVEMENT IN COMMUNITY AND PROFESSIONAL SERVICE 158
F3. ASSESSMENT OF THE COMMUNITY'S PROFESSIONAL DEVELOPMENT NEEDS 161
F4. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE 165

G1. DIVERSITY AND CULTURAL COMPETENCE 168

H1. ACADEMIC ADVISING 176
H2. CAREER ADVISING 179
H3. STUDENT COMPLAINT PROCEDURES 183
H4. STUDENT RECRUITMENT AND ADMISSIONS 185
H5. PUBLICATION OF EDUCATIONAL OFFERINGS 189

RESOURCE FILE INDEX

Introduction

1. 2016-17 Jackson State University Facts and Figures Brochure
2. JSU accredited colleges/schools

A1. Organization and Administrative Processes

1. JSU *Faculty Handbook* with policies and procedures for promotion and tenure
2. Faculty meeting minutes
3. National Public Health Week Committee meeting minutes
4. Community Advisory Board members 2017-18

A5. Degree Offerings in School of Public Health

1. Official University Graduate Course Catalog fall 2017

B1. Guiding Statements

1. School Roadmap
2. School annual reports 2015-16 and 2016-17

B4. Alumni Perceptions of Curricular Effectiveness

1. Documentation of methodology and findings from alumni survey, graduate exit survey, and graduate exit interviews 2016-17

B5. Defining Evaluation Practices

1. School Roadmap as evidence of implementation of plan described in Table B5-1
2. Student Learning Outcomes (sample SLOs)
3. Annual Faculty Assessment and Accreditation survey

C2. Faculty Resources

1. Results and backup qualitative data on student perceptions of class size and availability of faculty (only public health degrees and concentrations data)

C5. Information Technology Resources

1. JSU Information Technology infrastructure document
2. JSU Information Technology training sample certificate

D1. MPH and DrPH Foundational Public Health Knowledge

1. Current syllabi for courses listed in Table D1-1,
2. MPH *Student Handbook* 2017-19

D2. MPH Foundational Competencies

1. Current syllabi for courses listed in Table D2-1and D2-2
2. MPH *Student Handbook* 2017-19

D3. DrPH Foundational Competencies

1. Current syllabi for courses listed in Table D3-1 and D3-2

D4. MPH and DrPH Concentration Competencies

1. Current syllabi for concentration courses listed in Table D4-1

D5. MPH Applied Practice Experience

1. Graduate Field Internship Manual
2. PHS 508 Public Health Internship syllabus
3. Samples of practice-related materials for individual students from each concentration
4. Preceptor lists for each MPH concentration

D6. DrPH Applied Practice Experience

1. PHS 750 Applied Practicum syllabus
2. Samples of practice-related materials for individual students from each concentration
3. PHS 750 Student-faculty Publications

D7. MPH Integrative Learning Experience

1. PHS 507 MPH ILE syllabus
2. PHS 507 MPH ILE assessment rubric

D8. DrPH Integrative Learning Experience

1. DrPH *Student Handbook*
2. Samples of deliverables associated with the ILE experience

D19. All Remaining Degrees

1. Current syllabus for HCA 311 Public Health and Epidemiology
2. Current syllabus for PHS 500 Introduction to Public Health Disciplines
3. Aligning competencies, didactic instruction, and assessment
4. Article Public Health Introduction to Communicative Disorders MS
5. PHS 500 final exam
6. PHS 500 mid-term exam

E1. Faculty Alignment with Degrees Offered

1. CVs for all individuals listed in Table E1-1 and E1-2

E2. Integration of Faculty with Practice Experience

1. Faculty Annual Institutional Performance Review template
2. Samples of faculty self-evaluation in teaching, scholarship, and service

E3. Faculty Instructional Effectiveness

1. Distance Learning Faculty Handbook
2. JSU Promotion and Tenure application
3. SPH Annual Reports 2015-16 and 2016-17
4. SPH sample SIRS data
5. Mid-term feedback from students sample

E4. Faculty Scholarship

1. DrPH students presentations at APHA meeting 2016-17
2. Sample student publication
3. JSU policy on promotion and tenure related to research and scholarly activity

E5. Faculty Extramural Service

1. Samples of formal research agreements
2. Faculty service 2015-18

F1. Community Involvement in School Evaluation and Assessment

1. List of Community Advisory Board members and their credentials
2. Report on future external collaboration on research

F3. Assessment of the Community's Professional Development Needs

1. Summary results of assessments of community's professional development needs
2. Needs assessment template

F4. Delivery of Professional Development Opportunities for the Workforce

1. Certified Public Health and CHES examination preparation course descriptions and flyers

G1. Diversity and Cultural Competence

1. Equal Employment Opportunity and Affirmative Action Policy
2. Syllabi for courses exposing students to cultural and racial understanding
3. Pre- and post-tests for PHS 525 Epidemiology of Minority and Special Populations
4. Bias prevention training links for campus-wide conference
5. Required conference on implicit bias certificates
6. SPH Diversity Qualitative Data Summary

H1. Academic Advising

1. Student/faculty Advisement Session Report samples
2. Graduate Degree Plan Form A link
3. Application for Graduate Degree Candidacy
4. Sample results of alumni survey

H5. Publication of Educational Offerings

1. Student handbooks and plans of study for guidance
2. MPH and DrPH program brochures
3. JSU course catalog fall 2017

INTRODUCTION

1) Describe the institutional environment.

History of the university

In 1877, the American Baptist Home Mission Society founded the Natchez Seminary, in Natchez, Mississippi. The goal of the seminary was to provide moral, religious, and intellectual support for "Christian Leaders of Color" from Mississippi and its neighboring states. The seminary initially enrolled twenty newly freed slaves as students and served primarily as a school to train ministers and teachers. In 1882, the institution moved to Jackson in order to be more centrally located within the state, and shortly thereafter, its name was changed to Jackson College. Programs were added in education, liberal arts, the sciences, and graduate studies. For sixty-three years, the institution operated as a private church school.

In 1940, the State of Mississippi assumed support of the institution, and the college became a state institution for training rural and elementary school teachers, awarding its first bachelor's degrees in 1944. In 1956, the school's name was changed to Jackson State College. Further expansion of the curriculum and facilities elevated the college to university status in 1974, when its name was changed to Jackson State University (JSU). In 1979, the state officially designated JSU "Mississippi's Urban University."

The university is a member of the state system of colleges and universities and is governed by the Mississippi Board of Trustees, which is the constitutional governing body of the Mississippi State Institutions of Higher Learning (IHL). The state's governor appoints IHL Board members for twelve-year terms.

The institutional environment of the university

JSU is located in Jackson, the capital and the largest city in Mississippi, as well as the geographic, political, medical, commercial, and cultural center of the state. The main campus is located on approximately 120 acres, one mile west of downtown Jackson. The Jackson Medical Mall (a former shopping mall located on West Woodrow Wilson Drive that was converted to a facility housing medical clinics and office space for nongovernmental health organizations and academic preparation for health professionals) houses the school of public health. The school's close proximity to the central administrative and legislative core of state government presents exceptional opportunities for collaborative efforts to address health disparities among various population groups within Mississippi. Students and faculty may use state resources in the executive and legislative branches of government to further their understanding of functional public health policy and the intersectoral dimensions of public health practice. They also may observe activities of, and interact with, state and local health agencies, thereby enhancing student training for careers in public health.

JSU enrollees, who come from all eighty-two counties in Mississippi, from other states, and from a number of foreign countries, represent both traditional and nontraditional students of diverse backgrounds. In the fall of 2016, 9,811 students attended JSU. In the 2016-17 academic year, the university awarded a total of 1,517 degrees (see Resource File, A Introduction for the 2016-17 Jackson State University Facts and Figures Brochure).

The university provides its students with academic opportunities intended to help them succeed in an increasingly complex and technologically advanced world. The university also provides

public service programs designed to enhance quality of life, such as community health needs assessments, health professional workforce development, and consultations on the preparation of health policies, and seeks solutions to urban and rural problems in the physical, social, intellectual, and economic environments. Educational programs are conducted through JSU's five colleges and one school: the College of Business; College of Education and Human Development; College of Liberal Arts; College of Public Service; College of Science, Engineering and Technology; and School of Public Health (see the university's organizational chart in Exhibit 1.2.b, below). The university offers 46 bachelors, 37 masters, 2 specialist-in-education, and 13 doctoral degree programs.

Every ten years, the Southern Association of Colleges and Schools (SACS), the recognized regional accrediting body for eleven U.S. southern states, reviews all university programs (see information on the JSU SACS accreditation website http://www.jsums.edu/qep/accreditation/). The university received its most recent ten-year accreditation from SACS in December 2012. The accrediting agencies for individual JSU colleges and schools are listed in the Resource File, A Introduction.

A total of 345 part- and full-time faculty were employed at JSU in the fall of 2017. Other staff supporting academic activities and university operations, including administrators, professionals, technical and paraprofessional staff, clerical/secretarial staff, skilled craft people, service/maintenance workers, and student instructors/research assistants, total 1,093.

History of the school of public health

The JSU School of Public Health began as a department within the School of Allied Health Sciences in a trailer on the main campus. The School of Allied Health Sciences, formed in 1998, initially consisted of two departments, the Department of Healthcare Administration (which offered a BS degree) and the Department of Communicative Disorders (which offered an MS degree). The Department of Public Health was launched the following year (1999), and by 2000 it moved to its current location in the Jackson Medical Mall.

During 2003-04, the university underwent a campus-wide, structural reorganization, arranging its schools under five overarching colleges. A new College of Public Service was formed, which encompassed the School of Social Work and the School of Policy and Planning; at the same time, the School of Allied Health Sciences was eliminated. However, the Department of Public Health continued, emerging as the JSU School of Public Health within the College of Public Service. The School of Public Health incorporated the programs of Communicative Disorders and Healthcare Administration that were formerly housed in the School of Allied Health Sciences. The school also established a doctor of public health program and began admitting its first cohort of students in 2005.

In 2004-05, preparations got under way to seek Council on Education for Public Health (CEPH) accreditation at the school level. To this end, the public health program was restructured into three departments (Epidemiology and Biostatistics, Behavioral and Environmental Health, and Health Policy and Management), which offered the master of public health degree in their respective concentrations. The bachelor of science degree program and faculty from the former Department of Healthcare Administration were shifted to the new Department of Health Policy and Management. The Department of Communicative Disorders continued under its original name.

Having pursued this preparatory process, the university determined that it was not ready to make the necessary commitments to create an accredited school of public health and withdrew its application. As required by CEPH guidelines, the name "school of public health" was rescinded

and replaced by the title School of Health Sciences. The university pursued accreditation at the program level for both the MPH and DrPH programs during academic year 2006. In October 2008, the program was accredited for a five-year period through December 2013. After its accreditation, the program maintained the required sixteen-member faculty and enrolled more than 100 students. The program continued to be housed in the School of Health Sciences within the College of Public Service, under the direction of an associate dean (2008-11) and then an executive director (2011-15) both of whom reported to the dean of the College of Public Service.

In 2013-14, the public health degree programs completed the process for reaccreditation by CEPH. The final report and decision by CEPH on the accreditation status of JSU's Public Health Program resulted in the maximum length of approval, seven years through July 2021. The interim dean, working closely with the faculty, staff, and students, submitted an application to CEPH in December 2016 proposing the transition from an accredited public health program to a school of public health. In February 2017, CEPH approved the school's application, and JSU began the accreditation self-study process. Mississippi's governor, the state commissioner for higher education, state policy makers, and other state delegates participated in the School of Public Health's Ribbon Cutting Ceremony on April 5, 2017 (to view the ceremony, see https://livestream.com/jacksonstateu/SchoolofPublicHealth/videos/153329454).

In fall 2015, the state legislature approved a one-time, $2 million special appropriation to support the transition of the program to a school of public health, and a new dean was hired. The dean was reassigned in February 2016, when the current interim dean was appointed and charged with moving forward the CEPH accreditation endeavor.

During the past fifteen years, the Public Health Program/School of Public Health has awarded more than 400 MPH and DrPH degrees and continues to maintain a sound enrollment and graduation pattern. Program graduates work with a diverse array of employers including the Mississippi Department of Health, University of Mississippi Medical Center, Jackson State University, Tugaloo College, the Centers for Disease Control and Prevention, and various nonprofit organizations.

2) Organizational charts that clearly depict the following related to the school.

The school's internal organizational chart (Exhibit 1.2.a), and the university's organizational chart (Exhibit 1.2.b) are provided on the following pages.

Exhibit 1.2.a Organizational Chart of the School

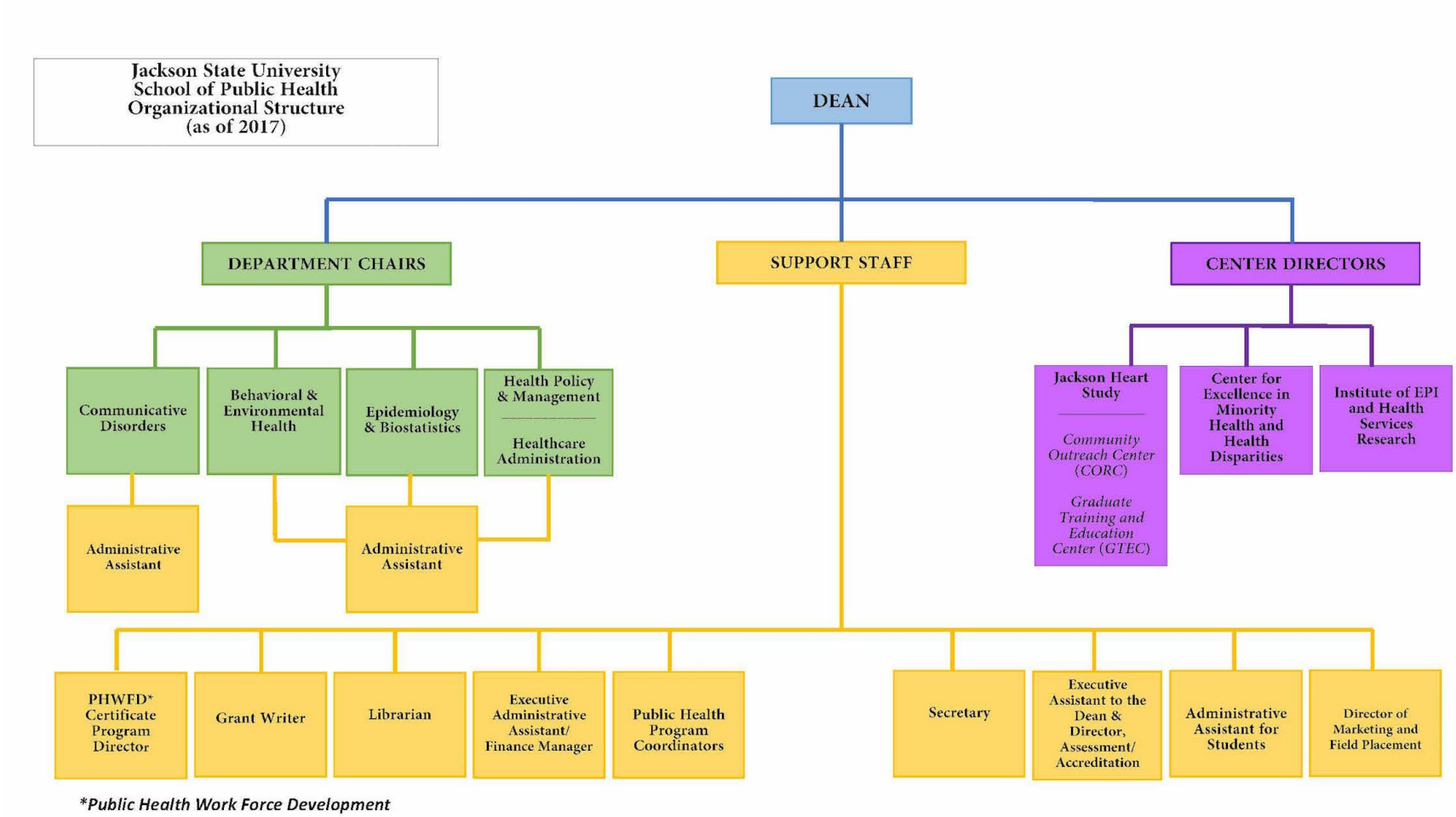
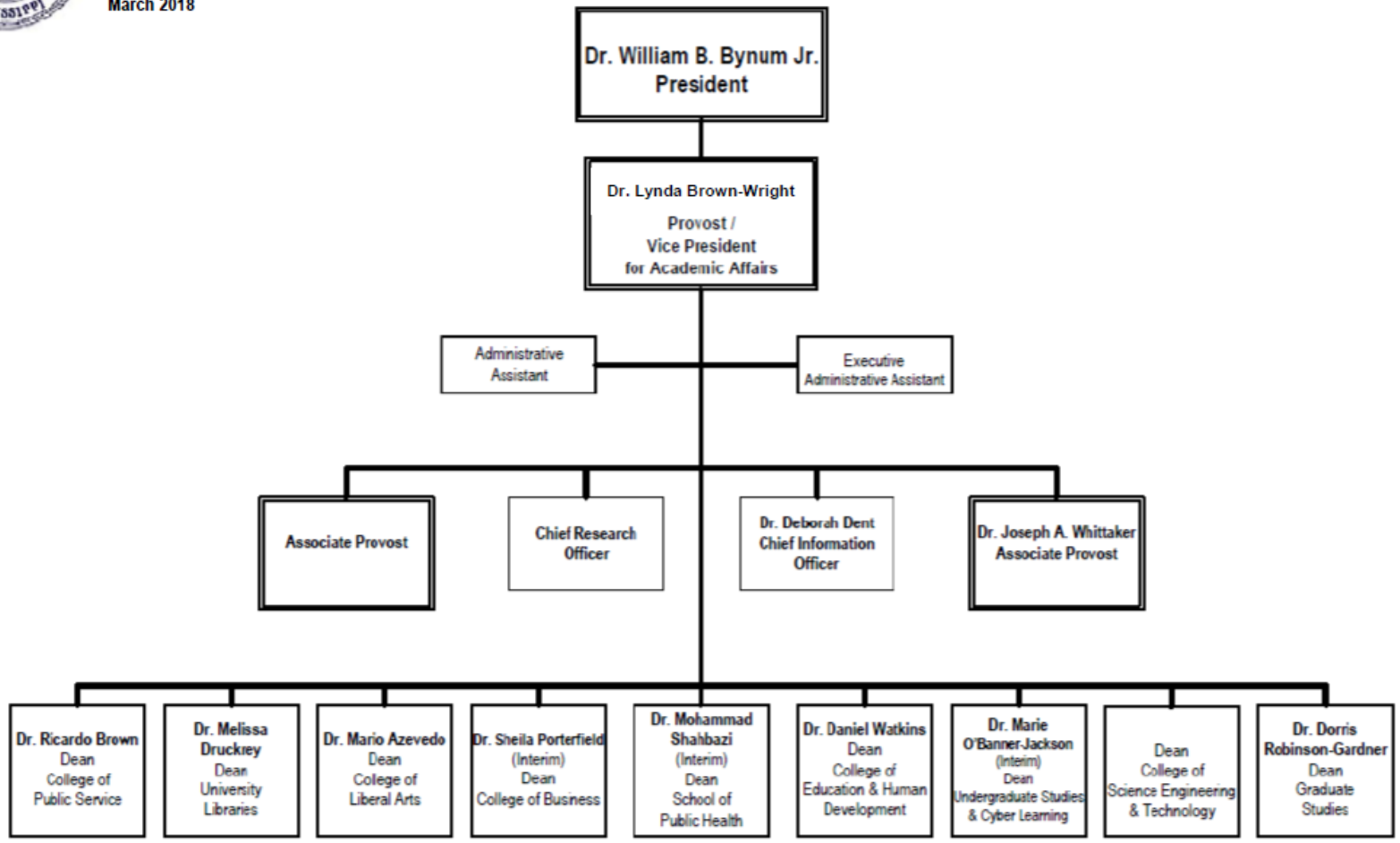


Exhibit 1.2.b. The University's Internal Organizational Chart

Jackson State University
Organizational Chart
Division of Academic Affairs
March 2018



3) An instructional matrix presenting all of the school's degree programs and concentrations including bachelor's, master's and doctoral degrees, as appropriate. Present data in the format of Template Intro-1.

Table Intro-1. Instructional Matrix: Degrees and Concentrations

Specialization/concentration	Degree		Categorized as public health	Campus based	Exec*	Distance based*
Bachelor's degrees						
Healthcare Administration	BS			X		
Communicative Disorders	BS			X		
Master's degrees	**Academic**	**Professional**				
Biostatistics		MPH	X	X		
Behavioral Health Promotion and Education		MPH	X	X		
Environmental and Occupational Health		MPH	X	X		
Epidemiology		MPH	X	X		
Health Policy and Management		MPH	X	X		
Communicative Disorders	MS			X		
Doctoral degrees	**Academic**	**Professional**				
Behavioral Health Promotion and Education		DrPH	X	X		
Epidemiology		DrPH	X	X		
Health Policy and Management		DrPH	X	X		

*The school does not offer any executive or distance-based programs at this time.

4) Enrollment data for all of the school's degree programs, including bachelor's, master's, and doctoral degrees, in the format of Template Intro-2. Schools that house "other" degrees and concentrations (as defined in Criterion D-19) should separate those degrees and concentrations from the public health degrees for reporting student enrollments. Data on "other" degrees and concentrations may be grouped together as relevant to the school.

Table Intro-2 Number of Enrollees in Each Degree Program 2017-18

Degree		Current Enrollment 2017-18
Master's		
	MPH Behavioral Health Promotion and Education Biostatistics Environmental and Occupational Health Epidemiology Health Policy and Management	88 23 2 7 30 26
	MS in Communication Disorders	36
Doctoral		
	DrPH Behavioral Health Promotion and Education Epidemiology Health Policy and Management	75 23 30 22
Bachelor's		
	BS in Healthcare Administration	382
	BS in Communication Disorders	88

A1. ORGANIZATION AND ADMINISTRATIVE PROCESSES

The school demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The school establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision-making and implementation.

1) List the school's standing and significant ad hoc committees. For each, indicate the formula for membership and list the current members.

Annually, the dean appoints, or renews the appointments of, two faculty coordinators, one each for the MPH and DrPH programs. The faculty coordinators work with other faculty, department chairs, and the dean's office to coordinate course schedules, facilitate graduate comprehensive examinations, update student handbooks, and handle academic matters that support the smooth and efficient operation of departments and the school.

In accordance with the school's policies and procedures, tenured and tenure-track faculty elect members of the standing committees at the beginning of each academic year (see JSU's *Faculty Handbook* in Resource File A1). The standing committees cover promotion and tenure (with one committee at the department level and another at the school level), admissions (MPH and DrPH Admissions Committee), curriculum design (SPH Curriculum Committee), degree requirements (SPH Curriculum Committee), and student assessment policies and processes (SPH Curriculum Committee and MPH and DrPH Coordinators).

Table A1-1 School Standing Committees, 2017-18

Department committees	Function/responsibilities	Committee members
Promotion and Tenure, Behavioral and Environmental Health	Reviews applications and makes recommendations to the department chair	Dr. Marinelle Payton (EPI/BIO) Dr. Brian Anderson* (SOCWK) Dr. Bennett Odunsi* (PUBPOL) Dr. Julie Schroeder* (SOCWK) Dr. James Slack* (SOCWK)
Promotion and Tenure, Epidemiology and Biostatistics	Reviews applications and makes recommendations to the department chair	Dr. Russell Bennett (HPM) Dr. Azad Bhuiyan (EPI/BIO) Dr. Jung Lee (EPI/BIO) Dr. Anthony Mawson (EPI/BIO) Dr. Amal Mitra (EPI/BIO)

Department committees	Function/responsibilities	Committee members
Promotion and Tenure, Health Policy and Management	Reviews applications and makes recommendations to the department chair	No applicants this year
Faculty Searches, Behavioral and Environmental Health	Reviews applications and makes recommendations to the department chair	Dr. Manoj Sharma (BEH) Dr. Amal Mitra (EPI/BIO) Dr. Azad Bhuiyan (EPI/BIO) Dr. Anthony Mawson (EPI/BIO)
Faculty Searches, Epidemiology and Biostatistics	Reviews applications and makes recommendations to the department chair	Dr. Sophia Leggett (BEH) Dr. Amal Mitra (EPI/BIO) Dr. Azad Bhuiyan (EPI/BIO) Dr. Anthony Mawson (EPI/BIO) Dr. Jung Lee (EPI/BIO)
Faculty Searches, Healthcare Policy and Management	Reviews applications and makes recommendations to the department chair	No applicants this year

School (SPH) committees	Function/responsibilities	Committee members
SPH Promotion and Tenure	Reviews applications and makes recommendations to the dean	Dr. Jean-Claude Assad* (SCH BUSI) Dr. Walter Brown* (EXEC EDU) Dr. Joyce Buckner-Brown (HP) Dr. Traci Harris* (El ED) Dr. Carolyn Howard* (BIO) Dr. Isiah Marshall* (SOCWK)
SPH Curriculum Committee	Reviews proposals for the introduction of new courses, revision of existing courses, and elimination of unneeded courses and modifications to degree requirements; makes recommendations to the department chairs and dean	Dr. Luma Akil (BEH) Dr. Azad Bhuiyan (EPI/BIO) Dr. Jung Lee (EPI/BIO) Dr. Joni Roberts (BEH) Dr. Mustafa Younis (HPM) Ms. Demitra Young (MPH student)

School (SPH) committees	Function/responsibilities	Committee members
MPH and DrPH Admissions Committee	Reviews applications and recommends admission of eligible applicants to the department chairs; reviews proposals for changes in admissions standards before making recommendations to the dean	Ms. Freda Parker-Miller (DrPH student) Ms. Ahbria Williams (CMD student) Dr. Russell Bennett, DrPH Coordinator, (HPM) Dr. Sophia Leggett, MPH Coordinator (BEH) Dr. Jung Lee (EPI/BIO) Dr. Amal Mitra (EPI/BIO) Dr. Emeka Nwagwu (HPM) Dr. Manoj Sharma (BEH) Dr. Jennifer Sims (BEH)
Community Advisory Board**	Review of mission, goals, and objectives; curriculum and competencies; and practice experience; make recommendations for changes in these areas to the school's Leadership Team	Dr. Jasmine Chapman Mr. Jim Craig Dr. Mary Crump Dr. Mary Currier (alumna) Dr. David J. Dzielak Dr. Debbie Ferguson (alumna) Dr. Sandra Hayes (alumna) Ms. Traci Hayes (DrPH student) Rev. Joe W. May Dr. Dorothy McGill Mrs. Johnnie Patton Ms. Ambresha Johnson (Healthcare Admin student) Ms. Najila Mumammad (CMD undergraduate student) Ms. Elfreda Parker (DrPH student) Ms. Ahbria Williams (CMD graduate student) Ms. Demetria Young (MPH student)

*A member of academic disciplines other than public health. According to university policy, only tenured faculty may serve on this committee and no tenured faculty member who is serving on the University Promotion and Tenure Committee may serve on the school's Promotion and Tenure Committee. Department chairs also are ineligible to serve on the university or school committees.

**Community Advisory Board titles are listed in Resource File A1.

2) Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:

a. degree requirements
b. curriculum design
c. student assessment policies and processes
d. admissions policies and/or decisions
e. faculty recruitment and promotion
f. research and service activities.

The JSU School of Public Health has appropriate internal decision-making structures, as outlined in Table A1-1 and described below. Depending on the area of decision making, the dean works directly with department chairs, with the school's Leadership Team (the dean, department chairs, MPH and DrPH program coordinators, Healthcare Administration director, Communicative Disorders director, and the Jackson Heart Study Community Outreach Center director), and with standing committees.

a. Degree requirements are addressed within departments with recommendations made to the Curriculum Committee and the school's Leadership Team. The Curriculum Committee and Leadership Team bring its recommendations to a school-wide meeting of faculty and staff members. The dean forwards the recommendations to the Division of Graduate Studies.

b. Curriculum design recommendations and modifications to degree requirements are generated at the departmental level and forwarded to the school's Curriculum Committee. The Curriculum Committee presents its recommendation at a school-wide meeting of faculty and staff members. The dean then forwards it to the Division of Graduate Studies, which, in turn, forwards it to the Graduate Curriculum Committee. This committee makes a recommendation to the Graduate Council for approval. The Dean of Graduate Studies forwards the council's decision to JSU's Division of Academic Affairs.

c. The Graduate Area Comprehensive Examination (GACE) Committees, led by the MPH and DrPH coordinators, determine the policies and processes for compiling the examinations and grading rubrics. Grading of course assignments and assessments is addressed at the departmental level, in accordance with policies published in the student handbooks and the graduate catalog.

d. There are two admissions committees, chaired respectively by the MPH and DrPH coordinators. Assessment of admission applications is carried out according to policies published in the MPH and DrPH student handbooks and the graduate catalog.

e. Policies and procedures for faculty recruitment and promotion are described in detail in the faculty handbook (see Resource File A1). In brief, for promotions, a department chair facilitates the election of five of the department's tenured faculty members to a promotion and tenure committee; the elected members choose one of the committee members to serve as chair. The committee reviews the application(s) and supporting documents of the faculty member(s) being considered and makes recommendations to

the department chair. The department chair reviews the application(s) and supporting documents and forwards these to the school-level Promotion and Tenure Committee, with the recommendations of the departmental committee and its chair. The school-level Promotion and Tenure Committee reviews the application(s) and supporting documents and makes recommendations to the dean. The dean reviews the applications and supporting documents for recommended applicants before making recommendations to the provost. The provost chairs the university-level tenure/promotion committee. If approved, a letter offering the position to the successful candidate is dispatched from the provost's office. In the final process, the JSU president recommends the final tenure/promotion decision to the IHL. The process for faculty recruitment is similar, except that the department chairs make their recommendation directly to the dean.

f. As part of the annual performance review process, faculty members and their department chairs agree at the beginning of the academic year to a plan that includes teaching, research, and service activities. At the end of the academic year, the faculty member reports what has been accomplished during the year, and the department chair assesses the faculty member's performance in meeting the goals stated in the plan. The annual performance report, including the department chair's assessment, is forwarded to the dean, who in turn forwards an evaluation of the report to the Office of the Provost and Vice President of Academic Affairs.

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school.

The bylaws that determine the rights and obligations of administrators, faculty, and students in the governance of the school are available in Resource File A1 in the JSU *Faculty Handbook*.

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

Table A1-4 provides a list of the university committees on which SPH faculty and staff are serving in 2017-18.

Table A1-4 University-wide Service

University Committee	Function/Responsibilities	Committee Members
Faculty Personnel	Represents the SPH in advising on the development, maintenance, and modifications of employment policies	Dr. Mustafa Younis (HPM) Dr. Mary Langford-Hall (CMD)
Faculty Senate	Represents the faculty members of the SPH in communicating about issues that affect all faculty members of the university	Dr. Sarah Buxbaum (EPI/BIO) Dr. Azad Bhuiyan (EPI/BIO) Dr. Sophia Leggett (BEH) Dr. Celesta Parker (CMD)

University Committee	Function/Responsibilities	Committee Members
Freshman Class Sponsor	Advises freshman class members	Mr. Clarence Johnson (HPM)
Graduate Council	Represents the SPH when addressing issues related to graduate education	Dr. Russell Bennett (HPM) Dr. Sophia Leggett (BEH) Dr. Mary Shaw (BEH)
Grievance Committee	Reviews complaints and makes recommendations for resolving issues	Dr. Russell Bennett (HPM) Dr. Sarah Buxbaum (EPI/BIO)
Sexual Harassment Grievance Panel (involving faculty)	Reviews sexual harassments, grievances, and recommends actions of administrators	Dr. Betty Sutton (CMD) Dr. Russell Bennett (HPM)
Tenure and Promotion	Reviews recommendations for improvement of policies related to tenure and promotion practices	Dr. Emeka Nwagwu (HPM) Dr. Manoj Sharma (BEH)
Tenure and Promotion Appeals	Reviews appeals and makes recommendations regarding the responses	Dr. Jung Lee (EPI/BIO)
Undergraduate Curriculum Committee	Reviews requests for curriculum changes and makes recommendations to Dean of Undergraduate Studies	Mr. Clarence Johnson (HCA) Dr. Mary Langford-Hall (CMD)

Election to University-wide Committees

The school's faculty, elect faculty members to serve on committees at the university level, including the Faculty Senate, as indicated below.

Faculty Personnel Committee – This committee includes two elected-at-large faculty members from each college/school. The committee, when possible, will be composed of tenured faculty members.

Faculty Senate – One faculty member from each department is elected to serve on the Senate for a period of one year with the opportunity to be re-elected for a second year. A faculty member must be in the third year of employment and on tenure track or tenured to be eligible to be elected to serve in the Senate.

Freshman Class Sponsor – One representative is chosen by the dean of each college/school.

Graduate Council – The members serving on the Graduate Council are appointed by the dean of the school or college. Deans are ex-officio members. All graduate faculty members may attend meetings of the Graduate Council.

Undergraduate Curriculum Committee – A maximum of four faculty members are elected from each college/school for terms of three years, on a rotating basis. One student is elected from each college/school for a one-year term, with the possibility of re-election for another year.

University Grievance Committee – This committee includes two elected-at-large faculty members from each college/school. The faculty members must be in tenure-track positions.

University Sexual Harassment Grievance Panel (involving faculty) – This panel includes one elected-at-large faculty member from each college/school, as well as one member from the library. The election of the Sexual Harassment Grievance Panel members is conducted under the auspices of the University Faculty Senate.

University Tenure and Promotion Committee – This committee includes two elected-at-large faculty members and one alternate from each college/school. Both elected members must be tenured faculty members holding the rank of associate professor or above who have served on the university's faculty for a minimum of three years and who are not being considered for promotion during the year in which they are elected to the committee.

University Tenure and Promotion Appeals Committee – This committee includes two elected-at-large faculty members and one alternate from each college/school. Both elected members are ordinarily expected to hold the rank of full professor. Individuals serving on the departmental, school, college, or university promotion and tenure committee are not eligible for service on this committee.

5) Describe how full-time and part-time faculty regularly interact with their colleagues and provide documentation of recent interactions, which may include minutes, attendee lists, etc.

Faculty members, both full- and part-time, interact in a variety of ways. These include collaboration when conducting research; participation in departmental faculty meetings and monthly school-wide faculty and staff meetings; attendance at university-wide gatherings (e.g., the fall faculty and staff seminar, new student convocation, commencement ceremonies, awards and recognition ceremonies); attendance at student presentations (colloquia, dissertation proposal presentations, dissertation defenses); participation in research symposiums and seminars; and attendance at social events, such as departmental meet-and-greet social gatherings and graduation receptions. Additionally, both full- and part-time faculty interact regularly through email, telephone, and text messaging. (For meeting minutes and attendee lists, see Resource File A1.)

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Challenges
A challenge for the school is maintenance of meeting records including agendas and minutes of meetings, such as the Curriculum Committee and departmental faculty meetings. In the past, these have not been collected in a central location and maintained for ready retrieval.

Plans
The school is working on setting up a shared drive to be used to store and provide ready access to these meeting records. Committee meeting minutes will be available beginning summer 2018.

A2. MULTI-PARTNER SCHOOLS

Not applicable.

A3. STUDENT ENGAGEMENT

Students have formal methods to participate in policy making and decision making within the school, and the school engages students as members on decision-making bodies whenever appropriate.

1) Describe student participation in policy making and decision making at the school level, including identification of all student members of school committees over the last three years, and student organizations involved in school governance, if relevant to this criterion. Schools should focus this discussion on students in public health degree programs.

The school has a number of student associations, including the MPH and DrPH Public Health Student Associations, the Communicative Disorders Undergraduate and Graduate Student Association, and the Health Care Student Association. Each association has several officers, who are elected in accordance with their bylaws. Additionally, students are members of several school committees. Student membership over the past three years is listed below.

Curriculum Committee – Reviews proposals for the introduction of new courses, revision of existing courses, and elimination of unneeded courses as modifications to degree requirements; makes recommendations to the department chairs and dean.
Student members:
2017-18 – Ms. Demitra Young (MPH student), Ms. Freda Parker-Miller (DrPH student), and Ms. Ahbria Williams (CMD student)
2016-17 – Ms. Jada Lee, Ms. Traci Hayes, and Ms. Yalanda Barner
2015-16 – Mr. Christopher Lane, Ms. Traci Hayes, and Ms. Yalanda Barner

Community Advisory Board (newly formed in 2017) – Review of mission, goals, and objectives; curriculum and competencies; and practice experience; make recommendations for changes in these areas to the school's Leadership Team
Student members:
2017-18 – Ms. Ambresha Johnson (Healthcare Admin student), Ms. Najila Mumammad (CMD undergraduate student), Ms. Elfreda Parker (DrPH student), Ms. Ahbria Williams (CMD graduate student), and Ms. Demetria Young (MPH student)

CEPH Self-study Steering Committee (for two years)
Student members:
2017-18 – Ms. Chizoba Anyimukwu, Ms. Juliet Enow, Ms. Emeryle Milton, Ms. Alfreda Parker-Miller, and Ms. Areial Watts
2016-17 – Ms. Jada Lee, Ms. Traci Hayes, and Ms. Yalanda Barner

Student Associations
The JSU undergraduate and graduate student associations are dedicated to advancing the goals, objectives, and interests of students. The associations serve as a liaison between students and the school community, providing students with a base for connecting with school leadership, social interaction, professional friendships, and contacts. Leadership of the student associations has direct contact with program directors and coordinators as well as the dean.

MPH Public Health Student Association
Officers:
2017-18 – President, Ms. Demetria Young
2016-17 – President, Ms. Jada Lee
2015-16 – President, Mr. Christopher Lane

DrPH Public Health Student Association
Officers:
2017-18 – President, Ms. Elfreda Parker
2016-17 – President, Ms. Traci Hayes and Ms. Yalanda Barner
2015-16 – President, Ms. Traci Hayes and Ms. Yalanda Barner

National Public Health Planning Committee
Student Members:
2017-18 – Ms. Efreda Parker-Miller, Ms. Tameka Stewart, Ms. Tamara Stewart, and Ms. Demetria Young
2016-17 – Ms. Jada Lee, Ms. Traci Hayes, and Ms. Yalanda Barner
2015-16 – Mr. Christopher Lane, Ms. Traci Hayes, and Ms. Yalanda Barner

National Student Speech Language Hearing Association Communicative Disorders Undergraduate and Graduate Student Associations
Officers:
2017-18 – Undergraduate president, Ms. Najila Muhammad; graduate president, Ms. Ahbria Williams
2016-17 – Undergraduate president, Ms. Victoria Dyson-Davis; graduate president, Ms. Anya Tugucheva
2015-16 – Undergraduate president, Ms. Brandi Jones; graduate president, Ms. Caroline McCormick

Healthcare Administration Undergraduate Student Association (newly formed in 2017)
Officers:
2017-18 – President, Ms. Ambresha Johnson

Students are invited to serve on various school committees. For examples, one or more student representatives serve on the Community Advisory Board (a community outreach effort that also includes representatives from local neighborhood associations, area businesses, churches, and schools), on the Curriculum Committee, on the CEPH Self-study Steering Committee, and on the National Public Health Planning Committee. These student representatives are encouraged to meet with the dean regularly to address student-related matters.

The dean devotes five hours weekly to the “Friday Dean’s Open Door,” when students, staff members, and faculty members are invited to drop by to offer their thoughts for improving aspects of the school. When requested, the recommendations or complaints are handled in confidence and are reported to the school’s Leadership Team, a department chair, or staff members who have the capacity to address the reported issue(s). For example, students have reported in this setting that particular faculty members were insensitive to certain personal issues of the students, and students also reported that some fellow students brought their children to the classrooms while the classes were in session. The dean charged the appropriate department chairs with addressing these concerns in the departmental meetings.

A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH

A school of public health operates at the highest level of organizational status and independence available within the university context. If there are other professional schools in the same university (e.g., medicine, nursing, law, etc.), the school of public health shall have the same degree of independence accorded to those professional schools. Independence and status are viewed within the context of institutional policies, procedures and practices.

1) Briefly describe the school's reporting lines up to the institution's chief executive officer. The response may refer to the organizational chart provided in the introduction.

The chief executive Officer of Jackson State University (JSU) is the president. The chief academic officer is the provost. The dean of the School of Public Health reports directly to the provost, which is the pattern for all of the deans of schools and colleges at JSU.

The dean of the school has the same level of autonomy as all deans of colleges and schools within the JSU Division of Academic Affairs (see the school's organizational chart in Exhibit 1.2.a and the university's organizational chart in Exhibit 1.2.b). The dean has authority over all school-related administration, including the budget, personnel assignments, and academic affairs, including curriculum, student recruitment and admissions, instruction, and advising policies, subject to review by the provost and president. The dean supervises the department chairs, librarian, field internship coordinator, recruiter/publicist, administrative assistant for student services, director for accreditation/assessment, director of grant writing services, director for public health workforce development, and two support staff within the dean's office. The dean works closely with department chairs and other senior administrators on admissions, curriculum, granting of degrees, support for research and operations, and faculty appointments and promotions. The faculty as a whole approves courses, new degree programs, and any substantive changes to policies.

Hiring decisions are the responsibility of each college or school. The university's Office of Human Resources (HR) works with the departments, offices, and programs of all colleges and schools to recruit and hire staff. The HR website provides information on the JSU hiring process and on other personnel-related processes (see http://www.jsums.edu/hr/). Information on equal opportunity hiring and affirmative action also can be found on the website.

Career services are available to all students through the JSU Career Services Center. Information on available services provided by the center can be found on the website http://www.jsums.edu/careers/.

A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH

A school of public health offers a professional public health master's degree (eg, MPH) in at least three distinct concentrations (as defined by competencies in Criterion D4) and public health doctoral degree programs (academic or professional) in at least two concentrations (as defined by competencies in Criterion D4). A school may offer more degrees or concentrations at either degree level.

1) Affirm that the school offers professional public health master's degree concentrations in at least three areas and public health doctoral degree programs of study in at least two areas. Template Intro-1 may be referenced for this purpose.

The JSU School of Public Health offers the MPH degree in five concentrations: Behavioral Health Promotion and Education, Biostatistics, Environmental and Occupational Health, Epidemiology, and Health Policy and Management. The school offers the DrPH degree in three concentrations: Behavioral Health Promotion and Education, Epidemiology, and Health Policy and Management (see Table Intro-1, Instructional Matrix: Degrees and Concentrations).

2) An official catalog or bulletin that lists the degrees offered by the school.

The JSU Graduate Catalog 2017-19 reflects the current offerings in the five areas of MPH degree concentration and the three areas of DrPH degree concentration (see the JSU Graduate Catalog in http://www.jsums.edu/graduateschool/graduate-catalog/).

B1. GUIDING STATEMENTS

The school defines a *vision* that describes how the community/world will be different if the school achieves its aims.

The school defines a *mission statement* that identifies what the school will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the school's setting or community and priority population(s).

The school defines *goals* that describe strategies to accomplish the defined mission.

The school defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

1) A one- to three-page document that, at a minimum, presents the school's vision, mission, goals and values. This document may take the form of the executive summary of a strategic plan, or it may take other forms that are appropriate to support the school's ongoing efforts to advance public health and student success.

Development of the vision, mission, values, goals, and evaluation measures
Planning, monitoring, evaluation, and revision are integral to the school's ongoing efforts to ensure the accomplishment of its vision, mission, values, and goals. The process involves strategic planning at faculty retreats, departmental and leadership team meetings, departmental and school annual reports, annual faculty evaluation and assessment meetings, and student course evaluations (SIRS), which assess the overall academic state of the school. (For annual reports and strategic plan [roadmap] see Resource File B1.)

The school's vision, mission, goals, and values are as follows:

Vision
The school's vision is to prepare exemplary leaders of public health practice, research, and service.

Mission
The school's mission is to prepare public health leaders and to improve the health of populations in the state of Mississippi, the nation, and the world through evidence-based and community-oriented teaching, research, and service.

Goals
The school's goals are expressed in three categories—education, research, and service—as follows:

> **Education goal 1:** Produce competitive and highly skilled public health professionals equipped with the knowledge and skills to solve public health problems.

Educational goal 2: Sustain a nurturing educational environment that promotes academic excellence and effective public health practice.

Research goal 1: Promote health equity and social justice and reduce health disparities of disadvantaged populations locally, statewide, nationally, and globally.

Research goal 2: Enhance the research and practice skills of public health students.

Service goal: Increase visibility within the community in the development of policy and in advocating on behalf of disparate populations.

See Table B5-1 for the goals and evaluation measures through which the school intends to determine its effectiveness in advancing its mission and vision. Some outcomes are not easily measured quantitatively; when applicable, the school measures outcomes qualitatively.

Values

In the area of organizational culture, the school values

- A nurturing environment
- Commitment to excellence

In the area of research, the school values

- Health equity and social justice
- Translational research

In the area of teaching and learning, the school values

- Diversity among the faculty and students
- Instruction that enhances critical and analytical skills
- Instruction that prepares students to be culturally competent to address local, state, national, and global health problems, particularly those among underserved populations
- Effective mentorship

In the area of service, the school values

- Community outreach to improve health
- Public health advocacy

2) If applicable, a school-specific strategic plan or other comparable document.

In 2016, the School of Public Health Initiative conducted two retreats in preparation to submit its application to CEPH for accreditation as a school. Faculty members, staff members, and student representatives participated in the process of developing the school's vision, mission, values, and goals. Additionally, individual programs focused on strategic planning for the concentrations and degrees. In 2016, a Roadmap was developed as the strategic plan for the school (see Resource File B1 for the 2016 Roadmap).

B2. GRADUATION RATES

The school collects and analyzes graduation rate data for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).

The school achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

1) Graduation rate data for each public health degree. See Template B2-1.

Table B2-1.a MPH Degree Graduation Rates for Students Entering Between 2013-14 and 2017-18

Year	Cohort of students	2013-14	2014-15	2015-16	2016-17	2017-18
2013-14	# Students continuing at beginning of this school year (or # entering for newest cohort)	28				
	# Students withdrew, dropped, etc.	0				
	# Students graduated	0				
	Cumulative graduation rate	0%				
2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)	28	48			
	# Students withdrew, dropped, etc.	0	0			
	# Students graduated	25	0			
	Cumulative graduation rate	89%	0%			

Year	Cohort of students	2013-14	2014-15	2015-16	2016-17	2017-18
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	48	46		
	# Students withdrew, dropped, etc.	0	0	0		
	# Students graduated	3	39	0		
	Cumulative graduation rate	100%	81%	0%		
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)		9	46	59	
	# Students withdrew, dropped, etc.		5	6	0	
	# Students graduated		4	33	0	
	Cumulative graduation rate		90%	72%	0%	
2017-18*	# Students continuing at beginning of this school year (or # entering for newest cohort)			7	49	18
	# Students withdrew, dropped, etc.				3	
	# Students graduated				35	
	Cumulative graduation rate	100%	90%	72%	71%	0%

Table B2-1.b DrPH Degree Graduation Rates for Students Entering Between 2011-12 and 2017-18*

	Cohort of students	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18*
2011-12	# Students entered	13						
	# Students withdrew, dropped, etc.	2						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2012-13	# Students continuing at beginning of this school year (or # entering for newest cohort)	11	22					
	# Students withdrew, dropped, etc.	0	0					
	# Students graduated	0	0					
	Cumulative graduation rate	0%	0%					
2013-14	# Students continuing at beginning of this school year (or # entering for newest cohort)	11	22	17				
	# Students withdrew, dropped, etc.	0	0	3				
	# Students graduated	0	0	0				
	Cumulative graduation rate	0%	0%	0%				
2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)	11	22	14	22			
	# Students withdrew, dropped, etc.	0	1	0	6			

	Cohort of students	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18*
	# Students graduated	0	0	0	0			
	Cumulative graduation rate	0%	0%	0%	0%			
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	11	21	14	16	9		
	# Students withdrew, dropped, etc.	2	6	1	2	1		
	# Students graduated	1	0	0	0	0		
	Cumulative graduation rate	8%	0%	0%	0%	0%		
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	8	15	13	14	8	4	
	# Students withdrew, dropped, etc.	3	0	0	0	1	0	
	# Students graduated	3	4	1	1	0	0	
	Cumulative graduation rate	31%	18%	6%	5%	0%	0%	
2017-18*	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	11	12	13	7	4	8
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0
	# Students graduated	1	1	2	2			
	Cumulative graduation rate	38.5%	23.7%	17.4%	13.6%	0%	0%	0%

2) Data on public health doctoral student progression in the format of Template B2-2.

Table B2-2 Doctoral Student Data for Year 2017

Doctoral Student Data for Year 2017	
	DrPH
Number newly admitted in 2017-18	8
Number currently enrolled (total) in 2017-18	75*
Number completed coursework during 2016-17	34
Number advanced to candidacy (cumulative) during 2016-17	31
Number graduated in 2016-17	15

*The number of currently enrolled students includes 18 students from cohorts who began the program prior to the AY 2011-12 and are still within the 10 years allowed by the Division of Graduate Studies or were given an extension in time to complete their degree program.

3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

The maximum time to graduate is five years for MPH students and seven years for DrPH students (prior to 2015, the Public Health Program DrPH students were subject to the Division of Graduate Studies maximum time to graduation of ten years). The MPH graduation rate has been consistently 85 percent or higher over the past five years. However, the DrPH graduation rate, while improving, has been below the 60 percent requirement. The dean reviewed various data and brought faculty together to discuss ways to improve the rate. To address this issue, the school began several of the recommended initiatives that have yielded improvement in the retention of the DrPH students.

- The maximum number of admissions is now nine, which serves to increase the amount of financial aid available to those students and allows recruitment to focus on students with interests that align more closely with current faculty members' research.

- Faculty members will each have a smaller number of students to advise, which will allow them to provide more frequent contact and a higher quality of advising and mentoring.

- A monitoring system has been instituted to track where students are within their program. When a student becomes inactive, the system will trigger a response from faculty to actively encourage the student to re-engage in the program.

- DrPH students will be administered a new exit survey designed (in development) to better capture their specific issues or concerns in order to improve the degree program.

- The DrPH alumni survey also will have additional questions on ways to improve the program.

- The director of assessment and another staff member will conduct student focus groups and/or in-depth interviews at least once per year to solicit feedback.

- Tuition support is available for all DrPH students who reach the dissertation level, which has been a time when a number of students previously withdrew from the program.

Financial concerns continue to be an issue for many DrPH students. The university offers a diversity scholarship and some faculty members support students on grants. As the program looks to grow, student support will continue to be targeted for improvement.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Challenges
The DrPH graduation rate has been below 60 percent for the past three years.

Plans
As described in B2-4, the school has developed and implemented a plan to improve the graduation rates. Additionally, the school is designing a new graduate exit survey, and the director of assessment and accreditation will be conducting interviews and focus groups to find ways to further improve the rates.

Financial assistance for doctoral students is another area targeted for improvement and the school's Leadership Team continues to look for new sources of funding for these students.

B3. POST-GRADUATION OUTCOMES

The school collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).

1) Data on post-graduation outcomes (employment or enrollment in further education) for each public health degree. See Template B3-1.

Table B3-1.a MPH Post-Graduation Outcomes

MPH Post-Graduation Outcomes*			
	2015	**2016**	**2017**
Number for which data has been acquired/number graduated	**14/25 (56%)**	**36/42 (85.7%)**	**19/37 (51.4%)**
Employed	13 (92.9%)	35 (97%)	18 (94.7%)
Continuing education/training (not employed)	1 (7.1%)		1 (5.3%
Not seeking employment or not seeking additional education by choice			
Actively seeking employment or enrollment in further education		1 (3%)	
Unknown			
Total	**14 (100%)**	**36 (100%)**	**19 (100%)**

*Data in these columns were obtained through faculty knowledge and search of LinkedIn profiles.

Table B3-1.b DrPH Post-Graduation Outcomes

DrPH Post-Graduation Outcomes*			
	2015	**2016**	**2017**
Employed	5 (100%)	10 (100%)	5 (100%)
Continuing education/training (not employed)			
Not seeking employment or not seeking additional education by choice			
Actively seeking employment or enrollment in further education			
Unknown			
Total	**5 (100%)**	**10 (100%)**	**5 (100%)**

*Data in these columns were obtained through faculty knowledge and search of LinkedIn profiles.

2) Explain the data presented above including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

Alumni employment data are based on faculty knowledge of alumni employment and a search of LinkedIn profiles. Data also were collected through the alumni survey conducted during October 2016. However, only 11 alumni completed this survey. Nine of these were MPH graduates and two were DrPH graduates. Eight of the MPH graduates were employed, and one was pursuing additional education. Both of the DrPH graduates were employed.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Challenges
The alumni employment survey responses were minimal and require better collection of data.

Plans
To improve the quality and number of post-graduate outcome data, student workers will periodically (at least two times per year during the middle of fall and spring semesters) search LinkedIn for profiles of alumni. Also, faculty will be polled annually for their knowledge of the employment status of alumni. These approaches will supplement alumni surveys for gathering employment information.

With respect to improving alumni employment outcomes, the faculty, staff, and alumni are actively working to achieve employment for all alumni who wish to be employed. The school recently began inviting alumni to subscribe to an electronic JSU School of Public Health mailing list (list service) through which members can share announcements of job vacancies and coach fellow alumni in their job searches. Also, students approaching graduation will be encouraged to subscribe to the electronic mailing list to network with alumni to improve their prospects for optimal employment.

B4. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS

For each degree offered, the school collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

1) Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.

The alumni survey, administered through the field placement coordinator, assesses students' perceptions of their academic program, their success in achieving program competencies, and the appropriateness of their education to current workforce practices and needs. In particular, alumni are asked to comment on their ability to address essential public health services, their confidence in performing evidence-based research, and their acquisition of skills in providing technical expertise, advocacy, and translational resources to internal and external stakeholders. Approximately 80 percent of respondents believe their degree was useful for their first position after graduation and 70 percent reported that the field internship was useful preparation for employment. Focus group interviews during the same period supported the reported quantitative findings. The CEPH 2016 Criteria was not released in time for alumni to be surveyed on the designated competencies. The first alumni using these will graduate in 2018.

The alumni survey also provides a means of tracking the first and current employment of alumni following graduation.

Alumni Surveys, 2009-12
In academic year 2009-10, surveys were mailed to 22 School of Health Sciences alumni; the response rate was 100 percent. In academic year 2010-11, the alumni survey was emailed to 25 alumni; only 3 alumni responded, yielding a response rate of 12 percent. In academic year 2011-12, the alumni survey was emailed to 33 alumni with 7 alumni responding, yielding a response rate of 16 percent.

Additionally, when the employers were asked to address graduates' areas of preparations, they identified both strengths and weaknesses, as summarized in the table below.

Employer		
Areas of Preparations	**Identified strengths**	**Identified weaknesses**
Communication and collaboration skills	Understanding of social and environmental determinants of health	Computer skills – Excel, data management systems, databases
Cultural competence	Subject matter expertise in chosen MPH track	Practical work experience
Analyze issues and problems in public health	Organizational skills	Limited knowledge of health finance
Demonstrate leadership in designing and implementing interventions	Socially responsible and mission driven	Lack of contact with faculty who have had practical experience during their careers

Employer		
Areas of Preparations	**Identified strengths**	**Identified weaknesses**
Demonstrate in-depth understanding of the core areas of public health	Understanding of evidence-based practices in the work setting	Challenge translating what they have learned in the classroom to the work place
Access and synthesize information from a variety of sources	Communication skills including active listening and critical thinking	Preparation to perform competencies in an employment setting
Demonstrate the ability to communicate effectively orally and in writing	Adapt well to change and can work with many different people	Employers indicate that MPH graduates have good, very good or excellent preparation to perform the MPH core competencies
	Strong skill sets and can see the big picture	
	Well prepared for a career in public health	

Alumni Survey, 2016

Upon transitioning from a program to school status, the school revised the Alumni Survey instrument to include concentrations, public health practice and career skills, pursuit of further education, demographics, and other relevant fields. Data were collected on alumni perceptions by conducting an alumni survey in October 2016 during a "Homecoming" event. Eleven alumni, nine MPH graduates and two DrPH graduates, completed the survey.

Forty-six percent of the alumni responding were from the Behavioral Health Promotion and Education concentration, 18.2 percent from the Epidemiology concentration, and 36.4 percent from the Health Policy/Management concentration. About 63 percent of the respondents had pursued further education. Some 36.4 percent had secured their first job through the school's practicum/internship. About 9 percent said that alumni were instrumental in getting their first public-health-related job upon graduation; and 54.5 percent had used other avenues for finding jobs after graduation.

Among the survey participants, 81.8 percent had full-time employment, 8.1 percent worked part-time and about 9 percent were unemployed at the time. Approximately 9 percent worked for the state's public health agency, 18 percent worked for other government agencies, 9 percent worked for a college/university, 18 percent worked in other health professions, and the rest were employees of other educational institutions or private and COBs/NGOs.

The responses of these alumni to the question "What responsibilities related to public health do you have in [your] current position?" showed that 50 percent were responsible for monitoring community health status; 20 percent were responsible for developing community health policies and programs; 20 percent had responsibilities not related to public health, and 10 percent expressed that they had "other" responsibilities.

Asked about their "educational experience at Jackson State University," 90 percent of respondents strongly agreed that the Public Health Program prepared them for the public health workforce at the time of graduation. Approximately 91 percent strongly agreed that the Public

Health Program prepared them for continuing to learn for professional development, and 90 percent strongly agreed that “At this point in my career, I feel qualified for work related to my concentration.”

Regarding “Interdisciplinary Learning in the three public health program concentrations,” 90 percent of the respondents strongly agreed that “the Public Health Program in my concentration prepared me to understand and integrate basic knowledge in all three offered concentrations” (behavioral health promotion/education, epidemiology, health policy and management) at the time of graduation. One hundred percent of the respondents “strongly agreed” that at “this point in my career, I am able to integrate knowledge from the various concentrations.”

To the question on “public health practice and career skills” respondents reported the following: 90 percent strongly agreed that the Public Health Program prepared them with good oral communication skills, written communication skills, program management skills, and program planning and evaluation. Similarly, 90 percent strongly agreed that their education in public health (MPH/DrPH) prepared them to meet the demands of their current public health job. Most important, 90 percent strongly agreed that the culminating experience/dissertation helped to prepare them for a public health career.

As for “research, synthesis, application, and practice,” survey participants expressed the following: 90 percent strongly agreed that their training in public health provided them with the skills and competencies to apply public health concepts to solve community health problems; that the academic standards in the Public Health Program were adequate; and that classes in their major taught them to think about public health problems in new ways. One hundred percent strongly agreed that they have applied their education in public health in solving public health problems; that their research or culminating experience improved their knowledge of how to plan and conduct research/inquiry in an academic field or in practice settings; and that their research experience provided them with research ethics training. About 90 percent of the participants strongly agreed that they would recommend JSU’s Public Health Program to others interested in obtaining a graduate degree in public health.

2) Provide full documentation of the methodology and findings from alumni data collection.

Resource File B4 includes documentation of survey methodology and findings.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

The school has revised and administered alumni surveys to monitor and assess graduates’ perceptions of curricular effectiveness. Assessment of the program from preceptor surveys are annually obtained and used by the school’s Curriculum Committee to improve or modify specific areas within the degree programs. In addition, the school’s Community Advisory Board provides input regarding the school’s achievement of its stated mission. The Board serves as a liaison with the professional public health community, shares its professional expertise and knowledge of the state’s public health needs, and supports the education, research, and service goals of the school.

B5. DEFINING EVALUATION PRACTICES

The school defines appropriate evaluation methods and measures that allow the school to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well documented. The chosen evaluation methods and measures must track the school's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

1) Present an evaluation plan that, at a minimum, lists the school's evaluation measures, methods, and parties responsible for review. See Template B5-1.

At the beginning of each academic year, faculty members are required to develop a statement of their professional goals and measurable objectives, tied to the school's overall goals relative to teaching, research, service, and grantsmanship. Department chairs consider these goals and objectives during the annual faculty performance evaluation process. The university requires evaluation reports from faculty, department chairs, deans, and other supervisors at the end of each academic year. In this way, each level of evaluation offers an opportunity to identify strengths, challenges, and plans for improvement.

Table B5-1 describes the evaluation measures used to determine the school's effectiveness in advancing its mission and goals, and the individual or group responsible for the data review. Some measures are not easily measured quantitatively; when applicable, the school measures outcomes qualitatively.

Table B5-1 Goals, Data Collection Methods, and Responsibility for Review

Evaluation measures	Data collection method for measure	Responsibility for review
Educational goal 1: Produce competitive and highly skilled public health professionals equipped with the knowledge and skills to solve public health problems.		
Number of MPH graduates from each concentration	Student information system data on the number of enrolled and graduating MPH students collected at the end of each semester	MPH Coordinator and Director of Assessment
Number of opportunities for practical experiences	Field Placement Coordinator with assistance from chairs collect lists of practice opportunities given to students, which is updated each semester	Field Placement Coordinator with assistance from chairs
Number of professional development opportunities for students (new opportunities announced at faculty meetings and posted on the school's website and plasma screen in 1st Floor hall)	Faculty/department reports describe where and how opportunities are communicated to students	Department chairs

Evaluation measures	Data collection method for measure	Responsibility for review
Offer at least one study-abroad opportunity for public health students each year	At least one course proposal submitted per year and announced by other schools and colleges on the school's website and distributed by email	Departments chairs, dean, and JSU Global Program
Educational goal 2: Sustain a nurturing educational environment that promotes academic excellence and effective public health practice.		
Maintain balance of student/faculty ratios for advising (adjusted each semester)	Department assessment report data on student/faculty ratios	Department chairs
Number of faculty participating in local, regional, national or international professional level conference, symposium or workshop that enhance competence for sustaining a nurturing educational environment	Annual faculty member evaluation data	Department chairs and dean
Research goal 1: Produce research that focuses on health equity and social justice and addresses reduction of health disparities of disadvantaged populations locally, statewide, nationally, and globally.		
Number of faculty and student grant applications submitted and funded submitted and funded	Departments and Director of Grant Writing report on grant applications	Dean
Number of opportunities for faculty and students to discuss research projects that promote health equity and social justice and reduce health disparities among disadvantaged populations	Departments and Leadership Team agenda for annual seminar	Leadership Team
Number of research project results that are disseminated throughout the community	Annual faculty member evaluation data on the when and how research results were presented to the community	Department chairs and Leadership Team
Research goal 2: Enhance the research and practice skills of public health students.		
Number of faculty-mentored student publications and presentations of scholarly work	Departmental reports on student publications	Department chairs and Leadership Team
Number of grant writing opportunities for public health student	Director of Grant Writing report on communications to students of grant writing opportunities	Director of Grant Writing

Evaluation measures	Data collection method for measure	Responsibility for review
Increase faculty-mentored student research activities	Departments with Director of Grant Writing report on student research activities	Department chairs
Service goal: Increase visibility within the community in the development of policy and advocating on behalf of disparate populations.		
Number of community-based partnerships developed	Dean, departments, centers and Director of Grant Writing data on the number of community-based partnerships	Dean and department chairs
Number of faculty and students who participate in community-based advocacy and policy development activities	Annual faculty member evaluation data on advocacy and policy development activities	Department chairs
Number of faculty and staff members serving on local, statewide, national, and international public health and community-based boards and committees focused on health disparities	Annual faculty member evaluation data on participation in community involvement	Department chairs

2) Briefly describe how the chosen evaluation methods and measures track the school's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success.

The chosen evaluation measures verify that the school is developing competent professionals who have the knowledge, skills and service orientation to accomplish the stated mission. The measures assure that faculty members and administrators can demonstrate that the instruction is current and supports the mission. They also assure that students not only develop the ability to conduct research, but that they also appreciate the need to communicate the results of their studies so that the public benefits from it. Finally, they assure that alumni of the school value service and have the ability to work effectively in influencing development of policy and advocating on behalf of disparate populations.

B6. USE OF EVALUATION DATA

The school engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The school implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

1) Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned changes as well as identifying the change itself.

On an annual basis, program leaders use evaluation feedback to frame discussions and make decisions regarding achievement of the mission, goals, and learning outcomes, which are included in the *Graduate Catalog*, MPH and DrPH student handbooks, prospective students' printed material, and on the website, and shared with the members of the school's Community Advisory Board.

In one example, following the Graduate Studies policy, the MPH program previously admitted applicants with a GPA 2.5, on a conditional basis. After review of this category of admission, it was found that these students received a higher number of "C" grades, which led to many holds on the students' academic records and interfered with their timely progress through the program. Upon the recommendation of the admissions committee, the policy was changed to requiring a minimum GPA of 2.8, beginning with the 2017 fall semester.

In another example, the DrPH degree program graduation rates have been lower than desired. The school's Leadership Team reviewed materials and data and brought faculty together to discuss ways to improve the rate. As a result, the school decreased the number of admitted DrPH students, faculty advisors are now carefully assigned to students with similar interests, and the school continues to search for additional sources of student financial support.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Challenges
Collecting critical data on instructional and research needs that can be used to make rational programmatic decisions toward the improvement of the program through curriculum modifications has been difficult.

Plans
Expanding the current Community Advisory Board membership to include preceptors, employers, alumni, and other stakeholders to facilitate focused analysis of instructional and research needs and provide insightful recommendations for program improvement in these areas. Additionally, the school has created a position of Executive Director of Assessment and Accreditation who is

assisting subcommittees of the said Board in gathering data that inform the recommendations and guide implementation of needed programmatic changes.

C1. FISCAL RESOURCES

The school has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

1) Describe the school's budget processes, including all sources of funding. This description addresses the following, as applicable:

a) Briefly describe how the school pays for faculty salaries. For example, are faculty salaries fully guaranteed, or are faculty expected to raise funds to support salaries? If this varies by individual or appointment type, indicate this and provide examples.

b) Briefly describe how the school requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.

c) Describe how the school funds the following:

a. operational costs (schools define "operational" in their own contexts; definition must be included in response)

b. student support, including scholarships, support for student conference travel, support for student activities, etc.

c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples

Sources of funding

As a state institution, JSU receives a large portion of its operating budget from the Mississippi legislature ($1.8 million in 2016-17); funds approved by the legislature are allocated to the universities by the Institutions of Higher Learning. Tuition, student fees, and federal and private grants and contracts supplement the university's budget allocation.

To demonstrate its support for the creation of the first accredited school of public health in Mississippi, the state's legislature has allocated additional funds specifically for that purpose. In 2015, the legislature designated $2 million for the establishment of the JSU SPH, and in 2016-17 the legislature designated an additional $1.8 million to this end. Title III provided $220,000 to supplement the budget of the School of Public Health Initiative in 2015-16.

On August 11, 2017, William B. Bynum, Jr., president of Jackson State University, listed the university's top priorities in its legislative agenda for 2017-18. With the first priority on the list being additional support for the School of Public Health. Specifically, Dr. Bynum wrote, "In order to continue and sustain our current efforts and staffing, we request $2 million annual appropriation for the School of Public Health…We are requesting that a $2 million line for the JSU School of Public Health become a part of an annual IHL appropriation from the Legislature so that we can have stable funding ….".

In recent years, the school also has been subsidized through funds originating from a historic court settlement decision, the Ayers Case, which sought to correct the imbalance in appropriations and funding between the predominantly white institutions of higher learning in Mississippi and the state's three Historically Black Colleges and Universities, including JSU. The settlement called for the state to provide the three institutions with $246 million for academic programs, $75 million for capital improvements, and $105 million in endowments. The Ayers funds have now begun to decline, with

the first cuts to allocated funds experienced in 2012. However, the university has been able to absorb the cuts and is shifting the Ayers-funded programs, including the SPH, to the university's general sources of funding. The university is committed to full fiscal support of the SPH and has provided the necessary resources to hire new faculty and to maintain a viable, excellent school.

Fundraising, through both grants and philanthropy, represents an increasingly important element of the strategy for school financial support. For example, in 2012, the school's Center of Excellence in Minority Health and Health Disparities was awarded $5.4 million by the National Institutes of Health over a five-year period to maintain its programs. A half-time grant writer has been employed by the school to assist and encourage faculty and staff members to pursue funding from extramural sources; the grant writer works closely with the Division of Research and Federal Relations to assure that applications are submitted in a timely manner and that they comply with all university, agency, or foundation requirements and policies.

Working with staff of the JSU Development Foundation, the dean and the Community Advisory Board are creating a strategic development plan for fundraising, with the goal of raising substantial funds to support the school in the future. The proposed strategy, which includes soliciting wealthy business leaders residing in Middle Eastern nations, will allow donors to attach their names to endowed chairs, endowed programs, and perhaps an endowed school.

Budget processes

Assisted by the cabinet and a presidentially appointed budget committee focusing on the university's strategic plans, the JSU president makes the final determination on budget allocations for the university's various units. The individual departments, programs, schools, and colleges participate in the budgetary process by annually developing and submitting budget requests to the Division of Academic Affairs. The provost allocates the academic portion of the funds to the colleges and schools according to each one's proposed budget.

The school holds a monthly meeting, which all faculty and staff are expected to attend, where budgetary matters are discussed. Similarly, because each department manages its own budget, departments have a monthly meeting to discuss pertinent budgetary matters.

a) Faculty salary support

The university supports most of the school's faculty salaries with funds from the Mississippi legislature, tuition and fees, and federal and private grants. While some faculty have been supported by the Ayers funds (described above), the school has advocated for a transition of these salaries to university funds, and this has been taking place over the past two years.

Indirect cost recovery from grants and contracts is an additional source of salary support. According to current university policies, principal investigators in the school and other academic units may retain 15-20 percent of the indirect costs generated from their grants and contracts. To encourage the pursuit of grant support, faculty members who cover a portion of their salary in this way are offered release from some of their teaching assignments. Success in attracting research grant support also is recognized through the annual faculty evaluation process and is a factor in tenure and promotion decisions.

b) Requests for additional faculty and staff

The school's current personnel resources (faculty, administration, and staff), space (offices and classrooms), and other operational elements, such as computer facilities, libraries, and field experience sites, are sufficient to accomplish the school's vision, mission, goals, and values. These items are components of the budget submitted to the provost each year for approval and allocation of funds. Additional requests for faculty or staff positions, operational costs, or student support are presented to the provost who reviews, and approves or denies, the request based on the school's need and available resources.

c) Funding of operational costs, student support and faculty development

Operational costs are expenses related to the day-to-day operation of the school (salaries, fringe benefits, student funding, supplies and equipment, etc.).

Table C1-1 shows the amount of financial support budgeted for students. This includes student scholarships and assistantships from the Ayers settlement funds.

Faculty members and students are encouraged to attend and present at professional meetings and conferences. To encourage participation, the university provides funds for travel to such events. During the past three years, faculty members, and an average of eight students, have received travel support to attend the annual meetings of the American Public Health Association, the American Anthropology Association, the Society for Public Health Education, and similar organizations at locations distant from Jackson, Mississippi. In addition to these, faculty and students received reimbursement for registration at the Mississippi Public Health Association Annual Conference.

While tenure-track/tenured faculty have been consistently funded to attend conferences and professional development activities, such support for adjunct and visiting faculty has depended on availability of funds. For example, in 2017 Dr. Karimi, who served in an adjunct capacity for the Department of Epidemiology and Biostatistics, was supported by a grant to attend the American Public Health Association's Annual Meeting.

Funding for operational costs, student support, and faculty development is adequate to meet school needs since the Mississippi Legislature provided special appropriations funds in order to support the school. In 2015, the amount of the special appropriations was $2 million, in 2016, the amount was $1.8 million, and in 2017, the dean's office was requested to project budgets of $1.3 million and $1.8 million for the Mississippi Legislature and governor to consider. Given that the university is facing some financial challenges, the prospect of receiving special appropriations funds in the future is encouraging.

d) In general terms, describe how the school requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

The standard procedure for requesting additional operational funds is to follow the administrative chain of department chair, dean, provost, and, if necessary, the president. If the university needs additional operating funds, the president makes a request to the Institutions of Higher Education Board.

Since 2015, the school has received special appropriations from the Legislature of Mississippi, which have been executed by the governor. These appropriations have made it unnecessary to request additional operational funds. Moreover, because travel funds have been included in this

budget, and because additional support for travel is available from Ayers funds and indirect cost recovery, SPH faculty and staff have been able to travel more extensively than faculty and staff members at other JSU schools.

e) Explain how tuition and fees paid by students are returned to the school. If the school receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the school's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

The university administration collects all tuition proceeds and distributes them to units using a formula, generally based on the number of faculty and the number of students enrolled in that unit. Academic units do not receive tuition-derived resources based directly on the number of credit hours generated.

f) Explain how indirect costs associated with grants and contracts are returned to the school and/or individual faculty members. If the school and its faculty do not receive funding through this mechanism, explain.

The Office of Grants and Contracts is responsible for the financial administration of all external grants and contracts including calculating and recovering all legitimate indirect costs.

While funds related to grants and contracts are administered by the recipient of the grant or contract, indirect cost recovery is shared among the university units and managed by the associate provost (formerly the Division of the Vice President for Research and Federal Relations), and the principal investigator, who receives 15-20 percent of the recovered sum. The university administration is reviewing the current formula to ensure that the respective college/school and academic unit, through the dean and the department chairs, receive part of the generated indirect cost funds to assist in meeting critical needs of the school not covered by the general and education budget.

2) A clearly formulated school budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.

Table C1.1 exhibits funding for recurring expenditures (salaries, fringe benefits, contractual services, and capital outlay), start-up funds for emerging needs, resources for information technology equipment, and library materials.

C1-1 School Budget Statement

Sources of Funds and Expenditures by Major Category, 2013 to 2017					
	2012-13	**2013-14**	**2014-15**	**2015-16**	**2016-17**
Source of Funds					
Tuition and fees/assistantships (University - Ayers)	392,032	300,820	270,000	283,346	233,393
State appropriation	0	0	0	1,574,000	1,799,691
University funds (Ayers)	2,733,297	2,849,738	2,946,224	2,922,108	2,925,003
Grants/contracts	1,234,563	2,315,225	3,041,772	3,067,118	3,064,106
Gifts – CMD* (Dora S. Washington Reading Room)	0	5,000	10,000	5,000	5,000
Other (CMD* clinic)	13,491	22,494	13,478	21,912	36,359
Total	**4,373,383**	**5,493,277**	**6,281,474**	**7,873,484**	**8,063,553**
Expenditures					
Salaries (executive administration and Managerial)	28,003	12,396	81,586	268,176	315,139
Salaries (faculty and non-professional staff)	1,818,432	1,789,974	1,848,567	1,973,777	2,116,943
Salaries (staff)	88,575	76,762	92,909	136,067	148,722
Fringes	542,449	539,354	591,143	659,731	733,468
Operations	74,694	138,420	207,899	1,180,395	417,115
Travel	32,333	20,756	29,088	50,270	41,556
Student Support (work aid/stipends)	0	0	2,948	13,200	0
Other (library)	0	0	0	0	19,470
Other (tuition and fees)	309,880	257,040	270,982	358,989	268,193
Other (research - graduate assistants)	82,152	60,280	9,420	34,011	84,900
Gifts (Dora S. Washington Reading Room)	0	3,631	3,091	200	200
Grants/contracts	1,124,467	2,090,326	2,938,332	2,842,329	2,725,255
Total	**4,100,985**	**4,988,939**	**6,075,964**	**7,518,200**	**6,870,958**
Balance	**272,397**	**504,338**	**205,510**	**355,284**	**1,192,594**

*Department of Communicative Disorders

1. During the final month(s) before the year-end budget closure, the university applies any excess funds to other needed areas, such as scholarships.

2. The school has included those grant/contract funds awarded to faculty members and departments for research as documentation of external funding. Grants/contracts expenditures include salaries and benefits, administration, facilities, supplies, and student support. Funds not used in current year are carried over into the new budget year until the grant closes.
3. Funds deposited into the Development fund for Dora S. Washington Reading Room are restricted funds and balances are carried over to the next year.

During the final month(s) before the year-end budget closure, the university applies any excess funds to other needed areas, such as scholarships. The school has included in its budget those grant funds awarded to faculty members and departments for research as documentation of external funding.

Funds not used in the current year are carried over into the new budget year until the grant closes. Funds deposited into the Development Fund for the Dora S. Washington Reading Room are restricted funds, with balances carried over to the next year.

C2. FACULTY RESOURCES

The school has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

1) **A table demonstrating the adequacy of the school's instructional faculty resources in the format of Template C1-2.**

   The school need not list all faculty, but must list sufficient faculty to demonstrate compliance with C2-B and C2-C.

   The data reflect the most current academic year at the time of the final self-study's submission and should be updated at the beginning of the site visit if any changes occurred since self-study submission.

The school has an adequate number of faculty members to sustain its core functions of instruction and advising students as well as stability of resources. The school's current personnel resources (administration, faculty, and staff), space (offices and classrooms), and other resources (computer facilities, libraries, and field experience sites) are sufficient to accomplish the school's vision, mission, goals, and values.

Table C2-1 School Faculty, by Degree Program

	MASTER'S			DOCTORATE	BACHELOR'S	
CONCENTRATION	**PIF 1**	**PIF 2**	**PIF 3**	**PIF 4**	**PIF5**	**ADDITIONAL FACULTY***
Biostatistics MPH	Lee, Jung (1.0)	Addison, Clifton (1.0)	Mendy, Vincent (1.0)	N/A	**N/A**	PIF: Non-PIF:
Behavioral Health Promotion and Education MPH and DrPH	Shahbazi, Mohammad (1.0)	Sharma, Manoj (1.0)	Roberts, Joni (1.0)	Shaw, Mary (1.0)	N/A	PIF: 1 Non-PIF:
Environmental and Occupational Health MPH	Leggett, Sophia (1.0)	Sims, Jennifer (1.0)	Akil, Luma (1.0)	N/A	**N/A**	Non-PIF:
Epidemiology MPH and DrPH	Payton, Marinelle (1.0)	Bhuiyan, Azad (1.0)	Mawson, Anthony (1.0)	Buxbaum, Sarah (1.0)	N/A	PIF: 1 Non-PIF: 2
Health Policy and Management MPH and DrPH	Buckner-Brown, Joyce (1.0)	Bennett, Russell (1.0)	Nwagwu, Emeka (1.0)	Younis, Mustafa (1.0)	N/A	PIF: 1 Non-PIF: 3
Healthcare Administration BS	N/A	N/A	N/A	N/A	N/A	Non-PIF: 14
Communicative Disorders MS and BS	N/A	N/A	N/A	N/A	N/A	Non-PIF: 12

TOTALS:		
	Named PIF	18
	Total PIF	21
	Non-PIF	31

*Not all non-PIFs listed are teachers of record in public health courses. Some are teachers in CMD and HCA courses, and others are guest lecturers that provide practice perspective in courses.

2) Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. All primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating any non-primary instructional faculty presented in C2-1.

The school currently employs all twenty-one of its allotted twenty-one primary instructional faculty members (PIFs), as indicated in Table C2-1. The school now has the required number of PIFs in each of the concentrations. Each PIF is employed to teach, advise students, create and disseminate new knowledge through the production of scholarship, exhibit professionalism and collegiality, and perform service. All PIFs are full-time employees of the school without split

appointments, with a full-time equivalent (FTE) status calculated on the basis of a nine-hour teaching load. A full-time faculty member can be released from teaching based upon dissertation supervision assignments, grant management responsibilities, and special assignments, as described in the JSU *Faculty Handbook* (see Resource File A1).

3) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

Three of the MPH and DrPH concentrations—Behavioral Health Promotion and Education, Epidemiology, and Health Policy and Management—have five PIF for a total of 15 PIF. In addition, there are six PIFs for the other two MPH concentrations, in Environmental and Occupational Health and Biostatistics. Thus, the combined total of PIFs in the MPH and DrPH programs is twenty-one.

4) Data on the following most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.

a. Advising ratios by degree level, as well as the maximum and minimum. If both faculty and staff advise, present and calculate both ratios.
b. If applicable, average number of baccalaureate students supervised in cumulative or experiential activity.
c. Average number of MPH students supervised in an integrative learning experience (as defined in Criterion D7), as well as the maximum and minimum
d. Average number of DrPH students advised, as well as the maximum and minimum
e. Average number of PhD students advised, as well as the maximum and minimum
f. Average number of academic master's students advised, as well as the maximum and minimum

Table C2-2 Faculty Regularly Involved in Advising, Mentoring and the Integrative Experience

General advising and career counseling			
Degree level	**Ratio**	**Minimum**	**Maximum**
Master's	6.4	1	13
Doctoral	5.2	0	19

Advising in MPH integrative learning experience*		
Average	**Minimum**	**Maximum**
1.67	1	2

*The first cohort enrolled in PHS 507 Integrative Learning Experience in spring semester 2017 (*n* = 5)

Mentoring/primary advising of DrPH students			
Degree	**Average**	**Minimum**	**Maximum**
DrPH	3.5	0	7

Disparity in the number of advisees assigned to each faculty member is the result of new faculty members being hired during the past year. Senior faculty members assumed a heavier advising load while positions were vacant, and adjunct faculty members taught some of the senior faculty members' courses. The recently employed faculty members are beginning to assume a greater share of the advising load.

5) Quantitative data on student perceptions of the following for the most recent year:

a. Class size and its relation to quality of learning

b. Availability of faculty

Responses to the 2016 Alumni Survey related to availability of faculty were as follows:

- 94% of alumni surveyed in November 2017 indicated they were satisfied (24.7%) and highly satisfied (69%) with class size.
- 90% of alumni strongly agree that course instructors provided timely, useful feedback in classes.
- 90% of alumni strongly agree their advisor helped to plan and execute an appropriate course of study to meet student goals.

Responses to the 2017 MPH Exit Interview related to availability of faculty were as follows:

- 78% selected Outstanding or Good: My faculty advisor was available for advisement and assistance.
- 89% selected Outstanding or Good: I was advised at least two or more times this academic year.
- 89% selected Outstanding or Good: My faculty advisor facilitated the completion of pertinent forms.
- 78% selected Outstanding or Good: My faculty advisor was effective as an academic mentor.
- 78% selected Outstanding or Good: Overall satisfaction with career advising.

6) Qualitative data on student perceptions of class size and availability of faculty. Schools should present data on public health degrees and concentrations.

Environmental factors play an important role in the learning environment. Quantitative data related to the learning environment were collected from 146 individuals during the fall of 2017. While the data provided information about various dimensions of the educational experience, the reasons for satisfaction/dissatisfaction were not available.

To gain a more comprehensive view of the learning environment, supplemental qualitative data were collected during in-depth interviews with 15 students in December of 2017. Interviews were conducted based on a sample of convenience, with interviewees comprising a mix of MPH students *(n*=10) and DrPH students *(n*=5). Approximately 90 percent of the students interviewed

had been enrolled in SPH courses for two or more years. With respect to their concentrations, 53 percent were from Behavioral Health Promotion and Education, 26 percent from Epidemiology, 13 percent from Environmental and Occupational Health, and 7 percent from Health Policy and Management.

In order to increase interviewees' likelihood of answering the questions truthfully and in detail and to aid in ensuring confidentiality, the individual who conducted the interviews and analysis was not a member of the school's faculty or administration.

Class size

Approximately 94 percent of individuals who completed the fall 2017 survey indicated they were satisfied or highly satisfied with class size at the school. In-depth interviews conducted to supplement the quantitative data and to aid in determining appropriate class size indicated, overall, that participants were satisfied with the class sizes, which most described as "small." In general, interviewees reported that 20 to 25 students was the maximum number of individuals they had encountered in any class. Courses of this size tended to be core courses; concentration-specific courses were generally smaller with fewer than ten students.

While opinions varied in terms of the actual number of individuals that would make a class too large or too small for an environment that is conducive to learning, overall, interviewees indicated that the size of the classes they had taken were appropriate/satisfactory. Reasons for the level of satisfaction with class size, specifically "small" class size included the ability to have more faculty-student interactions, and the ability to conduct more hands-on activities (e.g., an interviewee said that his class actually went out as a group to conduct a "windshield" tour of a community, which would not have been possible in a large class). Several students indicated that, because of small class sizes, "faculty know your name," and specifying that this was a contributor to a positive learning environment.

On the other hand, interviewees said that classes that were "too small" limited the ability to have discussions, conduct group activities, and practice various tasks/skills related to public health (e.g., practice conducting focus groups). Generally, a class size of fewer than five students was considered "too small." Nevertheless, interviewees indicated there are times when even if a course is deemed "too small" it should still be offered. The chief examples of this are required courses and prerequisites to other courses, since their cancellation can have an impact on a student's timely graduation.

Availability of faculty

Interviewees also commented on the availability of faculty, saying that, at a minimum, advisors and faculty members should be available in their offices during their posted office hours. Related to this expectation, interviewees also commented that advisors should be more involved in what their advisees are doing and courses they are taking in order to ensure that students get what they need in terms of course enrollments and activities.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

As stated above (C2-1), the school has adequate faculty members to sustain its core functions of instruction and advising students. Based on the results obtained from the quantitative data and

the in-depth interviews, a majority of students are satisfied or highly satisfied with class size, faculty availability, and the advisement they receive.

Challenges
Students who were interviewed did express the desire for more reliable availability of faculty members and advisors.

Plans
The school's Leadership Team and department chairs have discussed the resulting data from the interviews. A committee consisting of students, faculty, and administrators has been appointed by the dean to address the concerns expressed by students during the in-depth interviews. Strategies are expected by the fall 2018.

C3. STAFF AND OTHER PERSONNEL RESOURCES

The school has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

"Staff" are defined as individuals who do not have faculty appointments and for whom staff work is their primary function. "Other personnel" includes students who perform work that supports the program's instructional and administrative needs (e.g., individuals who enroll first as students and then obtain graduate assistant or other positions at the university are classified as "other personnel," while individuals hired into staff positions who later opt to complete coursework or degrees are classified as "staff").

1) A table defining the number of the school's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation.

Table C3-1 Staff Support

Name	Title(s)	Full Time Equivalency
Goodwin Abu-Boateng	Data Technician	1.0
Frankie Adams	Administrative Assistant, Student Support Services	1.0
Shirley T. Banks	Executive Administrative Assistant and Finance Manager	1.0
Yalanda Barner	Marketing, Field Experience Coordinator	1.0
Nakeitra I. Burse, DrPH	Director Grant Writing Center	0.5
William B. Cissell, PhD, MSPH, CHES	Executive Assistant to the Dean and Director of Assessment and Accreditation	1.0
Eugenia R. Cook	Secretary	1.0
Lynette Ekunwe	Principal Investigator and Research Associate	1.0
Patricia A. Frye, DrPH	Director of Workforce Development/Certificate Preparation Program	0.5
Manisha S. Heard, MA	Administrative Assistant, Communication Disorders	1.0
Katherine Herron	Project Manager	1.0
Roslyn Knox-Lockett	Budget Manager, CEMH/IEHSR	1.0
Connie E. Little	Program Coordinator, CEMH/IEHSR	1.0
Glynda F. Myles	Administrative Assistant, Faculty Support Services	1.0
Cecilia Tate, BA	Clinical Secretary	1.0
Laura D. Turner, MLS	Director, School of Public Health Library	1.0
Gregory Wilson	Senior Service Program Analyst, JHS CORC	1.0

Name	Title(s)	Full Time Equivalency
Clevette Woodbury	Administrative Assistant, JHS CORC	1.0
TOTAL FTE		**17.0**

2) Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel.

Other personnel are support staff, who do not provide instruction. All support staff in the SPH provide services to the departments with public health concentrations at the MPH and DrPH levels, as well as the Department of Communicative Disorders and the undergraduate program in Healthcare Administration program. Also listed as support staff are those serving the Centers of the Jackson Heart Study.

While the broader university community has experienced a substantial, strategic reduction in staff support due to budget cuts, the school has been able to expand its support staff. During 2016, the school added several new positions, including executive assistant to the dean and director of assessment and accreditation, director/grant writer, director of workforce development, and finance officer. Currently, the school employs 17.0 FTE staff members (see Table C3-1 above).

3) Provide narrative and/or data that support the assertion that the school's staff and other personnel support is sufficient or not sufficient.

The school has a robust number and array of staff and other personnel who contribute to achieving its goals. From the secretary in the dean's office to the administrative assistants supporting faculty and students to the specialized staff who cover the responsibilities of financial management, assessment and accreditation, publicity and recruiting, library resources management, grant writing support, field placement, workforce development, and support for grant funded research and community service projects, the school's seventeen FTE staff are sufficient to fulfill its vision, mission, and goals.

C4. PHYSICAL RESOURCES

The school has physical resources adequate to fulfill its stated mission and goals and to support instructional programs. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.

1) Briefly describe, with data as applicable, the following:

- **Faculty office space**
- **Staff office space**
- **Classrooms**
- **Shared student space**
- **Laboratories, if applicable to public health degree program offerings.**

The school is located in the Dr. Aaron Shirley Public Health Complex of the Thad Cochran Center, in the Jackson Medical Mall (JMM). This facility is a renovated 800,000-square-foot abandoned retail mall that now brings together several state and county healthcare agencies in an easily accessible, collaborative environment to care for the surrounding underserved communities. The JMM houses the University of Mississippi Medical Center's primary care clinics, several clinical programs of the Mississippi State Department of Health, several Hinds County Public Health Department primary care clinics, the Jackson Heart Study, and the Partnership for a Healthy Mississippi, as well as the SPH. The JMM's Board of Trustees for the Medical Mall Foundation comprises the president of Jackson State University, the president of Tugaloo College, and representatives from the University of Mississippi Medical Center.

Faculty and staff office and meeting space

The JMM is home to the offices of the dean of the SPH, the chairs of the Departments of Behavioral and Environmental Health, Epidemiology and Biostatistics, and Health Policy and Management, the directors of the Healthcare Administration and Communicative Disorders programs, and the faculty members and staff associated with these academic units. Faculty members ordinarily have equal access to office space, though programmatic needs and the size of a unit may play a role in the specific allocation. Every administrator and faculty member has a separate office.

The school's faculty and staff meetings are held in a conference room or a theater-style auditorium located on the second floor of the complex. Program and smaller group meetings are held in other conference rooms in the Institute of Epidemiology and Health Services Research, which are located on the second floor.

Classrooms

Classes are generally held in one of the ten classrooms on the first floor. In addition to these classrooms, there is a conference room on the first floor that can be used for small classes, and large classes or combined classes can be scheduled to meet in the additional conference room and the auditorium on the second floor (see table below).

Public Health Program Space Allocation (in square feet) in the Jackson Medical Mall					
Academic Units	**Administrative Offices***	**Faculty Offices**	**Research/ Computer Labs**	**Conference /Class Rm***	**Total**
Behavioral Health Promotion and Education	1,222	1,998		369	3,589
Health Policy and Management	1,222	1,998		151	3,371
Epidemiology and Biostatistics	650	1,998			2,648
Public Health Programs Administrative Offices (Suite 2300)	1,261				1,261
Communicative Disorders Department (Suite 2260)	713	N/A			713
Healthcare Administration Program (Suite 2240)	372	N/A			372
Lecture Hall	4,465	N/A			4,465
Institute of Epidemiology and Health Services Research	1,600	N/A			1,600
Center of Excellence in Minority Health and Health Disparities	1,512	N/A	Shares same space as the Institute of Epidemiology and Health Services		1,512
Administrative Offices of the Dean and Student Support Center	2,275	N/A	2,910	11,423	16,608
TOTAL	**10,827**	**5, 994**	**2,910**	**11,943**	**31,674**

In addition to the space listed in the table above, the school has the Health Sciences Library (1,684 square feet) and a student lounge (682 square feet) at the JMM. The school renovated much of its space during the past year to accommodate the projected increase in the number of faculty and students resulting from the establishment of Mississippi's first school of public health. The Health Sciences Library was remodeled to facilitate updated library resources and technology, and conference rooms were updated to allow for "smart" meeting areas for both faculty and students; with this technology, students will be able to attend lectures by Skype or video cast.

The school also modified space to provide doctoral students access to private zones that are outfitted with up-to-date technology and research resources aimed at enhancing their efforts in conducting dissertation research. Other areas designated for student use include two separate spaces with computers for graduate students and a separate area for students in the Communicative Disorders program.

Students and faculty have access to a technologically and ergonomically updated computer labs for advanced computer instructions and research capability (described in C5).

There is no research laboratory space at the school.

2) Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.

As described above, the school has ample physical space to support its current programs, faculty, students, and personnel, and has prepared for the physical and technological needs of a growing faculty and student body.

C5. INFORMATION AND TECHONOLOGY RESOURCES

The school has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

1) Briefly describe, with data if applicable, the following:

- **Library resources and support available for students and faculty**
- **Student access to hardware and software (including access to specific software or other technology required for instructional programs)**
- **Faculty access to hardware and software (including access to specific software or other technology required for instructional programs)**
- **Technical assistance available for students and faculty**

Library resources

The public health library is a resource for persons performing academic research and study. The library was recently renovated and now houses twelve workstations with nine computers, lounges for individual study areas, four individual study booths, five soundproof study booths (two with monitors for group studies and/or viewing group presentations), white boards, a networked printer, and a librarian's desk with computer and storage space. Computers in the public health library are equipped with the same software as the main laboratory, described below.

Interviews with fifteen students conducted in December 2017 revealed that the librarian is seen as a good resource and is considered very helpful. Several students indicated her willingness to assist them, the services she has rendered to them, and the knowledge they have gained because of her.

Student and faculty access to hardware and software

Using funds allocated for public health infrastructure development, two computer laboratories located in the Dr. Aaron Shirley Public Health Complex at the Jackson Medical Mall (JMM) were recently renovated. One computer lab is a split lab, separated by a viewing window, that houses sixteen workstations with computers and a teacher's workstation with a computer on one side, and eight workstations with computers and a teacher's workstation with a computer on the other. Each side is equipped with a projector and white board for instructional purposes. This computer laboratory is designed for intense data access, data management, data analysis, geographic information system work, research, and training. These computers are configured for demanding database and spreadsheet use, as well as statistical analysis. These computer laboratories are available not only to students, but also to administrators, faculty, and staff.

The school's main computer laboratory is used primarily for undergraduate and graduate instruction in statistical software applications and is accessible to students for completing assignments and other projects. This computer laboratory houses fifty-one workstations and computers, white boards, a teacher workstation and observation desk, a networked printer, and an LCD projector.

The school's computers are standardized on a consistent hardware and software platform for all work groups, even during legacy technology transition periods. Access to additional statistical software is available, if needed, to assist with improved teaching and learning experiences. These resources include, but are not limited to, ArcGIS, SAS, and SPSS.

Computer laboratories also are available on the university's main campus and at the university's research and development center, on one of the offsite campuses. One of the laboratory spaces located on the main campus that is available for sharing programs is housed within the university's Center for Environmental Health in the College of Science, Engineering, and Technology. These computer stations are available to all undergraduate and graduate students on a "first come, first served" basis. The university's Information Technology Department operates and maintains the computer laboratories.

The university has telecommunication and distance learning capabilities, and the school has two centralized smart classrooms in the JMM in which to offer online classes and other learning and communication opportunities across the country and globally.

In addition, all faculty, administrators, and staff offices are equipped with state-of-the-art personal computers. Networked printers are located throughout the school and shared by the faculty and staff. Documents sent to these printers are only accessible to the individual who forwarded them to the printer. For security and privacy, each individual faculty and staff must swipe their ID card in order to retrieve their documents or make copies.

Technical assistance

The university's Department of Information Technology (DIT) covers the school's technical assistance needs. DIT supports academic and administrative activities at JSU by providing technology infrastructure and services for teaching, learning, and research. The DIT's primary role is to serve as a catalyst in working with all of the colleges and schools to infuse technology to advance and support their missions and goals.

Within DIT, the Department of Computing and Communications (DCC) oversees support services relating to computer issues, telephones, network and operations, and the campus-wide server. The center also is responsible for researching system changes to determine the effects on faculty, staff, and students and to ensure no disruption of service; analyzing university activities and operations; and providing network recommendations to satisfy the university's and school's objectives and growth http://www.jsums.edu/informationtechnology/department-of-computing-and-communications/.

In the area of instructional technology, faculty are supported by the Canvas Learning Management System (LMS) for course delivery. Respondus is a tool faculty may use for creating and managing exams that can be printed or published directly to Blackboard. Exams can be created offline and moved on to Canvas through this program. In addition, eBeam Edge is a wireless device that makes any surface interactive.

Banner, a student information system, provides on-site support for all users including report creation, system troubleshooting, account maintenance, and security http://www.jsums.edu/informationtechnology/bannerpaws-support-2/.

In interviews with students regarding computer laboratories, the library and study rooms, they suggested increasing the library's hours of operation during the week and on weekends, increasing the number of public health focused journals available, and better maintenance of the printing and copying equipment. They also suggested consistent working wireless internet connections and computer labs that are not shared with classes. Additionally, they would like to have quiet time in study rooms as conversations can be distracting.

2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient.

Strengths

The information and technology resources are abundant (see JSU IT Infrastructure document in Resource File C5). Faculty and staff members have desktop and laptop computers as needed to perform their assigned tasks. The recently purchased computers in the computer labs are numerous and have ready access to the Internet, and software is plentiful.

Challenges

The school recently conducted a survey of faculty, staff, and students to determine their level satisfaction with their access to information and technology resources, the library service, and study rooms. A few areas were identified for improvement.

Plans

Survey data provided areas of improvement such as computer lab access and teaching a session in labs while used by other students. The school's Leadership Team and department chairs have discussed these areas of concern and changes have been implemented or will be implemented within the next academic year to address these concerns.

D1. MPH AND DrPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE

The school ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

Grounding in foundational public health knowledge is measured by the student's achievement of the learning objectives listed below, or higher-level versions of the same objectives.

1) Provide a matrix, in the format of Template D1-1 that indicates how all MPH and DrPH students are grounded in each of the defined introductory public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the school.

Table D1-1 Content Coverage for MPH and DrPH Degrees in Foundational Public Health Knowledge

Content Coverage for MPH and DrPH Degrees		
Content	**MPH course(s) or other educational requirements**	**DrPH course(s) or other educational requirements**
1.Explain public health history, philosophy and values	PHS 501 Public Health and Behavioral Science	PHS 702 Disease Pathogenesis and Behavioral Risk Factors
2.Identify the core functions of public health and the 10 Essential Services	PHS 501 Public Health and Behavioral Science	PHS 705 Advocacy and Public Health Policies PHS 706 Principles of Environmental and Occupational Health
3.Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	PHS 503 Biostatistics and Computer Applications PHS 505 Principles of Epidemiology PHS 506 Research and Quantitative Methods	PHS 701 Advanced Biostatistics and Computer Science Applications PHS 704 Survey and Qualitative Research Methods PHS 711-713 Advanced Biostatistics Lab I-III
4, List major causes and trends of morbidity and mortality in the U.S. or other community relevant to the school	PHS 501 Public Health and Behavioral Science PHS 505 Principles of Epidemiology PHS 506 Research and Quantitative Methods	PHS 702 Disease Pathogenesis and Behavioral Risk Factors PHS 703 Designing Research Studies for Minorities and Special Populations
5.Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	PHS 501Public Health and Behavioral Science	PHS 703 Designing Research Studies for Minorities and Special Populations
6.Explain the critical importance of evidence in advancing public health knowledge	PHS 505 Principles of Epidemiology	PHS 704 Survey and Qualitative Research Methods PHS 711-713 Advanced Biostatistics Lab I-III

Content Coverage for MPH and DrPH Degrees		
Content	**MPH course(s) or other educational requirements**	**DrPH course(s) or other educational requirements**
7.Explain effects of environmental factors on a population's health	PHS 504 Environmental and Occupational Health	PHS 706 Principles of Environmental and Occupational Health
8.Explain biological and genetic factors that affect a population's health	PHS 505 Principles of Epidemiology	PHS 702 Disease Pathogenesis and Behavioral Risk Factors
9.Explain behavioral and psychological factors that affect a population's health	PHS 501 Public Health and Behavioral Science	PHS 702 Disease Pathogenesis and Behavioral Risk Factors
10.Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	PHS 501 Public Health and Behavioral Science PHS 502 Public Health Policy and Administration	PHS 702 Disease Pathogenesis and Behavioral Risk Factors PHS 705 Advocacy and Public Health Policies
11.Explain how globalization affects global burdens of disease	PHS 505 Principles of Epidemiology	PHS 703 Designing Research Studies for Minorities and Special Populations
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	PHS 504 Environmental and Occupational Health	PHS 706 Principles of Environmental and Occupational Health

See Resource File D1 for syllabi listed in Table D1-1.

2) Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.

All listed course syllabi are available in Resource File D1. Samples of exams and other assessment materials for verifying competency attainment will be available at the site visit..

3) If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
The school has a strong contingent of knowledgeable and experienced faculty and staff members. Their combined experiences assure that all students are grounded in foundational public health knowledge taught in a combination of core courses.

Challenges
The DrPH has some overlapping material with more epidemiology than the other two concentrations, and the syllabi for each course covering a foundational knowledge competency accurately documents that competency and the corresponding assessment. In addition, both the MPH and DrPH programs need a systematic way to receive input from the Community Advisory Board (CAB), preceptors, employers, and alumni in order to offer a timely curriculum that will prepare students for entering the field of public health.

Plans

The faculty are now holding annual retreats where they report on, and modify, any changes to competency coverage and assessments in their courses. Competency coverage is discussed in departmental meetings in the interim. Additionally, the CAB is being expanded to include more preceptors, employers, alumni, and other stakeholders. Several CAB subcommittees will be formed to study and make recommendations for timely changes to the various curricula.

D2. MPH FOUNDATIONAL COMPETENCIES

The school documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each competency below, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees).

These competencies are informed by the traditional public health core knowledge areas, (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences), as well as cross-cutting and emerging public health areas.

1) List the coursework and other learning experiences required for the school's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.

The Master of Public Health Degree and Concentration Requirements

Behavioral Health Promotion and Education Concentration

The Behavioral Health Promotion and Education concentration focuses on the health-related behavior of individuals in the context of sociocultural structures, communities, healthcare systems, and family units. Of particular interest is how health-related behaviors of individuals are determined by, and interact with, conditions in the social, political, cultural, economic, physical, and biological environment to influence health status. Emphasis is placed on identifying, evaluating, and diminishing unhealthy behaviors and promoting positive personal health. This concentration seeks to integrate and apply health behavior and social theories and methods to problems of human health. Assessment, planning implementation, and evaluation of interventions with emphasis on behavioral sociocultural aspects of health are the core themes of the study of health promotion and education. (See Table D2-1.a below, and find core course syllabi and other information in Resource File D2. Find concentration syllabi in Resource File D4.)

Table D2-1.a Requirements for the MPH Degree, Behavioral Health Promotion and Education Concentration

Requirements for MPH Degree, Behavioral Health Promotion and Education Concentration		
Course number	**Course name**	**Credits**
I. Public Health Core: 18 credits		
PHS 501	Public Health and Behavioral Science	3
PHS 502	Public Health Policy and Administration	3
PHS 503	Biostatistics and Computer Applications	3
PHS 504	Environmental and Occupational Health	3
PHS 505	Principles of Epidemiology	3
PHS 506	Research and Quantitative Methods	3
II. Concentration Core: 15 credits		
PHS 531	Health Behavior, Promotion and Education	3
PHS 532	Community and Patient Health Education	3
PHS 533	Wellness and Maternal Child Health	3
PHS 534	Communication and Health Education Marketing	3
PHS 535	Behavioral Change Program Strategies	3
General elective*		3
General elective*		3
III. Capstone Course: 3 credits		
PHS 507**	Applied Master's Project (Integrative Learning Experience)	3
IV. Field Experience: 3 credits		
PHS 508**	Public Health Residency (Applied Practice Experience	3
	Total Hours	**45**

***With approval from the faculty advisor and course instructor a student may take elective courses from other academic units at the university.

**MPH students must pass the Graduate English Competency Examination (GECE) and a Graduate Area Comprehensive Examination (GACE), which carry no coursework credit. The GACE evaluates the student's ability to synthesize public health foundational knowledge, competencies, and application. These two exams must be passed before enrollment into the Public Health Residency and Applied Master's Project, both of which are to be taken in the final semester of the student's program.

Biostatistics Concentration

The Biostatistics concentration prepares students in the competencies of statistical analysis and use of computer-supported statistical analysis application software. (See Table D2-1.b below, and find core course syllabi and other information in Resource File D2. Find concentration syllabi in D4.)

Table D2-1.b Requirements for the MPH Degree, Biostatistics Concentration

Requirements for MPH Degree, Biostatistics Concentration		
Course number	**Course name**	**Credits**
I. Public Health Core: 18 credits		
PHS 501	Public Health and Behavioral Science	3
PHS 502	Public Health Policy and Administration	3
PHS 503	Biostatistics and Computer Applications	3
PHS 504	Environmental and Occupational Health	3
PHS 505	Principles of Epidemiology	3
PHS 506	Research and Quantitative Methods	3
II. Concentration Core: 15 credits		
PHS 571	Statistical Theory	3
PHS 522	Multivariate and Probabilistic Statistics	3
PHS 572	Statistical Computer Applications	3
PHS 524	Statistical Methods for Applied Epidemiology	3
PHS 601	Advance Biostatistics and Computer Science Application	3
General elective*		3
General elective*		3
III. Capstone Course: 3 credits		
PHS 507**	Applied Master's Project (Integrative Learning Experience)	3
IV. Field Experience: 3 credits		
PHS 508**	Public Health Residency (Applied Practice Experience)	3
	Total Hours	**45**

*With approval from the faculty advisor and course instructor a student may take elective courses from other academic units at the university.

**MPH students must pass the Graduate English Competency Examination (GECE) and a Graduate Area Comprehensive Examination (GACE), which carry no coursework credit. The GACE evaluates the student's ability to synthesize public health foundational knowledge, competencies, and application. These two exams must be passed before enrollment into the Public Health Residency and Applied Master's Project, both of which are to be taken in the final semester of the student's program.

Environmental and Occupational Health Concentration

The Environmental and Occupational Health concentration is designed to teach students how to assess and analyze the relationship between basic science and environmental and occupational injuries and diseases. The industrial chemicals, radiation, and other toxic substances absorbed by the environment require ongoing investigation to determine their effects on human health. Students in this concentration examine the science, policies, laws, and regulations that govern how environmental and occupational issues are handled. Furthermore, it provides the knowledge and skills necessary to design and implement prevention measures and to promote healthy behaviors in the workplace. A key objective is to train students to become effective leaders in the field of environmental and occupational health. (See Table D2-1.c below, and find core course syllabi and other information in Resource File D2. Find concentration syllabi in D4.)

Table D2-1.c Requirements for the MPH Degree, Environmental and Occupational Health Concentration

Requirements for MPH Degree, Environmental and Occupational Health Concentration		
Course number	**Course name**	**Credits**
I. Public Health Core: 18 credits		
PHS 501	Public Health and Behavioral Science	3
PHS 502	Public Health Policy and Administration	3
PHS 503	Biostatistics and Computer Applications	3
PHS 504	Environmental and Occupational Health	3
PHS 505	Principles of Epidemiology	3
PHS 506	Research and Quantitative Methods	3
II. Concentration Core: 15 credits		
PHS 541	Environmental Management and Industrial Hygiene	3
PHS 542	Environmental and Occupational Health Risk Assessment	3
PHS 543	Occupational Health and Safety Management	3
PHS 544	Environmental and Occupational Toxicology	3
PHS 545	Environmental Policy and Occupational Health Regulations	3
General elective*		3
General elective*		3
III. Capstone Course: 3 credits		
PHS 507**	Applied Master's Project (Integrative Learning Experience)	3
IV. Field Experience: 3 credits		
PHS 508**	Public Health Residency (Applied Practice Experience)	3
	Total Hours	**45**

***With approval from the faculty advisor and course instructor a student may take elective courses from other academic units at the university.

**MPH students must pass the Graduate English Competency Examination (GECE) and a Graduate Area Comprehensive Examination (GACE), which carry no coursework credit. The GACE evaluates the student's ability to synthesize public health foundational knowledge, competencies, and application. These two exams must be passed before enrollment into the Public Health Residency and Applied Master's Project, both of which are to be taken in the final semester of the student's program.

Epidemiology Concentration

This concentration prepares students for careers as scientific researchers, practical field investigators, health officers, research program directors and managers, and in other research areas of public health. Epidemiologists work closely with biostatisticians in designing and analyzing research studies. This concentration is designed for students who wish to acquire a thorough understanding of epidemiological methods, statistical principles, and computer software applications for practical fields of public health. It offers students an opportunity to acquire specific skills in designing research studies and to learn how to collect data, conduct analyses, and interpret research studies. (See Table D2-1.d below, and find core course syllabi and other information in Resource File D2. Find concentration syllabi in D4.)

Table D2-1.d Requirements for the MPH Degree, Epidemiology Concentration

Requirements for MPH Degree, Epidemiology Concentration		
Course number	**Course name**	**Credits**
I. Public Health Core: 18 credits		
PHS 501	Public Health and Behavioral Science	3
PHS 502	Public Health Policy and Administration	3
PHS 503	Biostatistics and Computer Applications	3
PHS 504	Environmental and Occupational Health	3
PHS 505	Principles of Epidemiology	3
PHS 506	Research and Quantitative Methods	3
II. Concentration Core: 15 credits		
PHS 521	Advanced Seminar in Epidemiology	3
PHS 522	Multivariate and Probabilistic Statistics	3
PHS 523	Chronic and Infectious Disease Epidemiology	3
PHS 524	Statistical Methods for Applied Epidemiology	3
PHS 525	Epidemiology of Minority and Special Populations	3
General elective*		3
General elective*		3
III. Capstone Course: 3 credits		
PHS 507**	Applied Master's Project (Integrative Learning Experience	3
IV. Field Experience: 3 credits		
PHS 508**	Public Health Residency (Applied Practice Experience	3
	Total Hours	**45**

***With approval from the faculty advisor and course instructor a student may take elective courses from other academic units at the university.

**MPH students must pass the Graduate English Competency Examination (GECE) and a Graduate Area Comprehensive Examination (GACE), which carry no coursework credit. The GACE evaluates the student's ability to synthesize public health foundational knowledge, competencies, and application. These two exams must be passed before enrollment into the Public Health Residency and Applied Master's Project, both of which are to be taken in the final semester of the student's program.

Health Policy and Management Concentration

This concentration prepares students for careers in public health policy and healthcare management. It encompasses concentration competencies in management, strategic planning, marketing, human resource management, and motivation. Students evaluate the role of governmental institutions in the policy process, examine policy models, and differentiate U.S. health policy from that of other countries. Financial aspects of healthcare are offered to those in the discipline who plan to pursue careers in management. Other core components of the concentration pertain to the social and legal principles affecting healthcare delivery in the U.S. (See Table D2-1.e below, and find core course syllabi in Resource File D2. Find concentration course syllabi in D4.)

Table D2-1.e Requirements for the MPH Degree, Health Policy and Management Concentration

Requirements for MPH Degree, Health Policy and Management Concentration		
Course number	**Course name**	**Credits**
I. Public Health Core: 18 credits		
PHS 501	Public Health and Behavioral Science	3
PHS 502	Public Health Policy and Administration	3
PHS 503	Biostatistics and Computer Applications	3
PHS 504	Environmental and Occupational Health	3
PHS 505	Principles of Epidemiology	3
PHS 506	Research and Quantitative Methods	3
II. Concentration Core: 15 credits		
PHS 511	Organizational Design and Behavior	3
PHS 512	Public Health Policy, Law and Ethics	3
PHS 513	Financial Management of Health Services	3
PHS 514	Health Information Management Systems	3
PHS 515	Marketing Public Health and Strategic Planning	3
General elective*		3
General elective*		3
III. Capstone Course: 3 credits		
PHS 507**	Applied Master's Project (Integrative Learning Experience	3
IV. Field Experience: 3 credits		
PHS 508**	Public Health Residency (Applied Practice Experience)	3
	Total Hours	**45**

*****With approval from the faculty advisor and course instructor a student may take elective courses from other academic units at the university.

**MPH students must pass the Graduate English Competency Examination (GECE) and a Graduate Area Comprehensive Examination (GACE), which carry no coursework credit. The GACE evaluates the student's ability to synthesize public health foundational knowledge, competencies, and application. These two exams must be passed before enrollment into the Public Health Residency and Applied Master's Project, both of which are to be taken in the final semester of the student's program.

2) Provide a matrix, in the format of Template D2-2 that indicates the assessment activity for each of the foundational competencies listed. If the school addresses all of the listed foundational competencies in a single, common core curriculum, the school need only present a single matrix.

The Master of Public Health Foundation Competencies

The MPH curriculum addresses each of the foundational competencies within the core courses. The foundational competencies are listed and the related assessment opportunities identified in Table D2-2.

Table D2-2 MPH Foundational Competencies, Courses, and Assessments

Competency	Course number(s) and name(s)	Specific assessment opportunity
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	PHS 505 Principles of Epidemiology	Assignment 3: using the Mississippi Vital Statistics data, calculate the age-adjusted death rate of heart disease using direct method
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	PHS 506 Research and Quantitative Methods	Submit proposal topics and discuss them in class week 4; develop a proposal during the class week 12
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate	PHS 506 Research and Quantitative Methods	Quantitative data will be analyzed in the computer lab in weeks 6 and 9 using SPSS, R, or SAS Collect qualitative data from an in-depth interview after lecture in week 10; transcript and summary due week 11
4. Interpret results of data analysis for public health research, policy or practice	PHS 503 Biostatistics & Computational Applications PHS 506 Research and Quantitative Methods	Complete in-class exercises and home assessments with interpretation of statistical tests in week 9 and 12 Complete exercises in-class and on Canvas followed by interpretation of statistical tests week 9; interpret data and results of statistical analysis in mid-term exam
Public Health and Health Care Systems		
5. Compare the organization, structure and function of health care, public health, and regulatory systems across national and international settings	PHS 502 Public Health Policy and Administration	Assignment 1: students produce a chart depicting health and medical organizations in the U.S. and internationally
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	PHS 501 Public Health and Behavioral Science	Watch a webinar hosted by APHA on strategies to improve the health status of women and children in week 11 Work in groups to apply multiple behavior theories

		learned to case studies on high-risk populations in week 14
Planning and Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	PHS 501 Public Health and Behavioral Science	Provide assessments to evaluate a health education program and determine its effect on the field and communities health in a short paper (see syllabus, page 5)
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	PHS 501 Public Health and Behavioral Science	Complete a culminating group project creating a hypothetical program that is justified by theory as connected to a specific population and setting
9. Design a population-based policy, program, project or intervention	PHS 506 Research and Quantitative Methods	Developed proposal describes a population-based policy, program, project, or intervention, due in week 12
10. Explain basic principles and tools of budget and resource management	PHS 502 Public Health Policy and Administration	Assignment 2: write a brief paper on the ways in which budget development is influenced by policies
11. Select methods to evaluate public health programs	PHS 506 Research and Quantitative Methods	Discuss evaluation methods in week 11, and an essay question on the final exam asks students to select a method for program evaluation
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	PHS 502 Public Health Policy and Administration	Assignment 3: draft a debate position that addresses the roles of ethics, diversity, and evidence in the policy making process
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	PHS 502 - Public Health Policy and Administration	Assignment 4: write a scenario that illustrates the identification of stakeholders and the building of a coalition to influence a public health outcome
14. Advocate for political, social, and economic policies and programs that will improve health in diverse populations	PHS 502 Public Health Policy and Administration	Assignment 3: draft a debate position that addresses the roles of ethics, diversity, and

		evidence in the policy making process
15. Evaluate policies for their impact on public health and health equity	PHS 502 Public Health Policy and Administration PHS 504 Environmental and Occupational Health	Complete a policy evaluation assignment that covers the following steps: engage stakeholders, describe the program, focus on the evaluation design, gather credible evidence, justify conclusions, ensure use and share lessons learned Conduct a literature review and make a current event presentation
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	PHS 502 Public Health Policy and Administration	Assignment 4: write a scenario that illustrates the identification of stakeholders and building a coalition to influence a public health outcome
17. Apply negotiation and mediation skills to address organizational or community challenges	PHS 502 Public Health Policy and Administration	Assignment 5: write a paper that describes the process by which laws and regulations and the factors that influence those decisions; the assignment includes application of systems thinking tools
Communication		
18. Select communication strategies for different audiences and sectors	PHS 501 Public Health and Behavioral Science	Work in groups to address communication strategies for public health problems of different audiences and sectors by responding to questions in a case study
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	PHS 501 Public Health and Behavioral Science	Mid-term sections III and IV; oral presentation of group project
20. Describe the importance of cultural competence in communicating public health content	PHS 501 Public Health and Behavioral Science	Final exam section IV; community intervention case study and discussion applying multiple behavioral theories learned in week 16 (there are no formal grades but does count toward each

		student's participation grade for that week)
Interprofessional Practice		
21. Perform effectively on interprofessional teams	PHS 504 Environmental and Occupational Health	Assignment 4: perform an observational exercise by shadowing a health professional from a discipline other than public health
	PHS 505 Principles of Epidemiology	Assignment 3: write a brief paper on contrasting roles of guest speakers from disciplines other than public health
	PHS 506 Research and Quantitative Methods	Assignment 1: develop a plan to work on a health project with a team of professionals from disciplines other than public health
Systems Thinking		
22. Apply systems thinking tools to a public health issue	PHS 502 Public Health Policy and Administration	Assignment 5: write a paper that describes the process by which laws and regulations are made and the factors that influence those decisions; assignment includes application of systems thinking tools.

3) Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus.

The most recent syllabus from each course listed in Tables D2-1.a-e and D2-2 are provided in Resource File D2 and D4, as is the MPH *Student Handbook*, which describes the required elements of the program.

D3. DrPH FOUNDATIONAL COMPETENCIES

The DrPH is the professional doctoral degree in public health, designed to produce transformative academic and practice leaders with expertise in evidence-based public health practice and research. These individuals are able to convene diverse partners; communicate to effect change across a range of sectors and settings; synthesize and translate findings; and generate practice-based evidence that advances programs, policies, services and/or systems addressing population health. DrPH graduates demonstrate the competencies defined in this criterion.

The school documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each competency below, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school must assess *all* DrPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc.

1) List the coursework and other learning experiences required for the school's DrPH degrees. Information may be provided in the format of Template D3-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each DrPH degree.

Table D3-1.a Core Requirements for the DrPH Degree

Course number	Course name	Credits
PHS 701	Advanced Biostatistics and Computer Science Applications	3
PHS 702	Disease Pathogenesis and Behavioral Risk Factors	3
PHS 703	Designing Research Studies for Minorities and Special Populations	3
PHS 704	Survey and Qualitative Research Methods	3
PHS 705	Advocacy and Public Health Policies	3
PHS 706	Principles of Environmental and Occupational Health	3
PHS 707*	Leadership for Public Health	3
PHBI 711**	Categorical Data Analysis	3
PHS 711, 712, 713	Advanced Biostatistics Lab I, II, and III	3 (1 per lab)
PHS 750	Integrative Learning Experience	3

PHS 798	Dissertation	15 (maximum)
	TOTAL	**27*** **

* New course submitted to the Graduate Curriculum Committee
** Revision of course status submitted to the Graduate Curriculum Committee
*** The curriculum is divided into advanced courses (27 credit hours), concentration hours (15), and the Integrative Learning Experience (3 hours), for a total of 45 credit hours, plus a dissertation (maximum of 15 credit hours).

Behavioral Health Promotion and Education Concentration
This concentration focuses on the role of behavioral, social, and psychological factors in disease causation, health promotion, and disease prevention.

Table D3-1.b Requirements for the DrPH Degree, Behavioral Health Promotion and Education Concentration

Core requirements for DrPH Degree, Behavioral Health Promotion and Education Concentration		
Course number	**Course name**	**Credits**
PHBS 711	Advanced Theories and Scientific Principles for Health Promotion and Education	3
PHBS 712/ PHEP 711	Behavioral and Psychosocial Epidemiology	3
PHBS 713	Qualitative Research Methods	3
Students also select two of the following:		
PHEP 712	Clinical Trials and Interventional Study Designs	3
PHBS 715	Research Seminar in Health Promotion	3
PHBS 716	Social and Cognitive Basis of Behavior	3
PHBS 719	Data Base Management Systems	3
	TOTAL	**15**

Epidemiology Concentration
This concentration is concerned with methods for elucidating the causes of disease and for evaluating health services, programs, and treatments. Students are instructed in the concepts, knowledge, and statistical skills to study, analyze, and monitor the distribution and determinants of disease occurrence and other outcome measures in human populations.

Table D3-1.c Requirements for the DrPH Degree, Epidemiology Concentration

Core requirements for DrPH Degree, Epidemiology Concentration		
Course number	**Course name**	**Credits (if applicable)**
PHEP 711	Behavioral and Psychosocial Epidemiology	3
PHBI 712	Multivariate Methods I	3
PHEP 712	Clinical Trials and Interventional Study Designs	3
Students also select two of the following:		
PHEP 713	Infectious Disease Epidemiology	3
PHEP 714	Nutrition and Genetic Epidemiology	3
PHEP 717	Environmental Epidemiology	3
	TOTAL	**15**

Health Policy and Management Concentration

This concentration exposes students to a curriculum designed to allow them to have an impact on knowledge of contemporary public health administration and management. The concentration also provides students with analytical skills for designing, implementing, and evaluating public health policies and interventions, including financial and human resource management, comprehensive policy and program planning, analysis, evaluation, development, and implementation.

Table D3-1.d DrPH Health Policy and Management Concentration Requirements

Core requirements for DrPH degree, Health Policy and Management Concentration		
Course number	**Course name**	**Credits (if applicable)**
PHPM 711	Strategic Leadership in Management of Human Resources	3
PHPM 712	Public Health Economics	3
PHPM 713	Analysis of Health Legislation and Regulations	3
Students also select two of the following:		
PHPM 714	Evaluation of Performance and Quality in Health Service Organizations	3
PHPM 715*	Healthcare Informatics and Decision Making	3
PHPM 716	Administration of Integrated Health and Hospital Systems	3
PHPM 717	Managed Care Networks and Public Health	3
	TOTAL	**15**

* This course's title change is pending approval by the Graduate School.

2) Provide a matrix in the format of Template D3-2 that indicates the assessment activity for each of the foundational competencies listed.

The school has a single, common DrPH core curriculum. The specific course and assessment activity addressing each competency are listed in Table D3-2.

Table D3-2 Assessment of DrPH Student Achievement of Foundational Competencies

Assessment of DrPH Student Achievement of Foundational Competencies		
Competency	***Course number(s) and name(s)**	**Specific assignment(s) that allow assessment**
Data and Analysis		
1. Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels	PHS 703 Designing Research Studies for Minorities and Special Populations PHS 704 Qualitative Research	Discuss the strengths and limitations of different study designs Conduct an in-depth interview assignment and Assignment 1: participatory observation
2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue	PHS 703 Designing Research Studies for Minorities and Special Populations PHS 704 Qualitative Research	Design a written policy brief on a topic related to health disparities Assignment 2: survey development pilot testing
3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring and evaluating policies and programs and to address a population's health	PHS 703 Designing Research Studies for Minorities and Special Populations	Critically review and discuss data sources on health disparities
Leadership, Management, and Governance		
4. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners	PHS 703 Designing Research Studies for Minorities and Special Populations	Explain in a term paper and a discussion question on the final exam how the concept of stakeholder applies to reduction of health inequities
5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies	PHS 706 Principles of Environmental and Occupational Health	Following four weeks of instruction, students participate on a panel addressing the design of environment health assessments

6. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems	PHS703 Designing Research Studies for Minorities and Special Populations PHS 705 Advocacy and Public Health Policies	Design a study to test a hypothesis related to health disparities Compile a bibliography of literature on advocacy and public health policies
7. Create a strategic plan	PHS 705 Advocacy and Public Health Policies	Class advocacy project; see page 5 of the syllabus for details
8. Facilitate shared decision making through negotiation and consensus-building methods	PHS 705 Advocacy and Public Health Policies	Class advocacy project; see page 5 of the syllabus for details
9. Create organizational change strategies	PHS 707 Leadership in Public Health	Perform the Kaizen theory/Shewhart cycle exercise Week 7, exercise 1: Identify and examine the challenges a health leader faces in institutional, resource-dependent, and contingent environments; written responses are required to the question about which strategies a health leader should implement for successful outcomes, to include strategic sourcing
10. Propose strategies to promote inclusion and equity within public health programs, policies and systems	PHS 707 Leadership in Public Health	Week 10: case study – "Racism: A Mental Health Issue" – and discussion questions pertaining to the case
11. Assess one's own strengths and weaknesses in leadership capacities including cultural proficiency	PHS 707 Leadership in Public Health	Week 3: emotional intelligence, and Week 6: strengths based on leadership; group activities in-class and outside of class Week 10: case study – "Racism: A Mental Health Issue" – and discussion questions pertaining to this case
12. Propose human, fiscal, and other resources to achieve a strategic goal	PHS 705 Advocacy and Public Health Policies	Class advocacy project: see page 5 of the

		courses syllabus for details
13. Cultivate new resources and revenue streams to achieve a strategic goal	PHS 707 Leadership in Public Health	Week 8, chapter 12, exercise 6: students evaluate internal and external health organization stakeholders and justify their motivations, needs, and aspirations with regard to health services and products; written response required
Policy and Programs		
14. Design a system-level intervention to address a public health issue	PHS 706 Principles of Environmental and Occupational Health	Week 10: Develop an observational study with another discipline and submit summary of lessons learned
15. Integrate knowledge of cultural values and practices in the design of public health policies and programs	PHS 705 Advocacy and Public Health Policy	Conduct an in-depth interview assignment and participatory observation assignment
16. Integrate scientific information, legal and regulatory approaches, ethical frameworks, and varied stakeholder interests in policy development and analysis	PHS 705 Advocacy and Public Health Policies	Class advocacy project: see page 5 of syllabus for details
17. Propose interprofessional team approaches to improving public health	PHS 704 Qualitative Research “Inter-professional Case Study Module”	Prepare and present the Society for Public Health Education IPE case study (national competition or locally presented) using new or old case studies selected by SOPHE
Education and Workforce Development		
18. Assess an audience’s knowledge and learning needs	PHS 704 Qualitative Research	National Public Health Week and participatory observation assignment
19. Deliver training or educational experiences that promote learning in academic, organizational or community settings	PHS 703 Designing Research Studies for Minorities and Special Populations	Summarize principles learned regarding delivery of training or educational events or courses to promote learning

20. Use best practice modalities in pedagogical practices	PHS 704 Qualitative Research PHS 706 Principles of Environmental and Occupational Health	Presentation of qualitative results assignment Oral presentation, exams; conduct mock town hall/community forum

3) Include the most recent syllabus from each course listed in Template D3-1, or written guidelines for any required elements listed in Template D3-1 that do not have a syllabus.

All DrPH students are required to take the same courses and are assessed using the same activities for the DrPH Foundational Competencies. (See Table D3-2 above, and find core and concentration course syllabi in Resource File D3.)

D4. MPH AND DrPH CONCENTRATION COMPETENCIES

MPH and DrPH graduates attain competencies in addition to the foundational competencies listed in Criteria D2 and D3. These competencies relate to the school's mission and/or to the area(s) of concentration.

The school defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The list of competencies may expand on or enhance foundational competencies, but the school or program must define a specific set of statements that articulates the depth or enhancement for all concentrations and for generalist degrees. It is not sufficient to refer to the competencies in Criterion D2 or D3 as a response to this criterion.

The school documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

1) Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies.

Specific competencies for each MPH concentration are listed in Tables D4-1.a-e.

Table D4-1.a MPH Behavioral Health Promotion and Education Concentration, Specific Competencies and Assessment

Assessment of Competencies for MPH Behavioral Health Promotion and Education Concentration		
Competency	**Course number(s) and name(s)**	**Specific assignment(s) that allow assessment**
1. Explain basic theories, concepts, and models from a range of social and behavioral disciplines that contributes to public health research and practice	PHS 531 Health Behavior Promotion and Education	Skill building activity at the end of the module: Draw a diagram explicating the links between various components of the PRECEDE-PROCEED Model and a chosen health behavior
2. Outline the steps and procedures for the planning, implementation and evaluation of public health programs, policies, and interventions	PHS 532 Community and Patient Health Education	Community health assignments: Conduct a windshield survey, a grocery store audit, and a park audit of local community (see syllabus, page 4) Community Health Project, Assignment 3: Develop a proposal based on findings from community health

		assignments using the MSDH proposal template (see syllabus, pages 4-5)
3. Utilize community health assessment information about health status, factors influencing health and assets and resources to guide development of public health advocacy and policy decisions	PHS 533 Wellness and Maternal Child Health Promotion	Review and report on a case study that draws upon the historical background of MCH and show how this guides MCH specialists in harnessing divergent public opinions to drive public policy, public health policy, and advocacy (session 5 – fifth week) Complete discussion item 3 of final exam
4. Select approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	PHS 534 Communication and Health Education Marketing	In small group, develop a health communications campaign to enhance wellbeing of a health disparity population based on Healthy People 2020 or the most recent version of the U.S. health agenda Analyze a health-promoting behavior through use of one or more of the following print media: brochure, pamphlet, booklet, fotonovella, or social media platform Create a 4-page marketing plan to accompany the health communication campaign
5. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies	PHS 535 Behavioral Change Program Strategies	Complete assignment 1: health problem paper; assignment 5: community-based participatory research using Freirian model paper; and skill building activity at the end of the module

Table D4-1.b MPH Biostatistics Concentration, Specific Competencies and Assessment

Assessment of Competencies for MPH in Biostatistics Concentration		
Competency	**Course number(s) and name(s)**	**Specific assignment(s) that allow assessment**
1. Describe the basic concepts of probability, random variation and commonly used statistical probability distributions	PHS 571 Statistical Theory	Students complete exercises given in the class for the scheduled topics, such as probability theory, discrete distributions, continuous distributions, statistical inference, hypothesis testing, confidence intervals, and central limit theorem

		Students conduct statistical analyses, such as analysis of variance, linear regression, logistic regression, survival analysis, factor analysis, and structural equation analysis
2. Apply descriptive techniques and statistical methods for drawing inferences and summarizing public health data	PHS 522 Multivariate and Probabilistic Statistics	Conduct simple and multivariate linear/ and log regression methods in SPSS for drawing inferences
	PHS 524 Statistical Methods for Applied Epidemiology	Calculate and draw inference using epidemiologic methods, such as odds ratio, relative risk, and attributable risk
3. Define and apply appropriate informatics techniques in public health research	PHS 572 Statistical Computer Applications	Calculate sample size for a cross-sectional study using G-Power and calculate t-test, confidence intervals, and one-way ANOVA using SPSS for the data given in the class
	PHS 601 Advanced Biostatistics and Computer Science Applications	Conduct statistical analyses, such as analysis of variance, linear regression, logistic regression, survival analysis, factor analysis, and structural equation analysis using SAS
4. Apply statistical methods using the appropriate software	PHS 522 Multivariate and Probabilistic Statistics	Interpret results of simple and multivariate linear/logistic regression analyses
	PHS 524 Statistical Methods for Applied Epidemiology	Calculate data and interpret the results for sensitivity, specificity, and predictive values
5. Develop a written and oral presentation based on statistical analyses for public health professionals and educated lay audience	PHS 601 Advanced Biostatistics and Computer Science Applications	Written and oral presentations are graded based on grading system described in the syllabus

Table D4-1.c MPH Environmental and Occupational Health Concentration, Specific Competencies and Assessment

Assessment of Competencies for MPH in Environmental and Occupational Health Concentration		
Competency	**Course number(s) and name(s)**	**Specific assignment(s) that allow assessment**
1. Articulate how biological, chemical, and physical agents affect human health	PHS 541 Environmental Management and Industrial Hygiene	A case study relating to industrial hygiene ethics is presented to students, who must write a report that identifies issues (what is the

		problem) involving parties (company, individual, etc.), and responsibilities of involving parties, and discusses solutions and consequences
2. Identify and discuss various risk management and risk communication approaches	PHS 542 Environmental and Occupational Health Risk Assessment	Identify and present a human or ecological risk based on a current event; conduct a risk assessment research paper using the current literature
3. Specify approaches for assessing, preventing and controlling occupational hazards that pose risks to human health and safety	PHS 543 Occupational Health and Safety Management	10- hour OSHA certification training, exams, class discussion; design an evacuation plan as for an agency, home, or etc. with presentations in weeks 11 and 12
4. Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures	PHS 544 Environmental and Occupational Toxicology	Final paper and project; final exam discussion questions
5. Analyze and discuss federal and state regulatory programs, guidelines, and authorities that control environmental health issues	PHS 545 Environmental Policy and Occupational Health Regulations	Answer analytical questions, perform a policy analysis, debrief a case, and take an exam in weeks 4 and 14

Table D4-1.d MPH Epidemiology Concentration, Specific Competencies and Assessment

Assessment of Competencies for MPH in Epidemiology Concentration		
Competency	**Course number(s) and name(s)**	**Specific assignment(s) that allow assessment**
1. Describe a public health problem in terms of magnitude, person, time, and place	PHS 521 Advanced Seminar in Epidemiology	Assignment 2: describe hypertension in the “stroke belt” of the U.S.
2. Comprehend and explain the importance of ethical and legal principles pertaining to the collection of epidemiologic data and in informing scientific, technical and political discussions of health issues	PHS 525 Epidemiology of Minority and Special Populations	Using case studies, discuss violation of ethical procedures in research using case studies
3. Apply descriptive techniques and statistical methods for	PHS 522 Multivariate and Probabilistic Statistics	In homework and exam, predict measures of association for epidemiologic data using simple and

drawing inferences and summarizing public health data		multivariate linear and logistic methods in SPSS
	PHS 524 Statistical Methods for Applied Epidemiology	Calculate epidemiologic measures of association, such as odds ratio, relative risk and attributable risk
4. Develop skills in communicating epidemiologic information to lay and professional audiences	PHS 521 Advanced Seminar in Epidemiology	Prepare lay and scientific summaries of published papers (due weeks 2-14)
5. Draw appropriate inference from epidemiologic data	PHS 524 Statistical Methods for Applied Epidemiology	Calculate and interpret results of parametric and nonparametric tests using data in SPSS

Table D4-1.e MPH Health Policy and Management Concentration, Specific Competencies and Assessment

Assessment of Competencies for MPH in Health Policy and Management Concentration		
Competency	**Course number(s) and name(s)**	**Specific assignment(s) that allow assessment**
1. Apply "systems thinking" for resolving organizational problems	PHS 511 Organizational Design and Behavior	Week 13: case study 18-1 and questions, case study 18-2 and questions, and student case study analysis paper
2. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the U.S.	PHS 513 Financial Management of Health Service	Week 6: group paper; weeks 8-10: class exercises, quizzes, midterm, and final examination
3. Describe the legal and ethical bases for public health and health services	PHS 512 Public Health Law and Ethics	Assignments that address laws concerning helmets, compulsory sterilization, and compulsory medical treatment to demonstrate the legal and ethical basis of public health
4. Demonstrate leadership skills for building partnerships	PHS 511 Organizational Design and Behavior	Weeks 2 and 3: application exercises; student case study analysis paper; EQ application assessment and discussion
5. Communicate health policy and management issues using appropriate channels and technologies	PHS 511 Organizational Design and Behavior	Week 2: application exercises; student case study analysis and paper
6. Apply principles of strategic planning and marketing to public health	PHS 515 Public Health and Strategic Planning	Develop a marketing plan
7. Discuss the policy process for improving the health status of populations	PHS 512 Public Health Law and Ethics	Demonstrate of models, theories, and processes of policy-making, as well as policy analysis and evaluation with application to population health

8. Apply the principles of program planning, development, budgeting, management, and evaluation in organization and community initiatives	PHS 513 Financial Management of Health Service	Weeks 9-15: student-graded exercises, presentations, and assignments (see syllabus)

Specific competencies for each DrPH concentration are listed in Tables D4-1.f-h.

Table D4-1.f DrPH Behavioral Health Promotion and Education Concentration, Specific Competencies and Assessment

Coverage of Competencies for the DrPH in Behavioral Health Promotion and Education Concentration		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Apply advanced theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice	PHBS 711 Advanced Theories and Scientific Principles of Health Promotion	Assignment 1: Application and critique of an individual-level theory Assignment 2: Application and critique of an interpersonal-level theory Assignment 3: Application and critique of a community-level theory (see page 4 of syllabus)
2. Critically analyze literature and data of behavioral and psychosocial epidemiology for informing scientific, ethical, social, and cultural discussions of health issues	PHBS 712 Behavioral and Psychological Epidemiology	Assignment 1: student research area and PICO/PISO research question definitions; written document report deliverable Assignment 2: define systematic literature review (SRL) according to Prisma statement, including search and data analysis plan; written document report deliverable Assignment 3 (class project): an SRL and/or meta-analysis of a pertinent problem area chosen by the student in agreement with the instructor and ideally suitable for publication; review is assessed using explicit criteria posted on the class web site and in the syllabus
3. Demonstrate advanced communication skills including the ability to review manuscripts and edit documents	PHBS 713 Qualitative Research Methods	Assignment 1: a comparative analysis and evaluation of qualitative research paper

		Assignment 2: a comparative analysis and evaluation of qualitative and quantitative research paper Review at least one manuscript and provide editing comments
4. Ensure ethical principles are applied in accessing, collecting, analyzing, using, maintaining and disseminating data and information	PHBS 714 Clinical Trials and Interventional Study Designs	Assignment 1: successful completion of IRB human subjects research training certificate CITI and NIH Assignment 2: develop a clinical trial protocol that includes research design, sample size, randomization, the type of data collected that must be collected, and, if applicable, analysis of efficacy and non-inferiority Assignment 3: evaluate and present a case study that utilizes statistical analyses for two different audiences (lay and public health professionals
5. Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences	PHBS 713 Qualitative Research Methods	Complete an application to serve as a reviewer of a manuscript for a professional journal such as *Health Promotion Practice*, *Journal of Health Education*, or another public health journal, including those edited by JSU SPH faculty members, that seeks ad hoc reviewers
6. Make evidence-based decisions (e.g., determining research agenda, using recommendations from *The Guide to Community Preventive Services* in planning population health services)	PHBS 715 Research Seminar in Health Education	Assignment 2: review article focused on determinants of health behavior that explains instrument development to evaluate a health education intervention
7. Advocate for the diversity of individuals and populations being addressed in policies and programs and services that affect the health of a community	PHBS 716 Social and Cognitive bases of Behavior	Advocacy Assignment: participate in annual SOPHE advocacy summit or conduct an analysis/evaluation of diversity advocacy strategies within a policy or program, locally or nationally

		Diversity and inclusion assignment: evaluating policies and practices of selected CBOs, American Cancer Society, American Heart Association, etc.

Table D4-1.g. DrPH Epidemiology Concentration, Specific Competencies and Assessment

Assessment of Competencies for DrPH in the Epidemiology Concentration		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Communicate epidemiologic research findings to scientific and nonscientific community in writing and oral presentation	PHEP 711 Behavioral and Psychosocial Epidemiology	Prepare conference presentations, proposal writing and published articles (due week 14)
2. Describe the surveillance system and screening program and their role/application in outbreak investigation and prevention and control of infectious disease	PHEP 713 Infectious Disease Epidemiology	Discussion in item 2 on midterm exam
3. Design a clinical trial	PHEP 712 Clinical Trials and Interventional Study Designs	Develop a clinical trial and present it at the end of the semester (week 10)
4. Translate epidemiologic quantitative research into various statistical models for critical analysis	PHBI 711 Categorical Data Analysis	Assignment 1 and final exam part one
5. Explain the multiple determinants of chronic disease and demonstrate knowledge of prevention at community, state, and country level	PHS 702 Disease Pathology and Behavioral Risk Factors	Discussion items 1-3 on midterm exam
6. Utilize information technology tools, which are critical to epidemiologic data management and analysis (Access, SPSS, SAS and GIS)	PHBI 712 Multivariate Analysis I	Assignment 1: conduct an analysis of data using SAS codes
7. Apply ethical and legal principles pertaining to epidemiologic data collection, use and dissemination through Human Subjects training and an IRB application	PHEP 712 Clinical Trials and Interventional Study Designs	Develop case study (team assignment)

Table D4-1.h. DrPH Health Policy and Management Concentration, Specific Competencies and Assessment

Assessment of Competencies for the DrPH in Health Policy and Management Concentration		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Evaluate and implement strategic planning processes based on internal and external environmental research for health programs and services	PHPM 713 Analysis of Health Legislation and Regulations	Week 4, assignment 1: demonstrate an understanding of the evolution of health- policymaking in the U.S., the basic structure of the administrative state, and the three branches of government
2. Analyze and interpret data, synthesizing information from multiple sources, and apply theoretical and evidence-based models in the design and implementation of health programs, policies and systems	PHPM 715 Health Informatics and Decision Modeling	Weeks 1-15: written term paper and oral presentations
3. Analyze the impact of legislation, judicial opinions, regulations and policies on population health and health disparities and develop evidence-based strategies for influencing health law and policy	PHPM 714 Evaluation of Performance and Quality in Health Service Organizations	Group case study; weekly in-class application exercises; formal examinations
4. Assess the influence of cultural, environmental, and social justice factors on the health of communities and apply legal principles to public health policy-making decisions	PHPM 713 Analysis of Health Legislation and Regulations	Week 8, assignment 2: demonstrate that the U.S. Constitution explicitly guarantees citizens the right to healthcare; otherwise, justify successive presidents' rationale for providing healthcare to U.S. citizens, using as your guide the following: • The general welfare clause • The public interest theory • The theory of social justice • Article 1, section 8 of the U.S. Constitution
5. Develop skilled teams and capacity-building strategies at the individual, organizational, and community level to improve health	PHPM 716 Administration of Integrated Health and Hospital Systems	Assignment 1: case study analysis and discussion
6. Utilize consensus-building, negotiation, and conflict	PHPM 716	Assignment 2: role play in which students assume roles of various

avoidance and resolution techniques at the individual, community, and organizational levels	Administration of Integrated Health and Hospital Systems	stakeholders addressing a major health problem
7. Develop collaborative partnerships with communities, policy makers, and other stakeholders, create a shared vision, and effectively articulate this vision	PHPM 713 Analysis of Health Legislation and Regulation	Assignment 3: a term paper and capstone on a cutting-edge issue in public health services that examines, analyzes, and synthesizes policies that impact population health; assignment requires students to join the current debate on the Affordable Care Act, the reduction in the budgets of programs such as the Medicare and Medicaid, the building of allies and stakeholders to defend against radicals on both sides of the debate Week 10: Group assignment on the bureaucratic model of organizations and presidential use of executive orders

2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study.

Not applicable.

3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus.

The most recent syllabus for each course listed in Tables D4-1 is located in Resource File D4.

D5. MPH APPLIED PRACTICE EXPERIENCES

MPH students demonstrate competency attainment through applied practice experiences.

1) Present evidence that the school identifies competencies attained in applied practice experiences for each MPH student in the format of Template D5-1. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

MPH Public Health Internship/Residency

Due to the individual nature of student learning needs and educational goals, students are required to develop an internship plan in consultation with their faculty advisor, prior to enrolling in the public health residency course (PHS 508). The public health residency may not be taken before the successful completion of all other coursework and the graduate comprehensive examination. Full-time students usually complete this course during the summer semester of the second year. The procedural steps are outlined in the *Graduate Field Internship Manual*. Further information about the public health residency can be found in the MPH *Student Handbook* (see Resource File D5 for the MPH *Student Handbook* and *Graduate Field Internship Manual*).

Students work with their faculty advisor to identify areas of interest and to conduct an assessment of the student's strengths and weaknesses relative to the MPH and specialization competencies. Students select six competencies, of which three are foundational competencies from Table D2.2 and the other three are concentration competencies for the internship (see Tables D4-1.a-e). Samples demonstrating students' mastery of competencies are provided in Resource File D5.

Competencies attained in MPH applied practice experiences are listed in Tables 5-1.a-e.

Table D5-1.a MPH Applied Practice Experience, Behavioral Health Promotion and Education Concentration

Practice-based products that demonstrate MPH competency achievement: Behavioral Health Promotion and Education Concentration	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4**
Plan negotiated among student, faculty advisor, faculty instructor of record, and preceptor, and approved by field placement coordinator PowerPoint presentations to the faculty, preceptor, and peers are a deliverable of the student's didactic experience in public health settings	F7. Assess population needs, assets, and capacities that affect communities' health
	F8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	F19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	F4. Interpret results of data analysis for public health research, policy or practice
	C2. Outline the steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions
	C3. Develop community health assessments using information about health status, factors influencing health and assets and resources
	C5. Specify targets and levels of intervention for social and behavioral science programs and/or policies

Note: F = Foundational competency and C = Concentration competency

Table D5-1.b MPH Applied Practice Experience, Biostatistics Concentration

Practice-based products that demonstrate MPH competency achievement: Biostatistics Concentration	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4**
Plan negotiated among student, faculty advisor, faculty instructor of record, and preceptor, and approved by field placement coordinator PowerPoint presentations to the faculty, preceptor, and peers are a deliverable of the student's didactic experience in public health settings	F3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	F7. Assess population needs, assets, and capacities that affect communities' health
	F19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	C1. Describe the basic concepts of probability, random variation, and a commonly used statistical probability distribution
	C3. Define and apply appropriate informatics techniques in public health research
	C4. Interpret results of statistical analyses found in public health studies

Note: F = Foundational competency and C = Concentration competency

Table D5-1.c MPH Applied Practice Experience, Environmental and Occupational Health Concentration

Practice-based products that demonstrate MPH competency achievement: Environmental and Occupational Health Concentration	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4**
Plan negotiated among student, faculty advisor, faculty instructor of record, and preceptor, and approved by field placement coordinator PowerPoint presentations to the faculty, preceptor, and peers are a deliverable of the student's didactic experience in public health settings	F3. Evaluate policies for their impact on public health and health equity
	F7. Assess population needs, assets, and capacities that affect communities' health
	F19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	C4. Identify and discuss various risk management and risk communication approaches
	C5. Articulate how biological, chemical, and physical agents affect human health
	C6. Describe and discuss federal and state regulatory programs, guidelines, and authorities that control *environmental/occupational* health issues

Note: F = Foundational competency and C = Concentration competency

Table D5-1.d MPH Applied Practice Experience, Epidemiology Concentration

Practice-based products that demonstrate MPH competency achievement: Epidemiology Concentration	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4**
Plan negotiated among student, faculty advisor, faculty instructor of record, and preceptor, and approved by field placement coordinator PowerPoint presentations to the faculty, preceptor, and peers are a deliverable of the student's didactic experience in public health settings	F1. Apply epidemiological methods to the breadth of settings and situations in public health practice
	F8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	F19. Communicate audience-appropriate public health content, both in writing and trough oral presentation
	C3. Apply descriptive techniques and statistical methods for drawing inferences and summarizing public health data
	C4. Communicate epidemiologic information to lay and professional audiences
	C5. Draw appropriate inference from epidemiological data

Note: F = Foundational competency and C = Concentration competency

Table D5-1.e MPH Applied Practice Experience, Health Policy and Management Concentration

Practice-based products that demonstrate MPH competency achievement, Health Policy and Management Concentration	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4**
Plan negotiated among student, faculty advisor, faculty instructor of record, and preceptor, and approved by field placement coordinator PowerPoint presentations to the faculty, preceptor, and peers are a deliverable of the student's didactic experience in public health settings	F8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	F15. Evaluate policies for their impact on public health and health equity
	F16. Apply principles of leadership, governance and management, which includes creating a vision, empowering others, fostering collaboration, and guiding decision making
	F19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	C4. Apply "systems thinking" for resolving organizational problems
	C5. Apply principles of strategic planning and marketing to public health
	C6. Communicate health policy and management issues using appropriate channels and technologies

Note: F = Foundational competency and C = Concentration competency

2) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.

Documentation, including syllabi and handbooks, of the official requirements according to which students complete the applied practice experience is available in Resource File D5.

3) Provide samples of practice-related materials for individual students from each concentration. The school must provide samples of complete sets of materials (ie, the documents that demonstrate the five competencies) from at least five students in the last three years for each concentration. If the school has not produced five students for which complete samples are available, note this and provide all available samples.

Samples of practice-related materials for individuals from each MPH concentration are available in Resource File D5. Because the new CEPH criteria were not available until November 2016, materials are available for 2017-18 only.

D6. DrPH APPLIED PRACTICE EXPERIENCE

Regardless of the amount or level of prior experience, all DrPH students engage in one or more applied practice experiences in which students are responsible for completion of at least one project that is meaningful for an organization and to advanced public health practice.

1) Present evidence that the school identifies competencies attained in applied practice experiences for each DrPH student in the format of Template D6-1. Include a description of policies in the self-study document and at least five samples matrices in the Electronic Resource File.

PHS 750 Community Research Practicum is a supervised experience in which students participate in a community-oriented service or practice to gain first-hand knowledge of community issues and decision-making processes. In this experience, the student begins by developing a research agenda that is relevant to community needs and/or practices. Students are required to register for the 1-credit-hour practicum during fall, spring and summer semesters, with the third semester culminating in an oral presentation and the submission of a paper for publication. The university requires all DrPH students perform a systematic literature review on a selected public health issue and produce publishable manuscripts on that issue.

Tables D6-1.a-c provide information about the practice-based products that demonstrate DrPH competency achievement.

Table D6-1.a DrPH Applied Practice Experience, Behavioral Health Promotion and Education Concentration

Practice-based products that demonstrate DrPH competency achievement: Behavioral Health Promotion and Education Concentration	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4**
Report process of selecting a public health issue pertinent to health promotion and education Demonstrate pursuit of a systematic literature review on a public health issue Produce a publishable manuscript on the selected issue	F1. Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community, and population) levels
	F4. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners; design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue
	F5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies
	F14. Design a system-level intervention to address a public health issue

Practice-based products that demonstrate DrPH competency achievement: Behavioral Health Promotion and Education Concentration	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4**
	C1. Apply advanced theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice
	C2. Critically analyze literature and data of behavioral and psychosocial epidemiology for informing scientific, ethical, social, and cultural discussions of health issues
	C3. Demonstrate advanced communication skills including the ability to review manuscripts and edit documents
	C4. Ensure ethical principles are applied in accessing, collecting, analyzing, using, maintaining and disseminating data and information

Note: F = Foundational competency and C = Concentration competency

Table D6-1.b DrPH Applied Practice Experience, Epidemiology and Biostatistics Concentration

Practice-based products that demonstrate DrPH competency achievement: Epidemiology and Biostatistics Concentration	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
Report process of selecting a public health issue pertinent to epidemiology and biostatistics A systematic literature review on a public health issue Presentation on the selected topic	F1. Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community, and population) levels
	F2. Design a qualitative, quantitative, mixed methods, policy analysis, or evaluation project to address a public health issue
	F3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring and evaluating policies and programs and to address a population's health
	F6. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems
	C1. Communicate epidemiologic research findings to scientific and nonscientific community in writing and oral presentation
	C4. Translate epidemiologic quantitative research into various statistical models for critical analysis
	C5. Explain the multiple determinants of chronic disease and demonstrate knowledge of prevention at community, state, and country level

Practice-based products that demonstrate DrPH competency achievement: Epidemiology and Biostatistics Concentration	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
	C7. Apply ethical and legal principles pertaining to epidemiologic data collection, use and dissemination through Human Subjects training and an IRB application

Note: F = Foundational competency and C = Concentration competency

Table D6-1.c DrPH Applied Practice Experience, Health Policy and Management Concentration

Practice-based products that demonstrate DrPH competency achievement: Health Policy and Management Concentration	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4**
Report of the process used to select a public health problem/issue for study pertinent to health policy and management Annotated bibliography and report summarizing the results of a literature search on the public health problem/issue selected in the previous semester Publishable manuscript on the topic selected in the first semester	F2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue
	F4. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners
	F5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies
	F6. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems
	C4. Assess the influence of cultural, environmental, and societal factors on the health of communities, and apply legal principles to public health policy making decisions
	C5. Analyze and interpret data, synthesizing information from multiple sources, and apply theoretical and evidence-based models in the design and implementation of health programs, policies, and systems
	C6. Analyze the impact of legislation, judicial opinions, regulations and policies on population health and health disparities and strategies for influencing health law and policy

Note: F = Foundational competency and C = Concentration competency

2) Explain, with references to specific deliverables or other requirements, the manner through which the school ensures that the applied practice experience requires students to demonstrate leadership competencies.

Two competencies are selected from the leadership, management, and governance domain in Criterion D3-2 for all DrPH students. This is demonstrated through producing a publishable manuscript as the deliverable product of this experience.

Complete documentation, including the syllabus for PHS 750 and handbooks, of the official requirements according to which students complete the applied practice experience is available in Resource File D6.

3) Provide samples of practice-related materials for individual students from each concentration. The school must provide samples of complete sets of materials (ie, the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the school has not produced five students for which complete samples are available, note this and provide all available samples.

Samples of practice-related materials for individual students from each DrPH concentration for the past year also are provided in Resource File D6. Since fall 2016, students have been encouraged to, and have, published the required manuscripts (see Resource File D6 for a list of student-faculty publications).

D7. MPH INTEGRATIVE LEARNING EXPERIENCE

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

1) List, in the format of Template D7-1, the integrative learning experience for each MPH concentration. The template also requires the school to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.

The MPH Applied Master's Project: Integrative Learning Experience

The purpose of the applied master's project, or integrative learning experience (PHS 507), is to provide MPH students with opportunities to demonstrate and synthesize foundational, core, and concentration competencies. Students, in consultation with their academic advisor, identify a project specific to the student's concentration that can be completed in one semester. By the third week of the semester, the student submits a summary proposal for a defined project that describes the research question(s) or public health problem and the scope of work. In order to optimize the student's public health experience in the program, it is strongly recommended that the project be related to, or culminate the efforts and work, of the internship; ideally, the student will have developed a research question or public health topic by the end of the internship.

Completed projects are expected to demonstrate acquisition and synthesis of MPH foundational and concentration-specific competencies. For this project, students select two or three concentration-specific competencies to complete in conjunction with three of the applied master's project/integrative learning experience competencies. A written product (a paper or report) is required at the end of the applied master's project, which is reviewed by the student's academic advisor.

Table D7-1 provides additional information about how the integrative learning experience demonstrates synthesis of competencies.

Table D7-1 MPH Integrative Learning Experience for All Concentrations

MPH Integrative Learning Experience for All Concentrations	
Integrative learning experience (list all options)	**How competencies are synthesized**
Beginning in 2016, MPH students complete the following steps: 1. Take PHS 507 Applied Master's Project 2. Self-identify competencies in the proposal stage; the course instructor	The student faculty advisor and faculty of record review each student's final written project to assess her or his ability to appropriately integrate and synthesize the chosen competencies. The faculty advisor designs project-specific rubric for each student's project. Evaluators are encouraged to use a rubric or some other tool to assess the student ILE project

approves the proposal and identified competencies 3. Develop a research question, delineate a public health problem and scope of work, and describe a project that synthesizes the appropriate competencies 4. Present a final report on the integrative learning experience during a colloquium		

1) Briefly summarize the process, expectations and assessment for each integrative learning experience.

Students conclude their MPH studies with an applied master's capstone project in their respective concentration. The master's project provides a culminating experience of the student's scientific and professional practice preparation, including proposal formulation of the problem to be studied or an operational project to be implemented. Students' integrated learning experiences are assessed using the PHS 507 MPH Applied ILE Rubric in Resource File D7. Following this integrative learning experience, all MPH students are expected to demonstrate competence in three of the following areas of MPH competency:

- Identify the core functions of public health and the 10 Essential Services
- Design a population-based policy, program, project or intervention
- Select methods to evaluate public health programs
- Interpret results of data analysis for public health research, policy and practice
- Assess population needs, assets and capacities that affect communities' health
- Apply systems thinking tools to a public health issue

Students also select 2-3 concentration-specific competences to complete in conjunction with three of the above MPH competencies for this course. Thus students must demonstrate mastery of at least five competencies for this course.

Projects are specific to the student's concentration. A written product (paper or report) is required at the end of the capstone experience. Examples of possible projects are as follows:

- Community/needs assessment: a student may choose to complete a community assessment to characterize the social determinants of the health, economic, and environmental status of a community. The project might include a description of the local, state, and national data resources; development of tools to collect information from the community, including focus groups, key informant interviews, or surveys; and analysis and synthesis of the data collected.

- Environmental/occupational or epidemiological/biostatistics research: a student may choose to develop and implement an epidemiologic research project. This may include development of a study design, collection of data, final analysis, and a report on the findings. The types of projects may include surveillance reports, outbreak investigations, and identification of risk factors related to disease development or worsening.

- Health policy statement: a capstone project could involve analysis of the public health implications of a current or proposed health policy or advocacy plan. The project would include perspectives on economics and financing; need and demand; politics, ethics, and law; and quality and effectiveness.

- Program project grant: a student may write a grant proposal for a public health program, such as disease prevention or health promotion intervention. The proposal would include background on the public health problem; a needs assessment; a theoretical foundation for, and description of, the intervention; an implementation plan; and an evaluation plan.

Because spring 2018 is the first semester in which an MPH cohort has been required to take PHS 507, there are no products to include in the resource file at the time of the submission of the final self-study document. However, samples will be available for review during the CEPH site visit. Students will be reviewed for competency attainment using the MPH rubric in Resource File D7.

2) Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experiences policies and procedures to students.

Documentation communicating integrative learning experience policies and procedures to students can be found in the MPH *Student Handbook* (see Resource File D1).

3) Provide documentation, including rubrics or guidelines that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies.

The MPH rubric, which measures competency attainment is available in Resource File D7. Faculty instructors assess each student's final paper and presentation for attainment and synthesis of the chosen competencies.

4) Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

Because spring 2018 is the first semester in which an MPH cohort has been required to take PHS 507, there are no sample products included in the resource file for the final self-study. However, samples will be available for review during the CEPH Site Visit.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Challenges

As noted previously, spring 2018 is the first semester that the PHS 507 Applied Master's Project has been required. For this reason no integrative learning experience products were available in time for the final self-study document.

Plans

Students will have delivered integrative learning experience products in time for the school to provide samples for the CEPH site visit in May.

D8. DrPH INTEGRATIVE LEARNING EXPERIENCE

As part of an integrative learning experience, DrPH candidates generate field-based products consistent with advanced practice designed to influence programs, policies or systems addressing public health. The products demonstrate synthesis of foundational and concentration specific competencies.

The integrative learning experience is completed at or near the end of the program of study. It may take many forms consistent with advanced, doctoral-level studies and university policies but must require, at a minimum, production of a high-quality written product.

1) List, in the format of Template D8-1, the integrative learning experience for each DrPH concentration. The template also requires the school to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.

The integrative learning experience for the DrPH program is the dissertation. Students proceed to the DrPH dissertation based on satisfactory completion of required coursework and with a successful score on the graduate comprehensive examination. Students must consult with their academic advisor before registering for dissertation course credits.

The dissertation can take a variety of forms, including the following: a program evaluation, policy analysis, development of a new practice intervention, design and implementation of a public health program, development of a legislative proposal, or a traditional research project. The topic should be in an applied area, directed to problem-solving in a specific public health activity or interdisciplinary program. A critical point is that the dissertation must demonstrate the student's mastery in the chosen area of research as well as the application of state-of-the-art knowledge, appropriate competencies, and approaches to addressing public health problems. The student's dissertation committee establish the specific requirements for the dissertation.

Tables D8-1.a-c provide information about the DrPH integrative learning experience.

Table D8-1.a DrPH Integrative Learning Experience, Behavioral Health Promotion and Education Concentration

DrPH Integrative Learning Experience for Behavioral Health Promotion and Education Concentration	
Integrative learning experience (list all options)	**How competencies are synthesized**
Enroll in PHS 798 Dissertation	• Develop a research question related to behavioral health promotion and/or education • Formulate research hypothesis • Develop a research plan using a quantitative, qualitative, or mixed methods approach based on the research hypothesis • Obtain CITI (human subject certification and an IRB approval);

	• Conduct dissertation research • Write a document detailing the research and reporting its findings, conclusions, and recommendations for future research • Defend dissertation before dissertation committee (faculty) and broader audience

Table D8-1.b DrPH Integrative Learning Experience, Epidemiology Concentration

DrPH Integrative Learning Experience for Epidemiology Concentration	
Integrative learning experience (list all options)	**How competencies are synthesized**
Enroll in PHS 798 Dissertation	• Develop a research question related to epidemiology • Formulate research hypothesis • Develop a research plan using a quantitative approach based on the research hypothesis • Obtain CITI (human subject certification and an IRB approval) • Conduct dissertation research • Write a document detailing the research and reporting its findings, conclusions, and recommendations for future research • Defend dissertation before dissertation committee (faculty) and broader audience

Table D8-1.c DrPH Integrative Learning Experience, Health Policy and Management Concentration

DrPH Integrative Learning Experience for Health Policy and Management Concentration	
Integrative learning experience (list all options)	**How competencies are synthesized**
Enroll in PHS 798 Dissertation	Defend dissertation before dissertation committee (faculty) and broader audience • Develop a research question related to health policy and management • Formulate research hypothesis

	• Develop a research plan using a quantitative, qualitative, or mixed methods approach based on the research hypothesis • Obtain CITI (human subject certification and an IRB approval) • Spend at least three hour per week on concentration-related site • Conduct dissertation research • Write a document detailing the research and reporting its findings, conclusions, and recommendations for future research • Defend dissertation before dissertation committee (faculty) and broader audience

2) Briefly summarize the process, expectations, and assessment for each integrative learning experience.

As required by the university, all DrPH students complete a dissertation as the integrative learning experience. Policies and standards for establishing a dissertation committee and for preparation and submission of a dissertation are outlined by the Division of Graduate Studies in its *Guidelines for Preparing the Doctoral Dissertation*, which is available online at http://www.jsums.edu/graduateschool/cyberorientation/.

The process, expectations, and assessment for each integrative learning experience also are described in the DrPH *Student Handbook* (see Resource File D8). Steps in this process are as follows:

Selection of Dissertation Committee

Assembling the dissertation committee begins with the selection of its chair, who is chosen by the student in collaboration with her/his academic advisor. The academic advisor also may serve as the student's dissertation chair, or the chair may be another faculty member from the concentration who has approved graduate faculty status. The dissertation chair and the student together will select the other committee members of whom three or four are faculty (with approved graduate faculty status) in the student's concentration. The final member may be an individual who is external to the program or university who has expertise in the specific research area; this person must be approved as adjunct member of the graduate faculty in order to serve on a dissertation committee. One of the members must be a biostatistician or have extensive experience in statistics. The composition of the committee should be such that it is capable of judging the student's competence in the area of emphasis.

Dissertation Prospectus

The DrPH student identifies a research area and then prepares a prospectus outlining the original research to be undertaken, which must be relevant to public health in his/her specific concentration area. The student then presents the prospectus to the doctoral dissertation committee for approval. After successful defense of the prospectus, the student begins work on data collection, analysis, and completion of the dissertation.

Dissertation Oral Defense

When the dissertation is considered complete, the student's doctoral dissertation committee evaluates the document to determine its appropriateness for presentation at a public defense, to be followed by further examination in a closed session in order to identify additional requirements or needed revisions. The committee reports to the department chair and dean whether the student has passed or has not passed the oral defense. The chair and the dean make a recommendation to the Division of Graduate Studies as to whether the candidate should be awarded the degree of doctor of public health.

Final Dissertation Preparation

After the dissertation has been successfully defended at the final oral defense and approved for content, it is typed in final form and formatted according to the guidelines provided by the Division of Graduate Studies. The approved format for the DrPH is the APA (American Psychological Association) style. The student, dissertation committee, department chair, and dean will review the dissertation for final format approval.

3) Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students.

Documentation, including syllabi and the student handbook, relating to the official requirements according to which students complete the integrative learning experience, is available in D8.

4) Provide documentation, including rubrics or guidelines that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies.

Each student's dissertation committee evaluates her/his dissertation defense (see Resource File D8; Section F. Dissertation).

5) Include completed, graded samples of deliverables associated with each integrative learning experience option. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. If the school does not have five recent samples for an option, note this and provide all available samples.

Samples of materials for individual students from each DrPH concentration for the past year also are provided in Resource File D8.

D9. PUBLIC HEALTH BACHELOR'S DEGREE GENERAL CURRICULUM

Not applicable.

D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS

Not applicable.

D11. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES

Not applicable.

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

Not applicable.

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

Not applicable.

D14. MPH PROGRAM LENGTH

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

1) Provide information about the minimum credit-hour requirements for all MPH degree options.

The MPH program requires 45 semester credits, which exceeds the minimum requirement of CEPH.

2) Define a credit with regard to classroom/contact hours.

The Mississippi Board of Trustees of State Institutions of Higher Learning (IHL) defines a credit hour as 750 minutes of instruction. Thus, at JSU three credit hours comprise 2,250 minutes of instruction. In the school, each course meets one day per week for 170 minutes. Since each semester consists of 15 weeks, a three-credit-hour course requires 45 hours of instruction over the length of a semester.

D15. DrPH PROGRAM LENGTH

The DrPH degree requires a minimum of 36 semester-credits of post-master's coursework or its equivalent. Credits associated with the integrative learning experience and, if applicable, a residency, internship or other applied practice experience conducted outside of a didactic course, do not count toward this requirement. The minimum credit requirement also does not count MPH-level prerequisite courses or their equivalent.

1) Provide information about the minimum credit-hour requirements for all DrPH degree options.

The DrPH degree program requires 45 semester credits, plus the dissertation (15 credit hours), which exceeds the minimum requirement.

2) Define a credit with regard to classroom/contact hours.

For courses in the DrPH program, the school uses the university's definition of a credit hour mandated by the Mississippi Board of Trustees of State Institutions of Higher Learning (IHL), as described in (see Criterion D14 above).

D16. BACHELOR'S DEGREE PROGRAM LENGTH

Not applicable.

D17. PUBLIC HEALTH ACADEMIC MASTER'S DEGREES

Not applicable.

D18. PUBLIC HEALTH ACADEMIC DOCTORAL DEGREES

Not applicable.

D19. ALL REMAINING DEGREES

Students enrolled in any of the SPH's degree programs that are not addressed in Criteria D2, D3, D9, D17 or D18 complete coursework that provides a broad introduction to public health.

This introduction to public health addresses the learning objectives listed in this criterion, at a level of complexity appropriate to the level of the student's degree program. For example, if an SPH offers bachelor's degrees in concentrations other than public health, it may be more appropriate for courses addressing the learning objectives listed below to be held separately from those offered for graduate students. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

1) Provide a matrix in the format of Template D19-1 that indicates the required assessment opportunities for each of the defined introductory public health learning objectives (1-12).

The school offers bachelor's degrees in healthcare administration and communicative disorders, which are not defined as public health degrees. In these programs, instruction in foundational public health knowledge is provided in the course HCA 311 Public Health Epidemiology. The instruction and assessment activities in this course address all of the introductory public health competencies, as demonstrated in Table D19-1.a.

Table D19-1.a Content Coverage for Bachelor of Science in Healthcare Administration and Bachelor of Science in Communicative Disorders

Competencies	Course(s) number(s) and name(s)	Specific assessment opportunity
1. Explain public health history, philosophy and values	HCA 311 Public Health and Epidemiology	Quiz questions: discuss John Snow and his contributions to the field of public health. Who is Lemuel Shattuck, and what was his contribution to public health? When was the first permanent public health department established in the U.S., and in which state? Contrast the initial public health operating approach to that of current-day public health departments (week 2).
2. Identify the core functions of public health and the 10 Essential Services	HCA 311 Public Health and Epidemiology	Quiz questions: list and discuss the 3 core functions of public health. Select and discuss any 4 of the essential services of public health. Link each essential service to its corresponding core function. (This will follow detailed discussion of the core functions and essential services, week 2).
3. Explain the role of quantitative and qualitative methods and sciences in	HCA 311 Public Health and Epidemiology	Descriptive epidemiology project: discuss quantitative and/or qualitative methods employed in the project to evaluate the health of affected populations (week 9).

Competencies	Course(s) number(s) and name(s)	Specific assessment opportunity
describing and assessing a population's health		
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	HCA 311 Public Health and Epidemiology	Define "morbidity" and "mortality." Identify the morbidity and mortality rates for selected sub-populations in Mississippi. Compare state results to regional and national trends (week 3).
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	HCA 311 Public Health and Epidemiology	Quiz questions: define the levels of prevention, discuss prevention strategies, and discuss the importance of health fairs and other population health events in relationship to individual and community health status (week 2).
6. Explain the critical importance of evidence in advancing public health knowledge	HCA 311 Public Health and Epidemiology	Discussion post in Canvas: evidence-based practice and its implications for effective public health application in the marketplace. Provide appropriate citations using APA style (week 9).
7. Explain effects of environmental factors on a population's health	HCA 311 Public Health and Epidemiology	Comparative analysis: select two countries, one industrialized, the other a developing nation. Evaluate quality of air, water, food supply, general living conditions, etc. Present findings to the class (weeks 11 and 12).
8. Explain biological and genetic factors that affect a population's health	HCA 311 Public Health and Epidemiology	Discussion post in Canvas: the importance of screening for diseases within a community and the potential impact of infectious diseases (week 10).
9. Explain behavioral and psychological factors that affect a population's health	HCA 311 Public Health and Epidemiology	Case study analysis and presentations: to be assigned by groups two weeks prior to presentation date (week 10 and 11).
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	HCA 311 Public Health and Epidemiology	Research health disparities in the United States. Discuss differences based on ethnicity, gender, age, region, etc. (weeks 3, 7, and 11).
11. Explain how globalization affects global burdens of disease	HCA 311 Public Health and Epidemiology	Read *The Global Burden of Disease* by Murray and Lopez and *Measuring the Global Burden of Disease,* also by Murray and Lopez. Class discussion on both books in class (weeks 6, 11, and 12).

Competencies	Course(s) number(s) and name(s)	Specific assessment opportunity
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	HCA 311 Public Health and Epidemiology	Research and be prepared to discuss the Social Ecological Model (week 2).

In the master of science degree program in communication disorders, also not defined as a public health degree, an introduction to public health is covered by the course PHS 500 Introduction to Public Health Disciplines. The instruction and assessment activities in this course address all of the introductory public health learning objectives, as demonstrated in Table D19-1.b.

Table D19-1.b Content Coverage for Master of Science in Communicative Disorders

Content	Course number(s) and name(s)	Specific assessment opportunity
1. Explain public health history, philosophy and values	PHS 500 Introduction to Public Health Disciplines	Define basic public health terms and analyze a contemporary public health problem Trace historical public health timeline Midterm exam which assesses students' knowledge of competencies 1-6 Final exam which assesses public health competencies 7-12
2. Identify the core functions of public health and the 10 Essential Services*	PHS 500 Introduction to Public Health Disciplines	List the core functions of public health and describe them in conjunction with the 10 essential public health services
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	PHS 500 Introduction to Public Health Disciplines	Participation in modules 2-5 and 9 and completion of skill-building activities, which include descriptive biostatistics and principles of qualitative research methods in public health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	PHS 500 Introduction to Public Health Disciplines	Participation in modules 2 and 3 and completion of skill-building activities, which include disease distribution and rates of death in communities and populations

Content	Course number(s) and name(s)	Specific assessment opportunity
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	PHS 500 Introduction to Public Health Disciplines	Participation in modules 2 and 3 and completion of skill-building activities, which include common measures used in epidemiology and descriptions of time, place, and person characteristics of health conditions
6. Explain the critical importance of evidence in advancing public health knowledge	PHS 500 Introduction to Public Health Disciplines	Participation in modules 2 and 3 and completion of skill-building activities, which includes analysis of common inferential tests and procedures used in public health
7. Explain effects of environmental factors on a population's health	PHS 500 Introduction to Public Health Disciplines	Participation in modules 10-12 and completion of skill-building activities, which include analysis of environmental methods applied in public health
8. Explain biological and genetic factors that affect a population's health	PHS 500 Introduction to Public Health Disciplines	Participation in modules 2 and 3 and completion of skill-building activities, which include describing the impact of genetic and biological factors on public health
9. Explain behavioral and psychological factors that affect a population's health	PHS 500 Introduction to Public Health Disciplines	Participation in modules 6-9 and completion of skill-building activities, which include delineating the role of social and behavioral sciences in public health following the modules
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	PHS 500 Introduction to Public Health Disciplines	Participation in modules 6-9 and completion of skill-building activities, which include describing aspects of population dynamics and control
11. Explain how globalization affects global burdens of disease	PHS 500 Introduction to Public Health Disciplines	Participation in modules 13-15 and completion of skill-building activities, which include global population epidemiology and morbidity and mortality rates internationally
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	PHS 500 Introduction to Public Health Disciplines	Participation in modules 10-15 and completion of skill-building activities, which include analyzing the interaction between biology and the environment in which individuals and populations live Midterm and final exams

Resource File D19 includes the article “A case study of teaching public health to graduate students of speech language pathology,” which provides considerable detail about the alignment of the competencies, learning objectives, didactic instruction, and assessments in PHS 500. (This file is titled Case Study #2.) Also in Resource File D19 is a paper entitled “Aligning Competencies, Didactic Instruction and Assessments’” which provides a shorter, more targeted discussion of these topics.

2) Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course.

Both HCA 311 and PHS 500 are courses that provide three semester hours of credit. The school’s and the university’s Curriculum Committees reviewed and approved the courses prior to inclusion in the curriculum of each program in which they are being taught.

3) Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.

Syllabi for HCA 311 and PHS 500 are provided in Resource File D19.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Challenges
Several faculty in the *remaining degree programs* need additional training to continue refining syllabi and assessments to ensure better alignment with the core competencies linked with their assigned courses. Also, the *remaining degree programs* assurance that the quality and rigor of content in the healthcare administration online and traditional courses is consistent.

Plans
The department chairs, along with counsel of the director for assessment and accreditation, will continue working with faculty members who need guidance in refining their syllabi and assessments to assure that these are in alignment with the competencies their core and concentration courses address. For example, the chair of the Department of Health Policy and Management and the Healthcare Administration program coordinator periodically visit and observe traditional classroom and online lectures during the semester for course content and the level of online instructor interactions with students during the terms. Feedback is provided to those course instructors and to the extent possible, face-to-face and online sections of the same course are assigned to the same faculty member.

D20. DISTANCE EDUCATION

Not applicable.

E1. FACULTY ALIGNMENT WITH DEGREES OFFERED

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience. Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

1) Provide a table showing the school's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in Template C2-1. Schools should only include data on faculty associated with public health degrees.

Table E1-1 Primary Instructional Faculty Alignment with Degrees Offered

Name	Title/ academic rank	Tenure status or classification	Graduate degrees earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliation (see Table in C2-1)
Addison, Clifton	Associate Professor	Tenured	PhD MS	Jackson State University Jackson State University	Educational Administration in Statistics Guidance and Counseling	Epidemiology and Biostatistics
Akil, Luma	Assistant Professor	Tenure-track	PhD, MS	Jackson State University	Environmental Sciences	Environmental and Occupational Health
Atehortua, Nelson A.	Assistant Professor	Tenure-track	PhD MPH MS MD	Texas A & M University Western Kentucky Universidad del Norte (Columbia) University of Cartagena	Health Promotion and Education Public Health Promotion and Education Healthcare Management General Medicine	Behavioral Health Promotion and Education
Bennett, Russell	Associate Professor	Tenured	PhD MPH MS	Jackson State University Jackson State University University of Southern Mississippi	Public Policy and Administration Health Policy and Administration Nursing Administration	Health Policy and Management
Bhuiyan, Azad Rahman	Associate Professor	Tenured	DrPH, MPH MBBS	Tulane University Dhaka University	Epidemiology Medicine	Research and Quantitative Methods, Epidemiology
Buckner-Brown, Joyce	Chair, Professor	Tenured	PhD MHS	Mississippi State University Mississippi College	Public Administration Health Services Administration	Health Policy and Management

Name	Title/ academic rank	Tenure status or classification	Graduate degrees earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliation (see Table in C2-1)
Buxbaum, Sarah	Assistant Professor	Tenure-track	PhD	Case Western Reserve University	Genetic and Molecular Epidemiology, Biostatistics track	Epidemiology, Genetic Epidemiology
Lee, Jung Hye	Associate Professor	Tenured	ScD	Tulane University	Biostatistics and Epidemiology	Biostatistics
			MPH	Seoul National University	Public Health, Demography	
Leggett, Sophia	Associate Professor	Tenured	PhD	Jackson State University	Environmental Science	Environmental and Occupational Health
			MPH	University of Alabama, Birmingham	Health Sciences	
Mawson, Anthony	Professor	Tenure-track	DrPH, MPH	Tulane University	Epidemiology	Epidemiology
			MA	University of Essex	Sociology	
Mendy, Vincent	Assistant Professor	Tenure-track	DrPH, MPH	Jackson State University	Epidemiology	Biostatistics, Bioinformatics
Mitra, Amal	Professor	Tenured	DrPH, MPH	University of Alabama, Birmingham	International Health	Epidemiology
			DIH	National Institute of Preventative and Social Medicine	Industrial Hygiene and Toxicology	
			MBBS	University of Dhaka	Medicine	

Name	Title/ academic rank	Tenure status or classification	Graduate degrees earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliation (see Table in C2-1)
Nwagwu, Emeka O.C.	Professor	Tenured	PhD MPA	Virginia Polytechnic Institute and State University The Pennsylvania State University	Public Budgeting and Finance Public Budgeting and Finance	Health Policy and Management
Ochai, Sule	Assistant Professor	Tenure-track	PhD MA MS PhD, MSc	Pennsylvania State University Pennsylvania State University University of Illinois at Urbana-Champaign University of Ibadan	Health Policy and Administration; Demography Agricultural, Environmental, and Regional Economics; Demography Agriculture and Commercial Economics Agricultural Economics	Health Policy and Management
Payton, Marinelle	Chair, Professor	Tenured	MD/PhD MPH MS	Boston University Harvard University School of Public Health Tennessee State University	Medicine/Neurological Sciences Epidemiology, Environmental and Occupational Medicine Biology	Epidemiology, Environmental and Occupational Health
Shahbazi, Mohammad	Dean, Professor	Tenured	PhD, MA MPH	Washington University University of California at Los Angeles	Anthropology Community and International Family	Behavioral Health Promotion and Education

Name	Title/ academic rank	Tenure status or classification	Graduate degrees earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliation (see Table in C2-1)
			MS	National University	Health Computer Education	
Sharma, Manoj	Professor	Tenured	PhD MS MBBS	Ohio State University Minnesota State University University of Delhi	Preventive Medicine/Public Health Community Health Medicine	Behavioral Health Promotion and Education
Shaw, Mary	Chair, Professor	Tenured	PhD MEd	Texas Woman's University University of Maryland-College Park	Health Studies Secondary Science Education	Behavioral Health Promotion and Education
Sims, Jennifer	Assistant Professor	Tenure-track	PhD MS	Jackson State University Jackson State University	Environmental Science Biological Science	Environmental and Occupational Health
Roberts, Joni	Assistant Professor	Tenure-track	DrPH MAT	Loma Linda University American University	Health Education and Promotion Elementary Education	Behavioral Health Promotion and Education
Younis, Mustafa	Professor	Tenured	DrPH MBA MA	Tulane University SUL Ross State University University of Texas	Health Economics and Policy Analysis International Trade Finance/International Trade	Health Economics, Finance

2) Provide summary data on the qualifications of any other faculty with significant involvement in the school's public health instruction in the format of Template E1-2. Schools define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data present in Template C2-1.

Table E1-2 Non-Primary Instructional Faculty Regularly Involved in Instruction

Table E1-2 Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name	**Academic rank**	**Title and current employment**	**FTE or % time allocated**	**Graduate degrees earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Current instructional area(s)**
Coleman, James	Associate Professor	Chief Executive Officer, G. A. Carmichael Family Health Center	0.10	EdD MS	University of Tennessee, Knoxville University of Arkansas	Education Education	HPM-Leadership
Karimi, Masoumeh	Assistant Professor	Adjunct Assistant Professor	0.50	MPH PhD MA	Jackson State University University of Tehran University of Tehran	Biostatistics Health Psychology Psychology	Biostatistics
Quinn, Timothy	Associate Professor	Physician	0.10	MD	Meharry Medical College	Medicine	HPM-Leadership
Sutton, Victor	Associate Professor	Director, Preventive Health, Mississippi State Department of Health	0.10	PhD, MPPA	Jackson State University	Public Policy and Administration	HPM-Leadership

3) Include CVs for all individuals listed in the templates above.

CVs for all individuals listed in Tables E1-1 and E1-2 are available in Resource File E1.

E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE

To assure a broad public health perspective, the school employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Schools encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, schools regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The school has both primary instructional faculty and non-primary instructional faculty who are tenured or on the tenure track. The school's adjunct faculty and research faculty, who are not on the tenure track, also are involved with students. Most of these faculty members have public health practice experience, allowing them to contribute to the integration of practice perspectives into the classroom and student projects.

Primary instructional faculty members serve as faculty advisors to students who are engaged in their practice experience and interact with preceptors who guide students' performance in the field. Through participation in community service and in public health professional organizations, all but the newest faculty members in the school interact with public health practitioners which enhances the courses they teach.

For example, one primary faculty member was employed at the Centers for Disease Control and Prevention for eight years prior to returning to the school. Another faculty member previously served as the deputy director for the Social and Health Research Center in San Antonio, Texas, for three years. Other primary faculty members have worked as a nurse and as physicians prior to coming to the school.

In addition, adjunct faculty members are selected on the basis of their practice experience. One example of a key adjunct faculty member is the Director of Preventive Health, Mississippi Department of Health. He is the primary health promotion and education officer for the state-supported public health agency. He provides a rich environment in which public health students can get practice experience, and he brings to the classroom a wealth of experience in carrying out the very duties that students are preparing to perform.

An additional adjunct faculty member is on the Mayor's Task Force for a Healthier Jackson. He works with various public health and medical professionals to provide health screenings and referrals for members of religious congregations in the greater Jackson area. A primary faculty member collaborates with him to engage more students from the school in this initiative.

A third adjunct faculty member is the CEO of Carmichael Family Health Center Inc. (GACFHC), a federally qualified health center. He serves as a guest lecturer in the school's health policy and management courses, where he shares his considerable knowledge of healthcare administration. He also has partnered with the school to improve African American women's preconception health by submitting a proposal to the March of Dimes. If awarded, the project will utilize community health workers (CHWs) to identify program participants through the existing One Key Question Model; educate women of childbearing age about preconception, perinatal, and prenatal healthcare; and evaluate program outcomes to determine programmatic impact.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

The school exhibits considerable strength in this area due to faculty community engagement and past practical experiences in the field of public health. Its location within the Jackson Medical Mall and near the headquarters of numerous health agencies daily exposes students to public health practice in action. Additionally, several public health organizations such as the Mississippi State Department of Health and Hospitals, the Mississippi Veteran's Hospital, and the University of Mississippi Medical Center, are only a few blocks from the Jackson Medical Mall and easily accessible to the students.

E3. FACULTY INSTRUCTIONAL EFFECTIVENESS

The school ensures that systems, policies and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The school establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The school supports professional development and advancement in instructional effectiveness.

1) Describe the means through which the school ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.

The school's Leadership Team meets each semester to plan the schedule of courses to be taught in the following semester. After the inventory of courses to be taught has been defined, the department chairs assign faculty members to teach the courses based upon their credentials and their workloads (projects funded from external sources can affect a particular faculty member's workload). However, each faculty member must teach at least one organized course each semester. Department chairs notify faculty members of the courses they will teach for the year; department chairs or program coordinators notify non-primary faculty of their teaching assignments.

Faculty members are chosen as the instructor for a course based upon their expertise in the course related discipline by way of credentials and experiences. The MPH and DrPH coordinators meet every semester to review student course evaluations (performed following each course). If courses are not well taught, changes are made to the master schedule for the next year or as soon as a new instructor is appointed. In addition, student course evaluations are part of each faculty member's annual performance review, which incentivizes quality teaching.

Faculty members also maintain memberships in professional organizations to stay informed in their areas of instructional responsibility.

2) Describe the school's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.

Each instructor's teaching performance is evaluated by enrolled students at the end of each semester and reviewed by the department chairs annually (see Resource File E3 for a sample course evaluation [SIRS]).

Faculty members are encouraged to establish annual performance goals/objectives in the area of teaching effectiveness. These goals/objectives may be geared toward improving pedagogical practices, applying innovative technologies and/or teaching tools in the learning environment, or

differentiating learning activities to support the success of diverse learners. For the purpose of the annual performance review, each faculty member completes a self-evaluation form (available in Resource File E2), which documents performance in the areas of teaching, scholarship, and service. The department chairs review these self-evaluations, along with the student course evaluations, and hold face-to-face discussions with each faculty member regarding his/her teaching and other performance. The department chair forwards documentation of the faculty member's performance, including the chair's evaluation, to the dean. The dean reviews the evaluation report and adds comments and recommendations before sending it to the provost's office. The faculty member receives a copy of the recommendations of all of the administrators.

For the most part, peer review of teaching effectiveness occurs only at the time of decisions regarding promotion and tenure and in the third year of JSU employment, though faculty members may request classroom observation visits by peers and/or department chairs at any time.

3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of school involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

The university provides considerable support for continuous improvement in faculty members' instructional roles. Below are examples of specific training opportunities offered by the Center for University Scholars, which is dedicated to cultivating faculty excellence in both scholarship and teaching:

- The Faculty Engagement and Advancement Program is a year-long series of faculty development workshops and discussions designed to expand faculty capabilities, including their skills in instruction, and to foster career advancement.
- Teaching Tuesdays Faculty Spotlights is a lecture series that highlights innovative teaching practices and pedagogical inquiry by award-winning and college-nominated faculty.
- JSU Online workshops are offered to all faculty and are composed of three foundational courses in instruction, course design and creation, and best practices for teaching online
- JSU Online also provides a Distance Learning Faculty Handbook, which is available in Resource File E3.

Canvas is a learning management system that allows faculty to deliver course material electronically. It offers tools such as discussion boards, e-mail, and chat that allow documents and web pages to be displayed. Canvas can be used as a supplement to a traditional course, hybrid course, or online course. Training for faculty is scheduled for the maximum convenience of faculty members.

Institutional Change through Faculty Advancement in Instruction and Mentoring (ICFAIM) is a program of the College of Science, Engineering, and Technology (CSET) that aims to increase retention of JSU students in science, technology, engineering, and mathematics (STEM) majors by helping the college's faculty and graduate students improve the teaching and mentoring of undergraduate STEM students. Such support includes faculty development workshops provided by ICFAIM staff, external providers, and teaching consultations. This summer, one SPH faculty

member taught a one-day workshop, which was attended by faculty and postdoctoral fellows in CSET and SPH, on using bibliographic software, particularly EndNote.

Additionally, the JSU Instructional Technology group provides a variety of resources useful for managing and teaching courses, including, Mondo Pad, Windows 10, MS Word, Excel, Powerpoint, and SafeAssign.

Examples of faculty members participating in recent trainings are as follows:

- All Department of Behavioral and Environmental Health faculty participated in Canvas training during fall semester 2017.
- Fifteen public health faculty members participated in the Implicit Bias workshop conducted by JSU Advance in spring semester 2017.
- Three recently employed faculty members participated in JSU online workshops.

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.

For the purposes of faculty advancement, instructional effectiveness can be demonstrated through multiple indicators, including a) end-of-semester student course evaluations; b) periodic qualitative assessments conducted by faculty members to gauge what is working well for students and what is not working well (see Resource File E3 for an example); c) peer and/or administrative observation and evaluation of classroom teaching based on best practices for teaching effectiveness; d) publication of teaching scholarship (articles in peer-reviewed journals focused on pedagogy in higher education); and e) teaching excellence awards (university or national)

For promotion to associate professor, a faculty member must have completed at least four years of successful, recognized teaching and other professional experience in the field at the rank of assistant professor. This includes a record of effective instructional performance in the classroom and/or other instructional settings as indicated in the faculty member's annual performance review (see the JSU *Faculty Handbook* in Resource File A1).

For promotion to full professor, a faculty member must complete at least eight years of successful, recognized teaching and other professional experience in the field. Three years at the rank of associate professor with recognition of that experience from beyond the university community is required. There must be a record of effective instructional performance in the classroom and/or other instructional settings, as indicated in the faculty member's annual performance review (see the JSU *Faculty Handbook* in Resource File A1).

The tenure/promotion application has six areas of assessment, one of which is teaching performance (see Resource File E3 for the application). Candidates for tenure/promotion must be judged as satisfactory in teaching performance and other areas by peers and pertinent administrators.

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the school and relate to instructional quality. Describe the school's approach and progress over the last three years for each of the chosen indicators. In

addition to at least three from the lists that follow, the school may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on its public health degree programs.

Three indicators that are meaningful to the school that relate to the quality of instruction for the past three years (see Table E3-1 below) are as follows:

- Annual review of faculty productivity and the relation of scholarship to instruction
- Student satisfaction with instructional quality
- Participation in professional development related to instruction

Table E3-1 Measures of Quality of Faculty Instruction

Measure	Target	AY 2014-15	AY 2015-16	AY 2016-17
Faculty productivity	At least one presentation and one publication per faculty member per year (*n*=21)	31 presentations 56 publications	28 presentations 78 publications	44 presentations 92 publications
Student satisfaction with instruction	80% satisfied with instruction	88%	86%	80%
Participation in professional development related to instruction	At least one on-campus and one off-campus workshop, seminar, or conference per faculty member per year	Average 3.3 on-campus events Average 2.2 off-campus events	Average 3.4 on-campus events Average 2.4 off-campus events	Average 3.6 on-campus events Average 2.5 off-campus events

The data on faculty productivity are from the annual reports submitted to the provost each year and from a review of curricula vitae. (See Resource File E3 for sample faculty annual reports.)

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Challenges

The data for student satisfaction are from the aggregate of student evaluations referred to as the Student Instruction Satisfaction Survey (SIRS). While the trend has been downward over the three years reported, 80% satisfaction meets the target.

Plans

Student satisfaction with instruction is a continuous quality improvement challenge. Several strategies are being employed in an effort to collect information that might help explain this trend and guide strategies for reversing it. Among these are use of the suggestion boxes, conferences with the dean, which are held every Friday morning, and monitoring classes or conducting in-classroom observations. Faculty are encouraged to employ best practices when teaching, such as assigning additional book reading and guiding students to writing workshops when needed. Faculty are provided the results of student exit interviews for insights into improvement.

In other efforts to improve instructional quality, the Department of Behavior and Environmental Health (BEH) has engaged in several new strategies. For example, all faculty conduct periodic assessments to determine student perceptions of what is working well for them in the course and what is not working well. These qualitative assessments can be administered two or three weeks into the semester, at midterm, and several weeks before the semester ends (see Resource File E3 for a sample of mid-term feedback). Open-ended questions are used and anonymous submission is encouraged. Another faculty member may be invited into the class to administer the qualitative assessment.

The feedback from this assessment provides opportunities to identify and address student concerns and enables students to feel that the instructor genuinely cares about their success in the course. The feedback also assists faculty in troubleshooting difficulty with assignments, readings, or other issues that may impact student learning and attitudes about the course. The instructor addresses students' concerns in various ways, for example, by clarifying the purpose of a difficult assignment or providing more time to complete a challenging task.

BEH faculty are provided with teaching tips during monthly faculty meetings. Faculty share innovative teaching ideas that might be useful for motivating, engaging, and guiding students through the learning process. Particular emphasis has been placed on thinking through and using Bloom's taxonomy for writing and thinking about learning objectives and assessments. If successful in improving BEH courses, this strategy will also be adopted by other departments.

Across the school, the annual review of faculty productivity provides evidence that faculty are engaged in scholarly activities that extend beyond their own research agendas. Faculty include students in developing and delivering abstracts for professional conferences, designing creative community-based behavior change programs, and using existing research to answer questions related to "what do we know and what don't we know" about an issue or problem. Faculty research (as evidenced by scholarly productivity) is directly related to classroom teaching and learning. Instructors reference their scholarly works, identify gaps in the literature, and encourage students to use solution-oriented thinking to address complex public health and population health issues. Faculty ensure that students see linkages between research and the scholarship of teaching through various classroom assessments that utilize the existing body of research literature, including JSU faculty research. Literature reviews to examine the existing research are essential components of many of the school's courses.

Two university centers provide opportunities for on-campus professional development. The Center for Excellence on Minority Health and Health Disparities (http://www.jsums.edu/cemh/) conducts two conferences per year, and the Center for University Scholars (http://www.jsums.edu/scholars/) offers numerous continuing professional development events,

including “Teaching Tuesdays Faculty Spotlights,” a lecture series that highlights innovative teaching practices and pedagogical inquiry by award-winning and college-nominated faculty.

E4. FACULTY SCHOLARSHIP

The school has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

The types and extent of faculty research align with university and school missions and relate to the types of degrees offered. For example, when doctoral degrees are offered, the school's research portfolio in those areas takes on greater importance. All types of research are valuable, whether conducted with the purpose of improving public health practice or for generating new knowledge.

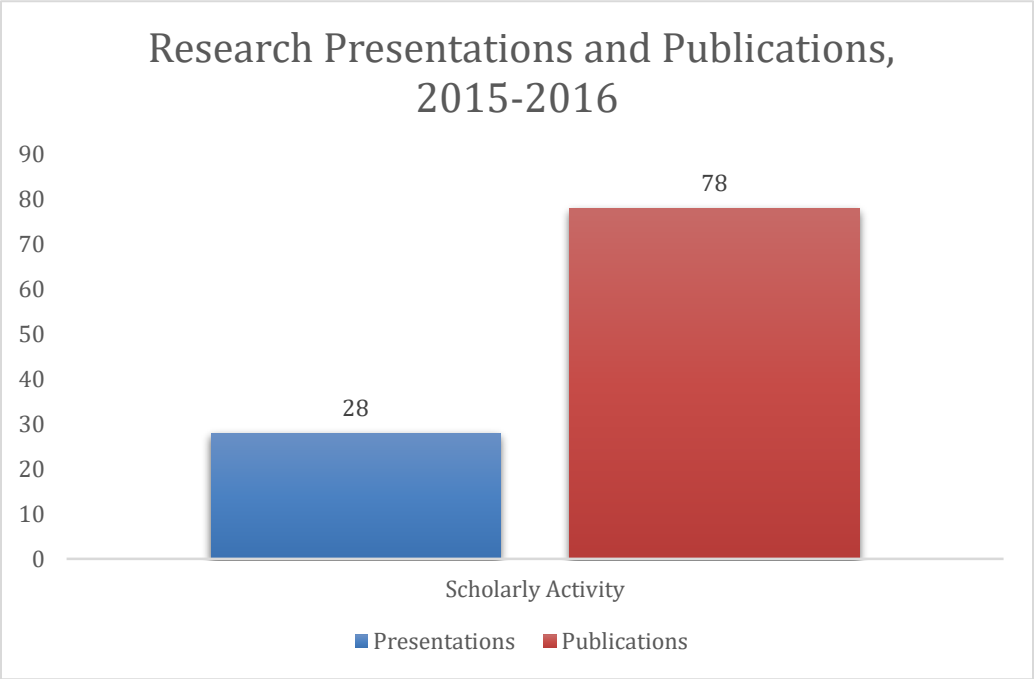
Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

1) Describe the school's definition of and expectations regarding faculty research and scholarly activity.

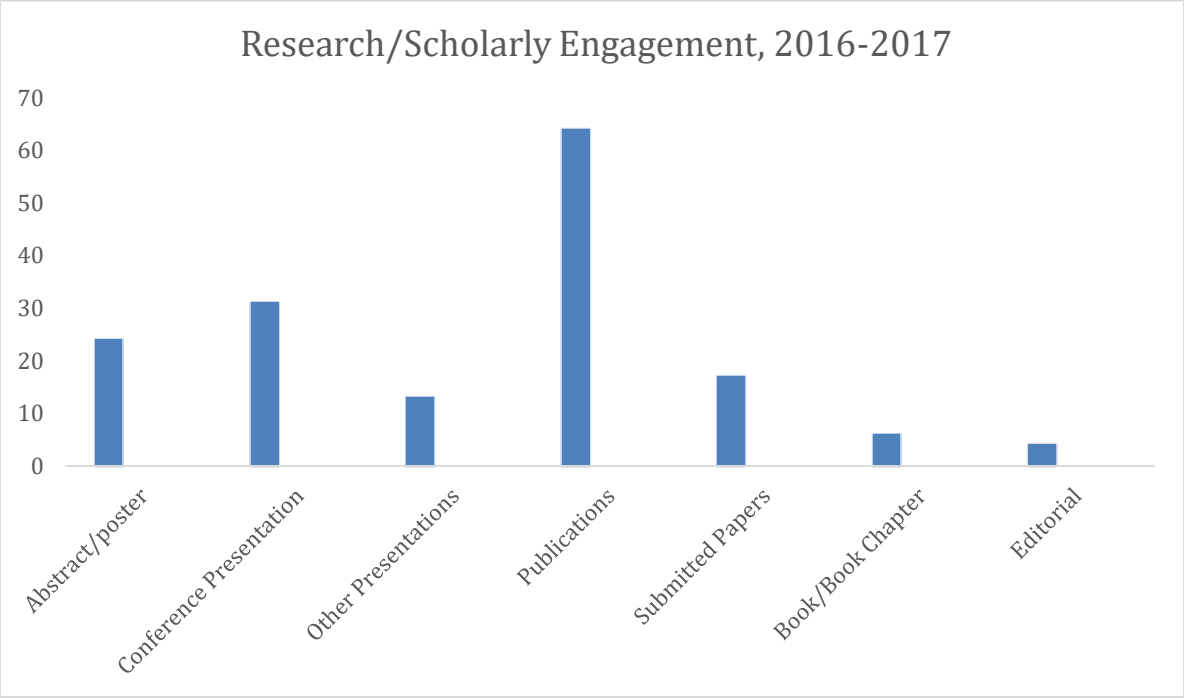
The school defines and measures success of faculty research and scholarly activity based on the criteria for annual faculty evaluation and for promotion and tenure reviews. Promotion from assistant to associate professor requires a minimum of four peer-refereed, published journal articles. For promotion to full professor, the minimum number increases to eight peer-reviewed published articles since the last promotion. Additionally, the university and school have a third review policy in which tenure-track faculty members compile information about their academic activities (teaching, research, and service) and submit the information to a departmental committee composed of three faculty members. The committee members review and provide feedback to faculty members during the third year of their appointment.

When expected faculty outcome measures are not met, faculty members are denied promotion to a higher-level appointment, and tenure is not awarded to those on the tenure track. In an effort to enhance a faculty member's achievement of the outcomes required, faculty members are counseled during the annual performance review process of the need for improving their performance when it is not on track to be successful. An opportunity to take an unpaid leave of absence is available to assist faculty members who are underachieving in the area of research and publications, so that they may focus their efforts in this area and strengthen their performance. For example, one untenured assistant professor in public health was awarded two years of unpaid leave of absence to work in an environment conducive to gathering data and to producing publications in professional journals.

The following graphic shows collective scholarly productivity for the school's primary instructional faculty during academic year 2015-16:



The following graphic shows scholarly productivity for the school's primary instructional faculty during academic year 2016-17.



Additionally, the school uses measures listed in Table E4-1, Outcome Measures for Faculty Research and Scholarly Activities, to verify that research goals are met.

Table E4-1 Outcome Measures for Faculty Research and Scholarly Activities

Outcome Measure	Target	2015-16	2016-17	2017-18
Number of published peer-reviewed journal articles in a given academic year by the faculty	At least 21 peer-reviewed journal articles will be published by the faculty in an academic year	74 (met)	64 (met)	Unavailable*
Number of published books/book chapters in a given year by the faculty	At least 3 books/book chapters published by the faculty in an academic year	1 (not met)	6 (met)	Unavailable*
Number of new or continuing faculty research grants with funding in a given academic year	At least 3 new or continuing faculty research grants funded in an academic year	3 (met)	13 (met)	Unavailable*
Number of presentations at professional meetings in a given academic year by the faculty	At least 21 presentations at professional meetings given in an academic year	28 (met)	31 (met)	Unavailable*

Note: The descriptions presented are for faculty associated with the public health degrees
* Data for 2017-18 will not be available until after the site visit.

With the exception of the number of books/book chapters published in 2015-16, these targets have been met or exceeded. As of February 2018, the school has its full contingent of 21 faculty members, with senior faculty members mentoring junior faculty members. It is anticipated that these criteria will show increased production in the near future.

The inclusion of peer-reviewed publications and faculty presentations in the list of outcome measures is based on the requirements for promotion and tenure. Faculty members must average one published article and one paper presented at a professional conference per year to achieve the minimum quantity that will satisfy promotion and/or tenure requirements.

2) Describe available university and school support for research and scholarly activities.

Jackson State University supports and promotes faculty, staff, and student research through the activities of the Division of the Vice President for Research and Federal Relations, as well as through the Office of Sponsored Programs, which organizes workshops on grant proposal writing and assists with budgeting and other aspects of research, grants, and contracts. The university also provides financial support for travel to present research papers at professional conferences. Travel funds are provided through the school, academic departments, and programs.

Another form of support for research and scholarly activity is the Center for University Scholars. Established in 2003, the center (http://www.jsums.edu/scholars/) promotes the thoughtful integration of teaching, learning, and inquiry among faculty at the university. It is committed to

cultivating faculty excellence in scholarship and teaching, to fostering intellectual and trans-disciplinary dialogue, and to nurturing the next generation of world-class scholars. The center supports researchers in the dissemination of scholarship in peer-reviewed publications, juried exhibitions, and presentations at national conferences; assists faculty in submitting competitive grant proposals; encourages faculty-student research collaborations; and provides space for discussions of best practices in research and teaching.

The Center for University Scholars administers the following research related programs and activities:

- The **Academy for Research and Scholarly Engagement**, a year-long program that utilizes workshops, self-paced online instruction, and coaching to help faculty produce competitive external grant proposals
- The **Faculty Engagement and Advancement Program**, a year-long series of faculty development workshops and discussions designed to expand faculty capabilities and to foster career advancement
- **ScholarsWrite**, an integrated program of writing accountability groups, peer-review teams, and mini writing retreats focused on academic writing
- **Teaching Tuesdays Faculty Spotlights**, a lecture series that highlights innovative teaching practices and pedagogical inquiry by award-winning and college-nominated faculty
- **Support for faculty to travel to present research** at academic and professional conferences
- Competitive awards to faculty of **graduate research assistantships**

3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.

Integration of research and scholarly activities into classroom instruction
Faculty members draw heavily from their research experiences and scholarly expertise to enrich students' classroom experiences. Three examples of this are as follows:

- The faculty member teaching PHBS 715 Seminar in Health Promotion includes a series of assignments culminating in a publishable paper. The instructor provides examples of his research as working templates for preparing the assignments. Several students taking this course have either presented their papers at annual meetings of the American Public Health Association or published their papers in peer-reviewed journals. The faculty member has published this experience and its outcomes in a case study.

- Another faculty member teaches the course PHS 521 Seminar in Advanced Epidemiology, and in the course uses his research in describing epidemiologic study designs. Students are given the published paper and assigned to identify the epidemiological study design and application of epidemiologic methods and statistics used in the paper.

- An additional faculty member teaches a doctoral-level course, PHS 523 Chronic and Infectious Disease Epidemiology. He has published papers on malaria, dengue, onchocerciasis, and zika, and has incorporated this research into the course.

Lecture and seminar series

The lecture series sponsored by the Department of Epidemiology and Biostatistics was developed to provide research and manuscript development skills to public health students. The lecture series is a fundamental part of scholarly activity in the department and provides a formal structure for student and faculty/researcher interaction. Lectures are presented throughout the academic year by department faculty as well as by other investigators with exceptional research expertise. Past lectures focused on determining sample size, developing protocols (proposals) for research studies, using bibliographic software (Endnote), writing manuscripts and publications, and using meta-analyses. Lectures are scheduled during lunch hour to allow for increased student participation. All students in the school are encouraged to attend, as are junior investigators and others who may benefit from the lectures.

The Department of Behavioral and Environmental Health launched its inaugural doctoral seminars in the 2017-18 academic year. Under the coordination of the department chair, these monthly seminars are designed to facilitate the development of professional skills that equip students to become leaders in public health research and scholarship, practice, and service. Trans-disciplinary professionals (JSU faculty, not-for-profit leaders, and nationally recognized faculty from other universities), postdoctoral fellows, and JSU doctoral students and alumni who are committed to achieving health equity through eliminating health disparities conduct the seminars. Doctoral students have been invited to submit topics of interest for planning the spring 2018 series.

4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.

Students have numerous opportunities for involvement in faculty research and scholarly activities. Some examples are as follows:

- One faculty member worked with a graduate student to prepare a poster presentation for the First International Conference on Zika Virus in Washington, DC, in February 2017. The faculty member and student are now working on a grant proposal on the pathogenesis of malaria, in collaboration with colleagues at the Universidad de la Sabana in Colombia, SA.

- Another faculty member developed a research proposal, the Project Student Awareness Mental Health Project (SAMHP), which was funded by the Historically Black Colleges and Universities Center for Excellence (HBCU-CFE) in Behavioral Health in 2015-16. In this project several students actively participated, which led to the following presentation (the names of the students are indicated with an asterisk):

  Bridges, L.*, Sharma, M., Reese-Smith, J., Hayes, T.*, Cooper, G.*, Green, B.*, Lingam, V.*, Bennett, R., Buxbaum, S., & Lee, J. (2016). Using PRECEDE-PROCEED model to design and evaluate a suicide prevention and depression awareness intervention among African American college students. *Proceedings of the American Public Health Association Annual Meeting, 144,* Session 4173. (Abstract available from:

https://apha.confex.com/apha/144am/meetingapp.cgi/Paper/342870)

- Another faculty member employed knowledge and skills as the editor of three journals to guide three students in getting their manuscripts published, as follows:

  "Mental Illness, Healthcare, and Homelessness in Mississippi"
  Author/s: Student author TS
  DOI: 10.20897/ejeph.201705
  Journal: European Journal of Environment and Public Health, Volume 1, Issue 1, Article No: 05

  "Comparison of Abnormal Cholesterol in Children, Adolescent and Adults in the United States, 2011-2014: Review"
  Author/s: Student author RA
  DOI: 10.20897/ejeph.20170410.20897/ejeph.201704
  Journal: European Journal of Environment and Public Health, Volume 1, Issue 1, Article No: 04

  "A Snapshot of Racial and Geographic Distribution of Lung and Bronchus Cancer Incidence and Mortality in Mississippi, 2008-2012"
  Author/s: Student author DRB
  DOI: 10.20897/ejeph.201701
  Journal: European Journal of Environment and Public Health, Volume 1, Issue 1, Article No: 01

DrPH students also have presented research findings at the APHA meeting in Atlanta, Georgia. Details on the student presentations are available in Resource File E4.

5) Describe the role of research and scholarly activity in decisions about faculty advancement.

The school defines the role, and measures the outcome, of faculty research and scholarly activity in decisions about faculty advancement, which is based on the criteria for promotion and tenure reviews. Promotion from assistant to associate professor requires a minimum of four peer-refereed, published journal articles (beginning with the faculty cohort of 2006); for promotion to full professor, the minimum number of peer-refereed, published journal articles increases to eight since the last promotion. A faculty member who has not published or engaged in research may not get tenure. Further information on promotion and tenure related to research and scholarly activity is available above in Criterion E4-1.

6) Select at least three of the [listed] measures that are meaningful to the school and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list, the school may add measures that are significant to its own mission and context.

See Table E4-1 above for the outcome measures of success for faculty research and scholarly activities. JSU is recognized as a Carnegie Research-Intensive University. Although the MPH and

DrPH degrees are considered “practice-focused” degrees, the school is devoted to supporting the university in maintaining this research designation. Also, faculty members believe it is important in public health to model scholarly behavior to inspire students in pursuing scholarship.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
The outcome measures of faculty members publishing an average 21 peer-reviewed publications in an academic year and presenting at 21 professional meetings were exceeded in all three years.

Overall, the composite performance of faculty members and students in the area of research and scholarship is strong; however, the school’s Leadership Team is committed to seeing improvement in the number of peer-reviewed publications and professional presentations in the future.

Challenges
The current challenge for the school is to have junior faculty members develop a sustained pattern of scholarly activities.

Plans
At the university level, trainings in developing research proposals and peer-review have been instituted and are available to all faculty members. The university also is currently developing a strategic plan for increasing faculty research.

E5. FACULTY EXTRAMURAL SERVICE

The school defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

1) Describe the school's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.

Every faculty member is expected to engage in extramural service activities. The school measures faculty contribution to service in decisions about advancement based on the criteria for promotion and tenure reviews. According to these criteria, extramural service activities encompass both community and professional efforts, and include activities to support the mission of a local, state, regional, or global entity. This includes service as a leader within a professional organization; as a reviewer or editor for a professional journal; as a member of a board of directors for a public health organization; as a trustee or advisor for a community organization or a service club at the local, state, regional, national, or international level; and as a participant in a project for improving the health of people. The definitions and expectations of the SPH are very similar to those of the university, except that priority is given to improving the health of the populations served.

Further information on promotion and tenure related to service activity is available in the JSU *Faculty Handbook* (see Resource File A1).

2) Describe available university and school support for extramural service activities.

The mission of the school is to prepare public health leaders and to improve the health of populations in the state of Mississippi, the nation, and the world through evidence-based and community-oriented teaching, research, and service. In accordance with this mission, the school places a high value on service activities that are directed toward improving the health of these populations, with a particular emphasis on collaborative, community-based endeavors. The support the school provides includes space for meetings and events, transportation for faculty and students when participating as groups in off-campus community projects or conferences, and recognition of extramural service performance during the annual performance review, with compensation in the form of time release from other duties, and as a contributing factor within tenure and promotion decisions.

Collaboration with community-based organizations, such as health agencies and institutions, has consisted mainly in joint projects, research proposal-writing, memoranda of understanding, and reciprocal participation in each other's lectures, sessions, and workshops, including the conferences sponsored annually by the Center of Excellence in Minority Health and Health Disparities and the Institute of Epidemiology and Health Services Research. Most of the public health community-based activities, such as the Delta Project, have collaborators from the following institutions: the University of Mississippi Medical Center; Jackson Heart Study; Mississippi State Department of Health (e.g., two recent cancer projects being carried out by the epidemiology and biostatistics academic unit and the State Department of Health); Tougaloo

College; American Red Cross (e.g., Recovery from Hurricanes Harvey [Texas and Louisiana] and Irma [Florida, Georgia, South Carolina and Alabama]); University of Alabama at Birmingham; Creighton University; University of Tennessee at Knoxville; Western Kentucky University; and University of Pittsburgh's Center of Excellence in Minority Health. Additionally, JSU is a member of a national research consortium (RCMI) that helps biomedical scientists throughout the U.S. accelerate their research by quickly and effectively sharing resources on scientific advances; faculty and students at JSU School of Public Health are by default stakeholders of this center.

An example of the school's financial support for community engagement was the provision of support for the planning and implementation of National Public Health Week events and activities in 2017. The school collaborated with the Mississippi Public Health Association and the Jackson Medical Mall Foundation in this endeavor. Currently, the National Public Health Week Planning Committee is again collaborating with the Jackson Medical Mall Foundation's Care4Me Program and the Mississippi Public Health Association to publicize and motivate community participation in the 2018 National Public Health Week activities and events. The school anticipates providing continued financial support for these activities in the future.

3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

The school recognizes the importance of integrating faculty extramural service activities into their instruction of students. Some examples of this are described below.

One faculty member's service is as a member of the Mississippi Department of Health Childhood Lead Advisory Board in Jackson. She uses examples of lead issues affecting populations throughout Mississippi in her instruction in environmental and occupational health courses. Students have used information shared in her classes to develop posters to display during health fairs, poster competitions during national Public Health Week, and poster sessions at Mississippi Public Health Association and American Public Health Association Conferences.

A second example is a faculty member who is active as the Chapter Delegate to a professional society. She shares her experience with students, including that of participating in a health advocacy summit conducted annually on Capitol Hill in Washington, DC. Inspired by the professor's experience, a student volunteered to travel to Washington, DC, in October 2017 to participate in the health advocacy summit.

A third example is a faculty member who is active in the local Rotary International club. He shares information developed by Rotary International about its worldwide polio elimination project while teaching epidemiologic principles of control of infectious diseases. Recently, a physician who suffered from polio infection as a child with continuing paralysis of one leg, joined the ranks of the school's faculty. The combination of the instruction by these two professors motivates students of all concentrations to appreciate the role of civic-minded clubs contributing to public health through preventing diseases and promoting good health.

A fourth example is a faculty member with extensive experience in health policy work, including an eight-year period of employment by the Centers for Disease Control and Prevention, who invites a member of the Mayor's Taskforce for a Healthier Jackson to serve as a guest speaker in her classes. During his visits to the class, he recruits students to volunteer their services to an annual health fair conducted in cooperation with large local churches.

A fifth example is a faculty member who serves on the Advisory Panel for United Negro College Fund Special Programs. This faculty member is able to share experiences of using his background as a staff member of the Jackson Heart Study to inform the advisory panel of the need for projects to address the special needs of first-generation minority students enrolling in colleges and universities.

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

Each of the school's faculty members is responsible for encouraging students to present papers or research findings at state, regional, national, and international professional meetings, as a means of training them to become scholars and to share public health knowledge. Some of the papers result from the culminating experience or practicum, and others are completed as classroom assignments or are a result of working with faculty members on their research.

By way of example, one student participated in the Society for Public Health Education's (SOPHE) Health Advocacy Summit because of a faculty member's service to the SOPHE House of Delegates.

In a second example, a faculty member participates in a Rotary International Service Club dictionary distribution project in which he and other Rotary members sponsor and present dictionaries to students entering third grade in the greater Jackson area. He uses this activity to promote health literacy. Public health students in his courses are encouraged to, and do, participate in this project.

A third example involves a faculty member who is currently working with the state on a project entitled "Cardiovascular Health Profile of Mississippi Adult Workers by Industry and Occupation," which uses behavioral risk factor surveillance system data. One of his students works on this project as part of the course PHS 523 Chronic and Infectious Disease.

In a final example, one faculty member, working with the Mississippi Tobacco-Free Coalition of Hinds County and its 22 partners in other regions of Mississippi, engages her health policy and management students to assist the coalition in collecting and delivering books to school libraries, acquiring donations to Provine High School's Girls Rock Program (for care packages for 552 girls), and participating in local elementary school reading days.

5) Select at least three of the [listed] indicators that are meaningful to the school and relate to service. Describe the school's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list, the school may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school's public health degree programs.

Community service is defined as any service to a group within the community that has the goal of improving the health or well-being of members of the group being served. Examples include the following: a) helping to organize an event (run or walk for health, health fair, lead or assist the leader of a smoking cessation course, etc.), b) participating in an event that seeks to prevent

disease or injuries or promote health, or c) taking an action that helps strengthen the operation of a nongovernmental health organization.

Table E5-1 Measures of Faculty Service

Measure	Target	AY 2014-15	AY 2015-16	AY 2016-17
Number of faculty-student collaborations in service projects	At least five faculty members collaborate with students in service projects per year	6	6	7
Professional service (peer-reviewer for professional journals, presentations, serving as board members and other support of professional organizations)	85% faculty perform two forms of professional service per year	75%	80%	85%
Community service	70% of faculty engage in at least one form of service per year	65%	75%	75%

6) Describe the role of service in decisions about faculty advancement.

At the university level, the main focus is to encourage faculty members to contribute to research and teaching. However, it is also expected that faculty will engage in collaborative activities in the local community and professional organizations.

The school defines and measures the role of faculty service in decisions about faculty advancement based on the criteria for promotion and tenure reviews, which require that faculty be consistently engaged in service activities to the community, the profession, and the university. Details on faculty promotion and tenure are provided in the JSU *Faculty Handbook* (see Resource File A1).

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

The overall picture in the public health programs reveals successful activity by both faculty and students in publications, professional presentations, and service, including extramural service. Another strength is the considerable experience in extramural service of senior faculty who are

mentoring junior faculty members in service. Additionally, having two centers of the Jackson Heart Study managed within the school, which offer many opportunities for service, has enriched and encouraged faculty members, students, and staff.

Challenges

The senior faculty are not always consistent in active mentorship of junior faculty related to service.

Plans

The school's Leadership Team, particularly the department chairs, are modeling mentoring behavior for faculty members. The motivation to do this is being encouraged at the level of the interim dean and discussed in performance reviews beginning in 2018.

F1. COMMUNITY INVOLVEMENT IN SCHOOL EVALUATION AND ASSESSMENT

The school engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).

Specifically, the school ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

With regard to obtaining constituent input on student outcomes and on the strengths and weaknesses of the school's curricula:

- **The school defines qualitative and/or quantitative methods designed to provide useful information.**
- **Data from supervisors of student practice experiences may be useful but should not be used exclusively.**
- **The school documents and regularly examines its methods for obtaining this input as well as its substantive outcomes.**

1) Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.

The school's Community Advisory Board (CAB), which meets once each semester, provides one of the main venues for stakeholders to engage with the school and to provide feedback. In addition to participants from the community, membership includes students, faculty, and the school's Leadership Team. (See Resource File F1 for the list and credentials of members of the Board.)

2) Describe how the school engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

The Community Advisory Board (CAB) members review and comment on the vision, mission, values, goals, and objectives of the school. Most recently this was accomplished as part of the board's review of the entire draft of the accreditation self-study document in October 2017. Board members submitted comments and recommendations for improvement of the document. Additionally, beginning in early fall 2018, the CAB will be expanded to include alumni, representatives from public and private sectors that employ public health professionals, preceptors, and academic leaders in complementary and related disciplines. The expanded CAB will have subcommittees that will focus on concentration competencies, instruction, and practice. By the end of fall semester, subcommittees will have preliminary reports on their areas of focus.

The leadership of the Mississippi Public Health Association, which represents public health professionals practicing and public health pre-professionals throughout Mississippi, and the

leadership of the Mississippi State Department of Health, which is the official agency with the primary mission for delivering public health services in Mississippi provide feedback to the school on practice and other aspects of curricula.

3) Describe how the school's external partners contribute to the ongoing operations of the school. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and objectives
b) Development of the self-study document
c) Assessment of changing practice and research needs
d) Assessment of program graduates' ability to perform competencies in an employment setting

As noted above, Community Advisory Board (CAB) members review and comment on the vision, mission, values, goals, and objectives of the school, Beyond this, there has not been a pattern of having external partners participate in retreats and working sessions where these have been formulated. However, extensive interactions with a legislator, top administrators of the Mississippi State Department of Health, leaders of the Mississippi Public Health Association, staff of the Jackson Medical Mall Foundation, selected leaders of the American Public Health Association, selected leaders of the National Commission for Public Health Credentialing, and selected leaders of the Society for Public Health Education, have contributed to the formulation of these statements.

Several external partners have been involved in the development of the self-study document. In addition to the members of the CAB, these partners include administrators of the Mississippi State Department of Health, the leadership of the Mississippi Primary Health Care Association, and staff from the Jackson Medical Mall Foundation. Representatives of each of these entities reviewed portions of the self-study and provided feedback.

With respect to changing research needs, community members participating in the Jackson Heart Study Annual Community Monitoring Board Meeting are given information about the studies and asked to provide suggestions and recommendations on future research.

The school seeks input from student preceptors and employers of the alumni through regular discussions with faculty. Information gathered informs future practice experiences.

4) Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3.

This Community Advisory Board is modeled after the Jackson Heart Study National Observational Scientific Monitoring Board Meeting held in Bethesda annually. At this meeting, the Jackson Heart Study (JHS) director and principal investigators typically provide a power-point presentation on the "State of the Study" that includes recent findings, publications, and future directions. Recommendations related to the conduct of the study are solicited from participating members of the community.

Two successfully implemented recommendations are as follows:

1. In the initial contract period, community members suggested that the study call for volunteers. The funding agency agreed to this suggestion and more than 1,200 volunteers, meeting specifically identified eligibility criteria, were accepted into the study.

2. At the recommendation of a long-time volunteer, the “Red Hat Society” was created to visit churches during their regularly scheduled services and Wednesday night Bible study classes. The ministers allowed time for staff to make a brief presentation on the JHS.

Community health advisors’ needs and interests are assessed two or three times a year at community-wide participatory events, Community Health Advisory Network (CHAN) meetings, and planned activities such as focus groups. The following instruments are used to determine an interest in or a focus on specific knowledge-based information: the African American Trust Scale, CHAN.focus group questions, Health Habits Healthy Hearts, and Community-Based Participatory Research focus group questions.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Challenges
Data have not been systematically collected on external partners’ views on the changing instructional and research practices in public health.

Plans
The school seeks input from student preceptors and employers of the alumni through regular surveys. The school recognizes that this area needs to be strengthened in a systemic way and plans to expand the membership of the existing CAB to include additional alumni, representatives from public and private sectors that employ public health professionals, preceptors, and academic leaders in complementary or related disciplines. The responsibilities and functions of the CAB will be expanded as well; for example, subcommittees will be created to assess changing instructional and research practices based on evolving patterns of health disparities.

F2. STUDENT INVOLVEMENT IN COMMUNITY AND PROFESSIONAL SERVICE

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

1) Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.

Students are introduced to, and encouraged to participate in, service, community engagement, and professional activities in four ways: through faculty course instructors, by student organization participation in community service projects, as student representatives on the Community Advisory Board, and through faculty research. Examples of course assignments that introduce students to community service, community engagement, and professional development activities are provided in Table F2 below.

Table F2-1 Examples of Courses with Community Service/Engagement or Professional Development Activities

Course(s)	Community Service/ Engagement and Professional Development Activities	Agency/Organization
PHS 501 Public Health and Behavioral Science PHS 532 Community and Patient Health Education PHS 704 Qualitative Research	Volunteering at Mississippi Food Network to pack backpack meal kits; volunteer at National Public Health Week booth	Mississippi Food Network Jackson School of Public health
PHS 504 Environmental and Occupational Health	Attending community outreach events such as Mississippi Food Network to pack backpack meal kits; Jackson Heart Study Celebration of Life; and Making Strides Against Breast Cancer Walk	Mississippi Food Network Jackson Heart Study American Cancer Society
PHS 532 Community and Patient Health Education	Select a health problem for which a behavioral change can improve a patient's well-being, or select a community hospital, clinic, or patient intervention organization; interview health provider or community health intervention professional to learn how behavior change is being addressed and what potential improvements can be made; submit a report that summarizes the findings and makes recommendations	Student selected community hospitals, clinics, and patient intervention organizations

Students are active in community engagement and encouraged to participate by working directly with faculty members on their research and service projects.

2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years.

The Community Outreach Center of the Jackson Heart Study (JHS CORC) provides numerous opportunities for public health students to become engaged with the community. For example, public health students are invited to take an active role in three annual community-wide participatory events. Involvement in these activities provides students with hands-on practical experiences that combine learning goals with community service. In the words of the National Service Learning Clearinghouse, it is "a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities."

Examples of student engagement in the JHS CORC over the past three years include the following:

- Participating on the planning committee
- Assisting with logistics of activities
- Overseeing registration
- Presenting research findings
- Gathering appropriate materials for dissemination
- Providing health screenings
- Developing a student-led health advisors network
- Serving as moderators, note-takers, and facilitators
- Providing assistance to attendees with seating, refreshments, etc.
- Participating in post-program activities, such as debriefing, tabulation of notes, entry of survey data, and helping to plan future activities

The three JHS CORC community-wide events are as follows:

Celebration of Life
The Celebration of Life was created to honor the legacy of the African American family. It takes place in February, during African American History Month and National Heart Month. Screenings of blood pressure, glucose, and cholesterol are offered to attendees, and vendors are invited to provide resource information and services available to the general public.

Jackson Heart Study Annual Community Monitoring Board Meeting
This event known as "State of the Study," is held each June. The meeting is designed to obtain suggestions and recommendations and to respond to questions from participants and community members on the conduct of the Jackson Heart Study. It also provides an opportunity to share information on matters pertinent to the study, such as research findings, publications, ancillary studies, and Community Ethics Board rulings. The meeting helps to maintain the community's involvement as a research partner and to sustain cohort and community support throughout the duration of the study.

JHS Birthday Celebration
This event is held each September to honor the first participant recruited to the JHS, on September 26, 2000. The agenda includes a guest speaker, greetings from the NHLBI Project Officer, a message from the JHS principal investigator, and the sharing of research findings by JHS investigators.

Other examples of student engagement in community service/engagement and professional development activities are encompassed by students' participation in the events of National Public Health Week. In 2017, students participated in the following National Public Health Week activities:

- Metro Jackson Community Prevention Coalition: students displayed posters to increase awareness of public health
- Backpack Food Packing event at the Mississippi Food Bank (a collaboration with the Association of Schools and Programs of Public Health): students packed 51 boxes of food to serve 408 Jackson Public School students
- Dr. Ed Thompson Walk for Public Health (a collaboration with the State Department of Health and the Mississippi Public Health Association): students participated in a one-mile walk around the stadium
- HIV Treatment Works Community Forum in the Jackson Medical Mall Community Room
- HIV 101 community presentation for people living with HIV

Students have engaged in other community-service activities, such as the following:

1. A student is working in the community with African American women to promote physical activity behavior
2. A student is collecting data regarding HPV vaccination practices in the JSU student community
3. Students volunteered at Mississippi Lobby Day at the State Capitol, attended committee meetings, and presented information at the March of Dimes informational table
4. Students collaborated with the Mississippi Anti-tobacco Campaign Book Donation Project, collecting donations and providing books to elementary schools and after-school programs

The school's faculty members, staff, students, and alumni are interested in, and supportive of, community engagement. Whether it involves participation in service delivery, fundraising, or serving on leadership boards, most are actively seeking to promote the health of members of the public or prevent diseases and injuries.

F3. ASSESSMENT OF THE COMMUNITY'S PROFESSIONAL DEVELOPMENT NEEDS

The school periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities. Examples could include periodic meetings with community members and stakeholders, formal or informal needs assessments, focus groups with external constituents, surveys that are administered or co-administered to external constituents and use of existing data sets.

1) Define the school's professional community or communities of interest and the rationale for this choice.

The school shares the university's mission to provide continuing educational opportunities, programs, and activities that meet professional and workforce development needs in Jackson, Hinds, and other counties in Mississippi, and in the state of Mississippi. This includes providing training to community members and public health workers who wish to expand their public health knowledge and skills, whether for personal development, professional advancement, or to fulfill requirements for certification or re-certification in a particular area.

The school has an interest in various professional communities, due to the nature of its ongoing projects and programs, including service providers in the state of Mississippi, for example, the Mississippi State Department of Health, the Centers for Medicare and Medicaid Services, and the Jackson Medical Mall Foundation. Major professional communities of interest are as follows:

Community Health Advisors (CHAs)
CHAs are associated with Jackson State University's Jackson Heart Study (JHS) Community Outreach Center (CORC) and housed within the school. CORC sponsors five JHS Community Health Advisory Networks (CHANs) located in the tri-county Metro Jackson Area: three in Hinds County, one in Madison County, and one in Rankin County. The JHS is the largest single-site, prospective, epidemiologic investigation of cardiovascular disease among African Americans ever undertaken. It also is the largest study in history to investigate genetic factors that affect high blood pressure, heart disease, strokes, diabetes, and other diseases in African Americans. The work of JHS is expected to lead to the development of new disease treatments.

There are approximately 118 CHAs who are indigenous to their respective communities, and many are lifetime residents of their respective counties. They provide an essential link between the JHS and the tri-counties from which the participants were recruited. Each JHS county has a CHA representative who serves as a community expert consultant (CEC). The CHAs' needs and interests are assessed through surveys conducted three times a year at special events.

Community Health Workers (CHWs)
CHWs are associated with various service providers and projects within the state. The projects include providing services related to HIV prevention and treatment and to disease management and self-management. CHWs also act as a health resource for community members. While the services rendered by CHWs vary, certain core knowledge and skills are required of all CHWs. The school's staff routinely provides training sessions and services to increase CHWs' knowledge and skills in general and specialty areas. Training and continuing education activities for CHWs

are based on needs identified through the collection of qualitative data from interviews with community members who receive services from CHWs and data from service providers.

General Public Health and Health Education and Promotion Practitioners
Practitioners of public health and of health education and promotion in Mississippi have limited in-state opportunities for assistance with preparation for certification examinations and for gaining continuing education credits. The school has instituted Certified in Public Health (CPH), Certified Health Education Specialist (CHES®), and Master Certified Health Education Specialist (MCHES®) examination preparation assistance and provides sessions for any individual who wishes to attend them or to utilize other available resources (e.g., library facilities or study space). Additionally, the school works with other organizations to offer continuing education sessions/credits for individuals who are CPH and CHES®/MCHES® certified.

2) Describe how the school periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs. Include the description and summary results in the self-study document, and provide full documentation of the findings in the electronic resource file.

Surveys to identify the needs and interests of the Community Health Advisors (CHAs) needs are conducted three times per year at special events.

The following is a summary of the findings of the key informant interviews:

1. The majority of the respondents had participated in CHAN activities from 2-10 years

2. Some of the reasons for participating in CHAN included a) service to the community, b) mission of the program, c) health issues in African Americans, and d) Jackson Heart Study's mission to outreach to the community and educate about heart disease

3. The type of information they received regarding the program included the following: a) need to educate African Americans on Heart disease, b) help the African American people to understand/assess their risk for Heart disease, c) educate about exercise and fitness, and d) learn how they can reach people with health messages

4. Most of the respondents had participated as general members, while two of the respondents had been CHAN leaders of their network

5. Some of the activities respondents participated in while a member of the CHAN included the following: a) health fairs, b) monthly meetings, c) working with churches in the community, and d) participating in JHS research

6. The need for more male participation was noted. All of the respondents expressed concerns that the majority of the CHAs are female. They want to identify reasons why males do not participate and subsequently figure out how to motivate them

The needs and interests of the Community Health Workers (CHWs) are assessed through information obtained from service providers, community members or other individuals who receive services from CHWs, and from CHWs themselves. In 2016 qualitative data were collected through interviews with community members who received services from or had other interactions with CHWs. Service providers, via informal interviews, indicated that CHWs were rendering services based on various funding streams. However, it was agreed that basic knowledge and skills related to diabetes were required, and that individuals working under the service providers' umbrella should receive training in the appropriate knowledge and skills, as identified by experts in the field.

The school uses available assessments conducted by other organizations to inform their training for professional development and conduct and other activities. When data is not available, or it is limited, the school's director of community workforce development enhances it by conducting additional periodic assessments. Organizations that routinely conduct assessments and provide information related to the needs of the public health workforce include, but are not limited to, Mississippi State Department of Health, Mississippi Department of Mental Health, Mississippi-Alabama Public Health Training Center, and Association of State and Territorial Health Officials (ASTHO).

Assessments conducted by the school may utilize quantitative or qualitative techniques depending on information available from secondary data sources and on consultation with the school's Leadership Team. (See Resource File F3 for a copy of the school's needs assessment template.) Identified needs are prioritized by the school's Leadership Team and the director of community workforce development based on available resources and the most pressing needs of the organizations involved.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Challenges
Informal development needs assessments have not been systematically recorded.

Plans
Professional development needs are assessed formally through surveys conducted during the Mississippi Public Health Conference, at least once every five years. Additionally, data are collected on an ongoing basis through the following mechanisms:

1. Behavioral Health Promotion and Education faculty and staff maintain membership in the Delta Chapter of the Society of Public Health Educators (Delta SOPHE), frequently hold key leadership roles (e.g., chapter president, continuing education committee chair), and routinely attend the chapter's meetings and conferences. They report to school leadership information that may indicate a need for professional development activities.

2. Staff and faculty members from the Department of Behavioral and Environmental Health also maintain membership in the national chapter of the SOPHE and routinely attend their meetings and conferences. They report to school leadership information that may indicate a need for professional development activities.

3. The school's faculty and staff maintain membership, and are actively involved in, the Mississippi Public Health Association. Chapter members include key leaders in public health in the state, and attendance at meetings and other events provide opportunities for formal and informal discussions related to professional development needs. Association members report all information that is relative to workforce development to school leadership.

4. The school's faculty and staff routinely maintain membership in and are actively involved in the American Public Health Association. Association members report all information on workforce development from meeting/conference attendance to school leadership.

5. The Metro Jackson Community Prevention Coalition at Jackson State University is active in addressing substance abuse and mental health issues in the community. Activities in this area include co-hosting conferences to conducting training sessions to ensure individuals with appropriate skills are available to address substance abuse and mental health issues, and ensuring that continuing education credits are available to aid individuals in maintaining certifications, licensures, etc. Metro Jackson Community Prevention Coalition and school staff routinely discuss and coordinate needs and activities.

6. School faculty and staff are involved in and are members of various coalitions that are related to public health. For example, the dean is a member of the Mississippi Tobacco Coalition. Membership in and association with the various coalitions allows staff and faculty to gain information about public health needs in the state. Information about needs that may be addressed by the school are reported to school leadership.

7. The school's director of workforce development will collect and review results of workforce needs assessments, and, in consultation with the Leadership Team, determine which training workshops and seminars to schedule to address these needs. The training opportunities will be marketed broadly within Mississippi.

F4. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE

The school advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

1) Describe the school's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.

The school's director of community workforce development conducts a community needs assessment and also utilizes the community needs assessment carried out by the Jackson Heart Study Community Outreach Center (CORC), in order to determine what, where, and when courses should be offered to members of the community. Prior to the employment of the director of community workforce development was handled in the context of a grant-funded project.

2) Provide two to three examples of education/training activities offered by the school in the last three years in response to community-identified needs. For each activity, include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the school).

One example of training activities conducted by the school in response to community-identified needs is a set of community health worker courses organized by a senior faculty member in 2015. The trainings were grant funded and will be made available again when further funding is available. See Table F4-2.a for a list of these offerings.

Table F4-2.a Training of Community Health Workers (CHWs)

Name of Course	Course Date	Course Description/Purpose	Number of External Participants
Effective Communications for CHWs	03/17/15	Course designed to increase CHWs ability to communicate effectively with clients and potential clients in field settings	12
Effective Communications for CHWs	08/04/15	Course designed to increase CHWs ability to communicate effectively with clients and potential clients in field settings	9
Cultural Competency	03/10/15	Course designed to increase CHWs ability to provide culturally competent services	7
Cultural Competency	07/28/15	Course designed to increase CHWs ability to provide culturally competent services	9
Safety	03/19/15	Course designed to aid CHWs in remaining safe while rendering services throughout the community	15
Safety	08/04/15	Course designed to aid CHWs in remaining safe while rendering services throughout the community.	9

A second example of trainings conducted by the school in response to community-identified needs is a set of workshops to help behavioral health promotion and public health practitioners to pass the Certified Health Education Specialist (CHES), Master of Certified Health Education Specialist (MCHES), or Certified in Public Health (CPH) exams or to meet other credentialing requirements. These sessions are planned and implemented by the director of community workforce development and are offered monthly throughout the academic year. See Table F4-2.b for the 2017 training topics, dates, and numbers of attendees.

Table F4-2.b Certification Training for Community and University Members

Name of Course	Course Date	Course Description/Purpose	Number of Participants	Number of Community Participants
CHES Prep	01/14/17	Session flyers and	9	3
CPH Prep	01/21/17	subject areas in	8	1
CPH/CHES Prep	01/28/17	Resource File F4	13	3
CPH/CHES Prep	02/04/17		9	2
CPH/CHES Prep	02/11/17		6	3
CPH/CHES Prep	02/18/17		11	3
CPH/CHES Prep	02/25/17		4	1
CPH/CHES Prep	03/04/17		11	3
CPH/CHES Prep	03/25/17		9	1
CPH/CHES Prep	04/01/17		3	0
CPH/CHES Prep	04/08/17		2	2

3) If applicable, assess the strengths and weaknesses of this criterion and plans for improvement in this area.

Strengths

Consistent with its mission, the school places special emphasis on engaging the community, particularly underserved populations. A major strength has been the Community Outreach Center (CORC), which hosts major gatherings of community members and guides the services of the Community Health Advisors (CHAs). More recently, the school has employed a community workforce coordinator to assess the workforce training needs of employers and health workers and to provide the training opportunities that match their needs. One of the advantages of having the school housed in the Jackson Medical Mall is that it facilitates collaboration with the Jackson Medical Mall Foundation, the Hinds County Health Department, the University of Mississippi Medical Center and numerous nongovernmental health organizations that have clinics and program offices also housed in the Mall.

Challenges

Meeting the demand for health workers more thoroughly trained in public health increases the challenge to secure resources for training. While JSU has appealed to the Legislature of Mississippi and the governor to fund the school with an additional $2 million per year on a continuing basis, the leadership of the school needs to pursue other prospective sources of funding. A second area that needs improvement relates to the creation of a planned and systemic approach to engaging the community in the development of guidance statements for the school.

Plans

The school has on staff a coordinator of grant writing services. She is working with faculty, staff and students to explore a wide range of prospective funding opportunities. Efforts are being initiated to collaborate with the Jackson Medical Mall Foundation, the Aaron and Olley Shirley Foundation, the Mississippi Primary Health Care Association, and other promising partners to secure increased funding for professional development.

As regards to an intentional involvement of the community in the development of guidance statements of the school, membership on the Community Advisory Board will be expanded to incorporate more current and potential employers of the school's graduates and client populations. Also, subcommittees will be organized to address key concerns and issues. One of these subcommittees will assume the role of updating guidance statements and monitoring assessment practices of the school.

G1. DIVERSITY AND CULTURAL COMPETENCE

The school defines systematic, coherent and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship and community engagement efforts.

The school also provides a learning environment that prepares students with broad competencies regarding diversity and cultural competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Schools advance diversity and cultural competency through a variety of practices, which may include the following:

- **Incorporation of diversity and cultural competency considerations in the curriculum**
- **Recruitment and retention of diverse faculty, staff and students**
- **Development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination**
- **Reflection of diversity and cultural competence in the types of scholarship and/or community engagement conducted**

1) List the school's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the school; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.

The school uses the following ASPPH designations for underrepresented minorities (excluding Black or African American): U.S. citizens and permanent residents who identify as Hispanic/Latino, American Indian/Alaskan Native, Native Hawaiian, other Pacific Islander, or mixed race, with any one or more of the above identifications. The school has chosen the ASPPH designation because it reflects the major groups in the U.S. that are underrepresented in graduate education and the public health professions. As of 2010, African Americans and other ethnic minorities (Hispanics, Native Americans, and Native Hawaiians and Pacific Islanders) comprised 31.1% of the total U.S. population (U.S. Census Bureau: https://www.census.gov/). Members of these minority groups earned only 13.1 percent of all science, technology, engineering, and math college degrees. Public health as a science has not attracted significant numbers of minorities in general and African Americans in particular.

As a historically Black institution of higher education (HBCU), Jackson State University (JSU) has always maintained as its foremost recruiting priority people of color. The school, based on its mission (see criterion B1-1) and in recognition that people of color are vastly underrepresented among the public health workforce, enrolls a large proportion of its students from underserved populations that experience health disparities.

Whereas minorities are underrepresented in leadership roles in public health, minority males are particularly scarce not only in public health preparation programs but generally in graduate programs. According to a report in from the Journal of Blacks in Higher Education, 170,167 African Americans were enrolled in graduate school in 2007, 73 percent of whom were female. In 2016, 184,235 African Americans were enrolled in graduate school, approximately 69 percent of who were female. (The source for the information contained in the report was the Council for Graduate Schools [Okahana & Zhou, 2017]). Because the information includes individuals enrolled in all disciplines, its value for public health is limited. Nevertheless, the school has as its highest priority the recruitment of minority males.

In preparation for applying for CEPH accreditation of the school, faculty and staff held two retreats, where they reviewed the mission of the university; the mission, values, and goals of the school; and EEOC policies. Participants affirmed that with respect to the desire for diversity in the student body, the recruitment of minority males was the highest priority.

The second of the school's two education goals (see Criterion B1-1) is to "sustain a nurturing educational environment that promotes academic excellence and effective public health practice." An important step toward achieving this goal is to address diversity by actively recruiting white and international faculty, staff, and students, in addition to underrepresented minorities. (See Resource File G1 for a copy of 2.1.1 Equal Employment Opportunity and Affirmative Action Policy.)

Perhaps the most underrepresented group in the school is the American Indian population. The reasons for this include the small number of American Indians (the Choctaw) in the state and the fact that most American Indian children in Mississippi either do not finish elementary school or they do not continue their education at a university or college. American Indian inclusion is a complex statewide problem that the school hopes to help address.

As the result of a lawsuit filed by the Ayers family, Mississippi is responsible for providing special funding to state-supported HBCUs to compensate for many years of underfunding these institutions. At the point when Ayers Settlement Funds were made available to these institutions, the federal government mandated that HBCUs in Mississippi achieve a more diverse faculty and student body, and the Mississippi Board of Trustees of the State Institutions of Higher Learning (IHL) has instructed Ayers program beneficiaries, including JSU, that one of the requirements would be that the "other race" student population be around 10 percent. The litigants, and the institutions themselves, considered this to be a reasonable goal, though not a quota.

The IHL, beyond the context of the Ayers settlement, has encouraged all eight Mississippi state institutions to integrate their student population and faculty, and JSU has been instructed to increase representation in its workforce and in the classroom of white and underrepresented minorities other than African American and Black (university-wide, 15 percent of JSU's approximately 9,000 students and 20 percent of its nearly 500 full-time faculty members are white). The university's mission, re-written in 2010, makes diversity and multicultural learning one of its priorities: "The University produces technologically advanced, diverse, ethical, global leaders who think critically, address societal problems, and compete effectively."

In addition to valuing cultural and racial diversity on campus, the university also encourages faculty members to take students abroad for international experiential learning that will sensitize them to other cultures and help them to understand different levels of development. This is

facilitated by a policy that encourages faculty members to design summer courses that include travel abroad and allows students to request a financial package that includes tuition, room and board, and travel. As a result, students from the school have traveled to Africa, Asia, Europe, and Latin America.

2) List the school's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.

As indicated in the previous section, the school's goal for increasing diversity is to increase the number of African American males in its degree programs and to increase its "other race" (i.e., other than African American) student population to approximately 10 percent. The school also aims to continue faculty diversity at a minimum of 10 percent "other race."

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

The effort to increase the number of minority males within the school's enrollment has required the use of assertive recruiting techniques. Among these techniques are a) using minority male faculty members, students, and alumni to participate in recruitment events; b) offering health professions appreciation summer camps or weekend retreats for school children, including those in grades 6 through 11; and c) offering competitive scholarships to be awarded to high school seniors. Currently, these scholarships would support students enrolling in the BS in Healthcare Administration and in Communication Disorders. In the future, the plan is to establish a five-year program that will satisfy the requirements for a BS in Public Health and an MPH degree.

The school's lead recruiter, the marketing and field placement coordinator, collaborates with department chairs and admissions committee members to plan recruitment strategies that will improve the quality and diversity of students applying for admission to the school. One of the most challenging recruitment issues is persuading graduates of predominately majority- population-serving institutions to apply to a program in an HBCU. It is necessary to recruit onsite at these institutions and, when feasible, it is helpful to have a member of the majority population on the team.

During spring 2016 and academic year 2016-17, a white employee of the school traveled to Denton, Texas, in an effort to recruit students from the Texas Woman's University program in health studies, which he had previously chaired. He also recruited faculty members from the University of North Texas School of Public Health to fill vacant positions at the school, with the expectation that employing a faculty member from this school would attract more students from the University of North Texas MPH program to the JSU DrPH program.

Currently, the plan is to recruit more vigorously at the University of Southern Mississippi, which has both a BS program in public health and an MPH program; Mississippi University for Women, which has a BS program in family studies; Mississippi State University, which offers a BS in health promotion; University of Mississippi, which has a BS and a master's program in health promotion; Mississippi College, which offers a BS in healthcare administration; and Belhaven College, which

has a BS program in healthcare administration. These predominantly majority-serving institutions have students in degree programs in related health disciplines, who might be attracted to a graduate degree in public health.

It is worth noting that the Division of Graduate Studies provides a diversity scholarship. The school notifies qualified students of such opportunities, and a number of public health students have received this scholarship.

Tables G1-1, G1-2, G1-3, and G1-4 below provide data on the diversity of the school in terms of faculty, staff, and students' gender, race, and ethnicity/origin.

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

The school's students are exposed to cultural and racial issues in several courses in which related competencies and skills are requirements. From its inception in 1999, the school/program has covered cultural competencies in a number of courses. The public health curriculum, through these courses, prepares students to understand that the globe is shrinking and that cultural and racial minorities may become the majority in the world, including in the U.S. The following three courses are core courses that assure that all MPH and DrPH students address cultural competencies:

- PHS 501 Public Health and Behavioral Science is a core course for all MPH concentrations. It addresses the following competency: discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels (see Resource File G1 for the syllabus for PHS 501)

- PHS 703 Designing Research Studies for Minorities and Special Populations is a core course for all DrPH concentrations and addresses the Foundational Competency: propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders, and other partners (see Resource File G1 for the syllabus for PHS 703)

- PHS 707 Leadership in Public Health is a core course for all DrPH concentrations and addresses two Foundational competencies: propose strategies to promote inclusion and equity within public health programs, policies, and systems, and assess one's own strengths and weaknesses in leadership capacities including cultural proficiency (see Resource File G1 for the syllabus for PHS 707).

In addition to the core courses, the following elective courses address cultural competencies:

- PHS 525 Epidemiology of Minority and Special Populations is a required course for the epidemiology concentration and a potential elective for other students. The objectives of

the course are to help students understand the impacts of implicit biases and develop strategies for reducing/preventing biases that hamper successful decision-making. Faculty instructors for PHS 525 will analyze student pre- and post-tests.

- PHS 537 Medical Anthropology and Public Health is an elective course that explains why behavioral factors play a pivotal role in both infectious and chronic diseases. This course explores variables like culturally constituted risk factors and belief patterns, thus providing a holistic understanding of health and illness within communities and populations. Given that communities and populations are increasingly multicultural and diverse, some discussion of both explicit and implicit biases can heighten awareness in public health professionals serving such communities.

Recently there has been a campus-wide effort to address implicit bias. A two-day conference held in spring 2017 (see the agenda link in Resource File G1) was attended not only by students but also by many public health faculty and staff. Subsequently, an online tutorial was created, which all university faculty and staff are now required to complete (see Resource File G1 for a sample of the automatically generated certificate). Since the conference, several SPH faculty members have developed teaching modules for educating public health students about implicit biases. These modules were implemented in several of the courses listed above beginning in fall 2017 (see the training links in Resource File G1).

In addition, the curriculum strives to ensure that its students spend the 400 hours of their MPH Applied Practice Experience and the 405 hours of their DrPH Applied Practice Experience in a public health setting that is culturally and racially diverse (see Resource File G1 for cultural and racial understanding competencies and skills development).

5) Provide quantitative and qualitative data that document the school's approaches, successes, and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population defined in documentation request 1.

Tables G1-1 and G1-2 present the school's outcome measure data for faculty and staff diversity. Table G1-3 provides comparative university data on student diversity, and G1-4 provides gender data by degree program.

Table G1-1 Public Health Core Faculty Diversity, 2015-18

	Core Faculty Diversity 2015-16		Core Faculty Diversity 2016-17		Core Faculty Diversity 2017-18	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Male	**12**	**70**	**11**	**52**	**12**	**57**
African American	3	25	1	9	1	5
Caucasian	2	17	0	0	0	0
International	7	57	10	91	11	52
Female	**5**	**30**	**10**	**48**	**9**	**43**
African American	3	60	5	50	5	23
Caucasian	1	20	2	20	2	10
International	1	20	3	30	2	10
TOTAL Faculty	**17**	**100**	**21**	**100**	**21**	**100**

Table G1-2 Public Health Staff Diversity, 2015-18

	Staff Diversity 2015-16		Staff Diversity 2016-17		Staff Diversity 2017-18	
	Number	Percent	Number	Percent	Number	Percent
Male	**1**	**6**	**2**	**12**	**1**	**10**
African American	1	6	1	6	1	10
Caucasian	0	0	1	6	0	0
International	0	0			0	0
Female	**16**	**94**	**15**	**88**	**9**	**90**
African American	16	94	15	88	9	90
Caucasian	0	0			0	0
International	0	0			0	0
TOTAL Staff	**17**	**100%**	**17**	**100%**	**10**	**100**

*Calculated based on the 17 staff members listed in Table C3-1 Support Staff

The Table G1-2 demonstrates that, in 2015, 94 percent of the school's staff were female and six percent male. The percentage of male staffers is slightly lower in the school than at the university. Overall, 100 percent of the school's staff is African American. This lack of diversity among the school's staff over the two-year period (2015-17) is greater than at the university and among other HBCUs in the State of Mississippi, though it is in keeping with the African American population in Jackson and the state.

The school's faculty are diverse socioculturally and with respect to gender and ethnicity, adding to the richness of the school. International faculty have origins in Africa, Asia, Europe, and the Middle East; a sizeable proportion of the international faculty members have acquired U.S. citizenship (40 percent in 2015-16 and 33 percent in 2016-17). In terms of gender, 43 percent of faculty are female and 57 percent male. Table G1-1 summarizes the demographic data for the school's faculty for the years 2015-16, 2016-17, and 2017-18.

The school advertises positions for new faculty and administrators on the university's website and through the *Chronicle of Higher Education*. Also, the school regularly recruits at the annual meetings of the American Public Health Association.

Table G1-3 Comparative School of Public Health and University-wide Student Diversity

Race/Ethnicity	SPH 2015-16	University 2015-16	SPH 2016-17	University 2016-17
African American	90%	90%	88%	91%
Caucasian	10%	7%	10%	6%
Hispanic/Latino	1%	1%	1%	1%
Asian	2%	11%	1%	1%
Multiracial/undisclosed	1%	11%	1%	11%

Table G1-4 Gender of Public Health Students, 2015-18

Group/ Category*	2015-16	2016-17	2017-18*
0Total SPH students	711	780	*665
SPH male students	91	95	62
SPH female students	616	685	603
Total BS, HCA students	407	462	382
BS, HCA male Students	43	48	34
BS, HCA female	364	414	348
Total BS, CMD students	90	86	81
BS, CMD male students	4	7	6
BS, CMD female students	86	79	75
Total MS, CMD students	41	35	38
MS, CMD male students	1	0	0
MS, CMD female students	40	35	38
Total MPH and DrPH students	216	197	164
MPH and DrPH male students	43	39	22
MPH & DrPH female students	158	158	142

* The numbers provided, which represent a head count of students, were obtained from school records and institutional research.

Table G1-1 illustrates a fairly balanced ratio of male to female faculty members. However, Tables G1-2 and G1-4 show that the ratio of male to female staff members and students is notably imbalanced, with much larger percentages of females than males. This tends to be the pattern within several of the public health disciplines, particularly behavioral health promotion and education, occupational health, public health nursing, and public health social work, and at other schools of public health.

6) Provide student and faculty (and staff, if applicable) perceptions of the school's climate regarding diversity and cultural competence.

Based on a survey conducted in fall 2017, students, faculty, and staff have positive perceptions of the school's climate regarding diversity and cultural competence. The mean score for students' (*n*=146) satisfaction with the diversity of the MPH program was 4.23 on a 5-point scale and 3.70 for the diversity of students in the DrPH program. Students' satisfaction with the diversity of MPH and DrPH faculty was 4.00, and the level of satisfaction with diversity of staff members in the school was 4.03. (See Resource File G1 for a summary of survey results.)

Faculty displayed less satisfaction with the diversity of the student population in both the MPH and DrPH programs. Forty-seven percent were satisfied with the diversity of students in the MPH program and 41 percent were satisfied with the diversity of students in the DrPH program. With regard to the diversity of the faculty, 47 percent of faculty were satisfied; one faculty member (6 percent) was highly satisfied. Thirty-five percent of faculty were satisfied with the diversity of staff.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
JSU has the only school of public health in Mississippi, and it seeks to be the first school of public health in an HBCU accredited by CEPH. This should appeal to a wide range of prospective minority students.

Challenges
The school needs to pursue more aggressive recruitment of a diverse student body throughout the academic year and better retention of faculty. Although the school meets its diversity goals, we need to maintain diversity as an overall priority, to focus on this goal at all times, and to find the resources to implement the related policies and plans effectively.

Plans
The school has a mandate to achieve more diverse faculty, staff, and student populations, and intends to meet this challenge. The school's Leadership Team has reviewed the most recent diversity data and is planning additional recruiting strategies.

H1. ACADEMIC ADVISING

The school provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the school's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

1) Describe the school's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.

Advisement practices are the same across concentrations and across MPH and DrPH degree programs. A mandatory group orientation meeting for new students is held during the early part of the fall semester, in which the prospectus, policies and procedures, and expectations of students and faculty are discussed. New students also have the opportunity to meet with their advisors, professors, and administrators, as well as with the school's field placement coordinator.

Advisees are responsible for scheduling a meeting with their faculty advisor early in the first semester of enrollment to plan the course of study and to discuss any concerns related to academic and personal adjustment. For doctoral students, the advisor completes a student/faculty advisement session report (see Appendix E of DrPH *Student Handbook* 2017-19 in Resource File D3 for the template) during each advisement session with the student; the student receives one copy of the report, the second copy is placed in his/her file, and the advisor retains the third copy. The graduate degree plan is prepared at the initial meeting of the student with her/his advisor (see Appendix A of the DrPH *Student Handbook* 2017-19 in Resource File D3 for the plan template).

In subsequent semesters, regular meetings with one's faculty advisor are recommended to determine needs, suggest improvements, and develop clinical experience opportunities. It is the responsibility of the advisee to maintain regular contact with his/her faculty advisor, to meet with the advisor at the beginning of each semester in order to update and evaluate the student's progress (see Resource File H1), and to initiate other meetings as needed. The Division of Graduate Studies puts a hold on registration for students falling below a 3.00 GPA. These students are required to meet with their academic advisors to complete an academic enhancement plan (AEP) to improve their GPA before the hold is removed. The student, academic advisor, program coordinator, and department chair sign the AEP, which is forwarded to the Division of Graduate Studies. The dean of the division may then remove the hold on that student's ability to register. (See Resource File H1 for a samples of AEPs.)

Advisors can access students' academic transcripts via the university's PAWs (Panther Access to Web Services) system. PAWs is a software program that allows faculty members to enter, retrieve, and post grades for individual students.

In order to graduate, students must complete a graduation clearance form, which is approved by the academic advisor and the program director. The academic advisor confirms that the student is on track for graduation before approving the graduation clearance.

2) Explain how advisors are selected and oriented to their roles and responsibilities.

According to the DrPH Degree Student Handbook, “Students admitted to the DrPH Program are assigned a faculty advisor during orientation.” Faculty advisors are assigned from a student’s program and academic concentration based on the optimal alignment of the advisor’s and the advisee’s research or practice interests. First year students are required to meet formally with their advisor at least twice during the first semester. The initial meeting with the advisor is held prior to, or during, registration for the coming semester. During this meeting, the advisor and the student review and finalize the semester course schedule and complete the appropriate forms that must be filed with the Division of Graduate Studies for that semester. The second meeting is held after mid-term. In this meeting, the student’s academic progress and any needs for professional development are discussed.

MPH students are assigned faculty advisors in the same manner as DrPH students. Whereas formerly MPH advising assignments were handled administratively, now department chairs match students to faculty members based on research or practice interests. Department chairs also consider the work balance and advising load among faculty members, to avoid imbalances.

With respect to orientation of advisors, the school’s senior faculty members, who are experienced advisors, are actively engaged in mentoring junior faculty members in best advising practices.

At the university level, “CyberAdvising” resources are available to assist students and faculty advisors to become completely familiar with the institution’s graduate education policies and regulations (see http://www.jsums.edu/graduateschool/cyberadvising/.) The Division of Graduate Studies also provides guidance and orientation to faculty advisors through the following link: http://www.jsums.edu/graduateschool/best-practices/. The Graduate Catalog addresses the process for dealing with a student who fails to maintain the requirements to remain “in good standing.” This is covered under the section titled “Student Responsibility for Meeting Graduate Requirements.”

3) Provide a sample of advising materials and resources, such as student handbooks and plans of study that provide additional guidance to students.

MPH advisors and advisees use the MPH *Student Handbook* (see Resource File D2, page 28) as the source of information, forms, and resources. DrPH advisors and advisees use the DrPH *Student Handbook* in the same way (see Resource File D3, page 38).

4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings.

The graduate programs conduct exit interviews with graduating students, which are used as a means of assessing student satisfaction with the program, career counseling, and student advisement. The alumni survey also provides feedback on student advisement. Table H1-1 presents outcomes for student advising and career counseling (survey results can be found in Resource File H1).

Table H1-1 Student Satisfaction with Academic Advising and Career Counseling, 2016-18

Outcome	Target	2016-17	2017-18*
Student satisfaction with faculty advisement generally	90% of students will indicate satisfaction with faculty advisement	100% (11)	TBA
Student satisfaction with faculty advisement in completion of pertinent forms	90% of students will indicate satisfaction with faculty advisement in the completion of pertinent forms	100% (11)	TBA
Student satisfaction with career counseling services	85% of students will indicate satisfaction with career counseling services	100% (11)	TBA

*The 2017-18 student exit survey data will be available at the site visit.

5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

At the beginning of each academic year, mandatory orientation sessions are held for incoming students. Prior to matriculation a letter is sent to incoming students to inform them of the date and location for orientation. During the orientation sessions, students are introduced to the policies, procedures, and organization of the university and school. Particular emphasis is directed to the curriculum and expectations of the different degree programs. Students have an opportunity to meet school administrators, faculty, staff, current students, and alumni (who talk about their experiences at the school). Students also have an opportunity to meet with their assigned academic advisor.

H2. CAREER ADVISING

The school provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The school provides such resources for both currently enrolled students and alumni. The school may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

1) Describe the school's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs. Schools should present data only on the public health degree offerings.

The Career Services Center on the main campus offers a full range of placement services to undergraduates, graduate students, and alumni. The center administers all student placement services, including provision of information on career choices graduate and professional school opportunities, internships, part- and full-time employment, and personal information. The center maintains a placement and video library and offers one-on-one consultations regarding resumes, cover letters, and interviewing skills. All services are free and available on a walk-in basis.

In addition, the Career Services Center website (http://www.jsums.edu/careers/) offers several online services, such as resume writing information and notifications of upcoming campus recruitment events. The website allows prospective employers to post job openings, and offers an online realistic "simulated interview" to students, faculty, and alumni of the university through Perfect Interview™, an innovative learning tool used to enhance job-interviewing skills. The Career Services Center also offers Tigers2Work, an online career center that allows students and alumni to electronically submit resumes to employers and to search for internships, part- and full-time jobs, and employer information.

The Division of Field Placement on the main campus provides consultation, training, and advisement services for students to prepare them for public health practice and to help them locate practicum opportunities. To complement the main campus services, advisors and instructors of record also refer students to the school's field placement coordinator for career guidance, internship and practicum site placement, and training and volunteer opportunities. Tables H2-1 and H2-2 illustrate the types of alumni and student consultations on various issues related to professional development.

Information about job opportunities also is available to students during the annual National Public Health Week in April, which draws many health agencies to the Jackson Medical Mall.

2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.

Upon admission into the MPH or DrPH program, students are matched with an academic advisor, based on career interests. Faculty advisors and the field placement coordinator discuss career options with students throughout their matriculation. Staff from the university's Career Advisement Center are invited each semester to make a presentation to public health students. They present general information and engage students in questions and answers that tailor the discussion to individual needs and interests that are instructive to other students and faculty advisors who are present Additionally, alumni who have career success are invited to present recommendations about career opportunities to public health students.

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

Table H2-1 Volume of Consultations Visits to the Career Services Center by Type 2016-18

Volume of Consultations	2016-17*	2017-18**
Resume/Cover letter	3	2
Career coaching	3	2
Internship/fellowship/volunteer	3	2
Job search	3	2
Total	**12**	**8**

*Alumni from various public health related agencies participated in a public health internship professional development series of talks during 2016-17.
**Data for 2017-18 are incomplete. One more consultant is scheduled to cover all four of these topics.

Previous data collected on student and alumni visits is unavailable. However, with the hiring of the current MPH field placement coordinator, data will be collected for the majority of 2017-18 and continuously from this point forward. Data will be stored in a shared database to prevent the loss of these records.

Table H2-2 Types of Consultations 2016-17 and 2017-18

Type of Consultation	2016-17*	2017-18*
Epidemiologists (alumni)	1	1
Health education specialists (alumni)	1	1
Health policy specialists (alumni)	1	2
Total	**3**	**4**

*Alumni from various public health related agencies participated in a public health internship professional development series of talks.

Events and Programs

Workshops and programs offered by the school help build successful professional skills and strengthen competencies. The Professional Development Series, comprising regularly scheduled presentations throughout the year, enable students to interact with professionals from the field of public health. Table H2-3 illustrates career services events.

Table H2-3 Career Services Events, 2016-17

Event	Number of Events/ Attendance 2016-17	Number of Events/Attendance 2017-18
DrPH colloquium	2/25	2/24
MPH colloquium	2/36	2/32
Notable Alumni Panelists Session (a Homecoming event planned in collaboration between the SPH and the JSU Office of alumni & Constituency Relations) during fall and Alumni Panel Presentation April 4, 2018 as an event to celebrate National Public Health Week	NA	2/70
Total	**4/61**	**6/126**

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings.

Table H2-4 Performance Outcome Measurement of Career Advising 2016-18

Outcome	Target	2016-17	2017-18
Student Satisfaction with Career Counseling	85% of students will indicate satisfaction with career counseling services	89% (11)	90% (30)

The graduate programs conduct exit interviews for graduating students. These interviews are used as a means of assessing student satisfaction with the program, career counseling, and student advisement. The alumni survey also provides feedback on student advisement. Table H1-1 presents outcomes for student advising and career counseling (a sample of complete survey results can be found in the Resource File H1).

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

The school has a cadre of senior faculty members, two of who are serving as program coordinators and department chairs, with extensive experience advising students. They are actively mentoring junior faculty members in best practices in advising in addition to advising their own students.

Challenges
Because the school did not have a systematic way to store data that was collected related to career services, data were lost in the past two years.

Plans
The school's new director of marketing and field experience met with the dean to implement a plan for collecting and storing information on career service events, consultations, and student and alumni visits that would be readily available to the school's Leadership Team. The new plan was implemented in 2018.

H3. STUDENT COMPLAINT PROCEDURES

The school enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to school officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

1) Describe the procedures by which students may communicate any formal complaints and/or grievances to school officials, and about how these procedures are publicized.

Jackson State University maintains an academic environment where students can register their concerns or complaints regarding matters related to academic affairs in accordance with the University's Student Handbook/Graduate Catalog. Procedures are in place for appealing decisions made by an instructor or by the school, such as appealing a course grade or other academic evaluations; these procedures are included in the catalog and in the MPH and DrPH student handbooks. The appeals process for a code of conduct decision is described in both the graduate school catalog and the MPH and DrPH handbooks. These are available on the web at http://www.jsums.edu/graduateschool/graduate-catalog/ and in the health sciences library on site.

The university and the school also provide opportunities for students to propose policies and procedures or to offer input about existing policies and procedures. This ordinarily occurs under the auspices of the Graduate Student Association (GSA), which represents the interests of graduate students university-wide. At the school level, the GSA president may propose policies and procedures, or engage in discussions of related issues, while attending meetings of the school's leadership; each school has a representative on the GSA's executive committee.

Students also are represented on program and school committees and may provide input on the development of policies and procedures or other school functions through those avenues. Finally, the MPH Student Association and the DrPH Student Association represent the interests of the graduate students in public health. The leaders of these two organizations meet with the dean at least once each semester to discuss general school matters and any areas of concern.

2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.

If a complaint or grievance is about an academic matter, students first present their concerns to the course instructor or project advisor and, if not satisfied with the response, may appeal to their department chair. The next step of appeal, if necessary, is to the dean of the school.

For other types of complaints or grievances, students are ordinarily expected to present their concern to their department chair. If the issue is not resolved satisfactorily at this level, or if the complaint is outside the scope of the departmental unit, the procedures allow students to submit a formal complaint directly to the school's dean or to the university office of academic affairs or student affairs.

Generally, student complaints pertain to grades, disrespect from staff, or advising. These issues are usually resolved informally at the program level, and rarely reach the dean's, ombudsman's,

or provost's office. When complaints are reported to these offices, the accepted protocol is for the complainant to be asked whether he/she has discussed the case with the proper person responsible. It is expected that the problem will be discussed and resolved within ten working days.

Procedures for submitting complaints and grievances are included in the university's catalog and the MPH and DrPH student handbooks.

3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

Over the past three years, the University Grievance Committee has not received any formal student complaints or grievances.

H4. STUDENT RECRUITMENT AND ADMISSIONS

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

1) Describe the school's recruitment activities. If these differ by degree, a description should be provided for each. Schools should discuss only public health degree offerings.

The school is committed to recruiting qualified and diverse students. Recruitment into the MPH and DrPH programs is coordinated through the university's Division of Graduate Studies, where two full-time employees, the coordinator of admissions and the coordinator of student support, oversee graduate recruitment activities. In conjunction with the efforts of the division, the school has a recruitment initiative that involves department chairs, faculty and staff members, and the school's marketing and field placement coordinator, who focuses on student recruitment through activities such as graduate career fairs, visits to other institutions, conference exhibits, national public health activities, and announcements on the plasma screen in the Jackson Medical Mall.

It is a priority of the recruitment strategy to reach students from underrepresented populations, including high school seniors and students completing their bachelor's or master's degrees. To promote the school's programs, employees who are engaged in recruiting disseminate relevant materials such as videos, brochures, pamphlets, pictures, catalogs, and curriculum summaries. The school purchases space at the annual Mississippi Public Health Association meeting for an exhibit of its degree programs, and at the annual American Public Health Association conference, school employees participate in the exhibit in the Consortium of African American Public Health Programs (CAAPHP), which displays materials for all its members

2) Provide a statement of admissions policies and procedures. If these differ by degree, a description should be provided for each. Schools should discuss only public health offerings.

The Division of Graduate Studies, through its governing body, the Graduate Council, is responsible for establishing general criteria for admission to graduate studies at the university. However, the school has put in place more stringent admissions criteria. Individuals must apply and be accepted by both the Division of Graduate Studies and the school.

Admission requirements for the MPH degree program
For admission into the MPH degree program, applicants must meet the criteria and follow the procedures outlined below:

1. Applicants must hold a baccalaureate degree from an accredited college or university with at least a 3.00 cumulative grade point average. International students must meet degree and grade point equivalence standards.

2. International applicants must submit a satisfactory score on the Test of English as a Foreign Language (TOEFL) Examination (69-70) or the International English

Language Standard Test (IELST) (6.5), and, if requested, the Pearson Language Test (53).

3. Applicants must complete an application to the MPH program, which includes the following elements:

    - Program application form
    - Resume
    - Statement of purpose/career objectives
    - Three forms/letters of recommendation
    - Official copy of undergraduate transcript(s)
    - Statement of authenticity

Applicants not fully meeting the requirements for regular admissions may be admitted conditionally. Conditional status applies to applicants with a cumulative undergraduate GPA of 2.80-2.99 on a 4.00-point scale. Such applicants must earn "regular" status by achieving a GPA of a least 3.00 after their first 12 semester hours, if enrolled part-time.

The admissions committee forwards its recommendations for admissions to the school's dean, who then makes his recommendation to the dean of the Division of Graduate Studies. The division then notifies the applicants of their admission status.

Admission requirements for the DrPH degree program
Applicants to the DrPH program apply to the Division of Graduate Studies. If the division accepts the applicant, the application is forwarded to the DrPH degree program in the school for a final decision.

Deadline for applications to the DrPH program is March 1. This year the DrPH adopted a rolling admissions model, as is customary for the university's other degree programs.

Applicants must meet the criteria and follow the procedures outlined below:

1. Applicants must hold an MPH degree or a master's degree in a related discipline, with a 3.30 cumulative grade point average for the highest earned degree. Applicants with a master's degree outside the field of public health will be considered but may be required to complete prerequisite courses equivalent to the MPH core courses.

2. Applicants must have prior professional experience in public health. Relevant experience may include, among other possibilities, specific training in public health; teaching, leading, or supervising a program in a health setting or university; or at least two years of practice in the field.

3. With respect to standardized tests, all applicants must submit GRE scores. International applicants must submit a satisfactory score on the Test of English as a Foreign Language (TOEFL) Examination (69-70) or the International English Language Standard Test (IELST) (6.5), and, if requested, the Pearson Language Test (53).

4. Applicants must complete an application to the DrPH program, which includes the following elements:

- Copy of the Division of Graduate Studies admission letter
- Program application form
- Resume
- Statement of purpose/career objectives
- Three forms/letters of recommendation
- Official copy of undergraduate and graduate transcripts
- GRE scores, and language test scores (if applicable)
- Statement of authenticity

3) Select at least one of the [listed] measure that is meaningful to the school and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list that follows, the school or program may add measures that are significant to its own mission and context.

An important way of assessing the quality of enrollees is to examine the degree to which they meet the established admissions criteria. For the MPH program, these criteria encompass such elements as applicants' undergraduate grade point average (GPA), graduation from an accredited four-year institution, and letters of reference. Preferred disciplines for undergraduate degree preparation include the fields of social science, life sciences, liberal arts, business, and technology. Table H4-1 provides data regarding the GPAs, undergraduate majors, and admissions status (regular vs. conditional) of MPH enrollees.

For the DrPH program, outcome measures include undergraduate and graduate GPA, a master's degree or other higher-level degree from an accredited university, and public health-related work or practice experience. Additional requirements that illuminate an applicant's qualifications for admission include letters of reference, a career-goals essay detailing how the applicants intend to use the degree, and, in some cases, a personal interview. Table H4-2 provides data for three outcome measures by which the program evaluates its success in enrolling a qualified student DrPH body.

Table H4-1 Outcome Measures for Recruitment and Admission of MPH Students, 2015-18

Outcome Measure	Target	2015-16	2016-17	2017-18
Percentage of newly matriculating students whose undergraduate GPA is at least 3.0 on a 4.0 scale	60%	F 18/28 (64%) Sp 7/7 (100%)	F 22/35 (63%) Sp 14/21 (67%)	F 11/15 (73%)
Percentage of newly matriculating students who hold an undergraduate major in a science or health-related field	60%	F 25/28 (89%) Sp 6/7 (86%)	F 34/35 (97%) Sp 21/21 (100%)	F 13/15 (87%)
Percentage of newly matriculating students who qualify for regular admission to the MPH degree program	60%	F 18/28 (64%) Sp 7/7 (100%)	F 22/35 (63%) Sp 14/21 (67%)	F 11/15 (73%)

Note: F = fall, SP = spring

Table H4-2 Outcome Measures for Recruitment and Admission of DrPH Students, 2015-18

Outcome Measure	Target	2015-16	2016-17	2017-18
Percentage of newly matriculating students whose previous graduate GPA is at least 3.5 on a 4.0 point scale	90%	F 11/11 (100%)	F 5/5 (100%)	F 8/8 (100%)
Percentage of newly matriculating students who hold an MPH or a master's degree in a related discipline	75%	F 10/11 (91%)	F 5/5 (100%)	F 6/8 (75%)
Percentage of newly matriculating students who demonstrate evidence of public health-related work or practice experience	80%	11/11 (100%)	F 4/5 (80%)	F 7/8 (88%)

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The school makes a concerted effort to admit the most promising graduate students, to adhere to CEPH and SACS standards, and to provide financial aid to deserving applicants. The school's Leadership Team, which includes the recently employed marketing and field placement coordinator, are developing a school-wide recruitment plan to more effectively identify well-prepared and accomplished scholars and public health practitioners for recruitment into the MPH and DrPH programs.

H5. PUBLICATION OF EDUCATIONAL OFFERINGS

Catalogs and bulletins used by the school to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

1) Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

Various materials and publications are used to recruit potential students into the SPH. Information brochures outlining admission requirements and curriculum plans are available, and the school produces MPH and DrPH student handbooks every two years. The school's website provides links to the various concentration areas and materials (http://www.jsums.edu/health). Additionally, the academic calendar, grading policies, academic integrity standards, and degree completion requirements are available on the website. Examples of recruitment materials, including the most recent catalog and program brochures, are available in Resource File H5 and the JSU catalog link http://www.jsums.edu/graduateschool/graduate-catalog/.

In addition, promotional items, such as cups, pens, and notepads bearing the university logo are distributed during recruitment visits.