

REVIEW FOR ACCREDITATION
OF THE
MASTER OF PUBLIC HEALTH PROGRAM
AT
MEHARRY MEDICAL COLLEGE

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

March 21-22, 2022

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CRITERIA:

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

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INTRODUCTION

Meharry Medical College is a private college, founded in 1876 as the medical department of Central Tennessee College, established to educate freed slaves as health care professionals. The college soon added a dental department and became the first educational institution in the south to train African American dentists and one of the first dental schools to enroll women. Meharry separated from its home university in 1915 and became an independent non-profit college. Meharry added degree programs over the years and incorporated degree programs that became the School of Graduate Studies and Research in 1938. Today, Meharry includes four schools: School of Graduate Studies and Research (SOGSR, where the MPH program is located), School of Medicine, School of Dentistry, and the School of Applied Computational Sciences. As of 2021, Meharry enrolled 964 students and employed 212 faculty and 600 staff. The Southern Association of Colleges and Schools Commission on Colleges accredits Meharry, and the college also holds specialized accreditation in medicine and dentistry.

The SOGSR has offered public health training through a Master of Science in Public Health Degree since 1974. The program transitioned to offer an MPH degree in 2021. In addition to the MPH, the SOGSR currently offers a degree in physician assistant studies; an MHS degree designed to strengthen students' competitiveness and academic preparation for entry into medical or dental school by providing advanced training in basic medical sciences; a Master of Science in Clinical Investigations degree; and a PhD program in biomedical sciences. The MPH program is offered through the Division of Public Health Practice, which also offers a certificate in public health. A program director serves as the administrator for the MPH program and the public health certificate at present, though the individual in charge of the public health offerings has held other titles, including department chair, in the past. The divisional structure is functionally equivalent to a department, as primary faculty are appointed to the Division of Public Health Practice, and the program director reports to the SOGSR dean, as does the director of the physician assistant program and the department chairs in biomedical science disciplines.

After offering an MSPH for many years, the college significantly revamped the degree in 2000, with the goal of pursuing CEPH accreditation. The university Board of Directors established the Division of Public Health Practice in 2001, with authority to recruit and appoint faculty. The first class enrolled in a revamped public health curriculum in 2005, and the program received accreditation from CEPH in 2009. The program currently enrolls 45 MPH students, including some students who are completing the degree as part of their residency training.

The program's most recent accreditation review occurred in 2014. The program received a seven-year accreditation term, with required interim reporting related to the foundational curriculum, competencies, and faculty research. The Council accepted the interim reports as evidence of compliance. The Council has also requested and accepted an interim report relating to faculty resources since the last full accreditation review.

Instructional Matrix - Degrees and Concentrations				
			Campus based	Distance based
Master's Degree	Academic	Professional		
Generalist		MPH	MPH	---

A1. ORGANIZATION & ADMINISTRATIVE PROCESSES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Designates appropriate committees or individuals for decision making, and implementation		The program has three standing committees plus the External Advisory Committee, which is discussed in Criterion F1. All standing committees include the program director in addition to at least two faculty and at least one student. The Curriculum Committee meets at least quarterly. The Assessment and Evaluation Committee meets annually to review the evaluation plan. The Admissions Committee meets regularly in accordance with recruitment cycles. The program provided reviewers with meeting minutes and agendas from several standing committees and faculty meetings.	Click here to enter text.	
Faculty have opportunities for input in all of the following: <ul style="list-style-type: none"> • degree requirements • curriculum design • student assessment policies & processes • admissions policies & decisions • faculty recruitment & promotion • research & service activities 		The program director assigns committees following requests to faculty to volunteer for their preferred committee service. Committee membership is based on two-year terms. While the program director currently chairs departmental committees, she noted during the site visit that there is a current call for other faculty to volunteer to chair committees in the future.		
Ensures all faculty regularly interact with colleagues & are engaged in ways that benefit the instructional program		The program demonstrates clearly designated decision-making authority for degree requirements, curriculum design, student assessment, admission policies, faculty recruitment and promotion, and research and service activities. When appropriate, decisions advance to SOGSR committees or the dean for final decision making. An exception to this is the MPH Admissions Committee, which has sole responsibility for admissions decisions.		

		<p>The Board of Trustees establishes, reviews, and approves institutional policies bearing on faculty appointment, promotion, tenure, and dismissal as outlined in the Bylaws. The division has established criteria and guidelines for promotion and tenure that are written into the Guidelines for Academic Freedom, Promotions, and Tenure (APT) of the Faculty of Meharry Medical College. These same policies and promotion and tenure guidelines help govern faculty members' expectations relating to research, teaching, and service.</p> <p>The Curriculum Committee bears primary responsibility for monitoring and adopting changes, when necessary, to curriculum, degree requirements, and assessment policies and processes. The committee also reviews course syllabi bi-annually. Many curricular changes also require additional layers of approval by the SOGSR. The self-study notes that future development of new degree tracks and programmatic changes are discussed in faculty meetings and retreats. The External Advisory Board provides suggestions for program expansion and modifications.</p> <p>The Assessment and Evaluation Committee bears responsibility for assessing impact and effectiveness of all MPH activities related to teaching, research, and service and reviews the program's evaluation plan annually.</p> <p>The Admissions Committee sets recruitment and admissions priorities and makes admissions decisions. The self-study included documentation of the admission process, with clearly defined policy roles for the Office of Admissions & Recruitment and the program. During the</p>		
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		<p>site visit, faculty described an example of how admission policies are evaluated and the process for policy change.</p> <p>For hiring, faculty serve on search committees. Hiring decisions, like promotion and tenure decisions, require action at the division, school, and college levels. Faculty recruitment and promotion occurs through processes at the departmental level at the request of the program director, followed by a request to the dean. Pending budgetary approval from the School Finance Committee and the President and Board of Trustees, the dean confers authority for recruitment on the program director to convene a Search and Recruitment Committee. The Committee selects applicants for interviews based on applicant credentials.</p> <p>The program has recently had four ad hoc committees. All ad hoc committees include the program director as a member. The Faculty Search and Recruitment Committee, when activated, includes at least one student, at least two faculty, and one External Advisory Committee member. The Self-Study and Reaccreditation Committee includes the dean and staff members. The Strategic Planning Committee and Awards and Recognition Committee includes the dean, other program directors, and chairs from the SOGSR.</p> <p>The self-study and site visit highlighted regular interactions among faculty regarding program evaluation and implementation. Full-time, part-time, and adjunct MPH faculty interact with colleagues during faculty meetings. Faculty meetings occur twice monthly and represent an important part of faculty collaboration in program administration. The program provided agendas</p>		
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		<p>and minutes of 2021 faculty meetings that documented participation from PIF, non-PIF, and adjunct faculty. Similarly, participation in the 2021 annual retreat included PIF, non-PIF, and adjunct faculty. During the site visit, faculty expressed strong collegiality, communication, and collaborative practices for program structure and administration.</p> <p>Full-time faculty serve on a variety of committees beyond the department level. Three of the six PIF are active in school and college committees, with participation ranging from four to eight committees each. Examples include the SOGSR Executive Committee, Meharry SACSCOC Accreditation Committee, Student Disciplinary Committee, School of Public Health Strategic Planning Workgroup, Student Evaluation and Promotion Committee, Institutional Effectiveness Committee, Research Advisory Committee, and the Public Health Workgroup.</p>		
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A2. MULTI-PARTNER SCHOOLS & PROGRAMS

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

A3. STUDENT ENGAGEMENT

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have formal methods to participate in policy making & decision making		<p>MPH Students are provided membership on all program standing committees and two of the four ad hoc committees mentioned in Criterion A1. Membership and representation on these committees enable students to formally participate in policy and decision making.</p>	<p>Click here to enter text.</p>	
Students engaged as members on decision-making bodies, where appropriate		<p>Additional processes for student feedback to inform policy include student surveys, alumni surveys, and town halls. During the site visit, faculty and students both described program town hall meetings as a regular opportunity for program feedback.</p> <p>The program provides support for a student led organization, the Division of Public Health Practice Student association (DPHPSA). DPHPSA encourages positive relationships between students, staff, faculty, and administrators.</p> <p>All MPH students have access to the college-level student government, the Pre-Alumni Association. All students are automatically members of the Pre-Alumni Association and are eligible to be elected as officers. The association provides leadership opportunities for students and sponsors activities and community service projects, and MPH students have been actively engaged.</p> <p>The MPH program also has representation on the college-wide Student Life Committee, which includes presidents</p>		

		<p>from all registered student organizations, including the DPHPSA. This committee is tasked with improving the relationships between all students and Meharry administration, faculty, and staff and works with the senior vice president for student affairs and the director of student life.</p> <p>During the site visit, students explained that invitations to serve on committees were broadly accessible among students and commented on the professional satisfaction of participating in program policy making and decision making.</p>		
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A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH

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

A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH

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

B1. GUIDING STATEMENTS

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines a vision, mission statement, goals, statement of values		<p>The program defines an appropriate vision, mission, goals, and set of values. The vision is appropriately outwardly focused and states, “Diversifying the field of public health leaders, practitioners, and researchers to advance health equity locally, nationally, and globally.” The mission statement is as follows: “The mission of the Master of Public Health (MPH) program at Meharry Medical College is to improve the health and well-being of people of color and underserved communities. We strive to eradicate health disparities, through educational excellence, evidence-based research, and culturally competent service.”</p> <p>The program defines five goals that relate to instructional effectiveness, scholarship, professional development, public health practice, and collaboration. Values that guide the program include excellence, service, accountability, teamwork, innovation, diversity, advocacy, health equity, and critical thinking.</p> <p>The program’s guiding statements reflect MMC’s historical focus on ensuring professional education inclusive for minority underrepresented groups to advance health and health equity. The statements are sufficiently specific to provide a framework for evaluation and decision making, while being global enough to provide guidance and define aspirations. The guiding statements recognize a national service mission that aligns with the college to improve the</p>	<p>Click here to enter text.</p>	
Taken as a whole, guiding statements address instruction, scholarship, service				
Taken as a whole, guiding statements define plans to 1) advance the field of public health & 2) promote student success				
Guiding statements reflect aspirations & respond to needs of intended service area(s)				
Guiding statements sufficiently specific to rationally allocate resources & guide evaluation of outcomes				

		<p>health and well-being of people of color and underserved communities.</p> <p>The guiding statements address student success by focusing on scholarship, professional development, and transformative public health practice. Guiding statements also relate to advancing the field of public health in their focus on culturally competent evidence-based research to eliminate health disparities.</p>		
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B2. GRADUATION RATES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Collects, analyzes & accurately presents graduation rate data for each public health degree offered		<p>The program consistently exceeds the graduation rate threshold defined in this criterion. The program defines a four-year maximum time to graduation, though nearly all students graduate within two years. Of the 20 students who entered in 2018, 100% graduated within three years, with 90% graduating after two years of enrollment. Of the 15 students who entered in 2019, two withdrew from the program, and all remaining students graduated at the end of the second year, for an 87% graduation rate. Only one student has withdrawn of the 30 students who entered in 2020. In 2021, 16 students entered the program, and all were still enrolled at the time of the site visit.</p>	<p>Click here to enter text.</p>	
Achieves graduation rates of at least 70% for bachelor's & master's degrees, 60% for doctoral degrees				

B3. POST-GRADUATION OUTCOMES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Collects, analyzes & presents data on graduates’ employment or enrollment in further education post-graduation for each public health degree offered		The self-study document presents outcome data for students who graduated in 2018, 2019, and 2020. These three graduating classes included 14, 15, and 23 individuals. All individuals for whom outcomes are known report positive outcomes for a 100% positive outcome rate; most report employment, but substantial portions of graduates (28%, 58%, and 43%) report enrollment in additional education.	Thank you for the feedback. We are committed to minimizing unknown outcomes regarding our recent graduates. We have implemented several strategies to improve the response rate to our New Alumni survey that is administered 12 months post-graduation. The survey link is emailed to recent graduates using their Meharry email that they retain after finishing the program. We also collect additional personal email addresses during the student’s time in the program and before graduation. The New Alumni survey link is emailed to recent graduates using their personal email address.	The Council reviewed the program’s response, including attached documentation of known outcomes for all 2021-22 graduates, as well as plans for sustained data collection. Therefore, the Council acted to change the team’s finding of partially met to a finding of met. The Council notes that post-graduation data is required in each year’s annual report, so the Council will continue to monitor the program’s progress in this area through that mechanism.
Chooses methods explicitly designed to minimize number of students with unknown outcomes		The concern relates to the program’s failure to document that it chooses methods designed to minimize unknown outcomes and uses all possible methods to collect data, as required by this criterion. Over the three years, the program reports unknown outcomes of 21%, 20%, and 26%. Given the overall context, i.e., no data on six of 23 2020 graduates and an unknown rate that is highest in the most recent year, the evidence suggests that the program would benefit from implementing additional or different data collection methods.	If recent graduates do not respond to the survey after two requests, we email them directly and encourage former faculty advisors to contact the student for updates.	
Achieves rates of at least 80% employment or enrollment in further education for each public health degree		The self-study suggests several plans that the program has begun to implement to better engage alumni, as alumni engagement is an area that the program recognizes to need attention. The self-study indicates that to engage alumni the program currently uses an alumni survey and asks individual faculty members about graduates with whom they may be in touch. During the site visit, faculty described these and other efforts as part of a larger	Additionally, Meharry has implemented a new annual Alumni engagement activity that coincides with Graduation. Homecoming, as it	

		<p>initiative to better engage alumni; they are hopeful that these efforts will soon bear fruit. The program must continue to implement methods and adjust data collection strategies to demonstrate that it is minimizing the number of unknown outcomes.</p>	<p>is coined, will create another opportunity to engage graduates from the Division of Public Health Practice annually. We have a plan to work with the office of Alumni Affairs to target public health graduates.</p> <p>We have included the post-graduation outcomes table for our 2021 graduates in Appendix A. We have included outcome data for all of the graduates.</p>	
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B4. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines qualitative &/or quantitative methods designed to provide meaningful, useful information on alumni perceptions		<p>The program implemented an alumni survey in the summer of 2021. The initial deployment went to 2020 graduates and received 18 responses, a higher response rate than the rate of known post-graduate outcomes reported for this cohort in Criterion B3. The program conducted a follow-up survey in fall of 2021, which it sent to 2018-2020 graduates; this survey received eight responses.</p>	<p>Click here to enter text.</p>	
Documents & regularly examines its methodology & outcomes to ensure useful data				
Data address alumni perceptions of success in achieving competencies				

<p>Data address alumni perceptions of usefulness of defined competencies in post-graduation placements</p>		<p>Survey data ask graduates about skills on which they feel most confident, skills they find most useful, and skills in which they would have benefitted from greater preparation. The skills with the highest confidence ratings relate to interpreting data, selecting evaluation methods, cultural competence, and interprofessional work; however, three of these four skills (excluding cultural competence) were among those with the lowest ratings on the question about the most useful skills. The highest score for areas that would benefit from more preparation was analyzing data, with other high scores on this question for the following: program planning, US and international health systems, policy-making process, negotiation, and communication.</p> <p>During the site visit, faculty noted that data analysis and quantitative skills tend to be areas in which students lack confidence, despite the program's preparation. Program leaders note that students simply feel more confident in other areas. Faculty described several applied assignments in the required biostatistics, data management, and research design classes that students can draw upon in their professional careers but acknowledge that strengthening students' comfort with quantitative skills is an ongoing challenge. Faculty mentioned discussions, still in early stages, about potentially requiring a second-level epidemiology or biostatistics course for all students; these courses are currently electives.</p> <p>Alumni who met with site visitors praised the program's strong preparation for them in leadership, adaptability, and taking initiative, and preceptors and employers echoed their sense of students' and graduates' strengths in these areas.</p>		
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B5. DEFINING EVALUATION PRACTICES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
<p>Defines sufficiently specific & appropriate evaluation measures. Measures & data allow reviewers to track progress in achieving goals & to assess progress in advancing the field of public health & promoting student success</p>		<p>The program defines a detailed evaluation plan with indicators that appropriately measure each goal statement. The overall evaluation plan, as presented in the self-study document, is robust in terms of identifying appropriate indicators and data sources. For example, to evaluate the program goal of quality public health educational experience (Goal 1), the measure of “enrollment of highly qualified students” is quantified with data from the Admissions Office in a report shared annually with the program director. The program director presents the report to the Admissions Committee and all faculty.</p>	<p>Thank you for your comments. We recognize the limitations of our recently updated evaluation plan and infrastructure. However, we are confident we will establish an “on-going, systematic, and well-documented” program evaluation moving forward.</p>	<p>The Council appreciates the program’s response and looks forward to reviewing evidence of continued implementation of the evaluation plan.</p>
<p>Defines plan that is ongoing, systematic & well-documented. Plan defines sufficiently specific & appropriate methods, from data collection through review. Processes have clearly defined responsible parties & cycles for review</p>		<p>Data for many of the measures that relate to faculty activities, such as peer-reviewed manuscript submissions and grant submissions are drawn from faculty CVs and annual evaluation reports. The program coordinator is responsible for maintaining a student database with data relevant to student evaluation measures.</p> <p>Many of the indicators have the director responsible for pulling and reviewing the data, then bringing the data to faculty meetings or committees annually or after each semester to ensure discussion, engagement and problem solving as part of the evaluation process. The program director is responsible for 21 of the 27 measures and is chair of the three committees that are responsible for the</p>		

		<p>other six measures. MPH standing committees have responsibility for reviewing metrics pertaining to their respective committees including admissions, evaluation, and curriculum.</p> <p>Data from some initial student surveys were presented in the self-study and discussed during the site visit. During the site visit, faculty also described examples of town hall discussions, which are now planned monthly and used as focus groups for programmatic assessment. Another example of student data described by faculty during the site visit are competency surveys at entry (pre-test), midpoint, and at program completion.</p> <p>The concern relates to the recent implementation of most of the program's data collection systems and processes, which means that the evaluation plan was not yet "ongoing, systematic and well-documented," as required by this criterion, at the time of the site visit. The program acknowledged that many of its measures and data collection tools were developed and implemented starting around eight months before the site visit, with some initial data collection occurring in the last two months before the visit. With the exception of course evaluations, documentation of progress as measured by longitudinal data for listed indicators was largely unavailable. Additionally, few written documents were available to document regular meetings or collaborative processes for discussing matters and making decisions. Better documentation would assist the program in maintaining records and institutional memory and would make discussions more accessible to individuals who could not attend a meeting.</p>		
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		Changing program leadership during the self-study process, the impact of the COVID-19 pandemic, and the need for new and re-constituted committees resulted in a lack of consistent evaluation and committee data collection, but program leaders and faculty presented clear plans and processes for ongoing evaluation in the future.		
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B6. USE OF EVALUATION DATA

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Engages in regular, substantive review of all evaluation findings, including strategic discussions.		<p>The self-study provides two recent examples of changes made in response to evaluation data, and faculty provided additional examples during the site visit. Examples related to feedback from town hall meetings about student satisfaction with academic and career advising and to feedback on preceptor evaluation forms. In all examples, the program responded to data and quickly implemented changes. For example, based on town hall discussions on career advising, faculty developed a plan to improve student professional advising through hiring a part-time career coach. Other recent changes based on evaluation data include changes in course registration protocols and adjustments to practice experience sequencing and preparation.</p> <p>During the site visit, the program director and faculty provided additional examples and described processes in place for regular, substantive review of many forms of evaluation data including CVs, course evaluations, town halls, and surveys. In addition to established committees,</p>	Click here to enter text.	
Translates evaluation findings into programmatic plans & changes. Provides specific examples of changes based on evaluation findings (including those in B2-B5, E3-E5, F1, G1, H1-H2, etc.)				

		<p>regular faculty meetings provide a typical format to review and respond to evaluation data. Faculty described consistent review of assessment data such as student feedback sessions/town halls with examples of programmatic responses to these data.</p> <p>The program has clearly taken evaluation data seriously and has defined appropriate deliberative processes to build on its recently established track record of evaluation.</p>		
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C1. FISCAL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Financial resources currently adequate to fulfill stated mission & goals & sustain degree offerings		<p>The MPH program has its own budget. The budget includes revenue (e.g., tuition and fees, federal and local grants and contracts, and endowment income) and expenses (budgeting for staff; faculty; non-personnel expenses, such as travel; student support; and administrative tax to cover overhead and capital improvement needs). The MPH program director is responsible for the educational mission and develops the priorities for funding levels. Revenue and expenditure projections for the new fiscal year are compared to actual revenues and expenses during the past year. Program faculty and staff are queried for any needs or changes from the previous year, and staff develop a budget to meet program needs. The director discusses the proposed budget with the SOGSR dean and assistant dean of administration and finance. The final budget is incorporated into the overall SOGSR budget, which is sent to the president and senior vice president for</p>	<p>Click here to enter text.</p>	
Financial support appears sufficiently stable at time of site visit				

		<p>finance/CFO. Once the president approves the budget, it is presented to the Board of Trustees for final approval.</p> <p>Tuition, minus fees, is the main revenue source for the program. If an MPH faculty member obtains research grant funding, the revenue is included in the program budget. Indirect cost recovery from research grants is split between the college (75%), SOGSR (5%), and the program (20%). Annually, the program receives research endowment funds that partially support the salary of the director and can provide salary support for new faculty members recruited to the program.</p> <p>Most of the program's expenditures are for faculty and staff salaries, including those who are non-primary faculty and those who are hired on a contractual basis per course taught. When appropriate, the program director negotiates time/effort allocations for faculty in other schools to teach or advise MPH students. The program then monetarily contributes the percent time of each faculty member's salary. Based on program needs and available revenue, the program may request additional faculty or staff during the budget process. Additions of faculty and staff may also be included when grant submissions are approved.</p> <p>Operational costs include facilities and classroom services. Facility use and costs, as well as related classroom services and staff support, are monitored annually and charged to the program through a budget allocation identified as a university tax. Educational component expenses (e.g., course creation and student/program support responsibilities) are handled as a percent of effort salary line by individual faculty member. Other educational</p>		
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		<p>component expenses include contracts for adjunct faculty to teach specific courses.</p> <p>Student support comes from various sources, including scholarships, state appropriations, and research funds, tuition, and federal grants (NIH, Title III). Students may apply for division scholarships (e.g., four public health cancer fellows in AY 2021-22). Additional scholarships, provided by donors to the graduate school are earmarked for second-year students. A few funded research projects have included tuition awards and stipends for MPH students.</p> <p>The program provides support for faculty development expenses, including travel support, using tuition revenue, federal grants, or endowment revenue. The college's office of faculty affairs supports faculty development, travel, and recently, improving skills related to online teaching. Faculty request funds from the program director, the dean, or the office of faculty affairs.</p> <p>Over the past five years, the program's revenues have been adequate to support the program's needs. The program's financial resources have been stable over the past three years with a projected increase in tuition revenues for the current fiscal year.</p>		
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C2. FACULTY RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
School employs at least 21 PIF; or program employs at least 3 PIF		<p>The self-study lists six primary instructional faculty (PIF) and 11 non-PIF who are regularly involved in instruction and/or student supervision. This exceeds the criterion's minimum requirement for a single-concentration, single-degree program. All PIF are fully dedicated to the program. The self-study also documents appropriate ratios for general advising and supervision in the integrative learning experience (ILE); faculty have an average of five students for general advising and an average of five students for ILE advising (maximum of six).</p> <p>The self-study presents data from a 2021 survey of recent alumni that reflects that 100% of respondents agreed that class size was conducive to learning and 100% were very satisfied or somewhat satisfied with faculty availability. The program also collected open-ended feedback from second-year students in 2021. One student indicated her perception that first-year class sizes were too large, noting that second year class size was more manageable. This student indicated that emails to some faculty were ignored, and grades were sometimes returned late. Another student indicated that the program size seems large, and a third student described variable response times across faculty, noting that availability varied widely. Other students described their positive perceptions of class size and faculty availability, saying that classes are</p>	<p>Click here to enter text.</p>	
3 faculty members per concentration area for all concentrations; at least 2 are PIF; double-counting of PIF is appropriate, if applicable				
Additional PIF for each additional degree level in concentration; double-counting of PIF is appropriate, if applicable	NA			
Ratios for general advising & career counseling are appropriate for degree level & type				
Ratios for MPH ILE are appropriate for degree level & nature of assignment				
Ratios for bachelor's cumulative or experiential activity are appropriate, if applicable	NA			
Ratios for mentoring on doctoral students' integrative project are appropriate, if applicable	NA			

Students' perceptions of class size & its relation to quality of learning are positive (note: evidence may be collected intentionally or received as a byproduct of other activities)		not too big or too small and that faculty are always willing to help.		
Students are satisfied with faculty availability (note: evidence may be collected intentionally or received as a byproduct of other activities)		<p>During the site visit, faculty noted that these data reflect the program's largest entering class in recent history, which coincided with the unplanned switch to remote learning due to the COVID pandemic. Students and faculty were both forced to switch abruptly to an online format that had not been previously present in program classes, and all experienced challenges.</p> <p>Students and alumni praised faculty members' dedication and availability. Second-year students spoke of the challenges of beginning their program during a pandemic, alongside faculty who were also struggling to adjust to a change to online learning. They noted that faculty treated them with grace and understanding.</p>		

C3. STAFF AND OTHER PERSONNEL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Staff & other personnel are currently adequate to fulfill the stated mission & goals		The program has one full-time (non-faculty) program coordinator dedicated to handle administrative and finance issues for the program. The SOGSR dean, associate dean, and assistant dean of administration and finance provide 0.1 FTE each in support of the MPH program. The SOGSR also employs a student officer who supports the MPH program and handles registration, graduation, and other administrative issues for students. Graduate assistants funded with work-study awards or research funds support the program by maintaining social media	Click here to enter text.	
Staff & other personnel resources appear sufficiently stable				

		accounts and completing administrative duties. A staff biostatistician, primarily funded with grant funds, assists faculty and students with statistical analyses. During the site visit, program leaders noted that staff support is sufficient for the current size of the student population and faculty.		
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C4. PHYSICAL RESOURCES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Physical resources adequate to fulfill mission & goals & support degree programs		<p>The Division of Public Health Practice has exclusive use of the second floor of the Clay Simpson Building. Space allocated for program administration includes individual offices for the program faculty and staff and conference room space for meetings. There is a classroom, meeting room (student break room), and a student study space. The program has two technology-enabled classrooms in the basement of Clay Simpson Building. Classrooms and meeting spaces on the first floor, which houses the Meharry Health Policy Program, also are available, if needed. Renovations and technology enhancements to the second-floor classroom and student lounge space will begin spring 2022. The project is supported by funds available to Meharry through a \$20 million CARES grant.</p> <p>Students, faculty, and staff also have access to the resources of the Cal Turner Family Center for Student Education, which was designed to provide a convenient, comprehensive space for various student services and large events. The building houses the registrar’s office, financial aid, student life, the chaplain, and chapel, as well</p>	<p>Click here to enter text.</p>	
Physical resources appear sufficiently stable				

		<p>as a 600-seat grand ballroom, a lecture-style auditorium, a 50-seat executive board room, classrooms and meeting spaces, a 200-seat food court café with a state-of-the-art kitchen, a campus bookstore, space for conferences, events and educational seminars and a visitor’s center.</p> <p>The program does not require laboratory space. Individual faculty using laboratories in their research negotiate access through the departments and centers in which they hold appointments.</p>		
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C5. INFORMATION AND TECHNOLOGY RESOURCES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Adequate library resources, including personnel, for students & faculty		<p>The program’s library and IT resources are sufficient and stable. The Meharry Medical College Library and Archives (MMCL) occupy three floors of the S.S. Kresge Learning Resource Center. The library is open 117 hours a week for students, faculty, and staff. The library boasts an extensive collection of print and digital resources, including: 5,330+ electronic journals, 6,545 e-books, 258 databases, and 1,000+ web resources links.</p> <p>The library houses a computer lab with access to a variety of software including Microsoft Office, Adobe Reader, and a variety of web browsers. The lab is equipped with a printer, office supplies, and Windows and Macintosh computers. The second and third floors provide student cubicles, study tables, individual study carrels, group study rooms, and modular moveable seating. A multipurpose</p>	<p>Click here to enter text.</p>	
Adequate IT resources, including tech assistance for students & faculty				
Library & IT resources appear sufficiently stable				

		<p>room on the first floor can be reserved by faculty or staff for presentations.</p> <p>Library staff provide both group and individual instructions to assist students in learning a variety of databases such as PubMed and Dental Oral Science Sources. Library staff can assist students in getting started using RefWorks, a popular citation management software program. The library institutional subscription provides students free access to RefWorks.</p> <p>All MPH program faculty and staff are provided with individual computers with standard configurations. Software installation includes MS Office, Adobe Professional, EndNote, and statistical analysis software (SPSS or SAS), if necessary. Other software available to faculty, students and staff include: Grammarly; Powtoon, a visual communication platform that supports the creation of interactive videos and multi-media presentations; and ESRI GIS software. Students may have SAS and/or SPSS loaded onto their personal computers, if needed for course work or research projects.</p> <p>Meharry's Academic Computing Department supports the technology needs of students, faculty, and staff. The academic computing team provides training and support (both group and individual) for computer software applications such as Blackboard Learn, Microsoft Office (Word, Excel, and PowerPoint), Office 365, iClickers, and Kahoot. Faculty receive support with instructional course design, developing new educational methodologies, and using Web 2.0 technologies in higher education (podcasting, screen-casting, and videocasting). The administrative computing team provides support for</p>		
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		administrative applications such as Banner, Banner Self-Service, Kronos, Raiser's Edge and ARGOS. The Office of Information Technology (OIT) provides support to faculty, staff, and students for desktop and laptop computer configuration, installation, and troubleshooting in person, by phone and by email.		
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D1. MPH & DRPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Ensures grounding in foundational public health knowledge through appropriate methods (see worksheet for detail)		<p>The program addresses the 12 learning objectives through a series of five required courses, including the following:</p> <ul style="list-style-type: none"> • MPH 700: Epidemiology I • MPH 736: Research Design • MPH 764: Foundations in Public Health • MPH 725: Health Behavior • MPH 701: Environmental Health <p>Through review of the syllabi and associated documentation, reviewers were able to validate coverage of all foundational knowledge areas, as documented in the D1 worksheet.</p>	Click here to enter text.	

D1 Worksheet

Foundational Knowledge	Yes/CNV
1. Explain public health history, philosophy & values	Yes
2. Identify the core functions of public health & the 10 Essential Services	Yes
3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population's health	Yes
4. List major causes & trends of morbidity & mortality in the US or other community relevant to the school or program	Yes

5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc.	Yes
6. Explain the critical importance of evidence in advancing public health knowledge	Yes
7. Explain effects of environmental factors on a population's health	Yes
8. Explain biological & genetic factors that affect a population's health	Yes
9. Explain behavioral & psychological factors that affect a population's health	Yes
10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities	Yes
11. Explain how globalization affects global burdens of disease	Yes
12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (e.g., One Health)	Yes

D2. MPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Assesses all MPH students, at least once, on their abilities to demonstrate each foundational competency (see worksheet for detail)		<p>The program addresses the foundational competencies through seven classes. These include four of the five classes referenced in Criterion D1 (MPH 701: Environmental Health is not mapped to any competencies), plus the following:</p> <ul style="list-style-type: none"> • MPH 702: Biostatistics I • MPH 718: Public Health Practice • MPH 730: Health Administration and Planning <p>Assessment activities include exams, quizzes, discussion board posts, case studies, and course projects. One project, the intervention design project in MPH 725: Health Behavior, is a robust, semester-long project that is mapped to three foundational competencies and one concentration competency (discussed in Criterion D4). MPH 718: Public Health Practice is associated with the case study and role play assessments listed in the self-study</p>	Thank you for your comments. We have revised the assessment for Competency 14 to better align with Public Health advocacy. The assessment activity that is used in the Health Administration and Planning Course (MPH 730) is included in Attachment B.	The Council reviewed the program's response, including attached documentation of the revised assignment, and concluded that the program has addressed the team's concern. The Council acted to change the team's finding of partially met to a finding of met.

		<p>template for several competencies and includes other authentic assessments including a communication strategy activity, a letter to the editor, and a press release. Students complete a policy brief in MPH 730: Health Administration and Planning; again, this activity addresses several competencies. Students complete activities on qualitative analysis and an “abstract redaction game” exercise in MPH 736: Research Design. Quizzes and exams make up many of the remaining assessments.</p> <p>Through review of the self-study and associated documentation, reviewers were able to validate appropriate assessments for 21 of the 22 competencies.</p> <p>The concern relates to reviewers’ inability to validate competency 14, which relates to advocacy. This competency is currently mapped to an assignment in MPH 730: Health Administration and Planning that asks students to identify and analyze two differing social marketing campaigns and then create a social media marketing plan of their own for an issue of their choice. Students receive didactic preparation in social marketing strategies from the CDC’s toolkit. The faculty member responsible for the course indicated that students might choose to develop a campaign, for example, to promote cancer screening to a specific population or might structure their project around outreach on hypertension. The assignment is robust and applicable to public health practice, but it is structured around health promotion and education, rather than advocacy. It aims to educate members of the general public (and/or a specifically defined population) about a health issue, whereas an advocacy project would aim to influence decision makers and/or policy.</p>		
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		During the site visit, students demonstrated strong awareness of competencies and their alignment within their program and their training. Students provided examples of competencies in courses and highlighted individual competencies that they found most impactful in their individual professional development.		
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D2 Worksheet

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

D3. DRPH FOUNDATIONAL COMPETENCIES

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

D4. MPH & DRPH CONCENTRATION COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Defines at least five distinct competencies for each concentration or generalist degree in MPH & DrPH. Competencies articulate an appropriate depth or enhancement beyond foundational competencies		The program defines five competencies for its single concentration in public health practice and appropriate assessment activities that align with the competency statements. The assessments occur in three of the classes mentioned in previous criteria plus MPH 720: Data Management.	Thank you for your comments. After the site visit, we began thinking about the best way to establish concentration competencies and assessments. We recognize the need to add additional required electives for the Public Health Practice track. This will eliminate the issue of having foundational competencies and concentration competencies mapped to the same courses. As we refine the electives, we will submit the appropriate substantive change documentation to CEPH.	The Council appreciates the updates on the program's curricular plans.
Assesses all students at least once on their ability to demonstrate each concentration competency		Two of the five concentration competencies are mapped to MPH 725: Health Behavior. This course is also mapped to four of the foundational competencies. Students who met with site visitors spoke highly of this course; when asked about courses and/or assignments that had been particularly meaningful, multiple students mentioned this course and the portfolio of projects, including logic models, intervention designs, and evaluation plans, that it requires. They spoke of the course as demanding but rewarding.		
If applicable, covers & assesses defined competencies for a specific credential (e.g., CHES, MCHES)	NA	The commentary relates to the opportunity to strengthen the concentration competency statements and mapped assessments, particularly numbers 1, 4, and 5, to		

		<p>distinguish them more clearly from the foundational competencies. During the site visit, faculty described the advanced-level skills that students develop beyond foundational competencies. Among other skills, the program cites a strong emphasis on theory-driven intervention development and on ethical engagement with stakeholders. However, the concentration competencies might benefit from revision to better represent the full depth and breadth of the curriculum.</p> <p>Reviewers note that students develop additional advanced skills that may not be well reflected in the concentration competency statements. For instance, the data management class clearly provides unique skills for students beyond those already represented in the single concentration competency mapped to this class. Reviewers note that most of the foundational (Criterion D2) and concentration competencies in this criterion are mapped to the same five classes; students complete nine required didactic classes, suggesting that the competency mapping presented in the self-study might be adjusted to better reflect the full breadth of the curriculum.</p> <p>Reviewers' findings are presented in the D4 worksheet.</p>		
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D4 Worksheet

Public Health Practice MPH Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Use asset-based strategies to critically assess a population and develop a needs assessment plan.	Yes	Yes
2. Apply data collection and database management skills to ensure public health data is accurate and complete.	Yes	Yes
3. Design a mixed methods research proposal to promote health in underserved populations.	Yes	Yes
4. Evaluate and adapt evidence- and theory-based programs for use in underserved populations.	Yes	Yes
5. Identify methods for collaboration with stakeholders and community partners to establish sustainable, transparent, and ethical partnerships.	Yes	Yes

D5. MPH APPLIED PRACTICE EXPERIENCES

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
All MPH students produce at least two work products that are meaningful to an organization in appropriate applied practice settings		All MPH students complete an applied practice experience (APE) that requires students to work a minimum of 200 hours, but preferably 400 hours, at an approved health-related organization. Students choose from a variety of settings (local health departments, state health departments, federal organizations, international health agencies, non-profit and non-governmental organizations, advocacy organizations, foundations, health care facilities, health-related businesses, and academic institutions). Affiliate agreements are required for all in-person placement locations. Academic year 2020-2021 was a transitional year for the program’s APE, as it was the first year of implementation of the current APE structure. Most students complete the APE during the summer after their first year in the program and completion of the required core courses. Students	Click here to enter text.	
Qualified individuals assess each work product & determine whether it demonstrates attainment of competencies				
All students demonstrate at least five competencies, at least three of which are foundational				

		<p>enroll in two required courses to prepare for and complete APE requirements. MSPH 718: Practice of Public Health (one credit), taken during the first year, was launched in part to guide students in identifying a site and planning for their APE. While completing the APE, students enroll in MSPH 807: Applied Practice Experience (two credits). During the APE course, students meet for an orientation session and three monthly check-in sessions.</p> <p>Students work with their APE preceptors and the APE course instructor, who serves as the APE coordinator, to select the competencies that will shape the experience prior to beginning. Students select at least three foundational competencies and two concentration competencies to focus on during the APE. In addition, students are required to develop two deliverables as a part of the experience.</p> <p>APE preceptors assess the students' work products and their performance overall and in achieving their five chosen competencies. The student's final report must include an assessment of how they did in meeting chosen competencies. The APE course instructor completes an assessment rubric, including validating competency achievement, based on a review of the student's APE portfolio.</p> <p>Site visitors reviewed five student APE portfolios. One student worked with North Carolina Central University's Office of Health Promotion and Education to conduct a survey, develop marketing flyers, and host events, including a town hall meeting, to promote the COVID-19 vaccine program to the student body and faculty. Another student developed social media posts and outreach</p>		
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		<p>materials on COVID-19 vaccine for the 17th Street Corridor Neighborhood Association in Belleville, IL. During an APE with the Mississippi State Department of Health's maternal-child health programs, a third student completed a policy analysis on medical marijuana and a root cause analysis regarding family planning. Another student's experience with CityMatCH, a national organization dedicated to maternal and child health, produced an abstract on maternal depressive symptoms affecting child well-being; the abstract was submitted to an upcoming conference. This student also wrote reports that will appear in the organization's <i>CityLights</i> publication regarding legislation that support mothers and children. All portfolios outlined a competency-based approach to the students' APEs.</p> <p>Preventive medicine and occupational medicine residents complete their APE requirements during the second year of the program, rather than in the summer, while doing their residency rotations. Residents fulfill all of the same APE requirements as other students, but they usually complete their APEs over the course of two or more rotations with different organizations. The APE instructor works with the residents to ensure that competencies are identified, work products are defined, and all assessments are completed.</p> <p>During the site visit, students reported being well prepared for the APE and well supported by program faculty. Students were exposed to the APE expectations during orientation. They reported being guided to appropriate APE placements by both faculty and second-year students.</p>		
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		APE preceptors were enthusiastic about the quality of the program's students. They were "some of the most prepared students" with the "most robust set of skills," who were willing to learn and excited to be engaged with sites' communities of interest. One preceptor noted that students came into the APE with exceptional skills in program evaluation. Preceptors noted excellent support from and accessibility to the current and previous APE instructors. The APE process and expectations were clear and seamless.		
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D6. DRPH APPLIED PRACTICE EXPERIENCE

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

D7. MPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students complete project explicitly designed to demonstrate synthesis of foundational & concentration competencies		Students complete an integrative learning experience through one of three pathways: Option 1: a comprehensive exam, Option 2: an applied project with a written report and oral presentation, or Option 3: a professional certification exam (CPH or CHES), accompanied by a competency reflection essay. Students register for one credit of ILE in the fall of their second year. During fall, students select an ILE option and complete an ILE proposal form that must be signed by the student,	Thank you for your comments. We have included supporting materials for ILE Option 1 including a sample comprehensive exam question, rubric and a student response in Appendix C. While we will continue to encourage students to sit for the CHES exam,	The Council reviewed the program's response, including attached documentation, and concluded that the program has addressed the team's concern. The Council acted to change the team's finding of partially met to a finding of met.
Project occurs at or near end of program of study				
Students produce a high-quality written product				

<p>Faculty reviews student project & validates demonstration & synthesis of specific competencies</p>		<p>advisor, and ILE course director. Students complete the remaining two ILE credits in spring of the second year.</p> <p>At the time of the site visit, eight students had registered for Option 1, 11 for Option 2, and five for Option 3.</p> <p>The current ILE structure is new as of AY 2020-21. Prior to 2020, the ILE could be completed via a thesis or a comprehensive exam with a series of questions based around required classes in the former five core public health disciplines.</p> <p>The prior comprehensive exam has been changed from a class-specific focus to a public health-relevant case-study (now Option 1) with a written, take-home examination that explicitly incorporates five competencies, including two concentration competencies. Faculty will select the five competencies during exam development. At the time of the site visit, exam questions and a rubric or other evaluation structure were still in development for the inaugural Option 1 delivery.</p> <p>In response to faculty and student preferences, the thesis has been adapted to the current project-based ILE with written report and oral presentation (Option 2). Students completing this option select five competencies, including two concentration competencies, in coordination with their project supervisor and advisor. The Option 2 applied project has clearly described instructions: the written report has the following sections: abstract, literature review, learning objectives, project description, results discussion, competencies, and references. A standardized form documents the competencies selected by each</p>	<p>we have decided to eliminate the ILE Option 3 because of its inability to meet CEPH requirements.</p> <p>Moving forward, students will choose from 2 ILE options, the comprehensive exam or the applied project.</p>	
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		<p>student, and faculty use rubrics to grade the oral presentation.</p> <p>The program provided five completed samples of Option 2 products: written reports, posters, and completed evaluation rubrics. Site visitors reviewed the projects and verified that they are appropriately rigorous and high quality. Project titles include the following: “COVID-19 As It Relates to African American Mothers and Youth,” “Black Women Post Covid-19,” and “Impact of Covid-19 On Minorities’ Risk of Contraction.”</p> <p>During the site visit, faculty described an example of an Option 3 experience; no specific written guidance or samples were available. In the recent example described by faculty, a student who planned a career in health promotion passed the CHES exam and also worked with faculty on a community-based partnership to implement health interventions in faith-based settings; this student had not yet completed the experience. Faculty acknowledged that the Option 3 experience is not standardized and noted that this option’s retention was still under consideration at the time of the visit. Faculty had hoped to establish an ILE option that would support students who are interested in obtaining professional credentials but acknowledged that the program might consider methods other than an ILE experience to support such students.</p> <p>The concern relates to site visitors’ inability to validate that two of the three currently available ILE options meet this criterion’s requirements. As noted above, the program could not provide specific written documentation for options 1 and 3. For Option 1, no sample questions were</p>		
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		<p>available. For Option 3, based on the limited information available to site visitors, reviewers concluded that the rigor of the competency reflection essay is not sufficient to satisfy this criterion's requirements for a high-quality written product that demonstrates competency synthesis. Students completing Option 2, the project option that reviewers found to meet this criterion's expectations, also complete a competency reflection, so reviewers had access to competency reflection documents. The competency reflections may be useful as a supplement to other requirements but were not sufficient to meet this criterion's requirements in the absence of the rigorous paper completed by Option 2 students.</p>		
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D8. DRPH INTEGRATIVE LEARNING EXPERIENCE

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

D9. PUBLIC HEALTH BACHELOR'S DEGREE GENERAL CURRICULUM

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

D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS

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

D11. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES

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

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

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

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

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

D14. MPH PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
MPH requires at least 42 semester credits or equivalent		The program requires 45 credit units for completion, with a credit hour defined as one hour per week in class for a 16-week term.	Click here to enter text.	

D15. DRPH PROGRAM LENGTH

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

D16. BACHELOR'S DEGREE PROGRAM LENGTH

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

D17. ACADEMIC PUBLIC HEALTH MASTER'S DEGREES

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

D18. ACADEMIC PUBLIC HEALTH DOCTORAL DEGREES

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

D19. ALL REMAINING DEGREES

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

D20. DISTANCE EDUCATION

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

E1. FACULTY ALIGNMENT WITH DEGREES OFFERED

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Faculty teach & supervise students in areas of knowledge with which they are thoroughly familiar & qualified by the totality of their education & experience		The faculty have appropriate training and experience to support the public health program and the single concentration of public health practice. The complement of PIF has excellent depth of expertise in most relevant areas of the curriculum. Five of six PIF hold doctoral	Click here to enter text.	

<p>Faculty education & experience is appropriate for the degree level (e.g., bachelor's, master's) & nature of program (e.g., research, practice)</p>		<p>degrees with the overall faculty holding appropriate advanced degrees and/or training in related disciplines including public health, statistics, urban planning, and education. The sixth PIF holds a master's degree in public administration, with relevant professional and academic experience.</p> <p>The program is also supported by 11 non-PIF. All non-PIF faculty hold doctoral degrees, and five hold MPH degrees from CEPH-accredited units. These faculty hold advanced degrees in disciplines which support the programs concentrations including epidemiology, dentistry, health planning and administration, psychology, international health, and education. The site visit team reviewed CVs for faculty and concluded appropriate alignment between courses and faculty training, professional expertise, scholarship, and practice. During the site visit, students expressed strong satisfaction with faculty expertise and alignment to course offerings.</p>		
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E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
<p>Employs faculty who have professional experience in settings outside of academia & have demonstrated competence in public health practice</p>		<p>The program has faculty with demonstrated competence in public health practice who share their varied experiences and expertise with the students. The instructor for the APE courses began his career as a food inspector and registered environmental sanitarian. He has coordinated local government public health activities in metropolitan Nashville for car seat programs, Smoke Free</p>	<p>Click here to enter text.</p>	
<p>Encourages faculty to maintain ongoing practice links with public</p>				

health agencies, especially at state & local levels		Nashville, Healthy Start, and male involvement and fatherhood engagement programs.		
Regularly involves practitioners in instruction through variety of methods & types of affiliation		<p>The instructor for the data management and GIS courses has varied consulting experience with environmental health impact assessments, research on racial and ethnic studies on jury pools, community development and civic engagement projects, and health care marketing.</p> <p>The instructor for the health economics course has extensive experience as a senior analyst and researcher with local government, the local chamber of commerce, and a regional institute on poverty.</p> <p>The instructor for health promotion and behavior courses served as executive director of a local nonprofit organization.</p> <p>The instructor for the public health administration course has 20 years of experience in public health with local and state government in Oklahoma and Tennessee.</p> <p>Current public health practitioners who have been guest lecturers include the following: county health directors; the chief information officer for the state department of health; a former deputy commissioner with the state health department; the coordinator of the city's HIV Ending the Epidemic program; and a psychologist leading a mobile mental health practice in rural Tennessee. The APE course includes a biweekly speaker series, which involves alumni in current practice.</p>		

E3. FACULTY INSTRUCTIONAL EFFECTIVENESS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Systems in place to document that all faculty are current in areas of instructional responsibility		<p>The program utilizes CVs and syllabi to document and evaluate instructional responsibility, methods, and currency. The program director, Curriculum Committee, and the Assessment and Evaluation Committee are responsible for documenting and assessing instructional effectiveness. In January 2020, the MPH faculty participated in concentration mapping and a backward class assessment to review the curriculum and revise instruction to reflect the new public health practice concentration which replaced the previous generalist MSPH program of study.</p> <p>All faculty are expected to engage with colleagues at faculty meetings and participate in seminars and professional activities to maintain currency in their assigned areas of instruction. In addition to engaging with other program colleagues, faculty are also expected to engage with faculty and other public health professionals through external outreach activities, including local and national conferences. Instructional effectiveness is a core element of tenure and promotion guidelines. Course evaluations inform part of faculty annual performance reviews for all faculty.</p> <p>The program ensures faculty instructional competence and performance through student course and faculty evaluations administered by the associate dean each semester as part of an annual evaluation process. The</p>	<p>Click here to enter text.</p>	
Systems in place to document that all faculty are current in pedagogical methods				
Establishes & consistently applies procedures for evaluating faculty competence & performance in instruction				
Supports professional development & advancement in instructional effectiveness for all faculty				

		<p>digital data collection provides opportunities for students to confidentially evaluate course content and instruction. The associate dean shares these evaluations with the program director, who reviews the evaluations and communicates summaries to the faculty. During the site visit, the program director described the electronic data systems in place using REDCap to facilitate faculty data collection and analysis.</p> <p>In addition to the program director's annual faculty reviews, the Assessment and Evaluation Committee is charged with assessing program activities related to teaching, and the Curriculum Committee is charged with evaluating faculty and student performance in courses holistically.</p> <p>The self-study discusses four indicators related to instructional quality and the program's approach and progress for three of these indicators. Professional development activities include faculty retreats and a 2021 conference that presented evidence-based practices for student engagement and teaching. Technology was used to enhance learning during COVID-19, and the program sponsored faculty training to expand web-based learning systems. Community-based practitioners have been engaged as guest instructors in five program courses during the past five years.</p> <p>During the site visit, faculty described access to and utilization of financial and training resources available to faculty. Examples provided included faculty training and development sessions, conferences to enhance online teaching, and inter-university partnerships for junior faculty development.</p>		
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		<p>The program supports faculty improvement in their instructional roles for both primary and non-primary instructional faculty through MMC faculty resources offices. Faculty have access to training on instructional software and technologies through the Office of Academic Computing. Faculty also have access to teaching resources at the Office of Faculty Affairs and Development (OFAD). The self-study discusses ongoing development of the digital Faculty Activity Reporting Module to maintain current records of faculty activity that will allow for periodic assessment of the faculty member's accomplishments and achievement in meeting agreed upon goals and objectives.</p> <p>During the site visit, faculty provided examples of program training to improve course delivery methods including a week-long training in fostering critical thinking. Adjunct faculty confirmed their participation in these program support mechanisms.</p>		
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E4. FACULTY SCHOLARSHIP

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Policies & practices in place to support faculty involvement in scholarly activities		The program emphasizes community engaged research, in alignment with the program and college's stated mission and goals. The program's research goal is "To provide opportunities for faculty and students to engage in scholarly activities that enhance the public health evidence base for the elimination of health disparities."	Click here to enter text.	
Faculty are involved in research & scholarly activity, whether funded or unfunded				

Type & extent of faculty research aligns with mission & types of degrees offered		Individual and collaborative faculty scholarship is incorporated into decisions about faculty advancement by way of publication frequency and quality, external funding of research, significance of scientific research, and peer recognition.		
Faculty integrate their own experiences with scholarly activities into instructional activities				
Students have opportunities for involvement in faculty research & scholarly activities		<p>The Office of Sponsored Research assists faculty in identifying external and internal funding opportunities and helps direct faculty to priority and emerging research areas. The office provides faculty support in grant development, submissions, and management. Research policies regarding human subjects research, animal research, biosafety, and grant/contract, management apply to faculty and students. MMC maintains several research policy subcommittees that include participation from program faculty.</p> <p>The college and program faculty participate in several multi-institutional grants and partnerships that support faculty research and scholarship. The self-study provides five examples, including the Meharry-Vanderbilt-TSU Cancer Partnership, Meharry-Vanderbilt Alliance, Tennessee Center for AIDS Research, and the Vanderbilt Institute for Clinical and Translational Research.</p> <p>The self-study presents examples of faculty integrating their research experience into program courses. One faculty member has incorporated their ongoing community engagement research into their course MSPH 746: Health Education & Promotion providing examples of partnership development, theory-based interventions, and intervention evaluation and adaptation for cultural competence. Another faculty member has used their research in community-based organizations in the</p>		

		<p>development of courses and by incorporating guest speakers from their research and community-engaged work. Another faculty member utilizes their role as the primary author of the city's annual community needs assessment to engage students.</p> <p>The program reports that MPH students have participated as co-authors and collaborators on faculty research presentations and manuscripts. Students participate as research trainees and graduate assistants for faculty research projects. An example provided in the self-study included research on intimate partner violence. Another example is of a faculty member with two funded research projects on health education and implementation science that support partial student tuition/stipends for associated graduate student projects. During the site visit, students expressed awareness and positive perceptions of availability of research opportunities with faculty.</p> <p>The program sets ambitious targets and tracks data related to three measures that are meaningful indicators of its success in scholarship: the program targets 75% of PIF engaged in research activities, 20 peer-reviewed articles authored by faculty published per year, and 10 faculty-initiated Institutional Review board (IRB) applications each year. In academic year 2019-2020, 67% (n=4) of PIF engaged in research activities, and faculty produced 12 peer-reviewed publications and five faculty-initiated IRB applications. Academic year 2020-2021 saw an increase in the number of publications (24) and IRB applications (nine).</p> <p>The program and college provide support to all faculty for research and scholarly activities. During the site visit, the</p>		
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		<p>program director described a process for access to funds to support faculty attendance at research conferences. The program director also described funds to support students to participate in these scholarly activities. During the site visit, alumni also described access to these resources for conference presentations, including APHA annual meetings. During the site visit, students expressed strong satisfaction with faculty scholarship and noted accessibility to student-affiliated research activities.</p>		
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E5. FACULTY EXTRAMURAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines expectations for faculty extramural service		<p>The college's Policy on Guidelines for Academic Freedom, Appointments, Promotions & Tenure of Faculty requires faculty members to participate in professional and community service during the period leading up to promotion. The college and the Division of Public Health Practice support extramural service by allocating a portion of faculty time to cover service-related activities. Most faculty receive 5% for engagement in service activities, however, they can negotiate higher percentages if appropriate.</p> <p>Current faculty service includes serving on the Nashville Health Disparities Coalition, the Healthy Nashville Leadership Council, and on the board of RISE Health. Colleagues in these organizations have been guest speakers for some courses. The instructor for the health education and promotion course uses examples from</p>	<p>Click here to enter text.</p>	
Faculty are actively engaged with the community through communication, consultation, provision of technical assistance & other means				

		<p>these community activities to teach about developing long-standing, sustainable partnerships in health.</p> <p>A faculty member who is a group chair for Jack and Jill of America, Inc., a national organization for African American families, worked with two students to design and deliver educational activities about COVID-19 for 4th and 5th graders. Three students assisted a faculty member who is on the executive council for the wellness app NOLA to review an app to evaluate student happiness during COVID-19. Students worked with another faculty member to design interactive health education booths for the Tennessee Community Engaged Alliance Against COVID-19.</p> <p>The program reports meeting its objective that 100% of faculty participate in extramural service activity. During the past three years, the program reports not meeting its targets for the number of community-based service projects (target of three per year) or the number of faculty-student service collaborations (target of two per year). The COVID-19 pandemic has created challenges to implementing community-based, in-person service activities, but the program has completed one project and one collaborative activity each per year.</p>		
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F1. COMMUNITY INVOLVEMENT IN SCHOOL/PROGRAM EVALUATION & ASSESSMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Engages with community stakeholders, alumni, employers &		The program's primary source for external stakeholder feedback is the External Advisory Committee (EAC). The	We appreciate your comments. We recognize the need to expand our	The Council appreciates the program's response and looks

<p>other relevant community partners. Does not exclusively use data from supervisors of student practice experiences</p>		<p>EAC roster currently includes 20 individuals representing a variety of relevant sectors, including local, state, and federal public health agencies; non-profit and faith-based organizations; hospital and healthcare organizations; private industry; and other universities. The EAC includes a current MPH student and several alumni. Faculty and staff attend EAC meetings, and the EAC is chaired by an external partner.</p>	<p>reach to include employers of our graduates. While we have developed an online survey for this purpose, the participation rate is low.</p>	<p>forward to reviewing evidence of data from employers.</p>
<p>Ensures that constituents provide regular feedback on all of these:</p> <ul style="list-style-type: none"> • student outcomes • curriculum • overall planning processes • self-study process 		<p>The EAC's primary charge focuses on providing advice and consultation to the program, and recent efforts have included providing input on the program's guiding statements as part of the self-study process. EAC members have provided input on several current program efforts, and two EAC members with relevant expertise and interest will serve on a Program Evaluation Workgroup to review the program's current evaluation plans and consult with the Evaluation and Assessment Committee.</p>	<p>We are revising the employer survey and working with graduates to determine the best way to recruit employers. Some students were comfortable providing contact information for their employers. However, others were not and felt this question was an over step. We are hopeful that working with students to implement a strategy to recruit employers to participate in our survey will yield higher participation rates.</p>	
<p>Defines methods designed to provide useful information & regularly examines methods</p>				
<p>Regularly reviews findings from constituent feedback</p>		<p>In addition to the EAC, the program draws on several other Meharry-affiliated stakeholder groups that provide input, particularly on evolving issues in scholarship, practice, and the workforce. These include the Meharry-Vanderbilt-Tennessee State Cancer Outreach Core Community Advisory Board and the Meharry RCMI Community Engagement Core. While these groups primarily provide community input on federally funded research initiatives in the community, faculty and staff are engaged with these groups and have gathered valuable information. Similarly, faculty members' longstanding involvement in the Nashville Health Disparities Coalition informs the program's awareness of emerging issues.</p>	<p>We will also ask our External Advisory Committee to provide guidance on the best way to connect with employers.</p>	

		<p>The self-study notes that the EAC was dormant during COVID but has recently been reconvened and reconstituted, with the first meeting in January 2022 and additional meetings scheduled for May and September 2022. Prior to January, the last meeting had been in 2019. In addition to completing a survey on and then discussing the program’s guiding statements, the EAC discussed current and emerging issues in public health at its January meeting. EAC members and other community stakeholders provided feedback on a number of criteria in the self-study document, giving focused information on relevant areas.</p> <p>EAC members who met with site visitors praised the constitution and organization of the group’s work. Several noted that it was evident that this would be a “working board” that invited active engagement. They noted that the organizers sent out a survey ahead of the meeting to gather preliminary information, came to the meeting with a summary, structured the agenda effectively, and then promptly sent out minutes with a summary and action items. One member who could not attend the meeting noted that the pre-and post-meeting engagement allowed her to feel participatory and well-prepared for the next meeting.</p> <p>The program conducted a survey of employers in early 2022 and received three responses. The survey asked respondents to identify the competencies on which they felt graduates were well prepared and those on which they could have been better prepared. Results are challenging to interpret, given the small number of respondents and lack of open-ended questions to contextualize ratings. Several competencies were rated</p>		
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		<p>highly by one respondent and as in need of improvement by another. The program has a plan to collect employer contact information from graduating students and hopes to improve the usefulness of information by expanding the number of possible contacts; even if not all employers respond, the program believes that it may elicit useful information.</p> <p>The concern relates to the need to implement methods to collect more useful information from employers on student outcomes. The program may wish to consider changes both to data collection protocols and to the questions asked of employers to ensure useful information.</p>		
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F2. STUDENT INVOLVEMENT IN COMMUNITY & PROFESSIONAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Makes community & professional service opportunities available to all students		The program introduces students to community service opportunities during orientation and regularly publicizes opportunities through email and in class. Students have opportunities to engage in service through joining faculty members' existing service and community engagement roles and through the DPHPSA, the student organization.	Click here to enter text.	
Opportunities expose students to contexts in which public health work is performed outside of an academic setting &/or the importance of learning & contributing to professional advancement of the field		The self-study provides numerous examples of recent student engagement in community and professional service. Several students participated as reviewers in the Office of Health Equity at Vanderbilt University Medical Center's Community Health Improvement Grants during the 2022 cycle; other students assisted an adjunct faculty		

		<p>member in planning, implementing, and evaluating the Men’s Health Summit. Students have been actively engaged in Meharry’s community outreach on COVID-19, volunteering at testing sites, mobile drives, and assisting with data entry and management activities necessary for evaluation. The DPHPSA typically hosted a variety of events for National Public Health Week; although these activities did not occur in 2020 or 2021 due to the pandemic, students were actively planning 2022 events at the time of the site visit.</p> <p>Students and alumni who met with reviewers spoke of ample opportunities for engagement in public service, noting that they regularly receive email invitations for events, and faculty members publicize opportunities during class. Several spoke of attending APHA meetings, with financial and presentation support from the program, and of attending other relevant meetings and conferences, including the McNair Scholars Conference. Current leaders of the DPHPSA spoke with excitement of their plans for upcoming National Public Health Week events, listing multiple initiatives that the association will be sponsoring and leading.</p>		
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F3. ASSESSMENT OF THE COMMUNITY’S PROFESSIONAL DEVELOPMENT NEEDS

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Periodically assesses, formally and/or informally, the professional development needs of individuals in priority community or communities		The self-study indicates that the program has leveraged faculty members’ external connections and involvement to draw on data gathered by other organizations.		

		<p>The program's priority workforce population is local and regional professionals working in non-governmental organizations that provide services related to the prevention and treatment of HIV/AIDS (ASOs). The choice of ASO staff as the priority workforce population relates to the facts that 1) several program faculty members have expertise in and ongoing scholarship related to HIV/AIDS and 2) the program's mission focuses on addressing health disparities and healthcare issues of minority, underserved communities in the state of Tennessee. Local and state population statistics on populations living with HIV/AIDS indicate that work with ASOs strongly aligns with the program's mission.</p> <p>Program faculty members' work on area task forces and other community engagement positions them to gather information on ASO workforce needs without engaging in duplicative data collection. The program director directs the Equity Workgroup of the city's Ending the Epidemic coalition, and the coalition recently engaged in extensive data gathering on provider needs. Among the most current city-wide workforce needs are the following: patient/consumer education, PrEP outreach and management, and incorporating health equity into ASO approaches. The latter need led to the creation of the taskforce currently chaired by the program director, and her work on the taskforce continues to generate workforce connections and information.</p>		
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F4. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Provides activities that address professional development needs & are based on assessment results described in Criterion F3		<p>The self-study cites two recent examples of events that address professional development needs of its priority workforce population. The first is the Jacqueline Fleming Hampton Memorial Lecture, a Meharry-sponsored event in commemoration of National Black HIV/AIDS Awareness Day that is now in its 11th year. The event brings in speakers to address topics relevant to HIV/AIDS—the last two years’ topics related to addressing HIV among the COVID pandemic and linking lived experience to health outcomes in sexual and gender minorities. The 2021 event had 90 registrants, including 30 participants external to Meharry, and the 2022 event had 34 registrants, including 26 external to Meharry.</p> <p>The program director and other program faculty assumed leadership of the Hampton Lecture several years ago, after the initial funding ran out, because of their connection to local ASOs and communities impacted by HIV/AIDS and because of the event’s alignment with the program and college’s missions.</p> <p>The second event listed in the self-study document is the First Friday Book Club. This event was created for MPH students, but the program publicizes it to and invites community partners. A recent event on trauma-informed HIV care included four external participants.</p>	<p>Thank you for your comments. We recognize the need to better support our local public health workforce. Since the time of our site visit, we have partnered with the Tennessee Department of Health to develop content for their employees. Specifically, our faculty will take the lead on the development of training materials related to social determinants of health, health disparities, and cultural competence.</p>	<p>The Council appreciates the program’s response and looks forward to reviewing updated information.</p>

		The concern relates to the absence of evidence that the program specifically addresses the professional development needs of the current public health workforce. Faculty members' leadership roles in the Hampton Lecture events constitute valuable service and community engagement, but the event is not structured to provide targeted professional training. Similar concern relates to the book club event. While the topics are of interest to the priority workforce population, the events themselves are not sufficiently structured as training opportunities for workforce members to build knowledge and skills. While these events are valuable as community engagement, they are not sufficient to satisfy this criterion's requirements.		
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G1. DIVERSITY & CULTURAL COMPETENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines appropriate priority population(s)		The program has a strength in diversity and cultural competence through its rich history as a Historically Black College. The program currently defines the following priority under-represented populations: African American males and Hispanic males and females. These priorities were determined based on historical and ongoing disparities in health status in the African American male population, the fact that African American males are under-represented as practitioners in the field of public health, and the interest in increased representation of the Hispanic community at Meharry.	Click here to enter text.	
Identifies goals to advance diversity & cultural competence, as well as strategies to achieve goals				
Learning environment prepares students with broad competencies regarding diversity & cultural competence				
Identifies strategies and actions that create and maintain a culturally competent environment				

Practices support recruitment, retention, promotion of faculty (and staff, if applicable), with attention to priority population(s)		<p>The program seeks to address health inequalities and health needs by increasing racial diversity in medical professions and seeks to mirror the diversity of the US population. The priority groups were selected to focus recruitment efforts and to impact the health equity in these communities. The priority populations are consistent with the program’s vision to “Diversify the field of public health leaders, practitioners, and researchers to advance health equity locally, nationally, and globally.” The learning environment is well structured to prepare students in diversity and cultural competence as described in the program and college’s mission, stated values, faculty representation, faculty expertise, instruction offerings, community engagement, and research.</p> <p>The program has defined a programmatic focus on attracting a racially and ethnically diverse population of students, faculty, and staff, reflecting their role as an HBCU. The program has two student-related diversity goals: 1) Increase the number of African American male students by 40% per year up to an equivalent male to female ratio and 2) Increase the number of Hispanic students by 10% per year.</p> <p>In addition to maintaining historical and continued programmatic excellence in diversity and cultural competence, the program has set ambitious recruitment goals for their identified priority populations. From 2018 to 2021, male Black/African American students accounted for four, eight, four, and three members of each entering class, representing 22%, 47%, 13%, and 16% of annual matriculations. Hispanic/Latino matriculations were zero in all years except 2019, when the program enrolled one individual.</p>		
Practices support recruitment, retention, graduation of diverse students, with attention to priority population(s)				
Regularly collects & reviews quantitative & qualitative data & uses data to inform & adjust strategies				
Perceptions of climate regarding diversity & cultural competence are positive				

		<p>During the site visit, faculty provided examples of ongoing efforts to increase priority population recruitment. The program employs a targeted recruitment strategy to achieve the program's two diversity goals. Recruitment strategies include outreach to regional HBCUs and Hispanic Serving Institutions, civic organizations that represent priority populations, collaboration with the Consortium of African American Public Health Programs, and encouraging graduate student assistantships through faculty research. Approximately 10 regional schools with undergraduate health programs and all HBCUs within a six-hour drive are included in recruitment priorities. During the site visit, faculty also highlighted faculty connections to community partners and the role of the External Advisory Committee to assist with recruitment objectives. Faculty also described newly increased in-person recruiting activities to target priority populations at historically black colleges and universities.</p> <p>The faculty complement is highly diverse, including gender diversity. Most faculty are Black/African American. The curriculum is explicitly designed to focus on issues impacting historically marginalized communities and to build students' cultural competence skills. Faculty members' research and service agendas also align with this focus.</p> <p>A 2022 faculty survey to evaluate the program's climate with respect to diversity demonstrates overall satisfaction with cultural competence and diversity. Student feedback from a 2022 survey representing 21 second-year students produced mixed commentary, ranging from a statement that the focus on diversity could be improved to describing</p>		
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		<p>the program as the most diverse the student had ever experienced. A third comment praised the program's cultural and diversity competence and noted that students' diverse experiences are "seen and heard." During the site visit, students and recent alumni expressed strong satisfaction with the diversity of faculty and students and the cultural competence of the program. Students noted a desire for more male students in the program, consistent with the program's stated goals.</p> <p>During the site visit, faculty, students, alumni, and community partners expressed strong satisfaction regarding the program's diversity and cultural competence.</p>		
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H1. ACADEMIC ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have ready access to advisors from the time of enrollment		<p>Students are assigned faculty advisors prior to the start of the first academic semester. The assignments are made by the administration team after reviewing a student's interests and career goals. Whenever feasible, students are matched with faculty advisors based on public health research and/or practice interests.</p> <p>Full-time faculty members in the MPH program are the students' primary resource for advice on fulfilling degree program requirements and managing course work. The common features of student advising include registration,</p>	<p>Click here to enter text.</p>	
Advisors are actively engaged & knowledgeable about the curricula & about specific courses & programs of study				
Qualified individuals monitor student progress & identify and support those who may experience difficulty				

<p>Orientation, including written guidance, is provided to all entering students</p>		<p>course sequencing, selecting electives, review of academic progress, discussion of future goals, and review of APE and ILE options. The advisor works with the student to ensure that all degree requirements are met by the end of the second academic year. Students meet with academic advisors at least twice per semester, or as deemed necessary by the student and/or advisor to review progress towards the student's degree.</p> <p>If a student experiences academic difficulty, the program director may contact the faculty advisor to coordinate resources, follow-up meetings, and action plans. A student on academic probation is required to meet with an advisor monthly.</p> <p>A program faculty member, referred to as one of the program coordinators ("coordinators" include both faculty and staff positions in the program), helps students with administrative matters. This may include support for Blackboard-facilitated coursework and other administrative issues, the ILE, APE opportunities, fellowship openings, and campus and community connections. This program coordinator also serves as registration advisors at the beginning of each semester. During the site visit, students reported that the program coordinator was extremely responsive and a key person to fix issues for students.</p> <p>Faculty are oriented annually regarding the expectations for student advisement when new advisee lists are shared at the beginning of each fall semester. Faculty are reminded about student advisement and share student updates and concerns during monthly faculty meetings.</p>		
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		<p>Student orientation is mandatory. Since COVID-19, the student orientation sessions have been held virtually using Zoom. Student orientation occurs over two days. The Division of Students hosts orientation for all new graduate students on the first day. The SOGSR and division sponsor student orientation sessions for the MPH students on the second day that introduce incoming students to faculty, public health competencies, curriculum, APE and ILE requirements, financial resources, as well as academic advising and career counseling.</p> <p>In AY 2018-19, 75% of students reported being satisfied or very satisfied with academic advising, while 25% of students were unsatisfied or very unsatisfied. In early 2022, survey data indicated that 62% were satisfied or very satisfied; 29% were neutral; and 9% were dissatisfied or very dissatisfied. Faculty note that some past dissatisfaction related to administrative matters has likely been resolved by the program coordinator role mentioned above, and other issues may have related to COVID-19. Additionally, the small sample and response sizes may show an outsize effect from one or two students' dissatisfaction. The program plans to continue to monitor these data.</p>		
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H2. CAREER ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have access to qualified advisors who are actively engaged & knowledgeable about the workforce & can provide career placement advice		Faculty advisors also provide career advising. When students begin the program, they complete an individual development plan. The students identify short-term and immediate goals for their time in the program and long-term career goals for after graduation, meet with advisors, and develop action plans to map out the path students want to take to achieve their goals. The Office of Professional Development in the SOGSR also works with students to 1) develop professional skills and responsibilities needed to succeed in biomedical science, 2) support career planning, and 3) expose students to diverse career options and proficiencies needed for success. The office provides a series of workshops and seminars to improve students' written and oral communication, career identification and planning, CV/resume and cover letter writing, networking strategies and oral presentations skills. A career seminar series invites successful alumni, prospective employers, and other researchers/practitioners to expose students to the breadth of careers in the biomedical research and public health workforce and facilitate networking with potential employers. While the office was originally established to provide a professional development curriculum to broaden and complement traditional research training for students in the biomedical sciences, it has broadened its focus to provide professional development activities for the public health students.	Click here to enter text.	
Variety of resources & services are available to current students				
Variety of resources & services are available to alumni				

		<p>MPH faculty who serve as academic and registration advisors review expectations about career advisement annually and discuss efforts during faculty meetings. Individuals who provide workshops, presentations and seminars are vetted through the Division and the Office of Professional Development in the SOGSR. Students' needs, learning objectives for the session and expectations are shared during the negotiation process.</p> <p>A recent MPH graduate wanted to attend dental school but had not done well on the Dental Achievement Test. The advisor recommended working to improve test performance. Subsequent discussions included the value of enrolling in the Master of Health Science program, a 10-month program to strengthen the participant's competitiveness and academic preparation for entry into medical or dental school. The student chose to pursue the MHS, received a recommendation letter from the MPH faculty adviser, completed the program, and was accepted into the dental school.</p> <p>In AY 2018-19, 55% of students reported being satisfied or very satisfied with career advising, while 45% of students were unsatisfied or very unsatisfied. In summer 2021, 17% of recent graduates agreed that the program provided adequate career advising, while 66% disagreed or strongly disagreed.</p> <p>In response to the poor assessments of career advising, the MPH program contracted with a professional career coach to enhance employment readiness and professional development for public health students during AY 2021-22. Topics include tools for career success</p>		
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		<p>(virtual introductions, personal branding, and social media), professionalism (attitude, goal setting, communication skills), and career choices (virtual and in-person interview etiquette, networking, landing the job). Students may also participate in individual coaching sessions to include resume review and mock interviews. A mixed methods evaluation of the sessions rated the career coach’s presentations an average of 4.6 out of five in several categories, including subject matter expertise, relevance, and overall rating. The program plans to continue the workshop series.</p> <p>In 2022, 48% of second-year students reported being satisfied or very satisfied with career advising, 43% were neutral, while 5% were dissatisfied.</p> <p>During the site visit, faculty described how they share employment opportunities with alumni and encourage alumni-faculty contacts for mentorship, networking, and support such as letters of reference. Program alumni reported ready access to faculty for ongoing support and advice. They stated that “Meharry is family, it is embedded in its character,” which instills the desire to maintain and nurture connections with faculty and fellow students long after graduation.</p>		
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H3. STUDENT COMPLAINT PROCEDURES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defined set of policies & procedures govern formal student complaints & grievances		Students may communicate their concerns in multiple ways. Students are encouraged to contact their faculty advisor or the MPH program director initially. The program has procedures for student grievances pertaining to academic matters. The student and faculty are expected to follow the procedures described in the SOGSR Student Academic Policies and Procedures Manual. There are specific policies for honor code violations, student mistreatment, sexual misconduct, and grade appeal. Before a formal grievance is brought forward, students are encouraged to attempt to resolve issues informally. If a grievance cannot be resolved at the program level, the student may advance a complaint to the SOGSR dean. SOGSR maintains documentation of all formal grievances.	Click here to enter text.	
Procedures are clearly articulated & communicated to students				
Depending on the nature & level of each complaint, students are encouraged to voice concerns to unit officials or other appropriate personnel				
Designated administrators are charged with reviewing & resolving formal complaints				
All complaints are processed & documented				

		<p>was implemented, and the student completed the program in 2020.</p> <p>During the site visit, students reported that the program director and other faculty were “very open and receptive to hearing concerns.” Within the program, there are formal and informal methods to surface issues and find resolutions, including course surveys and monthly group meetings with the program coordinator. Students were very aware of the formal procedures for advancing concerns or problems to the SOGSR dean, if unresolved at the program level.</p>		
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H4. STUDENT RECRUITMENT & ADMISSIONS

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Implements recruitment policies designed to locate qualified individuals capable of taking advantage of program of study & developing competence for public health careers		MPH student recruitment is a joint effort of the division and the college’s Admissions Office. The Admissions Office recruits students for all schools. Student recruitment efforts focus on outreach to minority and underrepresented students who are well-qualified to meet the demands of the program. The Admissions Office and division coordinate efforts for career fairs and on-line outreach. The division developed new branding and a new sub-logo, updated its recruitment flyer, and expanded its social media presence on Facebook, Instagram, and LinkedIn.	Click here to enter text.	
Implements admissions policies designed to select & enroll qualified individuals capable of taking advantage of program of study & developing competence for public health careers		All potential MPH students apply to the program through SoPHAS, the universal application service for schools and programs of public health. The college’s Office of		

		<p>Admissions and Recruitment is responsible for administrative support for the MPH admissions committee. All admission documents are maintained in this office. When the student's application is approved in SoPHAS, the student's credentials are presented to the MPH Admissions Committee. This committee reviews the applicant's material using criteria for admission established by the committee. Reviewers use an online survey to independently evaluate applications. The committee takes a holistic approach to admission, therefore standardized test scores, grade point average, evidence of writing skill, personal statement, and previous experience are all considered.</p> <p>During committee meetings, evaluation scores are compared, and members vote on admissions decisions. The committee takes one of four actions: 1) the student is admitted to the program; 2) the application is put on hold for more information, 3) the student is admitted with concerns, or 4) the student is not accepted. The admissions committee has the option to offer the student an in-person or virtual interview if more information is needed to make an admissions decision. The Office of Admissions and Recruitment prepares letters detailing the committee's decision, which are signed by the dean on behalf of Meharry Medical College. Invitations are submitted to highly qualified applicants until the target cohort size of 25 students is met.</p> <p>Specific application requirements for admission to the MPH program include the following:</p> <ul style="list-style-type: none"> • degree from an accredited college or university • overall B average 		
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		<ul style="list-style-type: none"> • two letters of recommendation, preferably from college instructors • personal statement describing academic background, career plans, and reason for pursuing graduate studies in public health • completed admissions application form <p>Physicians applying for admission to the preventive medicine or occupational medicine residency programs first submit their application to the residency program. Only if the residency program approves the application is it forwarded to the MPH Admissions Committee for review.</p> <p>The program has been successful in recruiting students with an average GPA of at least 3.0. Although submission of GRE scores has been optional since the onset of the COVID-19 pandemic, the program still tracks GRE scores as a measure of the qualifications for matriculated applicants. Average GRE scores have not met the desired targets for the verbal, quantitative, and writing components over the past three years. During the site visit, program leaders expressed confidence that they were still recruiting and accepting individuals who will successfully complete the MPH course of instruction.</p>		
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H5. PUBLICATION OF EDUCATIONAL OFFERINGS

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Catalogs & bulletins used to describe educational offerings are publicly available		The self-study provides links to program and college webpages designated to provide information on the areas designated in this criterion. The academic calendar, admissions policies, and degree completion requirements are clear and easily accessible. At least one of the links provided in the self-study was broken at the time of the site visit, and several other links provide general information from the School of Graduate Studies and Research, with links to a webpage specific to the MPH program.	Thank you for the feedback. We recognized that the SoGSR policy document on the newly updated MPH website was incorrect. The link to the correct document has been updated. A link to the document is provided. Please see Attachment D.	The Council reviewed the program’s response, including attached documentation, and concluded that the program has addressed the team’s concern. The Council acted to change the team’s finding of partially met to a finding of met.
Catalogs & bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards & degree completion requirements				
Advertising, promotional & recruitment materials contain accurate information		The concern relates to the lack of clarity on public links to this criterion’s required elements of grading policies and academic integrity standards. The MPH program website contains a link titled “Policies, Resources, Forms,” but this hyperlinks to a handbook with the following title: “School of Graduate Studies and Research: Master of Health Sciences Program 2021.” Reviewers note that the MHS is a different academic program offered within the same unit. This manual does contain information on grading policies and academic integrity standards, but it would not be clear to a reader that these were the policies for the MPH program as well. During the site visit, faculty said that these academic policies are the same across the Graduate School, but the current link could create confusion about the applicability of these policies to the MPH.		

AGENDA

Sunday, March 20, 2022

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

Monday, March 21, 2022

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

8:30 am **Program Evaluation**

Participants	Topics on which participants are prepared to answer team questions
Leah Alexander, Program Director Robert Taylor, Instructor Mekeila Cook, Assistant Professor	<i>Guiding statements – process of development and review?</i>
Leah Alexander, Program Director Earl Lattimore, Instructor CK Chen, EdD, Professor, Director of Institutional Research	<i>Evaluation processes – how does program collect and use input/data?</i>
Leah Alexander, Program Director Lisa Johnson, MBA	<i>Resources (personnel, physical, IT) – who determines sufficiency? Acts when additional resources are needed?</i>
Leah Alexander, Director Lisa Johnson, Assistant Dean, SGSR Marilyn Adams, Program Coordinator	<i>Budget – who develops and makes decisions?</i>
Total participants: 7	

9:30 am **Break**

9:45 am **Curriculum 1**

Participants	Topics on which participants are prepared to answer team questions
Leah Alexander, Program Director Allysceaeiou Brit, Assistant Professor, VP of Faculty Affairs and Development	<i>Foundational knowledge--last</i>
Leah Alexander, Director Mekeila Cook, Assistant Professor	<i>Foundational competencies – didactic coverage and assessment</i>

<i>Mohammad Tabatabai, PhD</i>	
<i>Leah Alexander, Program Director</i> <i>Mekeila Cook, Assistant Professor</i> <i>Wansoo Im, Associate Professor</i> <i>Robert Taylor, Instructor</i>	<i>Concentration competencies – development, didactic coverage, and assessment</i>
Total participants: 6	

11:00 am **Break**

11:15 am **Curriculum 2**

Participants	Topics on which participants are prepared to answer team questions
<i>Leah Alexander, Director</i> <i>Robert Taylor, Instructor</i>	<i>Applied practice experiences</i>
<i>Leah Alexander, Director</i> <i>Earl Lattimore, Instructor</i> <i>Will Wyatt, Instructor</i> <i>Wansoo Im, Associate Professor</i>	<i>Integrative learning experiences</i>
Total participants: 5	

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

1:00 pm **Instructional Effectiveness**

Participants	Topics on which participants are prepared to answer team questions
<i>Leah Alexander, Director</i> <i>Mohammad Tabatabai, Professor</i> <i>Wansoo Im, Associate Professor</i> <i>Robert Taylor, Instructor</i> <i>Earl Lattimore, Instructor</i> <i>Allyscaeioun Britt, Assistant Professor, VP of Faculty Affairs and Development</i> <i>Garrett Harper, Adjunct Professor</i>	<i>Currency in areas of instruction & pedagogical methods</i>
	<i>Scholarship and integration in instruction</i>
	<i>Extramural service and integration in instruction</i>
	<i>Integration of practice perspectives</i>
	<i>Professional development of community</i>
Total participants: 7	

2:00 pm **Break**

2:15 pm **Transport to Hotel**

3:00 pm **Students**

Participants	Topics on which participants are prepared to answer team questions
<p><i>Kirstyn George (2nd Year MSPH), Division of Public Health Practice Student Association (DPHPSA) President</i> <i>Dhara Richardson (2nd year MSPH), DPHPSA 1st Vice President</i> <i>Janea Jones (2nd year MSPH), DPHPSA Secretary</i> <i>Essarah Hopkins (2nd year MSPH), DPHPSA Treasurer</i> <i>Ashlei Brooks (2nd year MSPH), DPHPSA Parliamentarian</i> <i>Megan Robert (1st year MPH)</i> <i>Shedrick Wright (1st year MPH)</i> <i>Hasannah Debesai (1st year MPH)</i> <i>Jessica Dompree (2nd year MSPH)</i> <i>Johndee Breedlove</i> <i>Anaija Hardmon</i></p>	<p><i>Student engagement in program operations</i> <i>Curriculum</i> <i>Resources (physical, faculty/staff, IT)</i> <i>Involvement in scholarship and service</i> <i>Academic and career advising</i> <i>Diversity and cultural competence</i> <i>Complaint procedures</i></p>
Total participants: 14	

4:00 pm **Break**

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

Participants	Topics on which participants are prepared to answer team questions
<p>Jessica Ehule, MSPH, MA (EAC Chair, Alumna) Program Director, CitiMatCH, University of Nebraska</p>	<p><i>Involvement in program evaluation & assessment</i></p>
	<p><i>Perceptions of current students & program graduates</i></p>
<p>Piia Hanson, MSPH, MBA (EAC member) Principal Consultant, PH solutions</p>	<p><i>Perceptions of curricular effectiveness</i></p>
	<p><i>Applied practice experiences</i></p>
<p>Tonya McKenley, MSPH (EAC member) Epidemiologist/Program Manager, Tennessee Department of Health</p>	<p><i>Integration of practice perspectives</i></p>
<p>Cynthia Jackson, PhD (EAC member) Clinical Psychologist, Matthew Walker Comprehensive Health Center Chair, Nashville Health Disparities Coalition</p>	<p><i>Program delivery of professional development opportunities</i></p>

<p>Frieda Outlaw, PhD (EAC member) Consultant, SAMHSA Fellowship Program, American Nurses Association</p> <p>LaNiya Odom, MD, MSPH, MA (EAC member. Alumna) Physician, Crescent Care</p> <p>Autumn Montgomery, MSPH (Alumna) Community Health Coordinator, Office of Health Equity, Vanderbilt University Medical Center</p> <p>Art Lee, MD (Community Stakeholder)</p> <p>Celia Larson, PhD (Adjunct professor, APE supervisor) Director of Strategic Planning, Performance, and Evaluation Metro Public Health Department</p> <p>Letha Woods, PhD Assistant Dean for Students and Professional Development</p> <p>Jennifer Erves, PhD, MPH (Adjunct professor) Adjunct Instructor Meharry Medical College</p> <p>Angela Williams (Preceptor) Nashville Healthy Babies, Metro Public Health Department</p>	
Total participants: 13	

5:15 pm

Site Visit Team Executive Session 3

Tuesday, March 22, 2022

8:30 am **University Leaders**

Participants	Topics on which participants are prepared to answer team questions
<i>James Hildreth, President & CEO</i>	<i>Program's position within larger institution</i>
Motley, Interim Dean, SGSR <i>Jeanette South-Paul, Senior Vice President and Chief Academic Officer</i>	<i>Provision of program-level resources</i>
<i>Peter Millet, Executive Vice President and Chief Operating Officer</i>	<i>Institutional priorities</i>
Total participants: 4	

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

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

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

1:00 pm **Exit Briefing**