REVIEW FOR ACCREDITATION
OF THE
MSPH PROGRAM
AT
MEHARRY MEDICAL COLLEGE

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
April 7-8, 2014

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Introduction

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

MMC was founded in 1876 as the Medical Department of Central Tennessee College of Nashville, a college operated under the auspices of the Freedman’s Aid Society of the Methodist Episcopal Church. Central Tennessee College underwent organizational changes in the late 19th and early 20th centuries, and the state of Tennessee granted a charter in 1915 for the former Medical Department to operate as an independent corporate entity, Meharry Medical College. The college is a private, independent institution dedicated solely to educating health professionals, and MMC graduates have a long history of dedication to practicing in medically underserved areas.

The MSPH program is located in MMC’s School of Graduate Studies and Research (SOGSR), one of three schools at MMC, along with schools of medicine and dentistry. The SOGSR dean has responsibility for two units: the Division of Public Health Practice (DPHP), which houses the program, and the Division of Biological Sciences, which houses academic degrees in biomedical fields, including a PhD, an MD-PhD and a Master of Science in Clinical Investigations. The SOGSR also is home to a Certificate in Health Policy offered in conjunction with the Robert Wood Johnson Foundation.

The MSPH program has been accredited by CEPH since 2009. This is the program’s second CEPH accreditation review. The initial review resulted in an accreditation term of five years, with required interim reporting in 2011, 2012 and 2013.
Characteristics of a Public Health Program

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

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

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

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

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

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

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

These characteristics are evident in MMC’s MSPH program. MMC is regionally accredited by the Southern Association of Colleges and Schools’ Commission on Colleges, and the program’s faculty and students have the same rights, privileges and status as their peers in other MMC units and degree programs. The faculty are trained in a variety of disciplines, supporting the program’s interdisciplinary approach, and faculty members’ professional experiences and connections to public health practitioners ensure that the program fosters the development of professional public health values.

The program’s mission and vision align with public health values, and the organizational culture, which focuses strongly on a commitment to underserved communities, infuses public health goals into all aspects of the program’s activities.
The program has sufficient faculty and other resources to support its single degree offering, the MSPH, and a recent focus on strategic planning has allowed the program to define a framework for planning and evaluating its research, teaching and service activities.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met with commentary. The program has a clear and concise mission statement with supporting goals and objectives. The MSPH faculty designed the mission, goals and objectives during an annual faculty retreat and notes that it has reviewed the mission and goals at that retreat every year for the last three academic years (2010-13). Most notably, the mission and goals were revisited and revised in the development of the MSPH’s 2014-19 strategic plan.

The mission, goals and objectives are regularly monitored by MSPH faculty, MSPH program committees and the Community Advisory Committee. Community Advisory Committee members indicated that they had participated quarterly in discussions with MSPH program leadership about the mission, goals and objectives about the mission of the program. Based on site visitors’ conversations with various stakeholders, it did not appear that other constituents including students, administrators, alumni and community partners who are not on the Community Advisory Committee, have been actively engaged in the development and review of the mission, goals and objectives.

The program’s mission is as follows: *Contribute to the public health workforce by increasing representation of individuals from traditionally disadvantaged backgrounds through instruction, research and service that is evidence-based and culturally sensitive.*

The MSPH program’s mission reflects the history of MMC’s focus on ensuring the education of professionals from traditionally disadvantaged backgrounds. The mission also reflects the institution’s emphasis on the use of evidence and the need for cultural competency in its graduates. Community Advisory Committee members spoke to the dedication to mission in the MSPH program and the historical roots and reputation of the program in the Meharry community.

The mission is supported by four goals in the areas of instruction, research, service and diversity. Each of these goals contains one or two specific measurable objectives.
The MSPH program has adopted and is committed to upholding seven values: excellence, service, accountability, teamwork, innovation, diversity and advocacy. Each value is accompanied by an explanation of how the value is interpreted in the MSPH program.

The first commentary relates to the fact that the mission, goals and objectives do not seem to be widely publicized or discussed beyond the faculty and the Community Advisory Committee. No mention of the mission, goals, objectives or values exists on the website or in program materials. In discussion with program stakeholders, the site team did not find a strong indication of engagement in mission, goals and objectives beyond cursory review by others.

The second commentary relates to the fact that some of the objectives are not measurable or have low targets. Examples include the objective to increase the number of "highly qualified" students in the applicant pool. Program leadership during the site visit could not articulate how the program measures “highly qualified students.” The program has set low targets for the placement of graduates in public health organizations (35%), research target for students (40%), faculty publications (20%), student service in externships (45%) and has narrowly defined workforce development objectives.

The third commentary relates to an overall impression that there are potentially conflicting visions for the MSPH program. One vision holds on to an historical model to prepare a generalist public health practitioner in a program that emphasizes teaching over scholarly activity and research by faculty. The second and emerging vision, as evident in the 2014-19 strategic plan and discussions on-site, is of a program closely tied to research agendas of collaborating institutions such as Vanderbilt University, Tennessee Department of Health, Metropolitan Nashville Health Department, the Robert Wood Johnson Center for Health Policy and others. This vision recognizes the need to increase research and scholarly activity, increase sponsored funding and identification of principal investigators in the MSPH faculty, increase professional and community service, and create concentrations for MSPH students. The new strategic plan sets vastly expanded targets for teaching (including the formation of new concentrations), faculty research and service. The program is faced with decisions about how to bring this new vision to fruition in the context of the historical model around which it is currently structured.

1.2 Evaluation and Planning.

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

This criterion is met. The program has established ongoing efforts to monitor achievement of its mission, goals and objectives. Processes to evaluate the program’s efforts in achieving its mission, goals and
objectives are underway through the following means: faculty meetings, student evaluations by thesis committees and faculty assessments of comprehensive exam performance, instructor and course evaluations, exit surveys, faculty evaluations, alumni tracking, the Advisory Committee and reports required by the institution for regional accreditation.

The mission of the program is evaluated, in large part, by the outcome measures and targets that are identified for each goal. Data on outcome measures and targets have identified areas where objectives are achieved and a few target areas that need further attention.

The program tracks all of its evaluation data using software packages including Access, Excel and SharePoint. Program leaders and administrative staff analyze the data and report the findings in monthly faculty meetings, the annual faculty retreat, special planning sessions and to the Community Advisory Committee. The responsible parties for data collection, analysis and monitoring of outcomes include the: MSPH Director, Admissions Committee, SOGSR Student Services Office, Curriculum Committee and the SOGSR Dean’s Office.

When asked about changes made to the program as a result of evaluation findings, program leaders identified deficits in scholarly activity and research. To respond to the lack of publications by faculty, the program has established a collaborative teamwork model that engages faculty in planning new research proposals. This collaborative planning effort includes support for lunch meetings and designated research time one day each week. Several results of this collaboration were discussed with the site team, namely faculty and student engagement in research in New Orleans and the engagement of primary faculty in the MeTRC project at Meharry Medical College.

Students are involved in evaluation through their participation in the program committees, open forums with program leadership and solicitation of student input by program faculty. Students indicated several areas that they have recommended to faculty. First, they have asked for more defined concentrations, rather than the existing generalist program; this approach is reflected in the 2014-19 strategic plan. Second, they identified the need for increased career planning. This function has now been added to the job description of MSPH program staff.

The Community Advisory Committee reported that they are heavily involved in the review of evaluation and meet quarterly to discuss the program’s process and participate in the setting of the program’s strategic plan.

Evaluation and planning activities are managed by the MSPH program director, primary faculty and administrative staff. Recommendations include, but are not limited to, program policies and new additions
to program classes. The self-study identifies four areas in which monitoring and evaluation have contributed to enhancing the quality of the program. Most notably, the program identified the usefulness of the strategic planning process, input from students and key stakeholders, externship evaluations and monitoring student performance in courses.

In July 2012, the program formed a sub-committee on strategic planning led by the dean of the School of Graduate Studies and Research (SOGSR). The committee surveyed both students and members of the Community Advisory Committee to gather input for the new 2014-19 strategic plan. The vision for the plan set expansive targets in all three areas of teaching, research and service. The new plan is ambitious and will require additional resources, faculty leadership and institutional commitment to ensure its success. Indications are that funding will be made available to make this plan a reality.

The self-study document was well organized and provided the site visit team with sufficient required documentation needed by the site team. The additional documents required were provided in advance and on-site as requested by the team, and the faculty and staff went out its way to make the team feel welcomed and to meet the needs of the team on-site.

1.3 Institutional Environment.

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

This criterion is met. MMC is accredited by the Southern Association of Colleges and Schools Commission on Colleges, and the most recent review occurred in 2007. The public health program is housed in the School of Graduate Studies and Research (SOGSR). The college’s other two schools: medicine and dentistry, are accredited by the Liaison Committee on Medical Education and the American Dental Association’s Commission on Dental Accreditation, respectively.

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A Board of Trustees governs the institution, and the MMC president reports to the board. The president directly supervises a team that includes five vice presidents and the three school deans. The dean of the School of Medicine also holds the title senior vice president for health affairs, one of the five vice presidential positions. The SOGSR dean has responsibility for two units: the Division of Public Health
Practice (DPHP), which houses the program, and the Division of Biological Sciences, which houses academic degrees in biomedical fields, including a PhD, an MD-PhD and a Master of Science in Clinical Investigations. The SOGSR also is home to a Certificate in Health Policy offered in conjunction with the Robert Wood Johnson Foundation.

The program director is responsible for developing programmatic priorities and discussing those with the SOGSR dean, as the initial stage of the program’s annual budget process. The dean incorporates the program’s budget into the SOGSR’s overall budget proposal, and the president and senior vice president for finance review this budget, alongside budgets from other university components. The president ultimately approves the proposed budget and presents it to the Board of Trustees for final approval each May.

Decisions about faculty recruitment follow a somewhat similar pattern. The program director identifies a need, and works with program faculty to develop a proposed statement of need (number of faculty, qualifications, etc.). The SOGSR dean agrees when a search is warranted, and the program director, faculty and dean use various strategies to develop and screen a pool of applicants. Once the program director, faculty and dean have chosen an applicant, the program director and dean work together to negotiate an offer of employment. After the candidate accepts the offer, the dean submits documentation to the school’s Appointments, Promotion and Tenure (APT) Committee. This committee makes a recommendation to the dean, who makes a recommendation to the president. The president’s recommendation is presented to the Board of Trustees for final approval. Decisions about faculty advancement and promotion proceed through similar channels: program, dean, SOGSR APT Committee, president, Board of Trustees.

Staff hiring and promotion is the responsibility of the program director, in consultation with the dean.

Program faculty bear the responsibility for establishing and implementing all academic standards and policies. All policies must align with those established by the SOGSR.

1.4 Organization and Administration.

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

This criterion is met. The MSPH program is the sole offering of the Division of Public Health Practice. The program director oversees the two program staff and the faculty members housed in the division. The college strongly supports interdisciplinary coordination, cooperation and collaboration in all of its units, encouraging both intramural and extramural relationships.
A number of college-wide centers coordinate research and service activities of faculty from all three of the college’s schools. Examples include the Center for Women’s Health Research, the Center for AIDS Health Disparities Research, the Center for Molecular and Behavioral Research and the Sickle Cell Center. The program’s faculty can and have been involved in projects related to these centers. For example, public health faculty collaborate with medical faculty on a project relating to women’s health and HIV in the local community, and public health faculty coordinate a service program for the campus’ Sickle Cell Center.

The program also cooperates with faculty from other schools to produce quality educational offerings. Faculty members from MMC departments including surgery, internal medicine and family and community medicine have contributed to the program’s educational offerings.

The program is also an active participant in the Meharry-Vanderbilt Alliance, a partnership established in 1997 to explore and implement opportunities for mutually beneficial collaboration. The alliance includes units on both campuses whose mission includes serving the uninsured and underinsured populations of Davidson County. This alliance has promise for helping junior public health faculty pursue more ambitious research projects through collaboration.

Finally, the Robert Wood Johnson Foundation (RWJF) established the RWJF Center for Health Policy at MMC. The center has established criteria for membership, and public health faculty and students are members. Both groups participate in programs: the Health Policy Associates Program for faculty and the Health Policy Scholars Program for students.

1.5 Governance.

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

This criterion is met. The program has two standing committees: Curriculum Committee and Admissions Committee. All other functions are handled by ad hoc committees as needed. The Self-Study Committee and faculty search committees are ad hoc, as is the Strategic Plan Sub-Committee. The program also benefits from its Advisory Committee, which includes individuals outside the university, and its Student Association.

Most program policy development and planning and evaluation activities occur through discussions of the full faculty. Standing and ad hoc committees provide recommendations to the full faculty in their areas of expertise, when relevant, and the program director ensures that the Advisory Council discusses and
reviews most policy and planning initiatives before taking action. The program director leads and coordinates data collection that inform planning and evaluation. Recommendations for new policies or procedures must typically be approved by the SOGSR after discussion by the program’s faculty. The program director represents the faculty on the SOSGR Executive Committee.

The Admissions Committee includes five faculty members, two student members and one community practitioner member. It meets at least quarterly. The committee reviews significant changes in courses or the addition of new courses and makes recommendations to the full faculty for approval. After faculty approval, curriculum changes proceed through additional channels, including the SOGSR Curriculum Committee.

The Admissions Committee includes five faculty members and is responsible for making admissions decisions. This committee meets as needed, typically several times per semester.

The Self-Study Committee included the program director, the two program staff members, seven program faculty, an MSPH student, the SOGSR dean and an SOGSR administrator. Each committee member, except the student member, took responsibility for writing several sections of the document. The program used Share Point to house the drafts and allow all members to edit and comment on sections other than the ones they wrote.

The Advisory Committee includes 13 members. One is a current student, and one is an alumna. Nine members represent professional practice, with affiliations including the Metro-Nashville Health Department, Inova Alexandria Hospital, the Tennessee Hospital Association and a local non-profit group. The remaining two members are faculty members at other universities (Tennessee State University and Howard University). Site visitors met with a number of Advisory Committee members and were impressed by their level of commitment to the program. Although the full committee meets in person quarterly, members indicated that individuals and subcommittees work on projects nearly year-round. The committee chair explained that the Advisory Committee wants to help the program realize its mission and goals, and the committee wants the program to continue to gather evidence to see if current strategic directions and activities are working. The committee is committed to guiding the program to change its course if evidence shows that such an effort is necessary. The committee’s enthusiasm was palpable, but so was its members’ sense of seriousness about the importance of ensuring the program’s success.

The program has convened two search committees in recent years. The most recent search committee finished its work with the hiring of a new faculty member who began employment in March 2014. Each search committee included three faculty members, a student and a community practice representative. One of the community representatives who had served on a search committee met with site visitors. He
indicated that all stakeholders’ input was actively solicited and considered in the hiring process, and that this was indicative of the program’s commitment to engagement with the community.

The Strategic Plan Sub-Committee, led by the program director, includes the SOGSR dean and administrator and four program faculty members. It met, generally by e-mail in 2012 and 2013 to produce the document provided to site visitors as the 2014-2019 MSPH program strategic plan.

In addition to its roles in approving some policy and curricular proposals, the SOGSR plays a number of other roles that are relevant to the program. The SOGSR Evaluation Committee looks at data on student grades for all SOGSR degree programs at the end of each term and identifies students with a grade point average (GPA) below 3.0. This committee makes recommendations to the dean, who can establish certain conditions under which the student must improve his or her performance or face dismissal. The college’s Academic Affairs Office is responsible for certifying that students have met the requirements for award of the degree.

All of the program’s primary faculty, except for one member who was newly hired in March 2014, hold memberships on at least one committee outside the program. Two hold appointments on college-wide committees, and the others hold membership on an SOGSR or School of Dentistry Committee.

MPH students are invited to, and participate in, faculty meetings, as well as meetings of the standing committees, ad hoc committees and Advisory Committee. In addition, students participate in the DPHP Student Association (SA). The self-study documents over 25 service opportunities sponsored by the SA over the last three years. Activities have included participating in the Nashville AIDS Walk, a middle school health fair, service in local nonprofit organizations and conducting fundraisers for a number of organizations. As discussed in Criterion 3.2, the level of service provided by students, particularly fostered through the SA, is remarkably high. Students who met with site visitors described their attendance at faculty meetings and noted that their opinions and insights were valued. They described roles on faculty search committees and discussed a number of other ways, both formal and informal, through which they participate in programmatic decision making.

1.6 Fiscal Resources.

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

This criterion is met. The MSPH program is funded through tuition and fees, graduate school funds, grants and contracts and an endowment. The MSPH program receives 100% of tuition and fees generated from student enrollments. The program does not receive state appropriations. The SOGSR’s director of finance and administration provides an annual revenue and expenditure report to the program
director. The director compares actual expenses to the previous year’s budget and queries program faculty and staff for additional expenditure requests. The director of finance and administration incorporates the program’s requested changes into the overall SOGSR budget. The SOGSR’s budget is presented to MMC’s CFO and president before final approval by the Board of Trustees. Table 1 shows the source of funds and expenditures for the past five years.

The site team notes several trends in the budget: 1) Tuition and fees fluctuate based on student enrollment numbers. The SOGSR allocates funds to offset fluctuations in tuition and to ensure that the MSPH program can meet its financial obligations. 2) The program has a steadily increasing endowment that provides annual revenue. 3) The institution does not expect faculty members to generate funds to support salary and other expenses, and program resources from grants and contracts have been decreasing. 4) The budget reflects no indirect cost funds recovered from grants because no MSPH faculty serve as principal investigators (PIs), and the institution only returns such funds to PIs. 5) Expenditures primarily include faculty and staff salaries and benefits. 6) The program has allocated resources to provide student support. 7) The program pays a “university tax” to MMC to cover overhead and other administrative expenses provided by the institution.

Table 1. Program Income and Expenditures

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
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<td>Grants/Contracts</td>
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<tr>
<td><strong>Total</strong></td>
<td>$874,135</td>
<td>$927,667</td>
<td>$1,183,273</td>
<td>$1,107,079</td>
<td>$1,105,033</td>
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<table>
<thead>
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<th>Expenditures</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Salaries &amp; Benefits</td>
<td>$450,494</td>
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<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$874,135</td>
<td>$927,667</td>
<td>$1,183,273</td>
<td>$1,107,079</td>
<td>$1,105,033</td>
</tr>
</tbody>
</table>

1.7 Faculty and Other Resources.

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

This criterion is met. The program includes five primary faculty and 21 other faculty, all of whom are MMC faculty affiliated with other degree programs, who contribute to the MSPH program. The fifth primary faculty member was a recent hire at the time of the site visit—he joined the MSPH primary faculty in March 2014.
Student headcount for the 2013-14 academic year is 38, and all of the students are enrolled full-time. The student-faculty ratio (SFR) is currently 7.6:1, and SFRs for the last three years have consistently remained under 10:1.

The program has two administrative staff who oversee program operations, both dedicated at 100% effort.

The MSPH program is housed in DPHP office space on the second floor of the Clay Simpson Building, which is used exclusively for the public health program. Offices are available for the director, two staff members and seven primary faculty members, which provides space for two future additional faculty hires. There is also a conference room, classroom space, a meeting/break room for students and a student study space.

Courses are primarily held in Clay Simpson Building and the West Basic Sciences Building. There are two computer classrooms in the basement of the Clay Simpson Building, and the program can also access two computer classrooms in the MMC Library if needed.

All faculty and staff have adequate computer equipment. Students have access to the MSPH computer laboratory, which also doubles as an electronic classroom with 24 computers, an LCD projector and a Smart Board. The computers have SPSS, SAS, the Microsoft Office suite and graphic design software.

The MMC Library serves as the central repository of information and resources for the MSPH program. The print collection has over 66,000 volumes, including resources on health disparities and minority health. The electronic resources consist of over 4,600 electronic journals, almost 4,000 eBooks, over 240 databases and over 1,000 web resources available in an integrated digital library. The library also provides access to well over 1,000 clinical and research-focused full text journals through ScienceDirect. Database access is also available through the Tennessee Electronic Library. Students and faculty can access these resources on campus, in the classroom and remotely. The library’s electronic classrooms contain 20-networked computers to promote interactive teaching and learning. Discussions of the site visit team with the directory of library services indicated that there is a student library guide tailor-made for the MSPH program, along with a tab for digital public health resources on the library website.

The program has adequate personnel and other resources to fulfill its stated mission and goals, along with associated instructional, research and service objectives. Facilities, equipment and services to support educational activities of the program are in place, functional and appropriately financed.
1.8 Diversity.

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

This criterion is met. MMC is a Historically Black College/University (HBCU) and has always maintained a strong commitment to addressing the health care needs of under-represented minorities. The program demonstrates a commitment to diversity that is evident among its faculty, staff and students. According to data provided in the self-study, three-quarters (75%) of the faculty and staff represent minority populations. The highest proportion of individuals indicated as minorities are African-American, which aligns with the MMC’s founding purpose, to train African American health professionals to provide health care services to the African American community.

The program’s percentage of minority students has remained high at 80% in 2013-14, and has exceeded the program’s stated target of maintaining at least 75% minority student enrollment since the academic year 2010-11.

Females make up over half the faculty (54%) and two-thirds of the staff (66%), though the number of male faculty has increased in the past four years, with the percent of male staff members remaining constant.

The MMC-wide Strategic Plan on Diversity reflects the institution’s commitment to graduate qualified health professions students from under-represented minorities and to provide role models and culturally competent training. This intention is also documented under the program’s major functions and goals, as well as in the measurable objectives and quantifiable indicators sections of the self-study.

Themes of service to under-represented and minority communities are interwoven into all aspects of the program’s curriculum. Nearly all student and faculty research and service projects focus on minority communities.

The self-study also recommends the aggressive recruitment of public health experts for the MSPH program to serve as role models to students and to support capacity building for junior faculty. Although this may not initially appear to relate to diversity, it supports the program’s intents of obtaining more senior-level faculty and ensuring appropriate mentoring for more junior faculty from minority communities.
2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is partially met. The program consistently indicates that it offers a generalist MSPH degree and a joint degree that combines the MSPH with the college’s MD degree. Table 2 presents the program’s degree offerings.

The concern relates to definition of the curriculum as single-track, generalist. According to the self-study and all supporting materials, the MSPH degree requires instruction in the five core areas of public health knowledge, a course in research design, a practice experience (the externship) and a culminating experience (the thesis or project). In this scenario, students complete 21 of the 45 total credits, or almost half of their studies, in elective coursework. The self-study lists 12 “professional electives” and seven “general electives,” though there is no indicated instruction to the student to choose a certain number of professional electives and a certain number of general electives. There is great variation within each of the two listed categories: the professional electives list includes Data Management; Healthcare Finance; Health Law, Policy and Ethics; Health Promotion and Health Education; Toxicology; and Industrial Hygiene, among other options. The general electives list includes Health Economics; Human Resource Management; and Managed Care, among other options. Site visitors could not locate a list that used these categories in any other program materials, and no faculty or students who met with site visitors seemed familiar with such a framework.

Evidence provided to site visitors (advising sheets, website, etc.) and discussions with students and faculty indicated a clear consensus on the structure of the 21 credits not covered by the core courses, research design and externship. This framework, spelled out explicitly in documents and reiterated by all students and faculty, defines a clear set of required courses for students based on their culminating experience: thesis or comprehensive exam.

Though the culminating experience is the program’s organizing principle, what these documents and individuals describe is two well-structured and distinct concentrations. Students who choose to take the comprehensive exam must take the following classes: Health Administration (a more advanced level than the core class), Health Planning, Health Promotion and Health Education (a more advanced level than the core class) and Program Evaluation. Skills from these classes are assessed in the comprehensive examination, and the classes build on, reinforce and complement one another. In many institutions, this
A set of required classes is called a concentration in health promotion, health administration or public health practice. Students who choose the thesis option must take Biostatistics II, Data Management, Epidemiology II and one to three credits of Thesis Research. As above, these classes complement and build upon one another. In many institutions, a similar set of required classes is called a concentration in quantitative methods, or some similar name.

All of the evidence, including documents posted on the website and provided to site visitors and conversations with students and faculty indicate that the program offers a generalist MSPH in name only. In every practical way discernable, the program offers two concentrations, described above. Each set of courses is clearly designed to develop a cohesive set of skills, and the skill sets are quite different from one another.

Offering two concentrations would require the program to document adequate faculty resources to support each of the concentrations, and it would require two separate sets of concentration competencies to allow faculty and students to assess the set of related skills that they are gaining through defined coursework. It would also require modification of all public-facing documents to remove reference to the program’s offering of a generalist degree. The only element that site visitors could discern that makes the program “generalist” is the required coursework in the five core knowledge areas, and this coursework is completed by all MSPH students in every program in addition to the coursework that students then complete in a concentration.

<table>
<thead>
<tr>
<th>Table 2. Degrees Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master’s Degree</td>
</tr>
<tr>
<td>Generalist</td>
</tr>
<tr>
<td>Joint Degree</td>
</tr>
</tbody>
</table>

2.2 Program Length.

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

This criterion is met. The MSPH degree requires 45 semester-credits for completion. The SOGSR defines one semester-credit hour as 16 classroom contact hours. No degrees have been awarded for fewer than 45 semester-credit hours.
2.3 Public Health Core Knowledge.

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

This criterion is met. The five public health core areas (biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences) are addressed through five separate courses consisting of three credit hours each, for a total of 15 credit hours. Those five courses are listed in Table 3.

The student outcomes and learning objectives listed in all five core course syllabi are appropriate for students to learn skills important for understanding and engaging in the broad practice of public health.

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>MSPH 70201: Biostatistics 1</td>
<td>3</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>MSPH 70001: Epidemiology 1</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>MSPH 71701: Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>MSPH 72501: Health Behavior</td>
<td>3</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>MSPH 73001: Health Administration</td>
<td>3</td>
</tr>
</tbody>
</table>

2.4 Practical Skills.

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

This criterion is met. All MSPH students are required to complete 400 hours of practice placement (called an externship) during the summer months in an approved public health organization. In the last three years, no student has received a waiver from the practice experience.

The externship is meant to give students direct, hands-on experience comparable to a career position suitable for someone with an advanced public health degree. Placements represent the kinds of settings in which public health practice is normally conducted and include local and state health departments, federal agencies, non-profit organizations and managed care and health maintenance organizations. Many, but not all, of the student externships are within the Nashville metro area.

The academic program administrator (a staff position) assists students in selecting a practice site and coordinates the overall externship experience. An MSPH externship website helps the student in their selection of a practice site, and multiple forms are used in the externship approval, guidance, and evaluation process, both for the student and administrator, as well as the organization and preceptor. The site visit team heard multiple positive comments on the performance of the academic program.
administrator from students. The forms associated with the experience require identification of specific learning outcomes and tasks associated with the experience.

The self-study lists all externship sites used by students in the last two years. Most of the experiences are paid. The Metro Nashville Public Health Department has hosted many MMC students in its various branches and programs. Other sites include the Tennessee Hospital Association, local clinics and non-profits and the Health Resources and Services Administration.

Students and alumni who met with site visitors were extremely positive about the sites and experiences—one student indicated that the externship was the best part of her curriculum. The preceptors, alumni and other community representatives who met with site visitors also praised the structure and quality of the externship. Preceptors spoke of the benefits that MSPH students had brought to their organizations, and alumni spoke of full-time employment secured either directly through the externship site or through contacts established during the externship period.

The self-study indicates that providing placements in a student’s preferred organizational setting or location is a challenge and recommends establishing longitudinal relationships with a least five organizations by 2016, ensuring that Meharry students are constantly cycling through the partner agencies and allowing for longer-term projects and planning.

2.5 Culminating Experience.

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

This criterion is met with commentary. The program has a structured culminating experience required for all MSPH students. During their second year of study, students are required to choose one of the following options: thesis or comprehensive exam. The program has established an objective that at least 40% of students will complete the thesis option, and, in the last three years, close to 60% have chosen the thesis. The program provides two plans of study—one for thesis-oriented students and one for comprehensive exam-oriented students. The site visit team concluded that the thesis-oriented specialization emphasizes a research focus and that the comprehensive exam specialization is more focused on community-based health education and program development.

The program provides guidelines for the thesis. Students may integrate their externship experience with the thesis. Students are encouraged to focus on one of five topics, which align with the institutional mission and faculty expertise: cardiovascular health, HIV/AIDS, cancer, women’s health or brain and human behavior. Students take two semesters of thesis research hours. Students form a thesis committee comprised of a chair who is a member of the primary MSPH faculty. All students are required
to make an oral presentation of their thesis in the form of a defense and must also submit the written thesis. Details on the thesis requirements are included in the student handbook.

The second option for the culminating experience is the comprehensive exam. The exam lasts for eight hours on one day. In the morning, students are tested on the content from three public health electives through a case study analysis, namely Health Planning, Health Promotion and Health Education and Program Evaluation. In the afternoon, they are tested on the competencies on the five core public health disciplines. The 35-minute tests on each of the five core disciplines are comprised of multiple choice or short answer questions, and the faculty who teach the core courses are responsible for drafting and grading these exam sections. Individual faculty members grade either the morning case study or the afternoon mini-tests. During the site visit, current students and alumni spoke of the value of the comprehensive exam as an alternative to the thesis. Several of these stakeholders felt that a thesis did not align well with their future public health practice-based career goals, and they identified the comprehensive examination as an opportunity to demonstrate that they had retained knowledge and skills from various required classes.

The commentary relates to the rigor of the comprehensive exam. A culminating experience is one that requires a student to synthesize and integrate knowledge acquired in coursework and other learning experiences and to apply theory and principles in a situation that approximates some aspect of professional practice. The sample case study analyses reviewed by site visitors indicated uneven depth and quality—several samples were very simple, and not all reflected a depth of synthesis and integration expected in a culminating experience. Site visitors also identified potential issues with the afternoon, core area exam components: if students have already been evaluated through final exams in the five core courses, it is not clear how retesting of the same concepts in the comprehensive exam demonstrates a more extensive mastery of the core competencies. Students must receive a grade of 70% or better on each section. Review of sample exams by the site visit team found that a number of the sampled students earned exactly a 70% grade, the minimum grade available to pass the exam. Site visitors appreciate the program’s desire to present examples of examinations that were graded rigorously, but, given the relatively straightforward nature of the questions, site visitors question the exam’s validity as demonstration that students have attained the required competencies. There is no rubric for the comprehensive exam, though the faculty members who grade the morning portion were able to articulate the expected components.
2.6 Required Competencies.

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

This criterion is partially met. The self-study indicates that the program offers a generalist concentration. While site visitors’ review and analysis suggest that classification this may not be fully appropriate, as discussed in Criterion 2.1, the documentation for this criterion provides a single set of competencies. The competencies appear under seven headings, with eight to 12 competencies under each heading. Five of the headings are the core public health knowledge areas, and the competencies that appear under each of these headings are those established by the Association of Schools and Programs in Public Health (ASPPH), without alteration. The two other headings “externship/field placement” and “research design” refer to the two courses that the self-study lists as required for all generalist students. Under each of these headings, the program lists six to seven statements. Many are written at low learning levels and/or in terms that are difficult to assess/measure: “Understand concepts and principles taught in the didactic phase of the educational curriculum” or “Describe the public health applications of quantitative and qualitative data.”

The self-study also indicates, “After competencies for the public health core courses were selected and identified, the faculty participated in a major activity to work with the document provided by the Council on Linkages between Academia and Public Health Practice.” The self-study lists eight statements chosen from the Council on Linkages list, such as “Enforce laws and regulations that protect health and ensure safety” and indicates that the faculty determined that these eight would be the competencies for all courses other than those in the five core knowledge areas and the research methods and externship classes.

The self-study then provides a table that is designed to map the competencies to coursework. This table, however, includes only a subset of the statements defined on the immediately previous pages of the self-study. The map includes five of the eight to 12 ASPPH statements for each core area and all of the statements listed under the two other categories (research design and externship). The map does not include any of the eight statements chosen from the Council on Linkages list.

Site visitors’ review of the syllabi indicates that all syllabi contain at least three categories of statements about the knowledge and skills associated with the course: course objectives, outcome objectives and course competencies. The “course competencies” presented on the syllabus for some of the five core courses match the five competencies mapped in the self-study but do not address any of the other
competencies from the full ASPPH set, while other core course syllabi list the full set, or some other subsection of it. Syllabi for courses outside the five core knowledge areas and research design course are more difficult to interpret. In their lists of “course competencies,” some of these syllabi list a subset of competencies from the full ASPPH list and others provide competencies that do not appear on any of the lists provided in the self-study. Site visitors could not find any syllabi that addressed the Council on Linkages competencies.

The self-study indicates that the process of mapping the competencies took place over the last three years, through discussions at faculty retreats. Faculty members indicated that the faculty member leading the project gave them lists of competencies to map to their syllabi. One faculty member who teaches the introductory epidemiology class believed that she had been provided with the full list of eleven ASPPH epidemiology competencies. She acknowledged that only five competencies appear on her syllabus, noting that she had combined or reworded some of the statement, but she had omitted almost half of the statements, since the introductory epidemiology instructor felt that she could not adequately address and assess the full list of 11 ASPPH competency statements in her class. She asked that the remaining competencies be covered in Epidemiology II, which is not required for all students. Review of the syllabus for Epidemiology II did not indicate a perfect congruence—the upper-level course duplicated some competency statements from the lower course and failed to address others that the introductory course had omitted.

The first concern relates to the program’s need to articulate a single, clear, consistent set of competencies and to map the competencies to all required coursework. It is important that the competencies listed on syllabi match those in all other program documents so that students and faculty can track competency attainment. Faculty were adamant during meetings with site visitors in saying that the statements that the program adopted from the Council on Linkages were “guiding domains,” for competencies, but site visitors could not find evidence for this assertion. By the end of site visitors’ discussion with faculty, most faculty seemed to suggest that the list of competencies provided on individual syllabi, if combined, would most accurately represent the full set of knowledge and skills that the program intends to impart and assess. At present, there is great variation and little clarity on the program’s intended competency set. Site visitors could not locate a statement of the program’s competencies on the program’s website or in any materials or handouts provided to students (other than the syllabi). The program provided a “competency self-assessment” survey to site visitors, but this survey asked students how prepared they felt in each of the five core knowledge areas and in the area of research design, without specific statements of knowledge and skills in any of those areas.

Additional concern relates to the need for the program to develop competencies that describe knowledge and skills beyond a basic level of knowledge in the five core public health areas. The program defines a
limited number of competencies beyond those associated with the core courses, but these are mapped to only two experiences: the externship and culminating experience. The ASPPH competencies adopted by the program were expressly written to describe the knowledge and skills that every professional master’s student should attain, regardless of concentration. That is, these competencies are designed to address a level of learning that can be covered in the few introductory core courses. Programs and schools must articulate additional competencies that are developed in coursework beyond the core; it is not sufficient to simply re-cover the core competencies in multiple courses. Coursework beyond the core must develop a deeper level of knowledge and skills, and the program must articulate competencies that describe this additional attainment. If a student is taking additional coursework in epidemiology and biostatistics, for example, the program must define more advanced knowledge and skills that students are to develop in the courses. The program must also ensure that its competencies beyond those associated with the five core areas accurately reflect the knowledge and skills associated with the coursework. Many of the program’s students (all of those who choose the comprehensive exam option), take coursework in Health Administration, Health Planning, Health Promotion and Health Education and Program Evaluation. At this point, the program has not articulated any competencies other than the ASPPH competencies associated with the five core knowledge areas to “guide” these courses. Review of the syllabi indicate that each of these classes is clearly contributing to building a specific knowledge and skill base, and that knowledge and skill base is not captured in the ASPPH competencies for the five core knowledge areas.

2.7 Assessment Procedures.

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

This criterion is met with commentary. Although the program’s competency framework is flawed, as discussed in Criterion 2.6, the self-study, syllabi and on-site discussions support the program’s assertion that required coursework assesses the competencies that appear on each syllabus. Recent syllabi reviewed by site visitors list competencies and then detail, for each course activity, assignment or assessment opportunity, which competency or competencies are addressed. Both students and faculty viewed this as a strength, and students noted that it helped them gain confidence that they were attaining specific knowledge and skills as they completed individual projects, papers, exams, etc.

The program has also begun efforts to use the externship and culminating experience more effectively to assess competencies. For the externship, students work with their faculty advisors, the academic coordinator and their preceptor to fill out a series of forms before, during and after the externship. The form completed before the internship begins requires the student to list “special knowledge, skills and abilities” that the student will demonstrate and refine during the experience. These statements are not the programmatic competencies, but they are closely related, in many cases, and provide a framework for assessing students’ progress. During the internship, students complete a form, which is reviewed by the
The program tracks five-year graduation rates, and these rates are very high: between 87% and 100% for the three most recent cohorts. The program also tracks graduates’ employment or enrollment in additional
degree programs. Rates of employment or progression to additional education are 100% or close to it for recent cohorts one year after graduation. Students and alumni who met with site visitors indicated that the externship and meeting individuals through faculty networks had helped them secure full-time employment in public health or health care settings after graduation. A high percentage of each class successfully secures admission to medical, dental or graduate nursing school, and some alumni who met with site visitors went directly into master's degrees in biology or chemistry. All of these students and alumni believed that their public health degrees helped them gain admission, and all believe that their public health education has given them an advantage and new insights in their new educational programs.

The program tracks grades in core public health courses as another measure of students’ attainment of competencies. Over the last three years, fewer than 1% of students have earned a grade other than A or B in any core course.

The program has prepared a summary and analysis of preceptors’ responses to the individual “Competency Identification” statements, which are described above. The self-study provides approximately two pages of detailed data on how many preceptors observed each activity and how many believed that the student performed the skill or demonstrated the knowledge successfully. As noted above, the statements that preceptors rate are not competencies but a standardized set of possible activities that could lead to demonstration of one of a subset of the ASPPH competencies.

The program also provides a summary of data from the rubric used by faculty in assessing thesis students’ written component and oral defense. Each rubric contains four statements and asks faculty to use a 1-10 Likert scale to rate components such as the following: "Quality of writing and application of public health theory;" "Appropriate data collection/analysis;" "Understanding of public health significance;" and "Integration and demonstration of the relevant 5 public health core competencies."

The self-study presents results from the program’s alumni survey. The alumni survey presents the five core areas of public health knowledge—just the areas themselves, rather than competency statements that relate to the areas, and ask alumni to indicate whether their first jobs required “this competency,” and, if yes, did they have the fundamental skills for “this competency.” The self-study presents data in the form of a range. For example, in the most recent survey 43-71% of students said that biostatistics was required on their first jobs. Of those 67-100% said that they were prepared in the fundamental skills for biostatistics. The self-study reports similar data for the other four core public health knowledge areas.

Finally, the program conducted a competency-based employer survey in 2012-13. The survey lists four to five of the ASPPH competencies for each core public health knowledge area. These are not always the
same four to five competencies that the program chose to map to coursework in Criterion 2.6. For each of the ASPPH competency statements, the survey asks the employer to indicate whether the competency was required of his or her employee and whether the employer was satisfied with the employee’s ability to perform the skill or demonstrate the knowledge. For the most part, satisfaction was relatively high. For a few measures, satisfaction as low as 50-67%, but these tended to appear on questions where few employers indicated that the competency was required for the job, and the small number of employers in the pool means that such results could be produced by a single employer indicating a lower degree of satisfaction.

The commentary relates to the need for the program to streamline its assessment activities to allow the data to produce useful, actionable information. The program has designed and implemented instruments, and it has shown a commitment to documenting specific student outcomes. Refining the competency statements, as discussed in Criterion 2.6, is a necessary first step. Then, the program can refine all of its assessment instruments to focus on a single, consistent set of knowledge and skills. Also, the program can redesign its instruments and measures to be more harmonious. As site visitors read through the many pages of assessment data, the variability in questions asked and ranges in data presented made it very difficult to draw any conclusions from the data. Site visitors perceived that it would be difficult to look at the data and use it as a basis for knowing where to make changes to strengthen the curriculum. Faculty who met with site visitors were able to provide little explanation of the data other than noting that alumni, preceptors and employers were mostly satisfied. While the program has demonstrated that it has the dedication and methodological skill to define multiple data collection and analysis opportunities, it must now tailor them, so that assessment data can provide a basis for program improvement.

2.8 Bachelor’s Degrees in Public Health.

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

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

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

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

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

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is met. The program offers a combined MSPH-MD degree. Students complete 38 credits of MSPH coursework, including all core courses, the externship and the culminating experience. They are required to complete the thesis; the comprehensive examination is not an option. Students receive four elective credits toward the MSPH from required MD coursework. The program has determined that four credits of medical school coursework is equivalent to four credits of MSPH elective coursework, and public health faculty have analyzed the syllabi from the medical school courses and identified specific areas of overlap that justify the credit sharing. Site visitors were able to review the syllabi and to discuss the decision-making process with program faculty.

The program has developed a clear timeline that maps out which courses and experiences a student must take during each semester and summer of enrollment. This timeline ensures that there are no conflicts or overlaps in class times. The arrangement requires the joint degree students to take MSPH courses over the summer. MSPH courses are not typically offered over the summer, and the joint degree program aims to admit only two students per year, so this means that summer MSPH classes are offered for those two students, only. This arrangement is sustainable because MMC obtained a HRSA grant to establish the joint degree, and grant funds can be used to pay for summer faculty salaries and to provide or supplement the joint degree students’ tuition. The program plans to continue the program indefinitely and will seek additional funding sources to cover expenses after the HRSA funding expires.
2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is partially met. MMC, as an institution, aims to focus research on key health disparities issues, working to bring attention to health issues and diseases that disproportionately affect minorities. The institution has made a commitment of internal resources to support faculty research. The Office of Research works with faculty to identify funding opportunities, conducts training, facilitates collaborations and handles all of the completion of materials and submissions to ensure compliance.

During the site visit, faculty identified other areas of internal support for research. Collaborative faculty projects are supported with lunch meetings, computers and software programs. Internal funds (mini-grants) from the larger MMC translational research grant are available to faculty. The Robert Wood Johnson Center for Health Policy has mini-grants available to faculty. The partnership between MMC and Vanderbilt University has additional funds available through its VICTR CTSA program.

Community-based research is evident at Meharry Medical College. This includes such projects with the Southern Community Cohort Study and Nashville’s WIC program and studies on prostate cancer in African American men in Nashville, Chattanooga and Memphis, and breast feeding in the Nashville area.

MSPH students have multiple opportunities to participate in research. The site team found that students who choose to participate in research are able to find opportunities across Meharry. Students enthusiastically report that primary faculty facilitate their identification of research projects. Many of these
students conduct research as part of their externship and thesis. Projects identified by students focused on breast feeding promotion, maternal child health in Nigeria, dental public health and health education with African-American men in the Nashville community.

The first concern relates to the low expectations of faculty in research. The MSPH program recognizes that research and scholarly activity should be an increasing emphasis for its faculty and students. The program defines the meaning and scope of potential program research but sets only one specific target. The program aims to have 20% of primary faculty (i.e., one of five) publish research results in peer-reviewed journals and online publications each year. The self-study also presents information on several other indicators: number of faculty conducting research as lead investigator, principal investigator or collaborator with or without external funding; number of faculty conducting secondary data analysis of publicly available health-related data; number of oral presentations of research results annually; and number of peer-reviewed presentations at conferences annually. The program has not defined targets for any of these areas.

Also, site visitors had difficulty identifying appropriate data to document the assertion that program faculty are actively engaged in research and scholarship. The self-study indicates that the program has met its 20% target for annual publications, but site visitors note that the target is not sufficient to demonstrate a stated commitment to invest in increased research. Other summary data, such as faculty engaged in scholarly activity other than peer-reviewed publications, was not supported by other evidence provided to site visitors. Site visitors attempted to clarify the seeming discrepancy between the lists of information on faculty research activity and the summary statistics cited in the self-study, but the program was not able to provide a detailed accounting of how it calculated measures of faculty participation in scholarly activity and collaborative research. The self-study repeatedly refers to the fact that each faculty must have an “independent research agenda,” but program leaders could not produce documentation of what such an agenda looks like—in response to site visitors’ requests, the program produced a PowerPoint presentation that summarized faculty research interests and expertise in general terms. Site visitors understand that faculty list research activities in the reporting required for annual reviews, but this reporting does not explicitly define an independent research agenda in a form that reviewers could validate.

The second area of concern relates to the distribution of existing research across the primary and secondary faculty. Secondary faculty members are clearly focused on research with community-based and collaborative projects relevant to underserved communities, health disparities and the local region. Such projects include the Meharry Clinical and Translational Research Center, the Meharry Medical College Health Disparities Center of Excellence, Vanderbilt Global Health Team in Nigeria and a multi-center epidemiology study of breast cancer in African American women. The program has formed
effective partnerships with faculty across Meharry Medical College, Vanderbilt University and Tennessee State University. However, scholarly activity is significantly lacking by the primary faculty. Except for the track record of one primary faculty member (with funding from Project SAVE and others), the primary faculty as a whole have not yet built a research portfolio deemed necessary to meet their requirement of dedicated time allocation to research. While the site team found that their faculty contracts state significant percentages allocated to research, the team did not find actual deliverables from the primary faculty. There is no indirect cost recovery in the budget because no primary faculty members serve as principal investigators on any grant; all of the principal investigators on grants of program faculty are located either in the School of Medicine or another academic institution. Program leadership recognized this deficit during the site visit, discussed how the program is in transition, emphasized the charge to the new faculty hire to “self-start” research efforts by primary faculty and explained how the faculty have been allocated one day each week dedicated to scholarly activity and mentoring between secondary and primary faculty. This professional mentoring is especially strong between the MSPH program, the Meharry School of Medicine and Vanderbilt University.

3.2 Service.

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

This criterion is met. The MSPH program abides by the policies on professional and community service developed at the institutional level. Faculty are expected to participate in public health professional and community service, and service activities are considered when a faculty member seeks promotion and/or tenure, though there is no official weight assigned to service by type. The amount and nature of service activities is different for each faculty member, with junior faculty expected to engage in a smaller percentage of service. This is significant because a majority of the MSPH primary faculty complement is currently at the junior level.

All faculty report a record of community and professional service activities over the last three years. The list shows varying levels of participation among primary faculty—some primary faculty list numerous substantive positions with community-based organizations, but other primary faculty list membership in large professional organizations and activities such as moderating a session at the American Public Health Association’s annual meeting as their sole service contributions. On-site discussions suggest that the self-study under reports faculty service.

Student service is coordinated mainly through the DPHSA. The self-study indicates that the association coordinated 10 service projects during 2013, all of which served local organizations. Three quarters (75%) of graduating students report involvement in service activities. Faculty also described instances
during which service was integrated with course requirements, though site visitors were not able to review a tabulation or documentation of such efforts.

3.3 Workforce Development.

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

This criterion is met. The MSPH program supports the professional development of the public health workforce in the Nashville and surrounding area in numerous ways, both informal and formal. One of the two main vehicles is the Nashville Public Health Learning Collaborative (NPHLC), which involves a partnership between the Meharry MSPH program, Vanderbilt University MPH program, Tennessee State University MPH program and Nashville’s Metro Public Health Department. The main outcome of the NPHLC is to create a more competent local public health workforce. The collaborative has attempted to achieve this goal through assessing educational and training needs and proposing six sessions on perceived needed public health topics such as public health sciences, cultural competency and advocacy. The self-study lists more than a dozen continuing education sessions offered for employees of local health departments over the course of the past three years.

The second main mechanism the program has for enhancing workforce development is the Tennessee Long-distance Internet Facilitated Educational Program for Applied Training in Health (LIFEPATH). This is a partnership with a number of other state universities aimed at providing both academic and non-academic competency-based training to public health employees in the state of Tennessee and is housed at East Tennessee State University College of Public Health. To date, various sessions of GIS training and a series of guest presentations highlighting the work and contribution of leading minorities in the public health field have been offered.

Continuing education is also supported by the Office of Lifelong Learning, which offers a calendar of events and lectures, including an Annual Health Disparities Conference and the Annual Health Policy Lecture. Students participate in a Community Day, a school-wide activity of student outreach designed to serve the needs of the college’s targeted populations and immediate geographical community.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program’s core courses are primarily taught by primary faculty members, and a majority of the other coursework in the generalist curriculum is taught by other faculty with appointments
in other MMC units or who work full-time at public health agencies and organizations in the immediate geographical area. Besides teaching and offering guest lectures in courses, non-primary faculty provide some student advisement services, particularly relating to research topics and career planning.

A majority of the faculty currently hold appointments at the assistant level, which the program identifies as a challenge. Shortly before the site visit, the program hired the fifth primary faculty member in a senior tenured line. Program leaders hope that this new faculty member will be able to assist other faculty in developing their research efforts.

All program faculty members have terminal degrees appropriate to public health and/or to the areas in which they have teaching responsibilities. Three of the five hold graduate degrees from CEPH-accredited schools or programs. Substantial expertise is evident in community-engaged and applied public health, particularly through the program’s adjunct faculty complement.

The self-study defines several targets to demonstrate the quality of the faculty complement. The program reports meeting its modest targets, which do not disaggregate data by faculty member but report on the faculty complement as a whole. As mentioned in Criterion 3.1, the program aims for 20% of faculty to publish in peer-reviewed publications each year. The program also measures increases in annual grant submissions and participation in collaborative research projects as measures of the quality of the faculty complement.

4.2 Faculty Policies and Procedures.

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

This criterion is met with commentary. Program faculty are governed by institutional faculty rights and responsibilities as stated in the College’s Policy on Guidelines for Academic Freedom, Appointments, Promotions & Tenure of Faculty, along with additional documents on the definition of faculty, employment, recruitment and budget position control guidelines. These documents includes policies and procedures pertaining to faculty rights and responsibilities, governance, appointments and promotions, contracts and workload, orientation and development, employment and grievances/complaints. The materials are provided at the time of employment, with updates provided as applicable.

Faculty development is provided in support of teaching, research/scholarship and service excellence. MMC provides support for professional development through institutional, school-based and departmental workshops, seminars, lectures and grand rounds. Offices at the college offer workshops on grant writing, faculty governance, teaching and curriculum development. The college provides opportunities for professional development and sabbatical leaves. The program allocates travels funds for faculty, most
notably for one trip per year to a conference, which faculty typically use to attend the American Public Health Association Annual Meeting.

Well-defined policies and procedures are in place to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty and to support their professional development and advancement.

The commentary relates to the actual implementation of the promotion and tenure process for the complement of primary faculty. The APT manual states the following, which represents standard operating procedures for academic institutions:

Tenure is granted to those full-time tenure-eligible faculty members (who have served as Assistant Professor between 3-6 years) who have:

- Demonstrated evidence of outstanding professional achievements and excellence in scholarly activities;
- Achieved and documented outstanding performance, as evidenced by the entire appointment record of the faculty member, in two major areas of academic endeavor one of which must be that of scholarly activity and competence in one other area;
- Demonstrated the capacity and likelihood for continued intellectual, scholarly and professional vitality;
- Demonstrated evidence of the ability and willingness to perform assigned duties consistent with the faculty appointment;
- Demonstrated evidence of national recognition in his/her discipline or field of expertise; and
- Current and future potential to contribute to the goals and objectives of the school and the College.

The manual also indicates the following:

Faculty appointed to the tenure track (probationary track) at the rank of Assistant Professor who are not promoted to the rank of Associate Professor by the end of their sixth (6) year, will be given a one-year terminal appointment, unless recommended for a non-tenure track appointment by the department chairperson and subsequently approved by the respective Dean.

Three of the five primary faculty members (excluding the program director and the newly-hired senior faculty member) have either been with the institution for more than six years or are approaching the sixth year. Site visitors discussed this with the faculty members, themselves, and with program and school leaders, and it is apparent that there has been little movement to address the promotion and tenure status of these three individuals. None had a review scheduled at the time of the site visit, nor had they undertaken official pre-tenure reviews to determine their likelihood of success in the tenure and promotion process. Program leaders indicated that, in each case, special circumstances have allowed for extension beyond the typical timeline, but they were not able to provide a concrete timeline, even with extensions for these faculty members. It is evident that the clearly stated promotion and tenure procedures outlined in the APT manual are not being implemented in a timely manner by the MSPH program.
4.3 Student Recruitment and Admissions.

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

This criterion is met. Admission criteria are clearly stated and easily accessible on the program’s website. Applicants must submit documentation of a baccalaureate, master’s or advanced degree from an accredited institution; an overall B average or higher; two letters of recommendation; a personal statement on academic background and career goals; and a completed admissions form.

College-based staff conduct most of the program’s marketing and recruitment. MMC sends recruitment materials to colleges and universities locally and nationally and hosts on-campus recruitment visits from prospective students, which may involve program faculty. The documents provided to site visitors define a marketing strategy and very detailed recruitment plan with steps and indicators. The process primarily attracts students from African American and underserved populations, as intended.

An Admissions Committee, constituted by faculty and students in the MSPH program, reviews all applications and makes recommendations for admittance to the college’s director of admissions and recruitment and the staff of the Office of Admissions and Recruitment.

The self-study indicates an applicant pool of approximately 65-90 individuals per year, with 35-40 individuals accepted. The program typically enrolls 20-25 new students per year.

4.4 Advising and Career Counseling.

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

This criterion is met. The advising and career counseling process for MSPH students is codified in the SOGSR Student Academic Policies and Procedures Manual, which can be accessed online. The program distributes a hard copy to every student during New Student Orientation. In 2012, the MSPH program hired an academic program administrator to advise students and to assist with access to courses, management of deadlines and requirements, degree completion, course-related paperwork, and other advising and career counseling areas.

Students are assigned a faculty advisor upon admission, and are encouraged to meet with the advisor at the beginning of their first semester.

The MSPH program is the only SOGSR degree program for which career counseling is provided. This includes a variety of workshops offered by the SOGSR Professional Development Office on creating an
Individual Development Plan, an annual grant-writing workshop, a resume writing workshop, Developing Your Professional Edge workshop series and a Meharry alumni career seminar series.

The self-study provides data from an exit survey of MPSH graduates on satisfaction with separate academic and career counseling areas. From 2010-2012, academic advising satisfaction scores increased; however, overall satisfaction with career counseling declined significantly by 40%. Faculty believe that the small response pool affected this result and that the finding is an anomaly, based on the qualitative information it has sought. The site visit team’s meeting with student representatives identified numerous instances of expressed satisfaction with faculty advisement and counseling, and both students and alumni praised faculty’s availability and accessibility.

The university has a clearly established protocol to govern student grievances. Evidence is provided in the self-study report of successful resolution to various student issues/complaints, and during the site visit meeting with students, they indicated that faculty and staff were sensitive to their concerns.
Monday, April 7, 2014

8:30 am  Site Visit Team Request for additional Documents
- Dr. William Washington, Director MSPH Program
- Mrs. Jeri Hollins-Summers

8:45 am  Team Resource File Review

9:30 am  Break

9:45 am  Meeting with Program and Department Administration
- Dr. Maria de Fatima Lima, Dean, School of Graduate Studies 7 Research
- Dr. William N. Washington, Professor and Director, MSPH Program
- Dr. Juanita Buford, Director Planning, Associate Professor, MSPH Program
- Dr. Christine Minja-Trupin, Assistant Professor, MSPH Program
- Dr. Fatima Barnes, AVP Library Services
- Dr. Sanni Areola, Environmentalist, Toxicologist, Metro Health Department
- Dr. Aliyu Muktar, Associate Professor, Meharry/Vanderbilt University
- Dr. Heather O’Hara, Occupational Medicine/MSPH Program

10:45 am  Break

11:00 am  Meeting with Faculty Related to Curriculum and Degree Programs
- Dr. Vanisha Brown, Assistant Professor, MSPH Program
- Ms. Nikki Ballentine, Academic Program Coordinator, MSPH Program
- Dr. Green Ekadi, Assistant Professor, MSPH Program
- Dr. Chau-Kuang Chen, Institutional Research, Associate Professor, MSPH Program
- Dr. Aliyu Muktar, Associate Professor, Meharry/Vanderbilt University
- Dr. Mohammad Tabatabai, Professor, MSPH Program
- Dr. Heather O’Hara, Occupational Medicine/MSPH Program
- Dr. William Washington, Director MSPH Program

12:00 pm  Break

12:15 pm  Lunch with Students
- Keiana Watkins
- Diedre Ehule
- Cheryl Onwa
- India F. Keys
- Sierra Dixon
- Javelyn Stubbs
- Nefertari Terrill Jones
- Jalyessa Lopez
- Julie Dunlap
- Michele Etting
- Rob Carver
- Jadalyn Rand-Ousley
- Kelli Foster
- Isaac Saki
- Jaleesa Johnson
- Raisha M. Allen
- Jennifer Todd
- Nyoka Rogers
- Rachel Gosine Smith
- Maressa Mills
- Edward Seals

1:15 pm  Break

1:30 pm  Meeting with Institutional Academic Leadership/University Officials
- Dr. Anna Cherrie Epps, President, Meharry Medical College
2:30 pm  Break

2:45 pm  Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues
- Dr. Leah Alexander, Assistant Professor, MSPH Program
- Dr. Chau-Kuang Chen, Institutional Research, Associate Professor, MSPH Program
- Dr. Maureen Sanderson, Professor, Family & Community Medicine/MSPH Program
- Dr. Flora Ukoli, Professor, Department of Surgery/MSPH Program
- Mr. Shiri Mishra, Instructor, Nashville/Meharry General Hospital
- Dr. Green Ekadi, Assistant Professor, MSPH Program

3:45 pm  Break

4:00 pm  Meeting with Alumni, Community Representative, Preceptors
- Rueben Warren
- Stephanie Bailey
- Burns Rogers
- John Dunn
- Susan Miller
- Jadalyn Rand-Ousley
- Elizabeth Stewart
- Darlene M. Jenkins
- Chondruah Holmes
- Lavenia Crutcher
- Machelle Thompson
- Mike Dietrich
- Rachel Cooper
- John A. Marshall
- William S. Paul
- Vladimir Berthard
- Sarwat Ajmal
- N. Jessica Ehule
- Nicole Brooks
- La'Nyia Odoms
- Daphne Ferguson-Young
- Raishka Ramirez

5:00 pm  Adjourn

Tuesday, April 8, 2014

9:00 am  Resource File Review and Executive Session

12:30 pm  Exit Interview