REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
ARMSTRONG ATLANTIC STATE UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
September 12-13, 2013

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Introduction

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

AASU was founded in 1935 as Armstrong Junior College, became a unit of the University System of Georgia in 1959 and gained full university status in 1996. Today, AASU is one of 35 colleges and universities in the University System of Georgia. As of fall 2012, AASU had an enrollment of approximately 7,400 students, of which 6,731 were undergraduates and 708 were graduate students. AASU has more than 300 full-time faculty and offers 28 bachelor’s degrees and 14 master’s degrees through four colleges: Liberal Arts, Education, Health Professions and Science and Technology. The university also offers a professional doctorate in physical therapy, housed in the College of Health Professions (CHP).

The program is housed in the CHP’s Health Sciences Department (HSD). In addition to the MPH program, the HSD also administers programs in four additional areas: health sciences (bachelor’s degree), health services administration (master’s degree: MHSA), sports medicine (master’s degree: MSSM and certificates) and gerontology (certificates).

The program was first accredited by CEPH in 2001. The most recent review, in 2006, resulted in a term of seven years, with required interim reporting. In 2007 and 2008, the Council accepted the program’s interim reports.
Characteristics of a Public Health Program

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

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

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

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

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

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

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

These characteristics are evident in the AASU MPH Program. AASU is accredited by the appropriate regional accrediting body, and the program’s faculty and students have the same rights, privileges and status as other AASU programs. Though the program’s faculty complement is small, faculty have diverse training and experience, and faculty and students collaborate with individuals in other AASU degree programs, other universities and the local public health workforce. These features and actions ensure that the program maintains an interdisciplinary framework and fosters the development of professional public health values.

The program’s organizational culture places a value on community collaboration, applied research and service. Though the program’s resources are limited in some respects, the program draws on a committed faculty to offer the MPH degree. The program has made major strides in improving its ability to plan and evaluate its teaching, research and service activities, though not all processes had been fully implemented at the time of the site visit.
1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. Armstrong Atlantic State University's MPH program has a mission statement that is concise and reflects the major program components. Faculty indicated that the self-study process informed and improved the program's processes relating to defining and reviewing the statements that guide the program.

The program's mission is as follows: The Mission of the MPH program at Armstrong Atlantic State University is to support and enhance public health for the Georgia coastal region through workforce development, research and community service.

The program initially developed its mission, goals and objectives in 1998 and revised them in 2006 using CEPH criteria as well as the Standards for the Preparation of Graduate-Level Health Educators. In 2012, the entire faculty of the MPH program (MPH Committee of the Whole) and an MPH graduate student representative met to review and update the mission statement, goals and objectives. This activity was informed by several documents that define student learning: the Competency-Based Framework for Health Educators, ASPH competencies and the Council of Linkages between Academia and Public Health Practice domains.

The program's goals relate to three major functions: instruction, research and service. There are five objectives for the instructional goal with appropriate and measurable indicators associated with each instructional objective. Four objectives and associated measurable indicators support the research goal, and four objectives and indicators relate to the service goal.

Objective 3.1 states that “the program will maintain an advisory council that comprises representatives from nonprofit, public and for-profit agencies with a concern for local public health issues.” This is a laudable and appropriate way to obtain input from the community, thereby ensuring that the program is responsive to the changing health needs of the community.

As mentioned above, the mission, goals and objectives were updated and revised in 2006 and 2012. The process used for revision and review in 2012 was inclusive of all faculty members and included a graduate student, thereby ensuring student input. The plan is for the entire MPH faculty to review the mission, goals and objectives on an annual basis at a January planning retreat. If revisions are needed, the Committee of the Whole with one or more MPH students will draft proposed changes, and the draft
document will be sent to the MPH Advisory Committee members for their input. Once finalized by the MPH Advisory Committee, the new mission, values, goals and objectives will be publicized using current communication channels. These current channels include the MPH Student Handbook, the MPH self-study, which is published on the program’s website and distribution to all MPH faculty members.

The values statements align with the mission and reflect a program that integrates perspectives from faculty, students and the community.

It is apparent that the program has taken the self-study for this site visit seriously, developing new procedures for reviewing, revising and updating mission, values, goals, objectives and indicators. It will be important to determine at the next site visit how this plan translates into on-going practice.

1.2 Evaluation and Planning.

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

This criterion is partially met. The concern relates to the following issue: The evaluation process, while well-documented and thoughtfully developed, is newly designed and not yet fully implemented.

During the site visit, reviewers noted that the program had not yet completed its planned revision of targets. The program’s response to the site visit team report indicates that plans for a new evaluation process were completed at the February 2014 MPH Faculty Retreat. The program reports identifying data components and revised targets for program objectives and strengthening objectives 1.3, 2.3, 3.2 and 3.3. The program will continue to prioritize and conduct ongoing programmatic evaluations to support its mission.

Prior to development of the current self-study, the planning and evaluation process was admittedly “ad hoc,” with no consistent schedule for data collection and review. The self-study provides some information about evaluation efforts prior to the 2013-2014 academic year, with data collection for specific objectives assigned to designated MPH faculty members. As part of the self-study process, faculty recognized the shortcomings of the ad hoc approach. The self-study indicates, “Beginning in January 2014, all data will be reviewed by MPH primary faculty during the annual MPH Program Strategic Planning Retreat, which will occur in January of each subsequent year. Results will be used for future programmatic improvements.”
The self-study provides detailed information on newly-defined protocols for data collection and review. It includes comprehensive information about systems used to collect data, the responsible party for the data collection and the timeframe during which data are available. The MPH coordinator is listed as the individual ultimately responsible for all evaluation efforts, and the self-study provides a monthly schedule for collection of outcome data. Collection, analysis and communication of data occur year-round, though data for most objectives is collected annually in December. The MPH coordinator shares some data collection responsibilities with the head of the Health Sciences Department (HSD).

Faculty, students and community partners all provide input in the newly-implemented process, and information is discussed in MPH faculty meetings, Curriculum Committee meetings and Advisory Committee meetings.

Objective 1.1, which tracks the percentage of graduates with a grade of B or better in the capstone course, provides an example of the changes in evaluation protocols. Previously, the professor who taught the capstone course was responsible for grading the projects and, thus, was the sole source of data on this significant indicator. Faculty reviewed this approach as part of the redesign of evaluation efforts and noted the opportunity to strengthen this evaluation opportunity. As of fall 2013, all faculty members will attend the student presentations in the capstone course and will provide input into assessment of the student’s performance. This enhanced approach now increases the assessment reliability for Objective 1.1 and provides a good example of how the program uses data to make program changes.

The self-study indicates that targets for objectives were established in 2010, and faculty noted during on-site meetings that several years of data collection were needed to develop a baseline for measures. The self-study provides three years of data on nearly all measures. The program’s actual performance meets or exceeds all targets in nearly all academic years. Reviewers noted that current targets are modest. For example, objective 2.3 measures the percentage of faculty who author or co-author publications in refereed or non-refereed publications with state, regional, national or international audiences. Reviewers observed that the 25% target for annual performance on this measure is low for graduate-level faculty. Indeed, the program exceeded the target in all reported years except for one, suggesting that a higher target is not only appropriate but attainable. Such examples abound among the program’s existing objectives.

The program provided strong evidence that it has developed and begun to implement procedures to strengthen evaluation and use of data, but the feasibility and consistency of implementation must be assessed over time. It will be important for the program to review its objectives and measures in January 2014, as scheduled, to determine annual performance and to craft more ambitious targets.
1.3 Institutional Environment.

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

This criterion is met. AASU was founded in 1935 as Armstrong Junior College, became a unit of the University System of Georgia in 1959 and gained full university status in 1996. Today, AASU is one of 35 colleges and universities in the University System of Georgia. As of fall 2012, AASU had an enrollment of approximately 7,400 students, of which 6,731 were undergraduates and 708 were graduate students. AASU has more than 300 full time faculty and offers 28 bachelor’s degrees and 14 master’s degrees through four colleges: Liberal Arts, Education, Health Professions and Science and Technology. The university also offers a professional doctorate in physical therapy, housed in the College of Health Professions.

AASU is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools. The last full review was completed in 2002, and the university will be reviewed for reaffirmation in 2013. A number of programs also have specialized accreditation, including the following: American Speech, Language and Hearing Association; Commission on Collegiate Education in Nursing; and Commission on Accreditation of Health Management Education.

The University System is overseen by an 18 member Board of Regents appointed by the governor with one representative from each of the state’s 13 congressional districts. The Board elects a chancellor who serves as the chief executive officer for the University System.

AASU’s chief executive officer is a president who reports to the chancellor of the University System. The president oversees the university’s affairs through four vice presidents, including a provost and vice president for academic affairs. The provost oversees the four colleges at AASU, and a dean provides leadership for each college.

The MPH program is housed in the Department of Health Sciences (HSD) within the College of Health Professions (CHP). The program’s channels for resource allocation are embedded in the HSD; the program does not have a separate budget, though the self-study provides estimated budget figures based on percentages of the total departmental budget. Budgets begin with the state legislative appropriation to the University System; the chancellor distributes funds to system units; and the university president, provost and other vice presidents allocate funds within the university based on prioritized requests from college deans, who consider the needs of individual departments and programs. Faculty recruitment processes originate in the department, and personnel decisions, including those related to tenure and promotion, take place through a departmental committee, which forwards recommendations through college and subsequent channels, for final approval by the president.
1.4 Organization and Administration.

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

This criterion is met. In addition to the MPH program, the HSD also administers programs in four additional areas: health sciences (bachelor's degree), health services administration (master's degree: MSSM), sports medicine (master's degree: MHSA and certificates) and gerontology (certificates).

The program coordinator reports directly to the HSD head, who, in turn, reports to the CHP dean. The program coordinator's administrative responsibilities represent a 25% appointment, and the coordinator also carries a 75% teaching responsibility (nine credit hours per year).

The program's instructional offerings provide a venue for interdisciplinary teaching: some MPH courses are shared with MHSA, MSSM and graduate nursing students, and faculty from all of these programs cross-teach and collaborate on instruction. MPH students can participate in interdisciplinary case-based projects with other students from across the CHP. The faculty are also actively engaged in scholarships that crosses disciplinary and institutional boundaries.

1.5 Governance.

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

This criterion is met. The MPH faculty, acting as a committee of the whole, are involved in all major aspects of the program's governance, and the MPH coordinator maintains operational responsibility for the program's academic and student affairs. Planning and evaluation functions occur through regular meetings of the full HSD faculty as well as through the MPH Committee of the Whole's monthly meetings, which occur immediately after the departmental meetings. The Committee of the Whole's roles include establishing targets and reviewing data. The target-setting and data-review processes include establishing expectations for MPH faculty members' research and service and discussing policy changes, if needed, to assist faculty in attaining targets. The Committee of the Whole also establishes the program's admissions criteria and bears responsibility for determining eligibility for award of degrees. The Committee of the Whole monitors and reviews the program's curriculum and approves new courses or changes in requirements, when applicable.

The program has ad hoc committees for other functions. The faculty, in conjunction with the department head, appoint an ad hoc Faculty Search Committee when needed. The composition is determined based
on the nature of the search, but the committee always includes a voting student member. The program last convened such a committee for an MPH faculty member in fall 2012, and the committee continued to meet through February 2013.

Similarly, the HSD convenes an ad hoc Tenure and Promotion Committee when it is necessary to make a decision on a program faculty member’s promotion to associate or full professor. Only professors at the same rank for which the candidate is applying are eligible to vote, and all departmental faculty members at that rank participate.

The program convened an ad hoc MPH Assessment/Self-Study Steering Committee (SSC) in 2012 preparation for this accreditation review. The program coordinator chaired the committee, which included the COHP dean (ex-officio), four program faculty members, one student representative and one representative from the Advisory Committee.

The Advisory Committee is composed of community members representing organizations such as the local and regional health departments, other governmental and educational partners, the local medical center and non-profit organizations. The committee meets annually in person and functions monthly or more regularly through electronic communications. The committee plays an ongoing and active, though sometimes informally structured, role in program evaluation. Committee members have reviewed and given input on the mission, goals, objectives and competencies and have suggested partnerships for student practica or volunteer service opportunities. The Advisory Committee also includes an MPH student representative and a program alumnus.

All program faculty members serve on multiple department, college and university committees.

In addition to roles on ad hoc committees and the Advisory Committee, the MPH program has a student representative on the university-wide Graduate Student Coordinating Council (GSCC). This position is significant because the GSCC plays a role in funding student travel to conferences such as the Georgia Public Health Association and American Public Health Association’s annual meetings. Several MPH students who met with site visitors indicated that the GSCC student representative had actively encouraged them to apply for funding, and faculty support students in this process as well. Students who met with site visitors also commented positively on their active role in recent faculty searches.
1.6 Fiscal Resources.

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

This criterion is partially met. The MPH program’s budget is incorporated into the overall HSD budget, and state-appropriated funds (which are distributed by the university) provide the major source of funding. Table 1 presents the program’s estimated budget. The portion of the department’s budget allocated to the program is calculated based on the cost of FTE faculty at 34% and grants and contracts at 56%. In 2012, this resulted in revenue of $543,394, a significant increase from the prior year’s $475,860. Expenditures meet revenues, with primary expenditures directed to faculty and staff salaries and benefits.

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Fees</td>
<td>-</td>
<td>-</td>
<td>$3,782</td>
<td>$2,614</td>
<td>$4,150</td>
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<tr>
<td>University Funds</td>
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<td>$498,020</td>
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<td>Grants/Contracts</td>
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<tr>
<td>Indirect Cost Recovery</td>
<td>-</td>
<td>-</td>
<td>$732</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$488,397</td>
<td>$486,493</td>
<td>$518,328</td>
<td>$475,860</td>
<td>$543,394</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Salaries &amp;</td>
<td>$53,319</td>
<td>$65,852</td>
<td>$66,306</td>
<td>$65,281</td>
<td>$66,421</td>
</tr>
<tr>
<td>Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operations</td>
<td>$17,667</td>
<td>$15,896</td>
<td>$21,699</td>
<td>$10,932</td>
<td>$13,634</td>
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<tr>
<td>Travel</td>
<td>$7,741</td>
<td>$1,401</td>
<td>$2,943</td>
<td>$4,863</td>
<td>$5,760</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$488,397</td>
<td>$486,493</td>
<td>$518,328</td>
<td>$475,860</td>
<td>$543,394</td>
</tr>
</tbody>
</table>

Approval of the budget is established through the university’s and Board of Regents’ management structures. Each year the program develops a budget to be included as part of the HSD request to the CHP. The dean, in turn, forwards the request to the president, provost and vice president for business and finance. The president considers the recommendations and submits the university’s budget request to the Board of Regents. Similarly, the Board of Regents reviews the requests of all institutions within the University System and makes the final recommendation to the general assembly and the governor.

In addition to budgeted revenue the program is able to access grants and resources from the university and affiliated sources. For example, the program coordinator has received a four-year grant from the university at $240,000 per year to support student scholarships for those with exceptional financial need. The department head also indicates that additional funds are available from college and department-level “foundations,” which are supported by small donations from faculty and alumni, for other needs.

The primary use of the budgeted funds is for faculty and staff salaries and benefits. As Table 1 demonstrates, only about $20,000 of a total $543,394 budget is available for all other purposes.
The concern relates to the uncertain sustainability of the current funding model. In recent years, uncertain economic conditions have led to significant reductions in state funding. All university operational budgets were cut significantly in 2010 and 2011, and three furlough days were mandated for all faculty in 2010. Should similar instances occur in the near-term future, the program would have no alternative but to reduce faculty and staff numbers. Enhanced budget tracking and reporting would allow the program to better anticipate the sources of funds. This would bring a more systematic process to the current informality of the budgeting process and would be based on experience and knowledge of which funding sources are currently available to meet teaching, advising, professional travel and administrative loads for its current faculty complement. For example, the program could track and make projections based on income from the profit sharing model from summer enrollments and online courses.

The current level of faculty and staff resources is functioning at the edge of sustainability and is dependent on the high productivity and level of commitment from the existing faculty and staff complement. There are no “extras” to trim, so future reductions would be extremely difficult to sustain without compromising the program’s quality.

Since it is clear that the program depends on these resources to meet key functions, including allowing faculty and students to travel to professional meetings and conferences, it seems problematic to assure a sustainable enterprise unless all forms of resource are integrated into a coordinated budget.

1.7 Faculty and Other Resources.

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

This criterion is met. The program has five primary faculty members who, together, provide 4.5 full-time equivalents (FTE) to the program’s single concentration area, public health education. Each primary faculty member is expected to teach two courses per semester or four per academic year. Primary faculty also mentor students, provide service and conduct research. The program also has 13 other faculty providing an additional 4.3 FTE, for a total faculty of 18 individuals representing 8.8 FTE. Student enrollment of 54 results in a student faculty ratio (SFR) of 12:1 for primary faculty and 6:1 for total faculty.

The program has administrative support from seven individuals providing .95% FTE total. Within this count is a 25% administrative assistant who coordinates the program’s policies and operations and a 30% secretary who coordinates course evaluations, book acquisition and the program’s database.

Space for faculty and staff is limited and distributed across two locations. There is currently no common space for students in the department’s suite. However, the program is anticipating a move to a new location in 2014.
The university has a campus-wide computer and internet network. Each faculty member is provided with a personal computer and access to the university system. Information system technicians are also availability to the faculty. Student access to computer labs is through university common rooms, with more than 250 stations located in four buildings. Library resources are available through the Lane Library, which has a librarian assigned to public health and maintains both electronic journals and access to the University of Georgia’s library system, GALILEO.

The program has an active system of community partnerships, which provide regular opportunities for community engagement through research and student placements.

The program’s response to the site visit team’s report indicates that, since the site visit, the program has identified a full-time program coordinator from among the full time faculty. The coordinator will receive one course of release to allow time for program administration. This will better address the administrative support needed for the program. Further, the program’s need for additional space has been resolved, since the time of the site visit, by the program's move to a new suite in the University Hall on the Armstrong campus with adequate provisions for faculty offices, classrooms, and students' common space. COHP is seeking funding for a new building in a few years.

1.8 Diversity.

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

This criterion is met. The self-study cites a number of key statements that guide the program’s focus on diversity. These include the following statements:

1. The mission of AASU: “Armstrong is teaching-centered and student-focused, providing diverse learning experiences and professional programs grounded in the liberal arts.”
2. A value of AASU: “We value and respect diversity.”
3. The CHP mission: “Improve the health and wellness of our culturally diverse communities by educating students to become team-oriented, evidence-focused and compassionate healthcare professionals.”
4. The mission of the Office of Multicultural Affairs: “To foster a culturally inclusive living and learning environment in which differences as well as similarities are respected, recognized, and revered in an effort to develop both civic and social responsibility within our Armstrong and surrounding communities; to encourage student empowerment and both personal and professional development.”

The MPH program goals for achieving and maintaining diversity and cultural competency are ambitious and appropriate:

- The MPH program will maintain an enrollment of diverse students that is representative of the service area.
• All MPH faculty members will complete the Safe Space training [which relates to inclusion, acceptance and support for LGBTQ people in the university community] by January 1, 2014.
• All MPH program staff will be represented at all appropriate minority recruitment events by faculty and/or staff.
• The MPH program will recruit a diverse field of external speakers to present in classes.
• The MPH program will reorganize its Advisory Committee to include more minority members.
• The MPH program will increase the number of minority, MPH part-time faculty.
• The MPH program will increase the number of minority MPH practicum site supervisors.

The MPH program's goals reflect an approach that is comprehensive and thoughtfully incorporates diversity into the program. The program goals were developed by faculty, with input from students and the MPH Advisory Committee. The self-study documents excellent progress for each goal. The self-study also provides appropriate policies and programs on harassment, affirmative action, and ethics.

Recruitment and retention efforts for diverse faculty include advertisement of positions in appropriate websites, journals and newspapers. In addition, other efforts to recruit women, minorities and individuals with disabilities are in place. These include representation at minority recruitment fairs and events.

Efforts to recruit and retain a diverse student body include the African American Male Initiative (supported by the Men of Vision and Excellence Project), the Hispanic Outreach and Leadership at Armstrong (HOLA) program and the Goizueta Initiative to recruit and provide financial aid for Hispanic/Latino students.

The curriculum addresses issues of diversity and cultural competence in three of its courses – PUBH 6050 Health Communication, PUBH 6150 Theory in Health Education, and PUBH 7600 Special Topics: Leadership and Ethics. A more interesting and innovative approach is reflected by the guest lecturers and invited guest speakers program. In addition, practicum sites and supervisors reflect diverse populations and settings.

The program has made progress in its recruitment of diverse faculty and students. More work in recruitment of Hispanic/Latino students is needed and acknowledged. Summary data reflect that each of the program’s targets has been exceeded, and from the narrative it is apparent that the program has made significant efforts to improve its diversity efforts over the past few years. As of June 2013, the program reported that 38% of students are black or African American, 8% are Hispanic and 30% are first-generation college attendees. Twenty-four percent of faculty and 43% of staff members self-report representing diverse backgrounds.
2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. The program offers an MPH in Community Health Education. In addition to coursework in the five core public health knowledge areas and the capstone and practice experiences, the program requires coursework in health communications, research methods and health promotion methods, among other topics.

The program allows students to choose nine elective credits from among other courses offered by the HSD, including courses associated with the department’s graduate degree programs in sports medicine and health services administration. Students may also take elective courses outside the department. Students must receive advisor approval for each elective. Students who met with site visitors indicated that advisors were very helpful in identifying electives that align with their interests. Students also noted, however, that departmental 5000-level courses, which mix undergraduate and graduate students and include supplemental expectations for graduate students, may be less satisfying and rigorous than classes offered solely at the graduate level. All required courses and many elective courses are offered during evening hours to accommodate students who work full time.

<table>
<thead>
<tr>
<th>Table 2. Instructional Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Master’s Degree</strong></td>
</tr>
<tr>
<td>Community Health Education</td>
</tr>
</tbody>
</table>

2.2 Program Length.

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

This criterion is met. The program requires completion of 45 semester-credit hours. One semester hour requires 750 minutes of classroom instruction. The program has not awarded any degrees for fewer credits.
2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students are required to take 15 credit hours in the five core public health knowledge areas. Table 2 presents the required coursework.

The electronic resource file provided syllabi with learning objectives for each of the core courses, and during the site visit, site visitors were provided with updated syllabi for core courses that cross-walked competencies and learning outcomes. The syllabi reflect an appropriate depth of coverage and numerous applied examples and assignments. Site visitors initially identified a potential concern in the use of the health education theory course to address social and behavioral sciences, since health education theory may provide a narrow framework for addressing the core area. During the site visit, the faculty member who teaches this course clarified that she ensures that readings, discussions and other learning approaches are rooted in social and behavioral theory, drawing upon her own expertise in medical anthropology. Review of the current syllabus supported this assertion.

Table 2. Required Courses Addressing Public Health Core Knowledge Areas

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>PUBH 6000 Biostatistics</td>
<td>3</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>PUBH 6100 Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>PUBH 6125 Environmental Health Issues</td>
<td>3</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>PUBH 6150 Theory in Health Education</td>
<td>3</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>MHSA 6000 Health Care Financing and Delivery Systems</td>
<td>3</td>
</tr>
</tbody>
</table>

2.4 Practical Skills.

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

This criterion is met. During the site visit, the program provided site visitors with a current MPH Student Handbook and Practicum Guidebook. This resource nicely complements information contained in the self-study.

The MPH practicum is structured as an opportunity for students to apply classroom learning in a practical setting. Each MPH student must successfully complete a minimum of 150 hours of practicum as part of the degree requirement, and waivers are not available. A number of policies and procedures are in place to assure the quality of the practicum experience. These include the following:
• The practicum is generally carried out during one of the last two semesters of the program, and the semester prior to the practicum, the student must select a practicum director from eligible faculty. Eligible faculty are typically primary faculty with full or associate graduate faculty status at AASU, or in rare cases, a faculty member who received permission to direct a practicum at the request of the MPH coordinator.

• Students must spend a minimum of 10 hours per week at the practicum site.

• Once formally accepted and approved as a practicum experience, the practicum director signs acceptance of it as conforming to the appropriate format, content mastery and standards set by the MPH program.

• If appropriate and necessary, the student must apply for IRB approval.

Students are responsible for selecting a practicum site. All sites must have active memoranda of understanding (MOU) with the university, so the list of MOUs is often a starting point for students. Students also may identify potential sites through faculty contacts, guest speakers or personal initiative. After site selection, the student meets with the faculty advisor to determine appropriateness and begin to develop objectives for the experience. Preceptors are also actively engaged in the process of defining objectives, and the program has recently formalized a process that requires students to link the practicum learning objectives to the program's defined competencies. The MPH Student Handbook and Practicum Guidebook describes the process for selecting and approving preceptors and a process for orientation of new preceptors.

Student evaluation is based upon achievement of practicum objectives. Students prepare a written report and oral presentation at the end of the experience. Several examples of products (reports, Power Point presentations) are provided in the resource file. These examples are excellent and reflect appropriate practicum objectives and experiences. Discussions with current and former students, alumni, community leaders and preceptors reflected a high level of satisfaction with the practicum experience from all perspectives.

2.5 Culminating Experience.

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

This criterion is met. All students are required to complete the capstone course PUBH 7500 Public Health Planning and Evaluation, which requires that students to demonstrate and integrate their learning from the five core public health courses and other required courses. Students complete the course during the last or next-to-last semester of enrollment. The course requires students to plan and evaluate a public health program. It incorporates needs assessment, behavioral and administrative assessments, writing measurable objectives and defining process and impact evaluation tools. Students use the PRECEDE/PROCEED planning model to organize and develop their projects. Students produce a comprehensive written paper and present their projects orally.
The MPH Handbook provides detailed information regarding the capstone course, its work products and expectations. The final paper and presentation are evaluated by the course instructor and other students in the class. Beginning in fall 2013, all primary faculty will serve as reviewers and assess students’ performance. Assessment follows a rubric, which requires faculty and peer reviewers to assess students’ demonstration and integration of programmatic competencies.

2.6 Required Competencies.

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

This criterion is met. The program identifies 12 competencies that, together, define the knowledge and skills associated with the required core and concentration courses. The program identifies one competency for each of the five core knowledge area and identifies additional competencies addressing the following domains: communication, analytic/assessment, administration and management, community culture and diversity, public health sciences, policy development and leadership and ethics.

The program has mapped the 12 competencies to the 10 required courses, the practicum and the capstone experience. This analysis identifies one primary course for each competency as well as a minimum of three courses that reinforce the competency.

The process of identifying and mapping the current competency set began in 2010. Faculty, including non-primary faculty, reviewed competency sets, including those published by the National Commission for Health Education Credentialing, the Association of Schools of Public Health and the Council on Linkages between Academia and Public Health Practice, and mapped all relevant competencies to the existing curriculum during a daylong retreat. Faculty either printed the full set of relevant competencies on each syllabus or designated learning objectives on the syllabus with an index to each objective’s relation to one of the competencies. This approach produced long lists which were difficult to follow and use.

In the next iteration, faculty identified overlapping competencies and prioritized those that remained. They also combined and consolidated competencies to produce a more succinct set. The program vetted the competencies with the Advisory Council and completed another revision after Advisory Committee input.

The various stages of the competency definition and revision process resulted in several curricular changes: the program added a required course in leadership and ethics and a required course titled “Health/Illness Continuum, which covers public health biology topics. The program also removed a
second practicum course and a course in public health management after determining that the content was duplicative and/or more efficiently presented elsewhere in the curriculum.

As of fall semester 2013, syllabi for all required and elective courses clearly identify course-level learning objectives and index them to the 12 programmatic competencies in a user-friendly manner. Site visitors were able to verify these documents on site; previous iterations of the syllabi, including those initially provided to site visitors, still presented the much longer and more complicated competency references.

The program intends to continue a two-year review cycle of the competency set. The Committee of the Whole will conduct the review and will consider multiple data sources, including course evaluations, exit interviews, practicum site supervisor evaluations and Advisory Committee input.

2.7 Assessment Procedures.

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

This criterion is met with commentary. The program has mapped the required courses, practicum and capstone experience to the program’s competencies. This mapping is based on learning objectives for the required courses and is customized by the student and advisor for the practicum and capstone experiences. Completion of the required curriculum serves as one measure of competency attainment.

The program has also developed detailed, helpful rubrics for clarity in assessing the practicum and culminating experiences. Both experiences refer to learning and experiential objectives, which are defined by the student for the specific context of the project, and both require the student to map the objectives to programmatic competencies and provide an opportunity for the faculty advisor to verify competency attainment.

The self-study presents data on student progress and degree completion for all MPH students entering since 2006, since the program and university define seven years as the maximum available time to graduation. The cohorts that entered in 2007, 2008, 2009 and 2010 have all met or surpassed the 70% threshold for completion, even though none of these cohorts have reached the maximum time to graduation. The 2006 cohort has a 48% completion rate at seven years. Faculty explain that the program announced its planned discontinuation of the online MPH option in 2006, and this announcement led to a significant amount of attrition from students who believed that they could not complete their online studies in the time allowed for completion.

Post-graduation data from alumni one year after graduation indicate that approximately 10% of students are still seeking employment and/or further education opportunities—the majority of students are
employed and approximately 10-20% are actively continuing their education. The program collects data via an annual electronic survey. While survey response rates have historically been low, response rates improved when the program moved from paper-based to online surveys. The program has several plans in place that are poised to provide better information on alumni in future years. These include working with the university’s Office of Advancement and collecting individual-level information from the program’s newly-instituted LinkedIn site.

The program uses its strong and ongoing relationships with alumni and community members to collect qualitative information on graduates’ abilities to perform competencies in a practice setting. Faculty members, alumni and employers were able to articulate specific knowledge and skills that were well-matched to the local workforce, and they also could identify specific competencies that could be enhanced during the academic program. The information is not compiled into a report or other single source, though it is a point of discussion during the annual faculty retreat and during the Advisory Committee’s annual meeting.

The commentary relates to the potential for greater documentation and formalization of the information collected by the program on alumni and employer impressions of graduates’ ability to perform competencies in a practice setting. The program has identified strategies for collecting high-quality data, including using faculty expertise in qualitative research methods.

2.8 Bachelor’s Degrees in Public Health.

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

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

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

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

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor’s degree at the parent university. The experience may be tailored to students’ expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.
The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is not applicable.

2.12 Distance Education or Executive Degree Programs.

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

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

3.1 Research.

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

This criterion is met with commentary. The MPH program demonstrates its research engagement and scholarship through faculty members’ contributions to peer-reviewed and professional literature and through contributions to community-based and applied research. Program faculty members have contributed at least 30 articles to peer reviewed or professional publications during the three years documented in the self-study document. Additionally, faculty have provided at least 70 presentations to international, state and local audiences.

The program is not engaged to a great extent in funded research, though faculty identified occasions where they are supportive, in pro bono fashion, of community-based and even traditionally-funded research.

All research is conducted according to guidelines in the AASU Faculty Handbook. For example, all research funding applications must obtain institutional approval prior to submission. All research involving any human subjects must have Institutional Review Board approval.

The university provides some support for research development. For example, the university-level Faculty Development Committee awards grants for teaching research and scholarship projects. The University Grants Office provides information on grants opportunities and, though apparently rare, may provide course relief for faculty who are awarded a grant. Grants to students for research are available through the Graduate Studies Coordinating Council. Faculty productivity in research is an element in their annual evaluation and their Annual Professional Activities Report.

The first point of commentary relates to the low level of funded research. In the last three years, there were only eight funded research projects generating approximately $165,000. Reviewers note the institutional context: AASU places significantly greater emphasis on teaching than research. Nonetheless, the program has a faculty complement of individuals who are viewed as valuable resources by the community and could potentially make greater contributions to the community by supporting the development of funded projects addressing community needs. **Commitment from the February 2014 Faculty Retreat is to revitalize activities for future speakers and events by engaging more MPH student participation. Also, all future external grants authored by MPH faculty will be submitted through the CPHMR. It may also serve as a vehicle for assignments in many of the MPH courses.**
The second point of commentary relates to the Center for Public Health Media and Research, a university-approved center that is led by primary program faculty members. The program’s 2008 CEPH interim report defined the center as a significant mechanism for the program’s research, and faculty invested time and resources in establishing the center and gaining university approval. The potential value of this center, however, remains unrealized. While the center has sponsored speakers and events and has attracted attention from scholars outside the university, it has not yet been able to attract any external funding or to function at the anticipated level as a focal point for the program’s faculty and students.

3.2 Service.

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

This criterion is met. Site visitors noted extensive strong, well-established relationships between the school and the community in the self-study document and on-site discussions. Key stakeholders unanimously view faculty are as actively engaged in the community, approachable and responsive. Alumni and community leaders remarked that this service and community-responsive perspective is modeled by the program director and evident in all members of the faculty complement.

Faculty and students affiliated with AASU’s MPH program participate in an array of service activities. For faculty, service activities are one of three components evaluated and used for promotion, tenure and retention. Service activities factor into two university reports: the annual faculty evaluation (AFE) and the annual professional activities report (APAR). The number of service activities reflected in the self-study document is impressive. Despite being a small program, faculty are involved in a large number of community-focused activities. These activities fall under the major categories of: 1) advisory board memberships; 2) committee memberships; 3) membership in professional societies; 4) community coalition memberships; 5) involvement in community health organizations and events.

This criterion defines service as “consulting with public or private organizations on issues relevant to public health; providing testimony or technical support to administrative, legislative and judicial bodies; serving as board members and officers of professional associations; and serving as members of community-based organizations, community advisory boards or other groups.” The list of program faculty members’ service accomplishments reflects most or all of these activities. In addition, two primary faculty members are active in peer reviewing and serving on editorial boards.

Service is assessed as part of the promotion and tenure process. For example, the application for full-time graduate faculty status contains a section on service in which applicants must document the following:
• Leadership in state, regional or national professional organizations as evidenced by: a) Offices held or committees chaired, name or organization and dates. b) Membership on major committees, name of organization and dates.
• Community service activities including membership on advisory boards as well as participation in community service agencies.
• Title of workshops and consultations (professional service activities applying one’s discipline to specific community needs), name of sponsoring group and dates.

During the site visit, discussion ensued about the overlap between service and research projects, and faculty provided an excellent example of the overlap between the program’s service and research activities. This example, the community health indicators project, is being carried out by the Coastal Health District and the United Way. Primary faculty are providing leadership in working with the community, advising and assisting on the development of community assessment tools, etc.

The self-study provides numerous examples of service at the international, state, national and local levels and defines outcome measures for judging success in service. The program has met all of its targets, though the lack of precise definition of terms, such as “significant” service activities, makes it difficult to verify the program’s performance data.

The self-study document lists seven students who have been involved in faculty service, though faculty indicated that student participation in service is likely under-reported. The activities documented in the self-study include participation, alongside faculty members, in community coalitions and with organizations, providing consultation and technical assistance.

### 3.3 Workforce Development.

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

This criterion is met. The MPH faculty complement, as a whole, is extremely active in issues relating to the local workforce. The program coordinator, in particular, is very well connected to local, regional and state public health leaders, and he serves as a primary conduit for the program’s multi-level engagement in workforce-related activities, incorporating new faculty members into the system. The MPH Advisory Committee is the primary venue through which the program assesses community workforce development needs. The program is currently engaged in collaboration with Savannah State University and Healthcare Georgia’s “Partner Up” campaign for public health. The program is also a member of a consortium of all programs and schools of public health in the University System of Georgia. Of note is AASU’s involvement and leadership in conducting a needs assessment for the state of Georgia on MPH workforce activities.
The self-study provides a list of continuing education initiatives. Issues are wide-ranging and appear to be of interest to the public at large. Programs include topics such as disability awareness, the Affordable Care Act, human trafficking awareness, public health data issues and smoking cessation projects. Attendance appears to be as intended for each event, with numbers ranging from 15-200. The program used a variety of methods to identify the topics and speakers, including by direct request from local workforce partners. This process is largely built upon faculty members’ relations with key stakeholders in the community.

Community stakeholders and alumni recommended that AASU may want to consider including the following topics/courses for future workforce development activities: 1) grant writing; 2) emergency preparedness; and 3) management and supervisory training tailored to the state’s public health workforce needs.

The MPH program collaborates with other institutes of higher learning as well as health departments, the American Red Cross and other appropriate groups. The program currently plans to reintroduce the Graduate Certificate in Public Health in January 2014. This certificate program was previously offered, but was discontinued in 2010. Site visitors noted that, while the certificate program is responsive to workforce needs, it has the potential to place a drain on already-strained resources. Also, AASU does not currently have an established department of continuing education. Such a department would be helpful in facilitating CEU and CME support for programs.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program maintains a primary faculty complement of five for the single concentration in public health education. Each of the five have doctoral degrees, and all faculty have either formal training or extensive experience in public health. Two of the primary faculty have DrPH degrees and another has an MPH.

The program also is supported by eight additional AASU faculty with appointments in the HSD. All hold doctoral degrees and teach core and elective courses to MPH students. Finally, five part-time faculty, four of whom are doctorally prepared, are available to teach core or elective courses.
4.2 Faculty Policies and Procedures.

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

This criterion is met. All faculty are guided by policies, procedures and guidelines included in the AASU Faculty Handbook, which is accessible on the university's website. Policies address governance and the role of the faculty Senate; identify the standing committees of the university; set forth evaluation and employment policies and procedures; and define faculty rights and responsibilities.

Faculty development is provided through three university offices: Faculty Development, Grants and Sponsored Programs and Online and Blended Learning. Through these resources faculty may access one-on-one tutorials and grant writing workshops.

AASU operates under a tenure system, and all faculty are reviewed annually through the completion of an Annual Professional Activities Report (APAR) and the Annual Faculty Evaluation (AFE). Additional reviews include pre- and post-tenure review, reappointment ballots, Faculty Peer Evaluation (FPE), review for Graduate Faculty status and student course evaluations (FACE).

The APAR is completed each January and reviews faculty activities in teaching (60%), scholarship (20%) and service (20%). The department head meets with each faculty member to review the report. The APAR and the department head's assessments become the AFE, which is submitted to the college dean and provost.

All courses are evaluated by students at the close of the term through the Faculty and Course Evaluation (FACE) program, overseen by the university's Office of Institutional Research. The office reports data to the faculty member, the department head and the dean.

Promotion and tenure is guided by HSD and CHP guidelines, the AASU Faculty Handbook and Board of Regents policies. Pre-tenure reviews occur in a faculty member's third year, and post-tenure review occurs the year after tenure has been granted. Tenure and promotion decisions are reviewed by the department head and tenure and promotion committees at both the departmental and collegiate levels.

4.3 Student Recruitment and Admissions.

The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program’s various learning activities, which will enable each of them to develop competence for a career in public health.
This criterion is met. Personal referrals and online promotion serve as the program’s most effective recruitment tools. The COHP’s coordinator of recruitment and retention and the resources of the School of Graduate Studies also provide significant support to the program’s recruitment efforts. The program has also secured funds to provide scholarships for disadvantaged students, and funding serves as an additional recruitment tool.

Applicants must complete the graduate school’s general application and must submit supplemental program application materials. The School of Graduate Studies provides all completed applications to the program coordinator, and the program coordinator completes the MPH Program Admission Score Sheet. The sheet includes information on undergraduate GPA, verification of minimum test scores (GRE ≥ 286 or MAT ≥ 400) and numerical ratings (1-100) on the applicant’s letter of intent and personal references. The sheet also documents public health-related work experience. There are minimum scores for each element on the sheet, but the admissions decision is based on the applicant’s total score across all elements. The program uses a rolling admissions process and admits all students who meet or exceed all of the quantitative thresholds on individual score sheet elements and overall score. If the program has more qualified applicants than it can accommodate (which has occurred), students who applied latest are delayed admission for one semester.

Over the last four years (2013 data were incomplete at the time of self-study submission), the program has received 210 applications, has admitted 127 individuals and has enrolled 75 students. New students in a given year have varied from 17 to 26. The total enrollment during each academic year has been increasing. Data for 2010-2012 indicate 41, 50 and 65 students enrolled per year, with a mix of full-time and part-time students.

The program tracks the quantitative elements from the admissions score sheet individually over time as indicators of its success in enrolling qualified students. These include GPA, GRE verbal, GRE quantitative, letter of intent score, professional reference score and total admissions score. Each year shows data significantly higher than target levels.

**4.4 Advising and Career Counseling.**

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

This criterion is met with commentary. The program coordinator makes an initial advisor assignment for each student based on the letter of intent submitted with the application, attempting to match interests and expertise. Students may select another advisor after enrollment at any time. The program provides an orientation session before the beginning of each term, and all students meet with their assigned
advisors during orientation. After this initial contact, no advising is required, though the program actively encourages students to schedule appointments with advisors.

The university defines official advisement periods in both fall and spring and official advisement days before the beginning of each term. Students may request an appointment with their assigned academic advisors during these time periods. The self-study indicates, “MPH faculty typically will advise students outside of these periods as well when requested.” On site, both students and faculty indicated that advising goes on throughout the academic year, in formal and informal setting. Students praised the open-door policy, and faculty noted their priority on providing individually-tailored advice and attention to each student.

In terms of career advising and professional development, the program maintains and electronically disseminates a list of career resources and specific vacancy announcements. The program also cites connections to community agencies through paid graduate assistantships and practicum experiences as sources for employment opportunities. The program also fosters networking opportunities: there is a LinkedIn page for students and alumni, and faculty invite community practitioners into the classroom as guest speakers.

The program also offers funding for student conference attendance and encourages participation in Georgia Public Health Association and American Public Health Association meetings. Student-led organizations, including the Health Sciences Student Association and the Graduate Student Coordinating Council provide additional opportunities for professional development and networking.

The program tracks satisfaction with advisement through its exit survey and targets 80% or more of students will rate advising as good or excellent. The program’s performance exceeds the target for two of the last three years with rates in the 90s. The 2012 exit survey reported only 75% who rated advisement as good or excellent, and faculty intend to continue to monitor this measure to determine whether satisfaction is truly declining. Available information suggests that this may be an anomaly.

The commentary relates to a lack of precise information on student satisfaction with career advising. The program tracks responses to the exit survey question “I feel that I am academically well qualified for the career I am going to enter” as a related measure, and the program also cites university-wide data that includes responses from MPH graduates but draws on a large pool and rates satisfaction with the university’s Career Services Department. None of these measures specifically target the program’s public health-specific career advising. The program’s response highlights an exit survey question that relates to advisement in general, but students may have differing levels of satisfaction with academic advisement.
and career advisement, and questions that address these issues individually may produce more useful data.

The program uses graduate school policies for complaints and appeals. These procedures are detailed and clear. Procedures involve the course instructor, program coordinator, department chair, dean, School of Graduate Studies staff and/or committees and provost, depending on the nature of the complaint and level of inquiry/appeal. The program also accommodates informal complaints through individual faculty members and the program coordinator. No students have filed formal complaints in the last three years. The program resolved one informal complaint, which related to an instructor’s teaching methodologies.
Agenda
COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT
Armstrong Atlantic State University
Public Health Program
September 12-13, 2013

Thursday, September 12, 2013

8:30 am  Site Visit Team Request for Additional Documents
          Dr. Sandy Streater
8:45 am  Team Resource File Review
9:30 am  Break
9:45 am  Meet with Program and Department Administration
          Dr. Sandy Streater
          Dr. Sara Plaspohl
10:45 am Break
11:00 am Meet with Faculty Related to Curriculum and Degree Programs
          Dr. David Adams
          Dr. Nandi Marshall
          Dr. Sara Plaspohl
          Dr. Leigh Rich
          Dr. Rod McAdams
          Dr. Bryan Riemann
          Dr. Bob LeFavi
12:00 pm Break
12:15 pm Lunch with Students
          Sharee Ashford,
          Temberly Mitchell
          Sherril Rawlinson
          Michelle Pompei
          Ade Adedokun
          Udo Obiechefu
          Allison Rollins
          Femi Taiwo
1:15 pm  Break
1:30 pm  Meet with Faculty Related to Research, Service, Workforce Development, Faculty Issues
          Dr. Sandy Streater
          Dr. David Adams
          Dr. Nandi Marshall
          Dr. Sara Plaspohl
          Dr. Leigh Rich
2:30 pm  Break
2:45 pm  Resource File Review and Executive Session
3:45 pm  Break
4:00 pm  Meet with Alumni, Community Representatives, Preceptors
          Beryl Brooks
          LeKara Simmons
          Christopher Newman
          Melissa Reams
          Hilton Fordham
5:00 pm  Adjourn

Friday, September 13, 2013

8:30 am  Meet with Institutional Academic Leadership/University Officials
Dr. David Ward
Dr. John Kraft

9:15 am  Break

9:30 am  Executive Session and Report Preparation

12:30 pm  Exit Interview