AUGUSTA UNIVERSITY

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Public Health Program
Council on Education for Public Health
Self-Study Document

Final Draft

April 18, 2022

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Introduction

1. Institutional Environment

a. Year institution was established and its type (e.g., private, public, land-grant, etc.)

Augusta University is a dynamic, comprehensive research university offering more than 150 areas of study through undergraduate, graduate, professional, and post-professional programs. On December 10, 1828, Augusta University's history began with the official founding of the Medical College of Georgia (MCG). Accreditation did not exist at the time of MCG's founding, but in 1907, MCG became accredited by the Council of Medical Education. In 1942, the Liaison Committee on Medical Education (LCME) was formed, which became the current accrediting body for medical programs, including MCG. As the city of Augusta continued to grow and expand to meet the needs of the community, other institutions were born, with each creating their own legacy.

In 1926, the Junior College of Augusta, which eventually became Augusta University, was formed and initially accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), the regional accrediting agency for the Southern U.S. states. Between 1956 and 1969, the MCG added schools of Nursing, Graduate Studies, Allied Health Sciences, and Dentistry. In 1973, the MCG became accredited by SACSCOC, reflecting the institution's expansion from solely medical education to overall health science education. The Medical College of Georgia was renamed to Georgia Health Sciences University in 2011. In 2012, SACSCOC approved the consolidation of Augusta State University and Georgia Health Sciences University to establish Augusta University (named Georgia Regents University at the time), with the Georgia Board of Regents formally ratifying the consolidation in January 2013. SACSCOC granted continuing accreditation with no recommendations to Augusta University in December 2016.

Augusta University's mission is to provide leadership and excellence in teaching, discovery, clinical care, and service as a student-centered comprehensive research university and academic health center with a wide range of programs from learning assistance through postdoctoral studies. Augusta University incudes ten colleges and schools, the Augusta University Medical Center, the Children's Hospital of Georgia, and outpatient clinics. Fall 2020 enrollment noted 9,565 students, with 5,675 undergraduate students (59%), 1,921 graduate students (20%), 1,326 professional students (14%), and 643 post-professional students (7%). Of those fall 2020 students, there were 6,122 female students (64%), 3,443 male students (36%), 7,804 full-time students (72%), and 1,761 part-time students (18%). Dedicated to training the next generation of innovators, leaders, and health care providers, Augusta University employs a total of 12,116 individuals, including 1,722 faculty (14%). As of fiscal year 2021, Augusta University holds an R2 Carnegie Classification with a National Institute of Health Medical School Ranking of 73. In addition to CEPH, Augusta University reports to over 20 specialized accreditors in such areas of business, clinical laboratory science, computer science, education, nursing, and physical therapy.

b. number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

Founded in 1828, the university currently includes ten colleges and schools. At the institutional level, the following number of degrees are offered:

Level of Degrees offered	Number
Bachelor's	60
Master's	44
Doctoral	19
Certificate	40

A complete table of degrees offered by college is located in the ERF: Intro 1 -> Intro1bDegreeProgram

c. number of university faculty, staff and students

Augusta University currently supports 10,000 students, 1,000 full-time faculty members and 5,000 staff members. The Medical College of Georgia includes a partnership campus in Athens, Georgia, and satellite campuses in the Georgia cities of Albany, Rome and Savannah.

d. brief statement of distinguishing university facts and characteristics

The University System of Georgia (USG) includes twenty-six higher education institutions, the Georgia Public Library Services, and the Georgia Archives. Of the twenty-six institutions, four are research universities, including Augusta University. Established in 1931, the Board of Regents of the University System of Georgia provides oversight to the USG's entities and currently consists of nineteen members, five state-at-large members and fourteen from each Georgia congressional district, who elect a chancellor. The Board of Regents defines Augusta University as Georgia's health/sciences/medical college. Augusta University is home to the Medical College of Georgia, the nation's eighth-largest and 13th-oldest medical school, and to the state's only dental school, The Dental College of Georgia. The Medical College of Georgia includes a partnership campus in Athens, Georgia and satellite campuses in the Georgia cities of Albany, Rome, and Savannah. The Georgia Cancer Center at the Medical College of Georgia brings together a team of basic science researchers, clinicians, radiation oncologists, nurse navigators, and patient support staff to create a community fostering innovation and care focused on improving the lives of our patients.

Augusta University also houses the state's largest College of Nursing. Augusta University's Health Sciences Campus is the home of the state's only public academic medical center. Its Riverfront Campus is located in Augusta's growing cybersecurity corridor and houses the state-owned Georgia Cyber Center, a state-of-the-art cyber center that includes the university's School of Computer and Cyber Sciences.

Augusta University's organizational structure includes a senior leadership group of twelve officers who report to the university president. This group includes eight executive or senior vice presidents (academic affairs/provost, administration, finance, health affairs, legal affairs, medical affairs and integration, operations, strategic partnerships and economic development) and four officers who oversee audits and compliance, athletics, information technology, and AU Medical Associates. The executive vice president for academic affairs and provost is responsible for the oversight of the ten colleges and schools.

e. names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds.

Augusta University is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), with many of the academic programs holding specialized or programmatic accreditation. A complete list of current accreditations can be found here: https://www.augusta.edu/ie/accreditation.php#specialized.

Dr. Lester Pretlow, who was appointed Interim Dean in June 2017 and appointed Dean in April 2018, leads the College of Allied Health Sciences (CAHS). The CAHS awards 17 bachelors, masters, and doctoral degrees and post-baccalaureate certificates in 14 disciplines with fully accredited programs in eleven academic focus areas: Clinical Laboratory Science, Dental Hygiene, Health Informatics and Information Management, Medical Illustration, Nuclear Medical Technology, Occupational Therapy, Physician Assistant, Physical Therapy, Public Health, Radiologic Sciences, and Respiratory Therapy. Allied health training at Augusta University dates to 1937, and the college remains on the leading edge of national trends and advances in science,

technology, and professionalism. An early proponent of interdisciplinary and distance education, the CAHS offers clinical opportunities for faculty and students through the Allied Health Sciences Practice Group and has a state-of-the-art mobile student laboratory for education in Lawrenceville, Georgia. The U.S. News & World Report has consistently ranked CAHS graduate programs, including its nationally recognized “Physician Assistant” program.

f. brief history and evolution of the public health program (PHP) and related organizational elements, if applicable (e.g., date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

The Augusta University Master of Public Health (MPH) was approved by the Board of Regents of the University System of Georgia in 2005, when the institution was known as the Medical College of Georgia. The program admitted its first student cohort in fall 2005 and was accredited by the Council on Education for Public Health (CEPH) in fall 2009 and reaccredited in 2014. In 2015, the MD-MPH dual degree and MPH concentration in Social Behavior Science SBS (IPPH) was proposed. Dr. Pavani Rangachari served as MPH program director from fall 2011 through December 2015. In January 2016, Dr. Yoon-Ho Seol was appointed as the MPH Program Director through October 2017. Also, in the same year, the MD-MPH dual degree was approved, and the first student was admitted later that fall. The MPH in Social Behavior Sciences was also approved, with the first student admitted in spring 2017. Dr. Stephen Coughlin was appointed as the MPH Program Director in November 2017 and served until August 2018. In 2018, the maximum time allowed to complete the MPH program increased to 5 from 4 years to align with The Graduate School protocol. Dr. Vivian Dicks was appointed as the MPH Program Director in September 2018. In July 2020, Dr. Islam was appointed as the MPH Interim Program Director.

At Augusta University (AU), graduate programs including the MPH program have an *administrative home* and an *academic home*. This arrangement is similar to other universities in the country, in which the administrative home (known as The Graduate School at AU) oversees the academic progression of students and assists in managing the admission and graduation processes for graduate programs. The administrative home provides the leadership, support, resources and services to carry out the strategic missions of the university to ensure alignment and smooth operations of the graduate programs, including the MPH program.

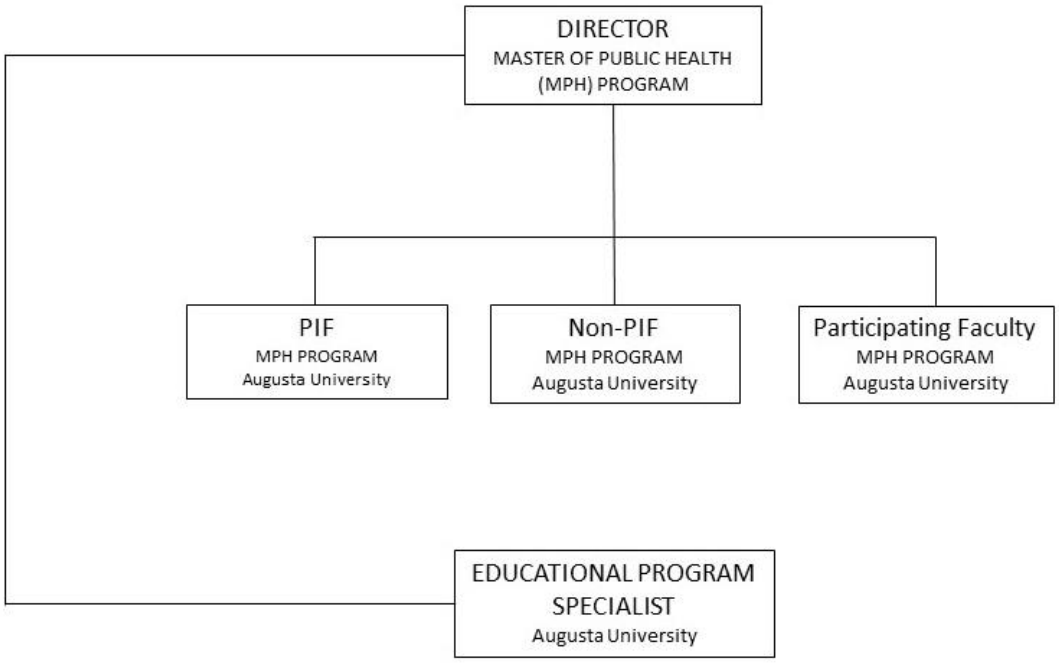
On the other hand, the management of the MPH course offerings are carried out by the program's faculty within the College of Allied Health Sciences (CAHS) homed in the Department of Interdisciplinary Health Sciences. These activities include managing the program's curriculum, selection of students, program entry orientation, course registration, grade reporting, and all matters related to the fulfillment of course requirements including research projects and internships.

The MPH Program Director works with multiple self-governing committees and the Augusta University Public Health Consortium to coordinate the program. The Consortium leadership is made up of faculty from the Institute of Public and Preventive Health (IPPH), the Medical College of Georgia (MCG), and the College of Allied Health Sciences (CAHS). The Consortium works closely with the MPH Program Director to support the MPH program in several ways. For example, faculty members from the Department of Population Sciences and IPPH teach MPH core and elective courses without charging FTE to the MPH program. In 2020 with input from the Augusta University Provost, the Consortium recruited and filled a Senior Program Director position to lead the desired improvement and expansion of the MPH program. This position is housed within IPPH with joint appointments in CAHS and Population Health Sciences, and the MPH Program Director meets regularly with consortium leadership. The MPH program offers a Master of Public Health in two concentrations, a dual degree MD/MPH, and a graduate certificate in Public Health.

2. Organizational Charts

a. the program's internal organization, including the reporting lines to the dean/director

Intro 2a. MPH Program Organization Chart

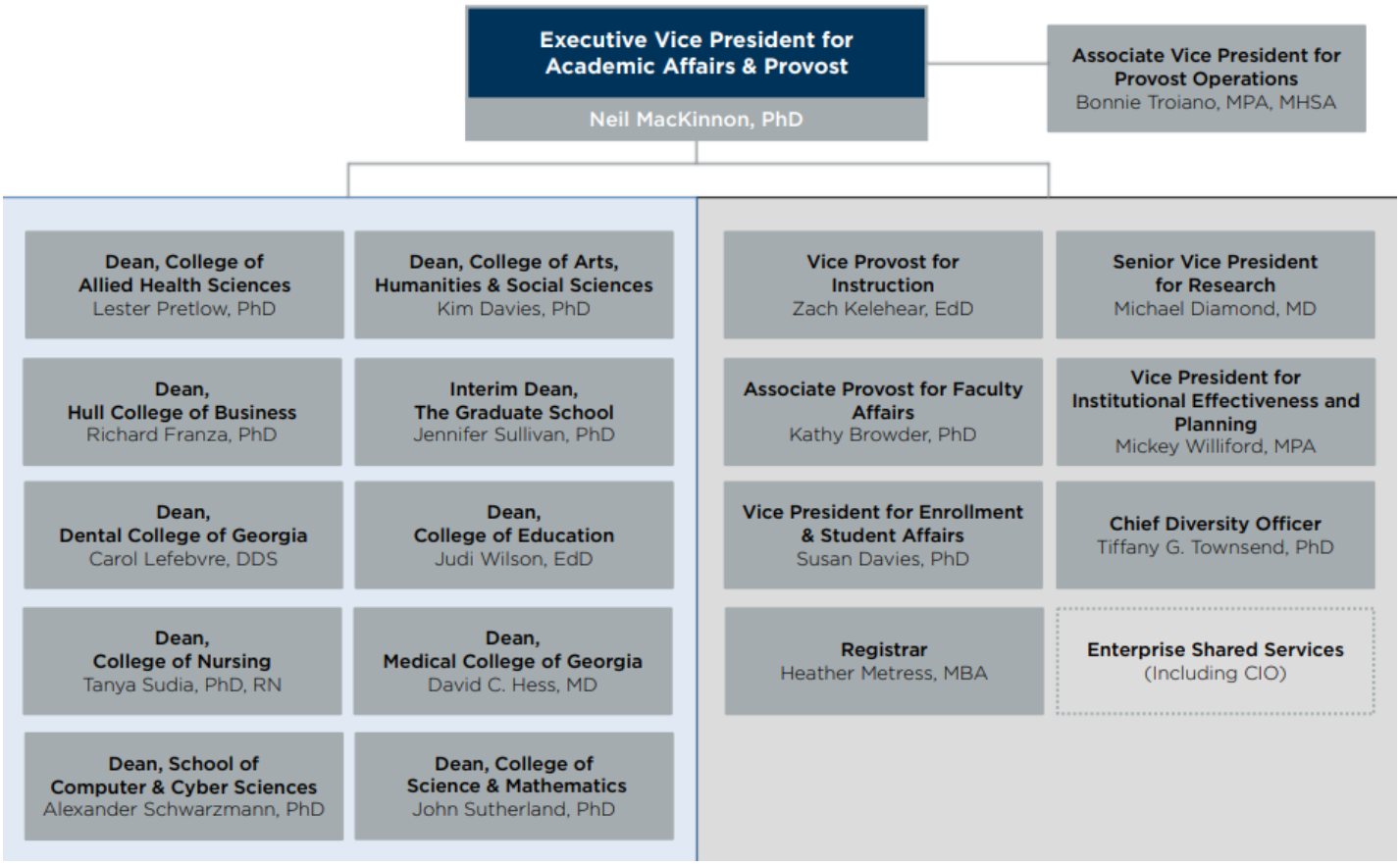


A copy of this organization chart can be found in the ERF: Intro 2->Intro2aOrgChart.

b. the relationship between program and other academic units within the institution. Ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines.

The College of Allied Health Sciences and the Graduate School comprise two of 10 colleges at Augusta University. Augusta University is a unit of the University System of Georgia (USG). USG institutions maintain active partnerships with business and industry, cultural and social organizations, and the government, to analyze, project, and respond to changing state and regional needs to support Georgia's economic and cultural development and to ensure that its graduates are prepared for the future. The USG Constitutional Board of Regents (BOR) establishes clear policies and review procedures that promote the continuing improvement of every unit and of the system as a coordinated whole. These policies and procedures encourage initiative, innovation, and responsible stewardship. The BOR consists of one member from each congressional district in the State and five additional members from the state at large, appointed by the Governor and confirmed by the Georgia senate. The government, control, and management of the USG and all of the institutions in the system are vested in the Board of Regents of the University System of Georgia. The bylaws of the BOR are located at: http://www.usg.edu/regents/bylaws.

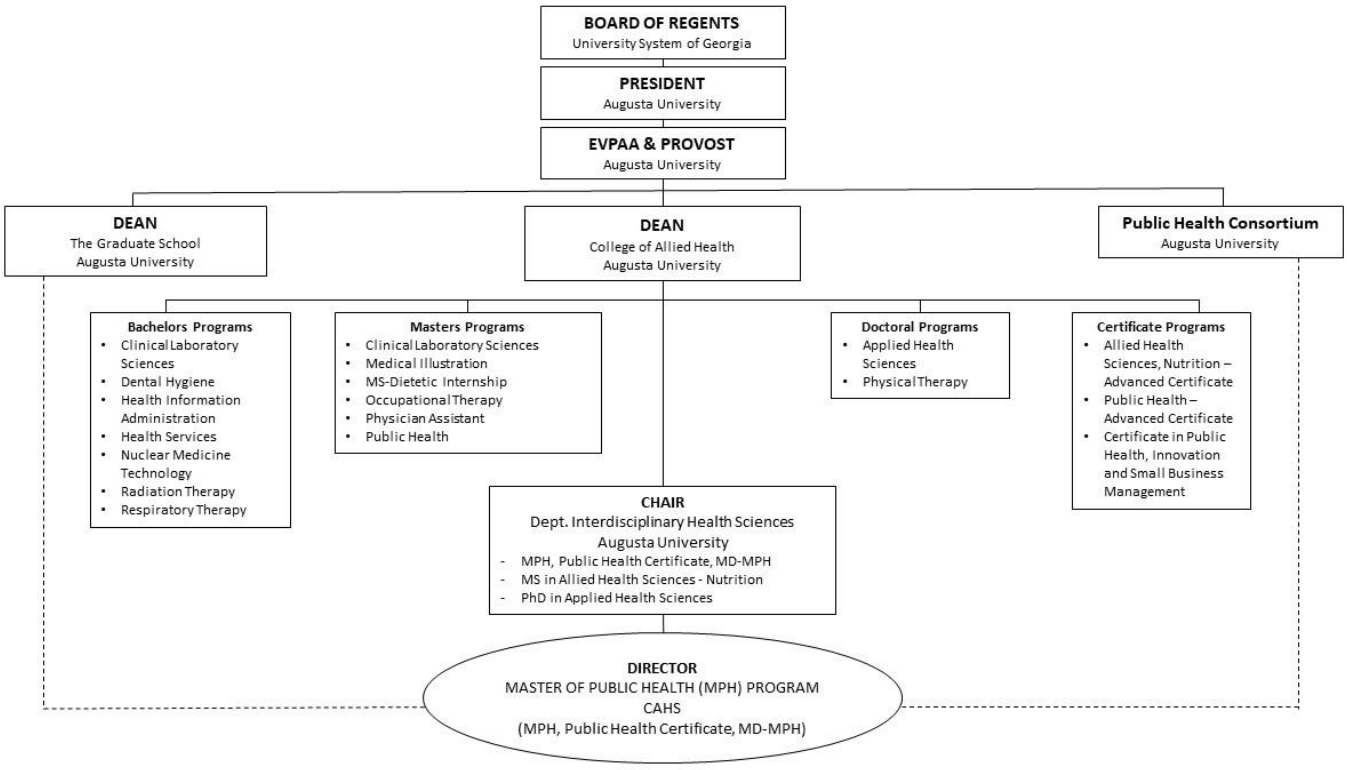
Intro 2b. Academic Units Organization Chart



A copy of this organization chart can be found in the ERF (Intro 2->IntroAcadUnitsOrgCht).

c. the lines of authority from the program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (e.g., reporting to the president through the provost).

Intro 2c. Institutional Organization Chart



A copy of this organization chart can be found in the ERF: Intro 2->OrgChartforMPH.

The MPH program is held accountable by and has direct access to three senior institutional officials, i.e., the Chair of the Department of Interdisciplinary Health Sciences, the Dean of the College of Allied Health Sciences, and the Dean of the Graduate School (TGS). The MPH Program is accountable to the Chair of Department of Interdisciplinary Sciences for resource utilization and overall program quality, and the program reports to The Graduate School in regard to student services and student learning outcomes.

d. for multi-partner programs (as defined in Criterion A2), organizational charts must depict all participating institutions

Not applicable.

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

Instructional Matrix - Degrees and Concentrations				
			Campus based	**Distance based**
Master's Degrees		**Academic**		
MPH - Health Management		MPH	Y	
MPH - Health Informatics		MPH	Y	
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)				
2nd Degree Area	**Public Health Concentration**	**Academic**		
MD	MPH – Health Management	MD/MPH	Y	
MD	MPH – Health Informatics	MD/MPH	Y	

2) Enrollment data for all of the program's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2.

Degree		**Current Enrollment**
Master's		
	MPH Total of all Concentrations	70
	MPH - Health Management Concentration	47
	MPH - Health Informatics Concentration	21
	MPH - Environmental Health*	1
	MPH - Social Behavioral Sciences*	1
	MD/MPH	0*
*Note: Effective Spring 2019, our MPH program no longer accepted students for the Environmental Health and Social Behavioral Sciences concentrations. Due to implementation of the new curriculum of the MD program, MD/MPH enrollment was halted for the past three years. There is a new agreement with the MD program that will allow the MD/MPH program to resume in fall 2022.		

A1. Organization and Administrative Processes

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

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

The program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (e.g., participating in instructional workshops, engaging in program specific curriculum development and oversight).

1) List the program's standing and significant ad hoc committees. For each, indicate the formula for membership (e.g., two appointed faculty members from each concentration) and list the current members.

- Capstone and Internship Committee
  - Formula for membership:
    - MPH core faculty members and student representative
  - Members:
    - Dr. Andrew Balas, faculty
    - Dr. Tran Nguyen, faculty
    - Dr. Yoon-Ho Seol, faculty
  - Frequency of meeting:
    - Twice a year
  - Purpose:
    - Develops, reviews and establishes the criteria for appropriate processes, guidelines and deliverables for the Internship and Capstone courses. It is intended to facilitate the applied practice and integrated learning experience of MPH students.
    - Discusses and revises the course processes and implement the timeline of course requirements; review and update the Internship and Capstone manuals; review and reflect on student evaluations; ensure compliance with accreditation criteria set forth by CEPH.

- Community Advisory Board
  - Formula for membership:
    - The members of the MPH Advisory Committee represent experienced individuals from various disciplines relevant to the public health field. The MPH Advisory Committee consists of academic administrators, practicing public health professionals, researchers and a student representative.
  - Members:
    - Dr. Dean Seehusen (CAB Co-Chair); department chair (Family Medicine)
    - Dr. Andrew Balas (CAB Co-Chair); faculty
    - Dr. KM Monirul Islam; program director
    - COL Carlene A.S Blandin; community member, Eisenhower Army Medical Center
    - Dr. David Fallaw; Chief Medical Information Officer at AU Health
    - Lindsay Chandler; MPH student
    - Denise Kornegay; Executive Director, Statewide AHEC
    - Dr. Tran Nguyen; faculty
    - Michael McCauley; community member, owner of Fleet Feet Augusta
    - Jessica Lewis; MPH student
  - Frequency of meeting:
    - Members meet twice a year and serve for a renewable term of two years.
  - Purpose:

        - Evaluates the mission, values, goals, and objectives of the public health programs. In order to achieve the goals of the program, the MPH Community Advisory Committee guides to ensure the program meets the needs of our constituencies and develops skills needed by graduates to perform exceptionally in the field of public health. The MPH Advisory Committee's contribution to the public health programs is advisory with the final decision for change resting with the program leadership.

- Curriculum
    - Formula for membership:
        - MPH Program Director (Chair)
        - One faculty member representing each concentration
        - MD/MPH faculty
        - Educational Program Specialist (non-voting member)
        - One Ad hoc faculty member, and
        - MPH student representative
    - Members:
        - Dr. KM Monirul Islam (PD); program director
        - Dr. Andrew Balas (HM); faculty
        - Dr. Yoon-Ho Seol (HI); faculty
        - Dr. Marcel D'Eon
        - Phillip McCants (Educational Program Specialist); staff
        - Dr. Ban Majeed, non-PIF
        - Dr. Lorriane Odhiambo ad hoc faculty,
        - John Yi and Joseph Aguilar, MPH students
    - Frequency of meeting:
        - Twice a year (fall and spring)
    - Purpose:
        - Evaluates, makes recommendations, and approves matters related to curriculum assessment, program improvement, and related policies. Specifically, review the MPH curriculum, course syllabi, course evaluations, and assess alignment between learning objectives in course syllabi and MPH Program Competencies (core and concentration-specific). Based on Student Learning Outcomes (SLOs), the curriculum committee will see if there is a need for any adjustments/improvement to instructional activities. Any gaps identified are reported to the MPH Leadership for further action.

- Diversity
    - Formula for membership:
        - Two faculty representatives
        - Administrative staff representative, and
        - MPH student representative
    - Members:
        - Dr. Lorriane Odhiambo (Chair), ad hoc faculty
        - Dr. KM Monirul Islam (Associate Professor), program director (PD)
        - Phillip McCants (Educational Program Specialist), staff
        - Angela Scott (Office Coordinator), staff
        - Dr. Aaron Johnson, Non-PIF faculty
    - Frequency of meeting:
        - Monthly to start, then quarterly
    - Purpose:
        - Promotes DEI efforts that align with ODI and student success initiatives. The committee will hold discussions in spring 2022 with relevant

stakeholders to solicit feedback on the outlined plans. The plan will include an assessment of need, proposed activities for DEI, and outcomes assessment. The plan will be shared with all MPH faculty.

- Self-Study and Accreditation (ad hoc)
  - Formula for membership:
    - MPH Program Director
    - Core MPH Faculty
    - Other Faculty, including CAHS
    - MPH student(s)
  - Members:
    - Dr. KM Monirul Islam (PD), program director
    - Dr. Tran Nguyen, faculty
    - Dr. Yoon-Ho Seol, faculty
    - Dr. Andrew Balas, faculty
    - Dr. Lorriane Odhiambo (Diversity Committee Chair), participating faculty
    - Phillip McCants (Educational Program Specialist), staff
    - Kim Dyches (IPPH), staff
    - Jennifer Jaremski (IPPH), staff
  - Frequency of meeting:
    - As needed to update/review re-accreditation progress
  - Purpose:
    - To assure the proper process that involves stakeholders and their response; completes essential elements in a timely manner.

- Student Engagement and Affairs
  - Formula for membership:
    - MPH core faculty members, staff member, and student representatives
  - Members:
    - Dr. Yoon-Ho Seol and Dr. Tran Nguyen (co-chairs); faculty
    - Phillip McCants (Education Program Specialist); staff
    - Katie Pinkerton and Chelsea Paulding; MPH students
  - Frequency of meeting:
    - Twice a year (March & September)
  - Purpose:
    - Recommends policies, procedures, and events for MPH students to the program leadership.

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

a. degree requirements

The Curriculum Committee is responsible for modifying the degree requirements, course development or course modification, and credit hour adjustment. Any programmatic changes will go to the College of Allied Health Sciences and The Graduate School for approval via the university's electronic Curriculog system. Augusta University uses Curriculog to provide an electronic approval system for creating, modifying, and accessing degree programs, individual courses, and catalog information.

Curriculog is an online interface that allows users to propose, create, assess, revise, approve, and implement courses and programs. Additionally, faculty and staff involved in at the departmental, college, and/or the University level may view the progress of their proposals from start to finish. The goal of using Curriculog is to maintain an accurate account of all course offerings and degree programs at Augusta University.

The following reference notes processes for curriculum-related actions:

- Curriculog: https://www.augusta.edu/registrar/curriculog/index.php

b. curriculum design

Any MPH Primary Faculty can propose a new course. The MPH Curriculum Committee is part of the review process for evaluating current courses and new course development. New courses are required to be approved by the CAHS Curriculum Committee before the final approval by the Dean of The Graduate School.

- New course approval process: https://www.augusta.edu/registrar/curriculog/documents/new-course.pdf
- New course proposal: https://www.augusta.edu/registrar/curriculog/proposal-types.php#NewCourse

c. student assessment policies and processes

The MPH Student Engagement and Affairs Committee recommends policies, procedures, and events for MPH students to the program leadership. The Curriculum Committee is responsible for the management and oversight of the Student Learning Outcomes (SLOs) assessment process, the results of which are reviewed annually by the Curriculum Committee.

d. admissions policies and/or decisions

Core MPH Faculty review qualified candidates for fall and spring admission. Candidates are screened first by the Office of Academic Admissions, then by the MPH Education Support Specialist before a final recommendation by MPH faculty are determined. Applicants are recommended for admission are approved by the deans (or his designee) of both the College of Allied Health Sciences and The Graduate School.

e. faculty recruitment and promotion

Faculty recruitment and interviews in general (including the MPH program) are carried out by MPH program's search (ad hoc) committee and approved by the Department Chair and CAHS Dean. Promotion and tenure follow the university policies and procedures. The faculty's portfolio is reviewed at the department level, followed by the college, then the university.

See Promotion and Tenure Guidelines here: https://www.augusta.edu/hr/faculty-support-ser/procedures/documents/cahs_pt_guidelines_2017-2018.pdf

See Faculty Recruitment Policies here:
https://www.augusta.edu/compliance/policyinfo/policy/faculty-recruitment-policy.pdf

f. research and service activities

The MPH Internship & Capstone Committee facilitates the applied practice and integrated learning experience of MPH students, which includes research and service activities.

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

Administration

- USG Policy Manual: https://www.usg.edu/policymanual/
- University Policy Library: The university policy library is the central repository for university-level policies and procedures. Policies that apply to all Augusta University students, faculty, and staff are developed and approved through appropriate governance and administrative processes and maintained by the offices responsible for their implementation. A complete repository of university policies can be found here: https://www.augusta.edu/compliance/policyinfo/policies.php

Faculty

- Office of Faculty Affairs: https://www.augusta.edu/afa/
- Faculty Promotion and Tenure Process: https://www.augusta.edu/hr/faculty-support-ser/procedures/promotionandtenure.php
- CAHS Faculty Handbook: https://www.augusta.edu/alliedhealth/faculty/council/documents/cahs-faculty-handbook-2018-19-version-120219.pdf

Students

- The Graduate School Forms, Policies and Procedures: https://www.augusta.edu/gradschool/student-resources.php
- CAHS Student Policies: https://www.augusta.edu/alliedhealth/current-students.php
- MPH Student Handbook – PDF in ERF (Criterion A1-> A1.3 Bylaws_Policy documents-> MPHHandbook)
- MPH Internship Manual – PDF in ERF (Criterion A1 -> A1.3 Bylaws_Policy documents-> MPHInternManual)
- MPH Capstone Manual – PDF in ERF (Criterion A1 -> A1.3 Bylaws_Policy documents-> MPHCapstoneManual)

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

Dr. Tran Nguyen is a member of the CAHS Diversity, Equity, and Inclusion Initiative, and the AU Faculty Rights & Responsibilities Committee.

Dr. Yoon Ho Seol is/has been a member of the following department and college committees:

- CAHS - Strategic Planning Team in Education (2021)
- Public Health Initiative - Director search committee (2021)
- CAHS - Associate Dean for Clinical Practice search committee (2020)
- CAHS - Promotion and Tenure Committee member (2016-19) - served as the chair of the committee in 2018
- Department Promotion and Tenure Committee (2019)

Over the last three years, Dr. Andrew Balas has been a member of the following college and university committees:

- University System of Georgia (USG) Well-being Committee (2018-)
- Augusta University P&T Committee (2021-)
- Augusta University Senate (2020-)
- Augusta University Senate Executive Committee (2020-2021)
- Augusta University Well-being Committee (2020-
- AU College of Allied Health Sciences P&T Committee member (2018-2020)
- AU College of Allied Health Sciences P&T Committee Chair (2019-2020)
- AU College of Allied Health Sciences Research Council (2018-)

Dr. Pavani Rangachari is currently a member of the following college and university committees:

- CAHS Research Council: Mentoring Initiative Subcommittee (2019)
- CAHS Departmental Review Committee for Faculty P&T (2019)
- CAHS Research Council (2017-Present)
- AU College of Nursing Pre-Tenure Review Committee (2020)

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

Since Dr. KM Islam's appointment as interim MPH Program Director in July 2020, MPH faculty have met on a monthly basis. As of June 2021, MPH faculty meetings shifted focus to the reaccreditation process.

Part-time and full-time faculty work with MPH students on their Capstone projects, which provides an opportunity for interactions between them.

Meeting minutes and charter documents for the following MPH program committees are located in the ERF:

- Criterion A1-> A1.5 – Faculty interaction:
  - Capstone and Internship Committee folder
    - Minutes92921
    - InternCapCommittee
  - Community Advisory Board
    - Minutes61521
    - MPHAdvisoryBoard
  - Curriculum Committee
    - AgendaSpring2022Meeting
    - Minutes4822
    - MPHCurricCommittee
    - Minutes9721
  - Diversity Committee folder
    - Minutes012522
    - Minutes022322
    - Minutes121421
    - Minutes121421
  - Self-Study and Accreditation Ad Hoc Committee folder
    - MPHSelfstudyCommitte
    - Minutes041321
    - Minutes051121
    - Minutes060821
    - Minutes071321
    - Minutes072721
    - Minutes081021
    - Minutes082421
    - Minutes091421
    - Minutes093021
    - Minutes100919
    - Minutes101221
    - Minutes101921
    - Minutes102621
    - Minutes111819

        - Minutes112321
        - Minutes121621
    - Student Engagement and Affairs folder
        - Minutes92921
        - StudAffairsCommittee

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

Strengths:

- The MPH program is relatively small, with only four PIF. We have created enough permanent and ad hoc committees in order to conducting programmatic business, which improved self-governance and the quality of education, research, and service activities.

Limitation:

- One limitation is that the same group of four faculty members participate in multiple committees with different roles.

Plan to address limitations:

- We plan to expand the program, including increasing the faculty capacity to address this limitation.

A2. Multi-Partner Programs

Not applicable.

A3. Student Engagement

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

1) Describe student participation in policy making and decision making at the program level, including identification of all student members of program committees over the last three years, and student organizations involved in program governance.

   The MPH program is mostly online with students residing across the United States, which requires innovative ways to engage students in MPH programmatic activities via various committees. We took advantage of the AU's student association, which is officially known as the Student Advisory Board. It represents the larger student body and is called upon to solicit advice, concerns, and solutions to issues within the program and its student body. In our program, students are active on most departmental committees and are given the opportunity to volunteer for student representative positions on various committees that govern the MPH program. Students committee members have a voting role on their respective committees and can voice their opinions about issues relevant to the program. Student participation often helps committees in raising awareness of certain issues from the perspective of the student body.

   MPH students engage in the program policymaking and decision-making in various ways, by:

   - Completing surveys conducted by the MPH program, including Current Student Survey, Exit Survey, and Alumni Survey. These surveys provide current and former students an opportunity to provide feedback regarding course content, course offerings, quality of advisement, their internship and culminating experiences, and experiences with administration.
   - Evaluating the quality of faculty teaching via Course evaluations at the end of every class every semester.
   - Becoming an MPH Program Committee Representative. Three MPH Committees hosted by the MPH program include student representatives to their membership:
     - MPH Community Advisory Board, co-chaired by Dr. Andrew Balas, MPH primary faculty, and Dr. Dean Seehusen, Augusta University Medical Center Physician. Student representatives for the Academic Year 2021-2022 included Lindsay Chandler and Jessica Lewis. Both are second-year students. The committee meets twice a year to discuss MPH program matters.
     - MPH Curriculum Committee, founded in 2021 and chaired by MPH Program Director, Dr. Monirul Islam. Student representatives for the Academic Year 2021-2022 include John Ji and Joseph Aguilar. Both are second-year students. The committee meets twice a year to discuss the program's current curriculum assessment through various measures.
     - MPH Student Affairs Committee, founded in 2021 and co-chaired by MPH primary faculty, Drs. Yoon-Ho Seol and Tran Nguyen. Student representatives for the Academic Year 2021-2022 are Chelsea Paulding, a second-year student, and Katie Pinkerton, a first-year student. The committee meets twice a year to discuss student matters collected through MPH program surveys and submits recommendations to the MPH leadership.
   - Health Promotion Student Association – MPH student club
   - Annual Student Focus Group conducted every spring semester, last convened in Spring 2019.

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

Strengths:

- Students have various opportunities to engage in the program's policymaking and decision-making.
- Faculty, students, community, and program administration maintain a close working relationship in communicating the recruitment for committee's student representatives. Thus, students are actively involved in the program's policymaking and decision-making.
- The committees' structure has well-defined tasks and clear lines of accountability for planning and achieving objectives.

Weaknesses:

- Most students work either part-time or full-time and take classes virtually, making less interaction with faculty and students. The situation was worse due to the COVID-19 pandemic in the last few years. There was less enthusiasm among students to participate in MPH self-governing committees.

A4. Autonomy for Schools of Public Health

Not applicable.

A5. Degree Offerings in Schools of Public Health

Not applicable.

B1. Guiding Statements

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

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

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

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

1) A one- to three-page document that, at a minimum, presents the program's vision, mission, goals and values.

The guiding statements of the MPH program have been revised over recent years. Program faculty, staff, students, and advisory board members participated in the development and updating of the guiding statements.

This year, the process started with discussions by the program faculty and followed by the development of a presentation. Subsequently, the Community Advisory Board discussed the presentation and created a Subcommittee/Task Force to develop a streamlined, focused version of the guiding statements (see attached minutes of the Community Advisory Board meeting). Finally, the resulting guiding statements were discussed at the faculty meeting and then shared with the Community Advisory Board for final approval.

The guiding statements of the Augusta University MPH program are the following:

VISION STATEMENT
We envision an MPH program that improves understanding of contemporary health problems and becomes recognized as a champion for health and health equity in Georgia and nationally.

MISSION STATEMENT
Our mission is to study major challenges of contemporary public health and to prepare health professionals, scientists, and leaders for proficient application of interdisciplinary knowledge and skills of disease prevention, health care improvement, scientific research, and health promotion in diverse communities.

OUR VALUES

Collegiality – reflected in collaboration, partnership, sense of community, and teamwork.

Compassion – reflected in caring, empathy, and social responsibility.

Excellence – reflected in distinction, effectiveness, efficiency, enthusiasm, passion, and quality.

Health and Wellness – reflected in a state of complete physical, mental and social well-being.

Inclusivity – reflected in diversity, equality, fairness, impartiality, and respect.

Integrity – reflected in accountability, ethical behavior, honesty, and reliability.

Leadership – reflected in courage, honor, professionalism, transparency, and vision.

GOALS OF THE MPH PROGRAM

The Augusta University MPH Program aims to achieve its mission by doing the following:

Goal 1: Student Success - Our graduates will be prepared to tackle public health challenges and succeed in traditional and emerging public health careers.

Goal 2: Scholarly Research - The program faculty and students jointly engage in the scientific study of major public health issues to develop new knowledge and practical solutions.

Goal 3: Access to Education - The program will actively recruit new students, including working professionals and minorities, and expand public health education.

Goal 4: Community Service - The program will lead and support service initiatives by educating professional and lay audiences and by implementing community-based projects.

STRATEGIES OF THE MPH PROGRAM
Advocate organizational structures and processes that foster communication, collaboration, creativity, inclusivity, and excellence.

Partner with community health systems, rural organizations, and public health stakeholders to design and conduct practical, collaborative research.

Effectively use and teach new technologies, including data science and state of the art information and knowledge management for public health improvement.

Provide service to support the efforts of community health organizations and health systems to address public health challenges and priorities.

Adopt best practices and create new faculty development and leadership models to foster innovation and reward effectiveness in education and research.

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

Program relevant strategic plan
The guiding statements align with Augusta University's mission and vision. The MPH program relevant, strategic educational goals of the last college strategic plan included the following:

Goal 1: We increase student enrollment and diversity
We explore and develop new educational programs, expand opportunities for dual degree and certificate programs, and provide degree completion programs to increase student enrollment.

Goal 2: Increase number of applicants
We provide consistent, extensive recruiting and admissions services that support programs, including personnel to provide students with distance education options. We also develop an increased online presence to facilitate information distribution.

Goal 3: Create faculty development and leadership models to foster innovation
We adopt best practices that identify, nurture, disseminate, and reward educational and research methodologies; support educational research; and recognize faculty with notable achievements in leadership and innovation.

Goal 4: Integrate research activities into the teaching mission
We expand and support student-oriented research projects and fellowship programs, student participation at national research conferences, and dissemination of student research in peer-reviewed publications.

Assessment of Progress
Since the time of last accreditation visit by CEPH, the MPH program has been successful in making progress in various strategic directions, including expansion of the program with new concentrations, substantially increasing enrollment, strengthening online delivery, and growing scholarly productivity of the faculty with integration of research activities into the teaching mission.

There was a decline in support and opportunities for the Public Health program since 2019. It had transient consequences in faculty resources, student enrollment, ability to participate in national public health education network, and sustainability of several concentrations, particularly behavioral health and environmental health.

With changes in the academic leadership at Augusta University, the new leadership structures of the public health program, and upcoming further developments, the MPH program is well-positioned to address temporary resource shortages and lead efforts that will result in substantial further institutional investment and progress.

The college-level strategic plan can be found online:
https://www.augusta.edu/alliedhealth/strategic-plan/index.php

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

SWOT analysis
Our recent self-assessments include the following identification:

Strengths

1. Leader in online education
2. Increasingly meets area public health workforce needs
3. Committed, full-time faculty
4. Several emerging fields in curriculum (IT, resource prioritization)
5. Affordability

Weaknesses

1. Insufficient resources – faculty, scholarships, faculty development opportunities and professional networking
2. Absence of School of Public Health
3. Curriculum lacks several emerging fields of public health like supply chain management or dealing with misinformation and fake news.
4. Diversity – inconsistent cross-cultural competencies

Opportunities

1. Growth of partnerships to increase volume
2. New programs and concentrations in public health
3. Expanded diversity and cultural competency of graduates
4. Enhanced professional development
5. Increased support for scholarship and research

Threats

1. Competing options for public health education within the state/region
2. Inadequate infrastructure and resources
3. Non-competitive infrastructural and faculty support
4. Competition for state's underrepresented minority students

Improvement Plans
The Augusta University leadership and the MPH program are working collaboratively on addressing weaknesses and threats and on developing new initiatives responsive to the identified opportunities.

Fortuitously, the new Provost of Augusta University brought not only expertise in public health education and but also interest in strengthening public health education to our university. During 2021, several important exploratory meetings were organized regarding program strengthening. A leadership visit was arranged to a partnering School of Public Health and a consultant was contracted to provide guidance on moving public health forward at Augusta University.

All these initiatives together can undoubtedly elevate public health education in service of Georgia and rural communities of the Southeast United States. MPH faculty members are engaged in the planning of the guiding statement.

B2. Graduation Rates

The program collects and analyzes graduation rate data for each degree offered (e.g., BS, MPH, MS, PhD, DrPH).

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

1) Graduation rate data for each degree in unit of accreditation. See Template B2-1.

As stated in the MPH Student Handbook, all coursework toward the MPH degree must be completed within five calendar years from the date of credit for the first graduate course in the program.

	***Maximum Time to Graduate:**	**5 years**				
	Cohort of Students	2017-18	2018-19	2019-20	2020-21	2021-22
2017-18	#Students Entered	30				
	#Students withdrew, dropped, etc.	4				
	# Students graduated	3				
	Cumulative graduation rate	13%				
2018-19	# Students entered	23	21			
	# Students withdrew, dropped, etc.	0	1			
	# Students graduated	10	0			
	Cumulative graduation rate	43.3%	0%			
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	13	20	17		
	# Students withdrew, dropped, etc.	0	1	0		
	# Students graduated	7	3	0		

	Cumulative graduation rate	66.7%	14%	0%		
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	6	16	17	17	
	# Students withdrew, dropped, etc.	0	1	0	1	
	# Students graduated	1	6	5	0	
	Cumulative graduation rate	70%	43%	29.4%	0%	
2021-22	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	9	12	16	47
	# Students withdrew, dropped, etc.	0	1	0	1	2
	# Students graduated	1	4	10	1	0
	Cumulative graduation rate	73%	62%	88%	6.3%	0%

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

Not applicable.

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

MPH students are followed in a cohort from their first semester of enrollment until graduation or other outcomes, such as withdrawing from the program. Graduation rates were varied during the observation period (2017-2022) shown in table B2-1. The cumulative graduation ranged from 62% to 88% for the first three cohorts. The last two cohorts of students are still in the program, and the graduation rates for these two years represent partial graduation data. There is a significant proportion of part-time students in our program, which requires a full five years to graduate.

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

Strengths:

- MPH faculty review students who withdraw from the MPH program to better understand the reasons for leaving the program.
- We have a good portion of students are non-traditional part-time students, many of whom work full time and take five years to graduate.

Weaknesses:

- A few students withdrew from the program.

Plans for improvement:

- The program plans to continue to monitor the reasons for withdrawing from the program to address some of the issues related to drop out.
- It may minimize future drop out from the program.

B3. Post-Graduation Outcomes

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

The program achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

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

Post-Graduation Outcomes	2019 Number and percentage	2020 Number and percentage	2021 Number and percentage
Employed	19 (86%)	16 (80%)	TBD 9/2022
Continuing education/training (not employed)	0%	0%	TBD 9/2022
Not seeking employment or not seeking additional education by choice	0%	3 (15%)	TBD 9/2022
Actively seeking employment or enrollment in further education	0%	0%	TBD 9/2022
Unknown	3 (13.6%)	1 (5%)	TBD 9/2022
Total graduates (known + unknown)	22	20	TBD 9/2022

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

MPH program conducts a post-graduation survey each year to follow five outcomes of the graduates. The program calculates an outcomes rate by dividing the number of students who are employed, continuing education/training, not seeking employment or not seeking additional education by choice, actively seeking employment or enrolled in further education, or unknown outcomes by the total number of students whose status is known in the cohort.

Among the survey participants, ≥80% found employment within one year of graduation.

Other than the annual alumni survey, the program gathers alumni employment information through informal conversations between alumni and faculty/staff and social media.

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

Strengths:

- Most students have been employed upon completion of the MPH program.
- At the university level, students have access to career service support. MPH students are taking advantage of this program.

Weakness:

- No formal career counselor at the MPH program.

Plans for Improvement:

- We are a growing program and the number of admissions grows yearly.
- A plan to improve career counseling utilizing Augusta University's faculty counseling for students seeking employment.

B4. Alumni Perceptions of Curricular Effectiveness

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

The program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

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

Since summer 2014, the Master of Public Health at Augusta University conducts alumni surveys to collect employment information on an annual basis for 1-year post-graduation for each cohort. In summer 2021, we launched the new alumni survey to assess graduates' perceived impact of the education they received in the MPH program based on their careers within 1- to 5-years post-graduation. Data collection is completed over six weeks during July and August every year. We used different methodologies of data collection to maximize the response rate. The questionnaire includes questions on the program's competencies, therefore, the questionnaire will address any changes in the curriculum. Table B4.1 reflects the response rate of the 2021 AU MPH Alumni survey.

Table B4-1 – Distribution of 2021 MPH Alumni survey

Cohort	# of Graduates	# of Survey Respondents	Final response rate
2020	20	9	45%
2019	24	6	25%
2018	27	9	33%
2017	14	7	50%
2016	23	8	35%

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

The list of 10 CEPH approved core competencies guiding the MPH curriculum, which were approved during the last CEPH re-accreditation visit in 2014, when the students completed their degrees is included below. Alumni were asked to self-report their perceived attainment of competencies and their ability to apply these in a work setting. Alumni were invited to reflect on specific skill sets and to respond to the following question for each competency: "**Using the scales in the table below, please indicate the level to which you can apply the following ten competencies in your current job."** We used a Likert scale ranging from 1 (completely disagree) to 5 (completely agree).

We used the online survey tool Qualtrics provided by the university. The alumni survey was conducted annually during July and August over a six-week period. A link to the survey was sent to Alumni's email addresses and to LinkedIn/Facebook/Twitter accounts with the alumni contact information we had on file. MPH program staff members completed the data collection and sent reminders every other week and three days before the survey closing. We had the contact information of 90 out of 108 alumni who graduated between fall 2015 and spring 2020. We received 39 responses. The annual response rates are presented in Table B4.1. Thirty-six (92%) were currently employed among the respondents, while three (8%) were actively seeking employment. More than 90% of respondents either agreed or strongly agreed that they are confident in applying the competencies they received from the program in their jobs.

A copy of the Alumni Survey and its findings are available in the ERF:

- Criterion B4->
  - B4.2 Data collection methodology->
    - B4_Supplements-(Alumni-Survey)
      - 2021MPHAlumniSurvey
      - 2022MPHAlumniSurvey
      - 61521MPHAlumniSurvey

The list of 10 CEPH-approved core competencies guiding the MPH curriculum from fall 2014 to summer 2021.

1. Apply statistical techniques and concepts to understand and address public health challenges.
2. Evaluate the environmental conditions that affect the health of individuals, communities, and populations.
3. Apply epidemiologic principles to study the etiology and control of disease in populations.
4. Evaluate the impact of health system characteristics, problems, and policies to improve population health and ensure equitable healthcare delivery.
5. Apply social and behavioral theories to develop innovative and effective public health intervention programs.
6. Utilize communication and informatics methods and resources as strategic tools to promote public health.
7. Develop public health programs and strategies responsive to the diverse cultural values of the communities being served.
8. Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in public health.
9. Analyze interrelationships among systems that influence the quality of the people in their communities.
10. Assess strengths and weaknesses of applying the systems approach to public health problems.

Table B4-2 – MPH graduates' perceived impact of the education they received

Competencies	Completely Disagree		Disagree		Unsure		Agree		Completely Agree		Average
	N	%	N	%	N	%	N	%	N	%	
1	1	2	1	2	4	10	21	54	12	31	4.08
2	0	0	0	0	2	5	22	56	15	38	4.33
3	0	0	2	5	4	10	22	56	11	28	4.12
4	0	0	0	0	1	2	24	63	13	34	4.32
5	0	0	0	0	2	5	22	58	14	37	4.32
6	0	0	0	0	3	8	20	53	16	42	4.33
7	0	0	2	5	3	8	23	59	11	28	4.10
8	0	0	1	2	3	8	18	46	17	43	4.31
9	0	0	2	5	4	10	21	54	12	31	4.10
10	0	0	2	5	4	10	17	45	15	39	4.18

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

Strengths:

- We achieved a high response rate, indicating a good relationship between our alumni and the program.
- The majority of our alumni are employed in public health research or practice environment.
- The majority of the respondents (≥84%) agreed that they attained and could apply the competencies gained from the program.

Weaknesses:

- Since our program implemented the 2016 CEPH Foundational Competencies in fall 2019, we will not have data on the new competencies until the 2022 Alumni Survey (class of 2021 cohort). We will use the same method and tool of data collection, but the survey will contain 10 competencies selected from the 2016 CEPH Foundational Competencies.
- Some of the survey's respondents expressed their disappointment in getting sufficient Biostatistics skills.

Plans for improvement:

- Provide additional biostatistics content and other areas to the students via teaching assistant (TA).

B5. Defining Evaluation Practices

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

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

Evaluation measures	**Identify data source(s) and describe how raw data are analyzed and presented for decision making***	**Responsibility for review**
Goal 1: Student Success. Our graduates will be prepared to tackle public health challenges and succeed in traditional and emerging public health careers.		
Measure 1: *Annual student learning outcomes.* *Student performance on key learning outcomes*	MPH Program Director and MPH primary faculty annually produce and assess a set specified knowledge, skills, and abilities expected from students' performance. Program faculty collect comprehensive/summary data on student performance on identified learning outcomes; present to program faculty who in turn evaluate/assess where to make adjustments (Source: MPH Program SLO reports), and the program implements those identified actions to improve student learning.	MPH Program Director and primary faculty.
Measure 2: *Student Status in terms of part-time/full-time students, the time length to complete the program's requirement for graduation, and the list of reasons for students' withdrawal.*	The MPH Educational Specialist maintains data on students' status within the program, such as part-time/full-time students, the time length to complete the program's requirement for graduation, and the list of reasons for students' withdrawal. Faculty reviews and analyzes data for trends of students' time length to complete the program and factors that influence withdrawal. An annual report is presented at the faculty	MPH Faculty

	meeting for discussion of adjustments in the program's requirements and solutions to combat the withdrawal issues. (Source: Student Status file from Educational Specialist; Preceptor Evaluations)	
Measure 3: *Competency evaluation upon the completion of the MPH Internship.*	Each semester, the Internship Coordinator collects the preceptors' evaluations of interns and the students' self-assessments on the competencies performed throughout the Internships. The Internship Coordinator review and analyzes data for the trends in preceptors'/students' perspectives on the competencies performed. The Internship Coordinator presented data and relayed information at the faculty meeting for discussion on the adjustment of the curriculum if needed to improve the internship quality as well as students' competencies gained from MPH classes. (Source: Qualtrics' internship surveys)	MPH Internship Coordinator and primary faculty
Measure 4: *Student perception in the program instructional quality.*	The MPH Educational Specialist collects students' perceptions of how the program prepares them for the job application/performance through the MPH Current Student, Exit, and Alumni surveys. Faculty reviews data and reports to the Program Director for discussion on how to improve the program's instructional quality. (Source: MPH Surveys Data)	MPH Program Director and PIF.
Goal 2: Scholarly research. The program faculty and students jointly engage in the scientific study of major public health issues to develop new knowledge and practical solutions.		

Measure 1: *Scholarly research articles in peer-reviewed journals and professional conferences.*	Faculty document scholarly activities in the Annual Faculty Performance Evaluation. The Program Director and Department Chair pull and review these evaluations and present data to the College of Allied Health Sciences leadership. These data are used to inform recruitment efforts for the program, investments in research, and decisions about enhancing faculty support in scholarly research. (Source: Annual Faculty Performance Evaluation)	The DIHS Chair, the MPH Program Director and PIF.
Measure 2: *The number of students participating at professional or scholarly meetings.*	Faculty documents their students whose abstracts are accepted to present at Georgia Public Health Association Annual (GAPHA) and American Public Health Association (APHA) Meeting. The Department Chair reviews the data annually to budget funds to financially support students so they can disseminate their research results at conferences. (Source: Students presenting posters at the Georgia Public Health Association (GAPHA) Annual Conference; see StudentForms in ERF.)	The DIHS Chair
Goal 3: Access to education. The program will actively recruit new students, including working professionals and minorities, and expand public health education.		
Measure 1: Students' demographic data	The Educational Specialist keeps a record of students' demographic data for each admission cohort. Data includes the proportion of minority students. The Department Chair and the Program Director review data at the end of each admission cycle. These data are used to strategically plan for the following recruitment cycle to target minority applicants.	The Department Chair and Program Director

	(Source: Admission Data, Educational Specialist)	
Measure 2: Number of new applicants per semester; number of admitted students per semester; number of enrolled students per semester; number of enrolled students by concentration	Information comes from the AU Registrar's Office and is processed by the MPH Educational Program Specialist of the MPH program. Monthly interim reports are provided to the MPH Program Director, and semester reports are provided to the faculty of the MPH program. (Source: MPH Educational Program Specialist)	Program director and MPH faculty
Goal 4: Community service. We lead and support service initiatives by educating professional and lay audiences and by implementing community-based projects.		
Measure 1: Community partners	The Internship Coordinator maintains a list of community partners who have collaborated with the program to provide internship as well as community activities. The list is shared with the College of Allied Health Sciences Dean's Office MOU Specialist, who reviews and used for the college's partnership cultivation and outreach. (Source: list of internship sites)	The MPH Internship Coordinator & CAHS MOU Specialist
Measure 2: *Faculty participation in extramural service activities.*	Faculty document their extramural service activities in the Annual Faculty Performance Evaluation. The Department Chair extracts the list of the organizations and shares with the College of Allied Health Sciences Dean's Office MOU specialist, who reviews and uses for the college's partnership cultivation and outreach. (Source: Annual Faculty Performance Evaluation)	The DIHS Chair and CAHS MOU Specialist

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

The MPH Program has a dynamic process for (1) monitoring and evaluating overall efforts in achievement of goals for program effectiveness, and (2) using the evaluation results for ongoing planning and decision making to achieve our mission.

Program evaluation and planning take place through a continuous review of data on program outcomes collected throughout the year. Evaluation data are collected and compiled on an ongoing basis by the MPH Faculty and the Educational Specialist.

These data are in turn reviewed on an ongoing basis by MPH Advisory Committee, MPH students/alumni, institutional administrators, and the program's other stakeholders. Recommendations can be made by any of these stakeholders. The MPH Advisory Committee works to integrate Program outcomes data with key stakeholder recommendations to identify improvement priorities and develop action plans (as applicable), to implement changes, and/or to address any unmet targets.

3) Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success.

Please find the following documentation for Template B5-1 in the ERF:

- B5.3 – Evidence for evaluation plan
  - MPH SLO Reports
    - FY19SLOFullRevReport
    - FY20SLOFullRevReport
    - FY21SLOFullRevReport
  - Current Student Survey
    - CurStudSurvey0821
  - MPH Potential Internship Sites
    - PotentialInternSite
  - Preceptor Evaluation
    - PreceptorEval
  - Student Status
    - StudentStatus122021
    - BlankMPHPartTime
    - JagTraxExample
  - Student Accomplishments
    - StudentAccomplishments

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

None.

B6. Use of Evaluation Data

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

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

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

   After assessing student status of part-time vs. full-time, the time length to complete the program's requirement for graduation, and the list of reasons for students' withdrawal, the faculty recommended increasing the maximum time to complete the MPH degree from 4 years to five years. The decision was supported by the Program Director and Department Chair and approved by the Institution in the fall of 2019.

   In summer 2020, in reviewing internship evaluations from preceptors and students, a faculty member recommended reducing the minimum hours required for the practicum from 125 hours to 75 hours. The recommendation was discussed and supported by the Program Director and faculty. Consequently, the program modified the Internship credit hour from 5 to 2 credit hours and set to implement the new internship requirement in the summer of 2022.

   Also, in summer 2020, the program faculty, led by the Program Director, discussed the student learning outcomes in alignment with CEPH foundational competencies. Subsequently, the program decided to revise the curriculum beginning with the fall 2021 admission cohort.

   Based on feedback from students and faculty, the need was identified to strengthen preparation for the one-semester capstone project. Accordingly, the MPHM 8280 "Quantitative Methods in Health Administration" course was completely redesigned around the development of the capstone proposal. Specifically, the public health needs assessment and scientific evidence processing skills were emphasized. Additionally, the research planning and methodology aspects have also been strengthened to make students productive in all aspects of capstone project development.

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

   Strengths:
   - The Community Advisory Board (CAB) is an invaluable resource to the program, which provides valuable input for the evaluation of the program.
   - The new Program Director established regular faculty meetings for internal collaboration with faculty.
   - Stable cooperation with external public health partners utilizes permanent and ad hoc committees.

   Weaknesses:
   - CAB and other self-governing committees were not in full action in past couple of years due to COVID-19.
   - Limited faculty meetings held before June 2020.
   - Program directors have been changed several times in the last few years.

Plans for improvement:

- MPH program will continue to work with current self-governing committees and increase the representation of public health communities through CAB.

C1. Fiscal Resources

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

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

   a) Briefly describe how the program pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples. If faculty salaries are paid by an entity other than the program (such as a department or college), explain.

      Salaries of primary CAHS faculty are guaranteed. The sources for primary faculty salaries are state appropriations and/or tuition. There is no requirement of extramural research funding to support salaries of primary faculty. However, faculty are encouraged to secure external funding for research. The MPH program does not pay any salary for the non-primary faculty for teaching. Non-primary teaching faculty receive compensation from their home departments and Colleges for teaching course/s in the MPH program through an agreement with the Public Health Consortium of Augusta University.

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

      The Dean of the College of Allied Health Sciences works with the department Chair to develop the financial resources needed to administer the MPH program. The Dean may request additional faculty or staff through the annual AU Resource Alignment Hearing. The Hearing provides the Dean an opportunity to present and to request new resources for the college. The Dean can also make these requests directly to the Provost of AU if the need arises during the fiscal year. These requests must be supported with sufficient evidence of the need.

   c) Describe how the program funds the following:
      a. operational costs (programs define "operational" in their own contexts; definition must be included in response)

         Augusta University defines operational costs as costs other than travel, such as accreditation fees, supplies, etc. The MPH program operational costs are covered by state appropriations and tuition.

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

         There is no support available for students in the MPH program. Students may seek support from other resources, such as The Graduate School and the College of Allied Health Sciences.

         The MPH Student Handbook includes information about scholarship opportunities that are available to MPH students. Please see the MPH Student Handbook in the ERF: (Criterion A1->A1.3 Bylaws_Policy documents-> MPHHandbook)

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

The program's operational budget supports full-time faculty development expenses, including travel support for conference participation and/or presentations.

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

The program may request additional funds for operational costs and faculty development by submitting a CAHS Financial Support Request Form to the Dean of the College of Allied Health Sciences.

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

The University System of Georgia (USG) collects and manages student tuition and has oversight of student fees. From allocations from the Georgia state legislators, tuition is returned to the university into two accounts. One account is for tuition that is given back to the university. The other account is for state appropriations. The state appropriations and tuition together typically approximate the total tuition that the program receives.

Student fees are designated for specific student resources and activities. These fees can only be used for those approved functions. Georgia state universities receive a budget allocation every July. The budget for MPH is determined by the number of faculty as well as the resources for equipment and supplies needed to run the program. Typically, the budget for the MPH program is based on the history of the financial resources used in the past and allocated from the Augusta University Office of the President on a yearly basis.

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

The MPH program does not receive any funding via grants or contracts.

If the program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring university to the overall program budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by the public health program faculty appointed at any institution.

Not applicable.

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

Template C1-1

Sources of Funds and Expenditures by Major Category, 2017 to 2021					
Source of Funds:	**FY17**	**FY18**	**FY19**	**FY20**	**FY21**
Tuition & Fees	5,028	54,557	278,766	412,879	342,463
State Appropriation	46,413	191,140	296,224	345,008	345,617
Total	**$ 51,442**	**$ 245,697**	**$ 574,990**	**$ 757,887**	**$ 688,080**
Expenditures:					
Faculty Salaries & Benefits	46,413	195,841	570,046	747,623	680,267
Staff Salaries & Benefits		35,770			
Operations	4,647	13,522	3,691	5,976	7,813
Travel	381	564	1,253	4,288	-
Total	**$ 51,442**	**$ 245,697**	**$ 574,990**	**$ 757,887**	**$ 688,080**

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

Strengths:

- Salaries and benefits of PIFs and staff are guaranteed by the university.

Weaknesses:

- PIF faculty members advise too many students and are fully loaded with teaching of core courses. Elective courses are not feasible to offer. PIF faculty has minimum time for research, and they are allocated FTE for research from 2021.
- Program specialist responsible for three programs in the CAHS.

Plans for improvement:

- In FY2023, the MPH program will request additional PIFs, which will allow the program to offer elective courses, and PIF will have optimal number of students to advise.
- The MPH program will also request a 1.0 FTE Program Coordinator and 1.0 FTE Education Specialist to support students and faculty to improve all programmatic activities.

C2. Faculty Resources

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

Students' access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

1) A table demonstrating the adequacy of the program's instructional faculty resources in the format of Template C2-1.

Template C2-1 (programs)

	Master's		ADDITIONAL FACULTY
CONCENTRATION	**PIF 1***	**PIF 2***	
Health Informatics MPH	1.0 Dr. Yoon-Ho Seol	1.0 Dr. Tran Nguyen	PIF: 2 Non-PIF: 1 Dr. Vahé Heboyan
Health Management MPH	1.0 Dr. Andrew Balas	1.0 Dr. Pavani Rangachari	PIF: 2 Non-PIF: 1 Dr. Ban Majeed

TOTALS:	Named PIF	4
	Total PIF	4
	Non-PIF	2

2) Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. Programs must present calculation methods for primary instructional and non-primary instructional faculty.

Built upon the guiding principles established by the AU Institutional Framework for Faculty Workload, the recommended teaching load for all full-time faculty is 24 course hours per academic year (1 FTE at 100% teaching effort). Course hours are defined as the credit hour value of courses taught. For example, 1-credit course equates to 4.2% teaching effort, 2-credits course is 8.3%, 3-credit course is 12.5%, and so on. All MPH primary instructional faculty members are assigned 60% teaching effort in the MPH courses, 30% research effort, and 10% service effort. Two non-primary instructional faculty are 1 FTE with contributing 12.5% teaching effort, or a 3-credit course, to the MPH program.

The policy supporting the FTE calculation method can be found in the ERF: Criterion C2->C2.2-> FacultyFTE

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

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

The MPH primary instructional faculty (PIF) are responsible for the advisement of MPH students. For each admission cohort, students are assigned to receive academic advising from a PIF. The student remains with the assigned faculty throughout the program. Table C2.2 presents the data for general advising as current as the fall 2021 semester. Currently, the program has 70 students. Among those, 32 are new students who were admitted in spring and fall 2021 semesters.

Template C2-2

General advising & career counseling			
Degree level	**Average Students per PIF**	**Min Students per PIF**	**Max Students per PIF**
Master's	17	13	20

Students who enroll in the Capstone course select their project advisor from the MPH faculty, based on the student's academic experience and research interests. For academic year 2020-2021, 7 students were advised by 3 PIF in the fall semester, and 5 students were advised by 3 PIF in the spring semester.

Advising in MPH integrative experience			
AY	**Average Capstone Student per PIF**	**Min Capstone Student per PIF**	**Max Capstone Student per PIF**
2020-2021	**4**	**2**	**5**

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

a. Class size and its relation to quality of learning (e.g., The class size was conducive to my learning)

The MPH program regularly conducts the Current Student Survey in the fall and spring semesters to all students currently in the program. The most current one was administered in October 2021 (from 10/1/2021 to 11/1/2021), asking, "The MPH program class size was conducive to my learning." Of 65 students in the program, 18 responded to the survey (indicating a 28% response rate). On the scale from Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree, the results suggest that 89% of respondents strongly agree or agree with the statement above.

- Strongly agree: 5 (28%)
- Agree: 11 (61%)
- Neutral (neither agree or disagree: 2 (11%)
- Disagree: 0 (0%)
- Strongly disagree: 0 (0%)

b. Availability of faculty (i.e., Likert scale of 1-5, with 5 as very satisfied)

Also included in the Current Student Survey October 2021, a survey item asks, "In general, the faculty provide adequate support and available to provide assistance with work including meeting outside of scheduled class times." On the scale from Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree, the results indicate that 89% of respondents strongly agree or agree with the statement above.

- Strongly agree: 5 (28%)
- Agree: 11 (61%)
- Neutral (neither agree nor disagree: 2 (11%)
- Disagree: 0 (0%)
- Strongly disagree: 0 (0%)

6) Qualitative data on student perceptions of class size and availability of faculty.

There are open items within the Current Student Survey to capture qualitative responses on student perceptions of class size and faculty availability.

The MPH Program does not have qualitative data that specifically ask questions about perceptions of class size and availability of faculty. Nevertheless, our survey includes open-ended questions that gauge strengths and weaknesses of the program. We reviewed each response looking for concerns related to perceptions of class size and availability of faculty. Below are the answers that pertain to this criterion.

Strengths:

- The classes are a good size and I enjoy my professors and classes.
- Faculty are experts in their areas and seem very passionate about courses they are teaching!
- Online, also so far great faculty teaching the courses. Realistic course work that fits with my job requirements.
- Covers most of what is necessary to be successful in the field of public health.
- Advising, instructors' knowledge.
- Ability to take it part time while having a full-time job.
- Instructors are competent and instill confidence about subject matter being taught.
- Ability to full complete online.
- Anytime, anywhere flexibility.
- Very engaged faculty. I felt that I could approach any of them at any time, and they were more than willing to help.

Weaknesses:

- In my experience, this program lacks [the] connection students should feel with their program whether it is with peers or faculty or program contacts.
- More interaction with faculty outside of the online classes.
- Many of the electives are no longer offered.
- Communication, availability of concentrations and electives. Certain classes are only offered in certain semesters and this was not communicated beforehand. I have had classmates who's [*sic*] timeline for completion was impacted because of this. This should be clearly communicated so students can plan. It may be helpful to provide a guide of when to take certain classes based on concentration and semester started.
- Difficult to find relevant courses during summer term, some instructors need training on preparing effective quiz/exam questions.
- Time it takes for students to receive a grade on assignments.

The results from the latest Current Student Survey conducted in fall 2021 can be found in the ERF: Criterion C2->C2.6-> CurrentStudSurveyRes. Please note: the next Current Student Survey

is scheduled to be administered before submission of the final self-study in Spring 2022, the results of which will be included in that submission.

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

Strengths:

- Our student perceptions of the program's class size and faculty availability are positive.
- Faculty are highly engaged in teaching and provide maximum support to students.

Weaknesses:

- Due to the nature of a majority online program, we lack methods to communicate with students effectively. The program will continue to seek different approaches to improve communication between faculty and students.

Plans for improvement:

- The program will continue to seek different approaches to improve communication between faculty and students.

C3. Staff and Other Personnel Resources

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

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

Template C3-1. Staff support

Role/function	FTE
Educational Program Specialist (Administrative)	0.33

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

The Educational Program Specialist provides academic support to program directors and faculty in the Department of Interdisciplinary Sciences, which includes the MPH Program. Specific responsibilities include assisting in updating the MPH Program website and student handbook; coordinating admissions, orientation, student advising process and graduation; attending recruiting events as needed; preparing, distributing, collecting, and reporting program surveys each semester; maintaining student records; preparing annual reports and maintaining files. One-third of the Education Program Specialist's time is allocated to the MPH Program.

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

- PIF faculty members advise 17 MPH students (academic) on average. Additionally, they advise on average 4 students on the Capstone project and 2-3 students on the service learning projects. PIF are fully loaded with teaching of core courses. Elective courses are not feasible to offer. PIF faculty has minimal time for research.
- Program specialist is responsible for three programs in the CAHS; he can spend less than a quarter of his time for MPH program.
- Program director's position is only 0.10 FTE, which is inadequate to run any quality program. Additionally, the Program Director does not have any office associate support.
- In FY2023, the MPH program will request additional PIF, which will allow the program to offer elective courses, and PIF will have optimal number of students to advise.
- Will request 1.0 FTE Program coordinator and 1.0 FTE Education Specialist to support students and faculty to improve programmatic activities.

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

Strengths:

- Experienced PIFs from the inception of the program

Weaknesses:

- Inadequate number of PIFs with minimum to meet the program requirement (four PIFs).
- Staff support is inadequate (only 0.33 FTE).
- The Program Director's FTE is inadequate (0.10 FTE).
- Inadequate resources led to the elimination of two concentrations.

Plans for improvement:

- Program will recommend leadership to hire additional faculty reviewing the program's needs.

C4. Physical Resources

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

1) Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the program's narrative.)

   - Faculty office space

     All faculty have their own office and computer. Offices are next to each other to facilitate communications.

   - Staff office space

     The program education specialist also has their own office and computer. Their office is next-door to the faculty.

   - Classrooms

     Most MPH courses are conducted online, so dedicated classrooms are not needed except when specific events are held, such as orientation and research presentations, where rooms equipped with technology can be reserved in the Jennings Building or the adjacent Health Sciences Building on Augusta University's Health Sciences Campus.

   - Shared student space

     Shared student space is not needed, but rooms can be reserved on the Health Sciences Campus as needed.

   - Laboratories, if applicable to public health degree program offerings

     Not needed.

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

   As an online program, dedicated physical spaces for teaching are not needed except during specific events, therefore, physical space is sufficient.

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

   Not applicable.

C5. Information and Technology Resources

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

1) Briefly describe, with data if applicable, the following:
   - library resources and support available for students and faculty

     Students and faculty can retrieve full-text scientific articles by logging into the library's website. If students wish to access resources in person on the Health Sciences Campus, the nearest physical library is the Robert B. Greenblatt, MD Library, which is about 300 feet from the Jennings building. Students and faculty can consult with the librarians in person or via email for assistance in searching for literature and/or with research projects.

     https://www.augusta.edu/alliedhealth/instructional-support.php

   - student access to hardware and software (including access to specific software or other technology required for instructional programs)

     Students can access and download software through the university's Information Technology unit. Available software include Adobe Creative Cloud, Box, D2L, EndNote, GraphPad Prism, SPSS, MS Office 365, MS Teams, Qualtrics, SAS, WebEx and Zoom.

     Software: https://www.augusta.edu/its/software.php

     IT: https://www.augusta.edu/its/

   - faculty access to hardware and software (including access to specific software or other technology required for instructional programs)

     Like the students, faculty can also access the same software described above.

   - technical assistance available for students and faculty

     Students and faculty can ask for technical assistance from classroom services support or information technology via email, phone call or submitting a request form.

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

   Information and technology resources are sufficient to meet the needs of the faculty and students.

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

   Not applicable.

D1. MPH & DrPH Foundational Public Health Knowledge

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

The program validates MPH and DrPH students' foundational public health knowledge through appropriate methods.

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

Template D1-1

Content Coverage for MPH (SPH and PHP)	
Content	**Course number(s) & name(s) or other educational requirements**
1. Explain public health history, philosophy and values	• MPHC 8600 – Fundamentals of Health Promotion • MPHC 8700 – Introduction to Environmental Health
2. Identify the core functions of public health and the 10 Essential Services	• MPHC 8600 – Fundamentals of Health Promotion
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	• STAT 7010 – Biostatistics I • STAT 7130 – Introduction to Epidemiology • MPHM 8280 – Quantitative Methods in Health Administration
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	• STAT 7130 – Introduction to Epidemiology
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	• STAT 7130 – Introduction to Epidemiology
6. Explain the critical importance of evidence in advancing public health knowledge	• MPHC 8600 – Fundamentals of Health Promotion • MPHC 8700 – Introduction to Environmental Health
7. Explain effects of environmental factors on a population's health	• MPHC 8700 – Introduction to Environmental Health
8. Explain biological and genetic factors that affect a population's health	• MPHC 8700 – Introduction to Environmental Health
9. Explain behavioral and psychological factors that affect a population's health	• MPHC 8600 – Fundamentals of Health Promotion
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	• MPHC 7101 – Health Policy & Management
11. Explain how globalization affects global burdens of disease	• MPHC 8700 – Introduction to Environmental Health
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	• MPHC 8700 – Introduction to Environmental Health

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

Syllabi for courses included in Template D1-1 can be found in the ERF:
Criterion D1-> D1.2 – Supporting documentation:

- STAT7130IntrotoEpidem
- 7130samplequestions
- 7130WritingAssignment
- MPHC7101HealthPolMgmt
- MPHC8600FundofHealthProm
- MPHC8700IntrotoEnvironHealth
- MPH8280ResearchMethods
- STAT7010Biostat1

See Admissions prerequisites in MPH Handbook in the ERF: Criterion A1->A1.3 Bylaws_Policy documents-> MPHHandbook

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

None.

D2. MPH Foundational Competencies

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

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

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

   See MPH Handbook in ERF: Criterion A1->A1.3 Bylaws_Policy documents-> MPHHandbook

2) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies. If the program addresses all of the listed foundational competencies in a single, common core curriculum, the program need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the program must present a separate matrix for each combined degree. If the program relies on concentration-specific courses to assess some of the foundational competencies listed above, the program must present a separate matrix for each concentration.

Template D2-2: Assessment Competencies for MPH (all concentrations)

CEPH Core Competency	Course number(s) and name(s)	Assessments
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	STAT 7130 – Introduction to Epidemiology	Content of this competency are covered by lectures 1-7. Students are evaluated using the following quizzes: LEC2_QUIZ, LEC3_QUIZ, LEC4_QUIZ, LEC5_QUIZ, and LEC6_QUIZ.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	STAT 7010 – Biostatistics I	STAT 7010 – Students learn about different quantitative and qualitative data types. Then, they learn how to select the most appropriate data analysis approach (e.g., statistical tests or regression methods) to analyze a particular data and make an inference within public health and healthcare context. Students are assessed through weekly quizzes and several assignments throughout the semester. For example, in Assignments 2 and 3, students select and apply the most appropriate statistical tests to test various research hypothesis using the NHANES dataset. In Assignment 4, they use the NHANES dataset to build simple and multivariate regression models to analyze continuous and binary health outcomes.

3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	STAT 7010: Biostatistics I and MPHM 8280: Research Methods in Public Health	**<u>Analysis of quantitative data</u>** STAT 7010 ("Biostatistics I") is designed to cover the foundations of statistical inference, including hypothesis testing, confidence interval estimation, and other methods commonly used to analyze quantitative data in the health sciences, including Analysis of Variance (ANOVA), Linear and Logistic Regressions. Throughout the course, as indicated in the Course Schedule, students are given quizzes and assignments that require them to use Stata software (students learn and use Stata software during weeks 4-15) to analyze one or more sets of real-world data, provide the relevant Stata output from their analysis of the data, and then interpret the results of their data analysis. They are required to state the final conclusions from their analyses in language that someone who is not familiar with statistics can understand. *Please refer to folder STAT 7010 syllabus and supporting competency evaluation documentation.* **<u>Analysis of qualitative data:</u>** The qualitative data analysis competency is developed throughout the MPH 8280 (Research Methods in Public Health) course. Students learn about selecting quantitative and qualitative data collection methods appropriate for a given public health context. The competency development includes data collection methods, visualization, and coding qualitative information. The selected illustrative tools are Excel-based emergent coding process of free text and NVivo qualitative data analysis computer software package by QSR International. Additionally, a brief introduction is provided into natural language processing (NLP) in health care and its future potential in research. The 3rd student presentation and also the final paper of the class need to demonstrate proficiency in the use of quantitative and also qualitative data collection methods. *Please refer to folder MPH 8280 for syllabus.*
4. Interpret results of data analysis for public health research, policy or practice	STAT 7130 – Introduction to Epidemiology	Content of this competency are covered by lectures 9-15. Students are evaluated using the following quizzes and assignment: LEC9_QUIZ, LEC10_QUIZ, LEC11_QUIZ, LEC13_QUIZ, and a writing assignment.
Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	MPHC 7101: Health Policy & Management	Students participate in a seminar discussion, learn about the roles and tools of comparing health care systems, and ultimately develop a comparison paper. Several examples will be provided to illustrate the concepts and their usefulness. Please refer to syllabus of MPHC 7101 for evaluation rubric and documentations (see triple preparations on page 4, assignment description on page 5, seminar and instructional material on page 9).
6. Discuss the means by which structural bias, social inequities and racism undermine health and create	MPHC 8700: Introduction to Environmental Health	Assignment 1 – At the end of the weeks covering the topic of Background in the Field of Environmental Health, including the subtopic of Environmental Health Injustice and Vulnerable Populations, students are to choose a case study of either Katrina Hurricane New Orleans, or Flint Contaminated Water to discuss how structural bias, social inequities, and racism undermine

challenges to achieving health equity at organizational, community and societal levels		health and create challenges for achieving health equity at different societal levels. *Students' Instruction* *1. Post an initial discussion about the chosen case study. The discussion should focus on responding to the following questions.* *(i) How do structural bias, social inequities, and racism undermine health create challenges to achieving environmental health equity at organizational, community, and societal levels?* *(ii) What is the role of public health in addressing structural bias, social inequities, and racism to achieve environmental health equity?* *2. Respond to at least one of classmates' posts. (In the reply, compare or contrast your views/responses with theirs, ask for clarification, share additional examples, or recommend other resources to consider relevant to the topic. Your reply post should demonstrate an effort to generate a discussion.)*
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	MPHC 8600: Fundamentals of Health Promotion	After the lecture and readings on the topic of Community Health Needs Assessment, students conduct their community of choice's health need assessment as part 1 of the semester-long intervention project. Students provide the rationale for the health issue and the target population by collecting, evaluating, and synthesizing epidemiological data.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	MPHC 8600: Fundamentals of Health Promotion	After the lecture and readings on Cultural Competence to gain knowledge of the community's cultural centered and differences, students will complete part 3 of the semester-long intervention project. Students are expected to integrate the awareness of cultural values into the design of their intervention.
9. Design a population-based policy, program, project or intervention	MPHC 8600 – Fundamentals of Health Promotion	Students design a population-based health promotion program to address community health issues in their selected community throughout the semester. Students are expected to customize their program in the context of social determinants of health, cultural values, evidence-based, and theory-driven. At the end of the semester, students submit a proposal for their community-based health promotion program. The proposal must be purposely submitted to the community leaders, stakeholders, & collaborators.
10. Explain basic principles and tools of budget and resource management	MPHC 7101: Health Policy & Management	Students learn about project budgeting and develop a resource management plan. The concepts are introduced in an interactive seminar and several examples are shown. In developing their plan, students are required to add a management plan to keep budget spending on track and deal with unexpected situations or deviations. Please refer to syllabus of MPHC 7101 for evaluation rubric and documentations. (see triple preparations on page 4, assignment description on page 5, seminar and instructional material on page 7-8).
11. Select methods to evaluate public health programs	MPHC 8600: Fundamentals of Health Promotion	After the lecture and readings on the topic of Evaluation of Health Promotion/Intervention Program: Process, impact, and outcomes, students are to complete as part 5 of the semester-long intervention project. Students select and narrate the evaluation methods for their proposed program.

Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	MPHC 7101: Health Policy & Management	Policy memo: Students learn about the process of policy-making and write an up to 2 pages tactical policy memo discussing multiple dimensions of the policy-making process, including the roles of ethics and evidence (Core competency 12). Depending on their choice of local, state, or national level policy, students are expected to explain how the new policy should be introduced, move from one committee to another, incorporate feedback along the way. Please refer to syllabus of MPHC 7101 for evaluation rubric and documentations. (see triple preparations on page 4, assignment description on page 6, seminar and instructional material on page 10).
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	MPHC 7210: Healthcare Performance Improvement	This competency is addressed through the following assessment that students are required to complete as part of Unit III Part I Assessment: Review all the "Report Files," including appendices in the 2018 National Healthcare Quality & Disparities Report (NHQDR), published by the Agency for Healthcare Research and Quality (AHRQ) [Link below]. https://www.ahrq.gov/research/findings/nhqrdr/nhqdr18/index.html Based on your review of the NHQDR and required readings from Week #2 and Week #8, 1) Identify specific avenues for improving population health outcomes and/or health disparities; and 2) Propose strategies to identify stakeholders and build partnerships for improving population health outcomes and/or reducing health disparities. *Please refer to MPHM 7210 for syllabus and supporting documents.*
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	MPHC 7101: Health Policy & Management	Students learn about the role of advocacy in public health policy development and develop a written testimony are expected to advocate for political, social or economic policies and programs that will improve health in diverse population (Core competency 14.). Please refer to syllabus MPHC 7101 for evaluation rubric and documentations. (see triple preparations on page 4, assignment description on page 4, seminar and instructional material on page 7).
15. Evaluate policies for their impact on public health and health equity	MPHC 8700 – Introduction to Environmental Health	After completing the weekly materials on *Environmental Exposure Pathways*, students complete quiz#8, which consists of three questions. 1. Which trace gases in the troposphere function as *greenhouse gases*? How do they impact human health? 2. Why are *greenhouse gases* crucial in the study of public health? 3. To protect the public, especially the vulnerable populations, numerous policies have been enacted to initially regulate lead in the air (Clean Air Act), in the water (Clean Water Act and Safe Drinking Water Act), and at hazardous waste sites (Superfund). In the context of *greenhouse gases*, evaluate how the Clean Air Act can impact health equity.
Leadership		
16. Apply principles of leadership, governance and management, which	MPHC 7210: Healthcare Performance Improvement	This competency is addressed through the following assessment that students are required to complete as part of their Final Exam: Review the article in the link below: "*Bad Practices Net Hospitals More Money*." http://www.washingtonpost.com/wp-

include creating a vision, empowering others, fostering collaboration and guiding decision making		dyn/content/article/2005/07/23/AR2005072300382.html. Your exercise is as follows: Consider yourself as the newly appointed Chief Quality Officer (CQO) of the facility featured in the article "Palm Beach Gardens Medical Center," in Florida. How would you turn this organization around? Please use broad leadership and systems thinking concepts you have learned in this course (as opposed to analytical tools & techniques like the RCA), to develop your response. Examples of broad concepts include "organizational effectiveness," "organizational design," "system direction, including mission and vision," "inter-professional communication, collaboration, and teamwork," "system characteristics" (example non-linearity, tradeoff, etc.), "mental models," and "goal alignment." *Please refer to folder MPHM 7210 for syllabus and supporting documentation of actual assessments.*
17. Apply negotiation and mediation skills to address organizational or community challenge	MPHC 7210: Healthcare Performance Improvement	This competency is addressed through the following assessment students are required to complete as part of their Unit II Assessment: Review the article: "When team conflicts threaten quality of care: a study of health care professionals' experiences and perceptions." https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6408685/ Based on your review and required readings for Week #6, 1) Pick one conflict story affecting healthcare quality reported in the article; and 2) Apply negotiation and mediation skills to address challenges to healthcare quality and patient safety posed by the conflict. *Please refer to MPHM 7210 for syllabus and supporting documentation of actual assessments.*
Communication		
18. Select communication strategies for different audiences and sectors	MPHC 8700: Introduction to Environmental Health	Assignment 3 – Students are given lectures and readings on the topics of Risk communication, which are discussed during weeks covering the topic of Applications of Environmental Health. Students are given the case study entitled "*Hurricane Harvey Situation"* and expected to propose communication strategies (print, social media, television, etc.) that are ideal for various populations in the community when communicating the scenario in the case study.
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	MPHC 8999 – Capstone	Final Written Report: The student is required to interpret and communicate research outcomes as well as apply the relevance to specific public health areas. The student evaluation is based on the satisfactory of the report. Oral Presentation: The student is required to give an oral presentation of his/her project at the end the Capstone semester. All MPH students and faculty members as well as Capstone mentors will be invited to the presentation. The student evaluation is based on his/her ability to clearly and persuasively discuss his/her public health topics to satisfaction of all attendants.
20. Describe the importance of cultural competence in communicating public health content	MPHC 8700: Introduction to Environmental Health	Assignment 4 – Students are given lectures and readings on the topics of Communication in Environmental Health, Social Marketing, Cultural Competence, which are discussed during weeks covering the topic of Applications of Environmental Health. Students are given the case study entitled "Healthcare Delivery among Immigrant Populations in the United States" and expected

		to write a reflection paper to describe the role and the importance of culturally competent communication in immigrant population healthcare.
Interprofessional Practice		
21. Perform effectively on interprofessional teams	MPHC 7210: Healthcare Performance Improvement	This competency is assessed through two case study exercises that students are required to complete as part of their Unit 3 Part II Assessment: 1) An individual case study exercise that involves completing a case study on "Teamwork and Patient Safety" within the context of clinical healthcare delivery to prevent sentinel events and promote patient safety. 2) A group case study exercise that involves completing a case study requiring the integration of social care into clinical (mental) healthcare delivery to provide holistic care that enhances health outcomes at the patient and community levels. In this exercise, students are divided into groups of 4 in a manner that preserves/ensures 'within-group diversity' in professional orientation. For example, clinical care professionals are teamed up with social workers and dietitians to ensure diversity in professional background and team member roles for the case study. As explained in the Supporting Documentation, for the group exercise, MPH students are divided into teams of 4 in a manner that preserves/ensures 'within-group diversity' in professional orientation. For example, clinical care professionals will be teamed up with social workers and dietitians registered in the course, to ensure diversity in professional orientation for the case study. This approach to team formation is expected to be feasible (for this group exercise), since our MPH program regularly attracts students from diverse backgrounds in health sciences and social sciences, including social work and nutrition. In the event that we do not have a diverse group of students (by way of professional orientation) in any given cohort, we will invite faculty colleagues with different backgrounds from the student cohort, from both social sciences and health sciences disciplines at Augusta University (as applicable), to serve as facilitators (guest faculty) for this group exercise and discussion. *Please refer to folder MPHM 7210 for syllabus, supporting documentation of actual assessments, and for additional details related to both the individual and group case study exercises*.
Systems Thinking		
22. Apply systems thinking tools to a public health issue	MPHC 8700: Introduction to Environmental Health	Assignment 2 – Students are given lectures and readings on the topics of Systems Thinking and Modeling for Environmental Health Practice, which are discussed during weeks covering the Agents of Environmental Diseases. Students are to read the *WHO – Antimalarial Campaign* and to argue, as in a Co-Op Paper, on the appropriateness of Dichlorodiphenyltrichloroethane (DDT) and similar compounds used for vector control in the *WHO–Antimalarial Campaign*. Students must narrate how they apply system thinking tools and include a concept map or a causal loop diagram that leads their argument.

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

Syllabi for courses included in Template D2-1 (MPH Student Handbook) can be found in the ERF:
Criterion D2->

- D2.3 – Syllabi and supporting documentation (from MPH Handbook)
  - See contents of D1.2 and D4.3 folders, plus:
    - MPHM7210HealthcarePerfImp
    - MPHM7210ActualAssessmt
    - MPHM7210IPECaseStudy
    - MPHM7220TopicsinPubHealth
    - MPHC7209LegalAspects&Ethics
    - MPHC8011EthicalCondinResearch
    - MPHC8722Internship
    - MPHC8800HealthDecSupSyst
    - MPHC8999CapstoneinPubHealth
    - MPHI8100HealthcareInfoContent
    - MPHI8500HealInfSysAnal

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

None.

D3. DrPH Foundational Competencies

Not applicable.

D4. MPH & DrPH Concentration Competencies

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

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

If the program intends to prepare students for a specific credential (e.g., CHES/MCHES) that has defined competencies, the program documents coverage and assessment of those competencies throughout the curriculum.

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

Template D4-1		
Assessment of Competencies for MPH Concentration in Health Management		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
1. Integrate knowledge of employee relations, including risk management, health and safety issues, employee rights and discipline, and basic laws and regulations.	MPHM 7102 - Human Resource Management	Quiz 5 assesses student knowledge in these areas. Additionally, in the Final Culminating Case Study, students are provided with the option of completing a case study in the area of employee relations entitled: "Reduction in Force at Sierra Veterans Affairs Medical Center."
2. Explain the role of financial management within healthcare organizations; the role of accounting within financial management; and the use of electronic spreadsheets in financial accounting.	MPHM 7104 – Healthcare Financial Management	Module Quizzes 1-4 will assess student knowledge and skills in these areas. The Final Exam which takes the form of a comprehensive written assignment, with free response questions and spreadsheet calculations, will include topics covered throughout the semester.
3. Use professional practices of financial management in healthcare organizations, including key accounting concepts, key financial statements, valuation of assets and equities, recording financial information, and input from outside auditor.	MPHM 7104 – Healthcare Financial Management	The Case Study completed towards the end of the semester (before the final exam) traces through the events and financial decisions of a fictitious hospital – Happy Hospital. It is designed to assess students' attainment of knowledge and skills in financial accounting gained throughout the course.

		The Final Exam which takes the form of a comprehensive written assignment, with spreadsheet calculations includes topics covered throughout the semester.
4. Apply principles of strategic planning and management in public health and health care administration	MPHM 8220 – Strategic Management of Health Organizations	Students are asked to develop a strategic plan which includes creating a vision, values, SWOT, targets (3-5 yrs.), goals (year one), key actions, resources and who/when accountability. Rubric of evaluation covers the following: (i) well-researched, (ii) logical, (iii) compelling, and (iv) innovative.
5. Assess short term and long term consequences of service continuity and major strategic decisions in management	MPHM 8220 – Strategic Management of Health Organizations	Student develop multiple examples and comparisons between short-term and long-term changes in quality. Rubric of evaluation covers the following: (i) well-researched, (ii) logical, (iii) compelling, and (iv) innovative.
Assessment of Competencies for MPH Concentration in Health Informatics		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
1. Assess key characteristics, functionalities, and infrastructures of health information systems and technology to improve health care and population health	MPHI 8000 – Computerized Health Information Systems	Essays on the assessment of key factors for successful EHR implementation, the impact of PHR in the context of patient-centered care, and the opportunities of HIT infrastructure in terms of 4 domains: personal health, health care delivery, population health, and research. Discussion board postings on the impact of HIT on aging population. The assessment of the essays and discussion postings is based on the following criteria: clarity (views/conclusions), thoroughness (relevance), thoughtfulness (reflection/context), and contribution (logical/meaningful arguments).
2. Discuss the role and applications of public health informatics in advancing public health practice and improve health outcomes	MPHI 8001 – Public Health Informatics	Essay on an analysis of a public health surveillance system. Quizzes on online information sources, evidence-based public health, and literature search on

		public health issues. The assessment of the essays is based on the following criteria: clarity (views/conclusions), thoroughness (relevance), and thoughtfulness (reflection/context). The evaluation of the quizzes is based on the percentage of correct responses to questions/tasks.
3. Analyze secondary survey data to research and address a public health question	MPHI 8001 – Public Health Informatics	Tasks on using public health data from a web-based query system and GIS mapping of target data. Discussion board postings on public health issues gleaned from national survey data. The tasks are evaluated based on the percentage of correct completion of all steps. The evaluation of discussion postings is based on the following criteria: clarity (views/conclusions), thoroughness (relevance), thoughtfulness (reflection/context), and contribution (logical/meaningful arguments).
4. Design statistical analyses to answer major public health questions using publicly available data sources	MPHI 8400 – Health Data Management & Knowledge Discovery	Development of a proposal for an analytical project using secondary survey data. The evaluation of the proposal is based on how well students demonstrate their understanding and communicate their knowledge on the following components: research question, literature review, and data source.
5. Design data management processes to collect, organize, analyze, and interpret public health data	MPHI 8400 – Health Data Management & Knowledge Discovery	Tasks on OLAP operations using national survey data. Project report on the analytics of secondary survey data. The tasks are evaluated based on the percentage of correct completion of all steps. The report is evaluated focusing on its clarity and completeness in addressing the research question with data analytics including data preparation, analysis, and interpretation.

2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the program must present evidence, including policies and sample documents, that

demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

Not applicable.

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

The following syllabi are available in the ERF: Criterion D4->D4.3 Syllabi and supporting documentation:

- MPHI8000CompHealthInfoSys
- MPHI8001PubHealthInformatics
- MPHI8400HealthDataMgmt
- MPHM7102HumanResMgmt
- MPHM7104HealthcareFinanMgmt
- MPHM8220StratMgmtofHealthcareOrg

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

Strengths:

- The concentration courses are designed to integrate key informatics competencies in health care as well as public health.
- A strong emphasis is placed on developing and reinforcing competencies in health data management and analytics.

Weaknesses:

- The number of required concentration courses is limited to three courses.
- The program cannot offer elective courses due to a lack of PIFs. Currently, the program relies on elective courses from other departments.

Plans for improvement:

- Program will recommend leadership to hire additional faculty reviewing the program's needs.

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the program or by individual students) in any physical or electronic form chosen by the program.

1) Briefly describe how the program identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies.

   MPH students demonstrate competency attainment through applied practice experiences, the MPH Internship, MPHC 8722. The MPHC 8722 is a five (5) credit course with a minimum of 125 contact hours requirement. In fall 2021, this course changed to two (2) credit hours with a 75 contact hours requirement. The MPH program expects to implement the 2-credit internship in the summer 2022 semester. The emphasis of the MPH Internship is to integrate newly acquired skills and knowledge into professional practice. Students may enroll in the Internship course in either fall, spring, or summer semester, following 12 credits of MPH courses, equivalent to four (4) 3-credit classes. Students generally enroll in the internship in their third semester of the program. All MPH students must attend the Annual Internship/Capstone Orientation in preparation for the internship. The MPH internship coordinator supervises the internship in consultation with a qualified preceptor at the internship site and the student's academic advisor.

   Before enrolling in the internship, students are to identify a preceptor who needs approval from the internship coordinator according to the qualification set by the MPH program. Under the guidance of the internship coordinator, students can employ different strategies to identify a practicum and a preceptor, through (1) faculty, staff, or students' networking, (2) the list of the program's past organizations, (3) AU Career Center, and (4) community events according to where the student's residency. Students work with their site preceptor to identify the learning objectives of the internship. In consulting with their academic advisor, students are to complete the Internship Abstract Form, in which students match the learning objectives to competencies' requirements. Students must demonstrate five competencies, of which four must be CEPH foundational competencies. Students can begin the internship after the internship coordinator approves their abstract. The MPH internship coordinator communicates with the site preceptor to monitor the student's progress during the internship. The coordinator may request a site visit or a teleconference with the site preceptor.

   At the end of the internship, students must (1) achieve a minimum of 125 or 75 contact hours at the internship site, depending on their admission cohort, (2) fulfill the pre-set objectives through two deliverables products that demonstrate competency attainment, (3) submit their final report of the Internship, and (3) complete their self-evaluation. Students upload internship documents onto D2L. In addition, the internship coordinator must receive an evaluation from the preceptor through the Institution survey software Qualtrics to confirm the student's achievement of the objectives and competencies.

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

The Internship Manual is included in the ERF: Criterion A1 -> A1.3 Bylaws_Policy documents-> MPHInternManual

The MPH Internship Syllabus is included in the ERF: Criterion D5->D5.2 APE Requirements-> MPHC8722Internship

3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The program must provide samples of complete sets of materials (i.e., Template D5-1 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the program has not produced five students for which complete samples are available, note this and provide all available samples.

Student samples included in ERF: Criterion D5->D5.3 Student samples

- D5_HINF
  - HINF1Agabin
  - HINF2Cook
  - HINF3Strotz
  - HINF4Keating
  - HINF5Pine
- D5_HMGT
  - HMGT1Enverga
  - HMGT2Bussey
  - HMGT3WilsonDib
  - HMGT4Tran
  - HMGT5Ruffa

Template D5-1	
(include samples in ERF, not self-study)	
Practice-based products that demonstrate MPH competency achievement: Health Informatics	
Specific products in portfolio that demonstrate application or practice^	**Competency as defined in Criteria D2 and D4***
Evaluation and Enhancement of an Automated Electronic Health Record Sepsis Alert System Augusta University 1. Emergency Department Sepsis Management PowerPlan Proposal 2. Intensive Care Unit Sepsis Management PowerPlan Proposal	2. Select quantitative and qualitative data collection methods appropriate for a given public health context.
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate.
	4. Interpret results of data analysis for public health research, policy, or practice.
	21. Perform effectively on interprofessional teams.
	Conc. Competencies: Use information technology to access, evaluate, and interpret public health data.
Hearing Screening Standardization and Implementation in the Augusta University Medical Center Otolaryngology Clinic	7. Assess population needs, assets, and capacities that affect communities' health.
	11. Select methods to evaluate public health programs.
	18. Select communication strategies for different audiences and sectors.

1. Educational PowerPoint Presentation - Working with Patients Who Have Hearing Loss. 2. Hearing Screening Form	21. Perform effectively on interprofessional teams. Conc. Competencies: Use informatics & communication methods to advocate for community public health programs and policies.
Laboratory Animal Services Training Handbook 1. Facility Orientation and Practical Training Sign-up (Web-design) 2. Training Handbook	2. Select quantitative and qualitative data collection methods appropriate for a given public health context. 3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate. 4. Interpret results of data analysis for public health research, policy, or practice. 19. Communicate audience-appropriate public health content, both in writing and through oral presentation. Conc. Competencies: Use informatics methods and resources as strategic tools to promote public health.
Campus Public Health Program Development and Health Promotion Clayton State University, University Health Services 1. Social Media Content Design 2. Student Sexual Health Presentation	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate. 4. Interpret results of data analysis for public health research, policy, or practice. 8. Apply awareness of cultural values and practices to the design or implement public health policies or programs. 21. Perform effectively on interprofessional teams. Conc. Competencies: Use information technology to access, evaluate, and interpret public health data.
Implementation of SARS-CoV-2 IgG Antibody Testing 1. LIAISON® SARS-CoV-2 S1/S2 IgG Procedure Manual 2. LIAISON® SARS-CoV-2 S1/S2 IgG Training Documentation	9. Design a population-based policy, program, project, or intervention. 11. Select methods to evaluate public health programs. 12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence. 22. Apply systems thinking tools to a public health issue. Conc. Competencies: Collaborate with communication and informatics specialists to design, implement, and evaluate public health programs.
Practice-based products that demonstrate MPH competency achievement: Health Management	
Specific products in portfolio that demonstrate application or practice^	**Competency as defined in Criteria D2 and D4***
Ethical Long-Term Care 1. Ethical Orientation Process Mapping 2. Ethical Weekly Newsletter (Week of 10/19/2020)	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs 12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence

	15. Evaluate policies for their impact on public health and health equity leadership
	16. Apply principles of leadership, governance, and management, which include creating a vision, empowering others, fostering collaboration, and guiding decision making
	Conc. Competencies: Describe the legal and ethical bases for public health and health services.
Urine Culture Reflex to Improve Diagnosis and Resource Utilization for Value-Based Healthcare 1. Urine Analysis Reflex Criteria Applied to Table Result Categories 2. Nurse Education Information	4. Interpret results of data analysis for public health research, policy, or practice.
	10. Explain basic principles and tools of budget and resource management.
	16. Apply principles of leadership, governance, and management, which include creating a vision, empowering others, fostering collaboration, and guiding decision-making.
	21. Perform effectively on Inter-professional teams.
	Conc. Competencies: Apply the principles of program planning, development, budgeting, management, and evaluation in organizational and community initiatives.
Writing and submitting a research protocol regarding antimicrobial use in renal transplant patients 1. IRB Protocol Section 3. Study Procedure 2. IRB Protocol Section 4. Statistical Considerations	1. Apply epidemiological methods to the breadth of settings and situations in public health practice.
	2. Select quantitative and qualitative data collection methods appropriate for a given public health context.
	8. Apply awareness of cultural values and practices to the design or implement public health policies or programs.
	21. Perform effectively on interprofessional teams.
	Conc. Competencies: Explain methods of ensuring community health safety and preparedness.
Secondary Infections in Patients Admitted with COVID-19 1. Preliminary findings of bacterial and fungal coinfections 2. 2. Report of the most frequently isolated organisms in COVID-19 patients	1. Apply epidemiological methods to the breadth of settings and situations in public health practice.
	2. Select quantitative and qualitative data collection methods appropriate for a given public health context.
	11. Select methods to evaluate public health programs.
	16. Apply principles of leadership, governance, and management, which include creating a vision, empowering others, fostering collaboration, and guiding decision-making.
	Conc. Competencies: Explain methods of ensuring community health safety and preparedness.
Telehealth Notes 1. Telehealth Notes Infographic 2. White Paper Project HB9: Develop guidelines for use of telehealth services in schools	4. Interpret results of data analysis for public health research, policy, or practice.
	8. Apply awareness of cultural values and practices to the design or implement public health policies or programs.
	9. Design a population-based policy, program, project, or intervention.

	19. Communicate audience-appropriate public health content, both in writing and through oral presentation.
	Conc. Competencies: Identify the main components and issues of the organization, financing, and delivery of health services and public health systems in the U.S.

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

Strengths:

- Students can obtain and submit required documents through the learning portal, Desire2Learn (D2L).
- Students are to map their internship goals to foundational and concentration competencies before beginning the internship.
- The online survey tool Qualtrics allowed the program to receive the preceptors' evaluation of interns accurately and timely.

Weaknesses:

- The MPH Program has not implemented concentration competencies built on CEPH foundational competencies until summer 2022, which limited our students' capacity to advance their foundational competencies to a higher level.
- Even though the program maintains a list of potential internship sites with MOU, the list is not regularly updated.

Plans for improvement:

- MPH program will implement concentration specific competencies, starting in summer 2022.
- The program will develop and maintain a list of internship sites and MOU, which will be updated regularly.

D6. DrPH Applied Practice Experience

Not applicable.

D7. MPH Integrative Learning Experience

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

Professional certification exams (e.g., CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

The program identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (e.g., preceptors).

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

MPH Integrative Learning Experience - Health Management & Health Informatics	
Integrative learning experience	**How competencies are synthesized**
Capstone project	Each student selects a Capstone project advisor from the MPH faculty and (optional) a subject-matter expert. At the beginning of the project, under the guidance of the project advisor, students assess their project's relevance to foundational and concentration-specific competencies, and fill out a set of competency assessment forms, which indicates how they would achieve these competencies through the project. Students demonstrate their attainment of the competencies through monthly oral presentations on their progress and the final project presentation and written report. The project advisor evaluates the student's performance on the project using the rubric, with a special attention to the synthesis of the competencies.

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

Students can enroll in MPHC 8999 Capstone (3 credit hours) in either fall or spring semester, which is their last semester in the program, and they are eligible to take the Capstone course after completing MPHC 8722 Internship. Prior to take Capstone course, students are required to attend the annual Capstone orientation to ensure they have a clear understanding of the course for successful planning and completion of their study.

The MPH faculty member serves as a Capstone project advisor. Students are expected to choose their project advisor whose research area is in their project interest and/or who agrees to supervise the project. Each student works with their advisor to develop an initial project proposal which will be submitted before beginning the Capstone semester, so that students can have enough time to conduct their project and fulfill all the course requirements during the semester. Students also complete the competency assessment forms with which they demonstrate an understanding of the foundational (core and cross-cutting) and concentration-specific competencies related to their project. Students are required to fill-out the forms for all five core competencies (of those, two can be replaced by a reflection essay after the completion of the project) and, for the cross-cutting and concentration-specific competency categories, students

are expected to demonstrate their projects' relevance to at least two competencies from each category.

The focus of the Capstone course is the completion of a research-oriented project that culminates in the attainment of the competencies that students have identified at the beginning of the project. The project involves formulating a research question, conducting a literature review, performing data collection and analysis using statistical methods, and presenting project findings. Thus, students are expected to synthesize and integrate their learning experience acquired throughout the program and to demonstrate their proficiency of this integrated knowledge through the project.

Key milestones of the course include a full proposal submission, a monthly progress presentation, a presentation at a research day, and the final presentation and written report. The presentations are reviewed and approved by the project advisor before the class presentation. As part of the course requirements, students participate in the University-wide Graduate Research Day for the spring semester and the College-wide MPH Research Day for the fall semester to give a poster/oral presentation on their project. Students will complete the course requirements by presenting their findings at the conclusion of the project and submitting a final written project report.

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

The following documentation is available in the ERF:

- Criterion D7-> D7.3 – ILE Requirements-> MPHC8999CapstoneinPubHealth

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

See the Capstone Manual in the ERF: Criterion A1 -> A1.3 Bylaws_Policy documents-> MPHCapstoneManual

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

Student samples are available in the ERF: Criterion D7->D7.5 –>Student samples->

- HISample1Compassessmtform
- HISample1Finalprojrept
- HISample2Compassessmtform
- HISample2Finalprojrept
- HISample3Compassessmtform
- HISample3Finalprojrept
- HMSample1Compassessmt
- HMSample1Finalprojrept
- HMSample2Compassessmtform
- HMSample2Finalprojrept
- HMSample3Compassessmtform
- HMSample3Finalprojrept
- HMSample4Compassessmtform
- HMSample4Finalprojrept

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

Strengths:

- Each student can develop a research-oriented project of their interest that motivates them to apply and synthesize all their learning acquired from the MPH program

Weaknesses:

- MPH students have limited exposure to diverse research topics due to limited faculty resources.

Plans for improvement:

- The Program will develop a policy for the academic advisors to encourage students to start the preparation of their Capstone project earlier to ensure timely completion of all course requirements and graduation.
- The Program will recommend leadership to hire additional faculty reviewing the program's needs.

D8. DrPH Integrative Learning Experience

Not applicable.

D9. Public Health Bachelor's Degree General Curriculum

Not applicable.

D10. Public Health Bachelor's Degree Foundational Domains

Not applicable.

D11. Public Health Bachelor's Degree Foundational Competencies

Not applicable.

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

Not applicable.

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

Not applicable.

D14. MPH Program Length

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

Programs use university definitions for credit hours.

1) Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.

   The MPH program requires a minimum of 45 semester credits for the MPH degree. MD/MPH students can transfer six (6) credits or two (2) courses from the MD curriculum into their MPH portion to fulfill six elective credits requirement, therefore, the MD/MPH students require an additional 39 semester credits to meet a minimum of 45 semester credits for their MPH degree.

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

   Augusta University conforms to standards set by the BOR (Board of Regents) Policy 3.4.1 of the University System of Georgia, the SACs (Southern Association of Colleges and Schools) Commission on Colleges Policy Statement, the Federal definition (Federal Register (75 FR 66832 p. 66946), Carnegie unit recommendations, and individual program accrediting agency guidelines to define and measure semester credit hours awarded to students for course work.

   According to the AU Definition of a Credit Hour Policy, one credit hour is constituted by a minimum of the equivalent of three class work hours, where a class hour defined as 50 minutes.

   The standard for a one-semester credit hour course is one class hour (50 minutes) of direct instruction and a minimum of two class hours (100 minutes) of out-of-class student work/student academic engagement activities each week during the standard semester (15 weeks). Thus, students' out-of-class work equates to a total of 750 minutes of direct instruction and 1500 minutes per fall or spring semester (15 weeks). A course offered in the summer semester, with fewer than 15 weeks, contains the same total hours (contact hours, preparation time, content, and requirements) as the same course offered in either the fall or spring semester.

   The MPH program expects students to prepare for each class with a minimum of two hours per one hour of instruction. Hence, a student enrolled in 3-semester credits must have three hours in class per week with 6 hours of preparation for the class.

   https://www.augusta.edu/compliance/policyinfo/policy/definition-credit-hour.pdf

D15. DrPH Program Length

Not applicable.

D16. Bachelor's Degree Program Length

Not applicable.

D17. Academic Public Health Master's Degrees

Not applicable.

D18. Academic Public Health Doctoral Degrees

Not applicable.

D19. All Remaining Degrees

Not applicable.

D20. Distance Education

Not applicable.

E1. Faculty Alignment with Degrees Offered

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

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

Primary Instructional Faculty Alignment with Degrees Offered (Fall 2021-Spring 2022)						
Name*	**Title/ Academic Rank**	**Tenure Status or Classification**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in C2-1**
Balas, E. Andrew	Professor	Tenured	PhD MD	University of Utah Semmelweis University	Health Informatics	Health Management
Nguyen, Tran	Assistant Professor	Non-tenure tracked	DrPH MPH	Georgia Southern University Augusta University	Public Health Leadership Health Informatics	Health Informatics
Rangachari, Pavani	Professor	Tenured	PhD MS	Rockefeller College of Public Affairs & Policy, University at Albany (SUNY) School of Public Health, University at Albany (SUNY)	Public Administration & Policy Health Management & Policy	Health Management
Seol, Yoon-Ho	Associate Professor	Tenured	PhD MS	Columbia University	Biomedical Informatics	Health Informatics

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

Non-Primary Instructional Faculty Regularly Involved in Instruction (Fall 2021-Spring 2022)							
Name*	**Academic Rank^**	**Title and Current Employment**	**FTE or % Time Allocated**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in Template C2-1**
Heboyan, Vahé	Associate Professor	Associate Professor Health Economics and Modeling, Medical College of Georgia	0.12	PhD MS	University of Georgia University of Georgia	Applied Economics Agricultural and Applied Economics	Health Informatics Health Management
Majeed, Ban	Assistant Professor	Assistant Professor of Epidemiology Department of Population Health Sciences, Medical College of Georgia	0.12	PhD MPH MSc MBChB	Georgia State University Georgia State University College of Medicine Al-Nahrain University College of Medicine Al-Nahrain University	Public Health and Epidemiology Health Promotion and Behavioral Sciences Community Medicine General medicine and general surgery	Health Informatics Health Management

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

CVs are located in the ERF: Criterion E1->E1.3 Faculty CVs

- Non-PIF
  - AmandaBarefieldCV
  - VaheHeboyanCV
  - BanMajeedCV
- PIF
  - AndrewBalasCV
  - PavaniRangachariCV
  - TranNguyenCV
  - YoonHoSeolCV

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

Our MPH program went through ups and down for last several years in terms of student enrollment. One reason for the ups/downs in enrollment was because we inactivated two concentrations (SB and Env). The reason for inactivating these concentrations was no funding to

hire PIFs with the appropriate instructional experience. During the last few years, we have seen growth of our program. We plan to expand expertise of full-time faculty to meet students' needs and to expand the program.

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

Strengths:

- Current faculty are experienced and are diverse in education and research background.

Weaknesses:

- The program runs with minimum PIFs.

Plans for improvement:

- Program will recommend leadership to hire additional faculty reviewing the program's needs.

E2. Integration of Faculty with Practice Experience

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

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

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

   The MPH Program consists of a highly qualified and multi-disciplinary faculty. Our faculty members come from diverse backgrounds in terms of both academic preparation and demographics. The diverse experiences of the faculty provide a rich complement of integrated learning experiences for students. The outcomes we track related to instructional quality, research, and service are appropriate and consistent with College and Institutional criteria for promotion and tenure.

   MPH Program primary and secondary faculty members bring diverse educational backgrounds and a range of professional and subject matter expertise to our concentrations. Current MPH faculty expertise encompasses the major disciplines in public health and integrates various perspectives from public health practice. Before joining AU-MPH Program, Assistant Professor Tran Nguyen worked in the AUMC Core Laboratory for 15 years. She often engaged in the Community Blood Drives and Health Screenings conducted by AUMC Pathology Department. In 2011, she was enlisted by Georgia East Central Health District to serve as a volunteer Vietnamese Interpreter in training the Vietnamese community in emergency and preparedness response. In 2014, she led the Vietnamese community in participating in the 2014 CSRA Disaster Drill, hosted by the Department of Emergency and Preparedness Response, East Central Health District, Georgia. Dr. Nguyen continues to involve in various community health screenings/fairs across CSRA.

   Associate Professor Yoon-Ho Seol, who teaches courses in the Health Informatics concentration, has constantly sought ways to collaborate with practitioners who are engaged the field of health informatics, including professionals of IT/IS support in the AU Health System, the VA Medical Center, the surveillance program in the Georgia Public Health Department, and the emergency preparedness team of the East Central Health District of Georgia. Dr. Seol has invited those practitioners to deliver guest lectures and organized site visits of their working places for students as part of class activities. These direct contacts with practitioners have facilitated incorporating field experiences into the students' learning beyond the classroom.

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

   Strengths:
   - PIFs faculty maintain practice external to academic activities within their local communities as shown with examples in the above section.
   - Faculty offer guest lectures at different public health entities including other colleges and departments of the AU and local non-profit organizations.

   Weaknesses: None.

E3. Faculty Instructional Effectiveness

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

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

The program supports professional development and advancement in instructional effectiveness.

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

   The Department Chair reviews a faculty member's teaching effectiveness as a part of annual faculty evaluation. For example, Dr. Yoon-Ho Seol maintains currency in his professional disciplines of public health informatics through participation in professional conferences, research and scholarly activities, and presentations of scholarly products. Additionally, to keep abreast of current developments and advancements in his areas, Dr. Seol takes advantage of available online learning resources such as webinars, trainings, and the University library's subscriptions to relevant journals. His course materials are regularly updated to reflect recent trends, practice, and research in his areas. The CAHS Faculty Handbook includes details about the faculty annual evaluation process on pages 4-6: https://www.augusta.edu/alliedhealth/faculty/council/documents/cahs-faculty-handbook-2018-19-version-120219.pdf

   Dr. Tran Nguyen maintains currency in her areas of instructional responsibility through engagement in original research, collaboration with others on research, attendance in professional conferences, active participation in community health events, and independent learning and professional development through reading, and other continuing education opportunities provided by Augusta University Faculty Affairs Office. Dr. Nguyen, like all faculty, was assessed through annual reviews of faculty productivity, a relation of scholarship to instruction. The Chair of DIHS reviewed her productivity and contribution in terms of teaching, scholarship, and service, and discussed how these activities translate into meeting individual and programmatic goals for the MPH program. For example, Dr. Nguyen integrated her participating in community health fairs into MPHC 8600 (Fundamentals of Health Promotion) and her article on public health informatics during the COVID-19 pandemic into MPHI 8100 (Healthcare Information Content, Standards, and Structure.)

   The national professional involvement of Professor Andrew Balas includes service as the Vice President of the Friends of the NIH National Library of Medicine. In recent years, he has been leading the national conference and virtual workshop series of the Friends of NLM. These events explore ways to improve the quality and productivity of research while also increasing the public health impact of biomedical research.

   Dr. Pavani Rangachari maintains currency in her areas of instructional responsibility through five courses she teaches in the MPH program and active role as a research mentor and student advisor. Dr. Rangachari is also an active researcher and presenter in her area of research interest.

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

   Students complete course evaluations at the end of each course. The form (included in the Electronic Resource Files) requests students to evaluate specific aspects of the course and the instructor's performance. The process is managed by Augusta University IT and the student

responses are anonymous. Evaluations are delivered electronically via CampusLab. Results of the course evaluations are compiled by and reported in summary format by AU IT to each respective faculty member, the Program Director, and Dean. The Chairs review course evaluations at the end of each semester, and discuss any issues raised by course evaluations with the concerned faculty members.

See also: https://www.augusta.edu/afa/evaluations.php

The CAHS Faculty Handbook includes details about the faculty annual evaluation process on pages 4-6: https://www.augusta.edu/alliedhealth/faculty/council/documents/cahs-faculty-handbook-2018-19-version-120219.pdf

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

The MPH program and the AU support faculty instructional improvement. The program provides financial support by paying faculty to attend training, seminars, and conferences. Also, through CAHS Academic Administration, faculty can obtain support by applying to the dean using the CAHS Financial Assistant Form. Through this mechanism, faculty can obtain additional funding for supporting their instructional and scholarship efforts. The AU and the CAHS provide in-house guest lectures and workshops. The AU offers support through educational conferences, seminars, and training, including resources available through the AU Office of Instruction and Innovation: https://www.augusta.edu/vpii/.

The MPH program supports faculty improvements via several ways, such as time off for travel and training/conference attendance and financial support via department/program budgets as well as through the CAHS Dean's office.

One of the PIFs received financial support from the DIHS in her participation in professional development related to instruction. She attended the 2019 Georgia Public Health Association, 2020 American Society for Clinical Pathologists, and 2021 American Public Health Association Conferences.

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

Student course evaluations are essential for a faculty member's promotion and tenure. Tenure-track and non-tenure track primary faculty submit their completed Annual Faculty Performance Evaluation around mid-spring of fiscal year for the Annual Faculty Performance Evaluation and plan for the next academic year to the Chair (ERF) and PD. With input from the PD, the Chair reviews the report with the faculty member and makes recommendations for the next year, and if needed, areas needing improvement. The criteria and areas of performance to be considered in the tenure and promotion decision processes are teaching, scholarship, and services. The T&P committee assesses instructional effectiveness utilizing the student evaluations, which are part of the T&P packet. Five Annual Faculty Performance Evaluations must be included with a faculty's T&P packet. Faculty must also include peer reviews of teaching.

See Promotion and Tenure Guidelines here: https://www.augusta.edu/hr/faculty-support-ser/procedures/documents/cahs_pt_guidelines_2017-2018.pdf

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the program and relate to instructional quality. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the program may add indicators that are significant to its own mission and context.

Faculty currency

- Annual or other regular reviews of faculty productivity, relation of scholarship to instruction.
- Faculty currency and instruction technique is documented in the Annual Faculty Performance document, which chairs review with the faculty on a yearly basis. This process begins in January. The dean reviews and signs all faculty evaluations at the end of the spring semester.

Faculty instructional technique

- Student satisfaction with instructional quality is evaluated at the end of each faculty's course.

School- or program-level outcomes

- Courses that integrate service learning, as defined by the school or program.
- Course Evaluation is also a way to show faculty currency. MPH should institute a process where they are reviewed at the end of each semester. At a minimum, the faculty should be reviewing them now. Again, data from course evaluations should be a part of the annual faculty evaluations.

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

Weaknesses:

- While we have identified three indicators, we do not have any data to report on them.

Plan for improvement:

- Starting in spring 2022, we will begin tracking data for these indicators.

E4. Faculty Scholarship

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

The types and extent of faculty research align with university and program missions and relate to the types of degrees offered.

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

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

   Before FY2020, Research FTE ranged between 10-25% for the PIFs. However, there was an expectation that PIFs would be involved in research and scholarly activities. Most PIFs were engaged in scholarly activities as evidenced by publications in the peer review journals and submission of grants for internal or external funding (ref. CV). The MPH program realizes the importance of PIF's involvement in research and the integration of their research in the development of instructional materials. The MPH program will evaluate PIFs' performance outcomes of their research and scholarship activities in the annual faculty evaluation.

   There are several guidelines outlined here, depending on which track faculty are following: https://www.augusta.edu/hr/faculty-support-ser/procedures/2020_cahs_promotion_tenure_guidelines_final_approved_11022020.pdf

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

   Sponsored Program Administration (SPA) The Division of Sponsored Programs Administration and the Augusta University Research Institute serve as a central unit to coordinate and support Augusta University's Internal and External Sponsored Projects.

   The Division aims to identify, support, and advance opportunities for research, training, teaching, and scholarly activities by managing the entire lifecycle of sponsored project – from proposal for grant development and submission, to contract preparation, award management, and project close out management. The DSPA seeks to advance extramural support programs for the institution by providing administrative, informational, and logistical assistance to faculty and staff, while ensuring compliance with pertinent policies and regulations of the institution, extramural sponsors, and federal oversight agencies.

   The office is also responsible for the development and negotiation of the institution's federal Facilities and Administrative Cost Rate Agreement, for oversight of effort reporting. It maintains records and produces periodic reports concerning funding and regulatory matters, and supports the Office of the Senior Vice President for Research Administration and the Augusta University Research Institute. DSPA also develops policies for the conduct of research and oversees intramural research programs, such as the Intramural Grants Program, the GRRI Research Incentive Program, and the Bridge Funding Program.

   Clinical Trials Office The Clinical Trials Office (CTO) serves as the initial point of contact and centralized coordinating office for all clinical research conducted within the Augusta University Health System. The CTO mission is to facilitate clinical research by providing quality services,

solutions, innovative leadership, the promotion of collaboration, and continuous quality improvement. Our operation is based upon a comprehensive "One Stop Shop" concept for investigators and sponsors. The Clinical Trials Office provides oversight and management of clinical studies.

Institutional Review Board The mission and goals of the IRB office are: To ensure the research goals of the enterprise are met ensuring compliance and protection of human subjects involved in research; to serve as the central contact for facilitating the goals of the Enterprise Human Research Protection Program (HRPP). The IRB office provides: Administrative support for the internal IRBs and a liaison for the external IRBs; Monitoring and oversight for all IRB approved studies; Education and training for human research investigators, staff, and IRB members

Philanthropy & Alumni Engagement. The Office of Philanthropy & Alumni Engagement is committed to the growth and prosperity of the university and its programs, scholarships, facilities, academic quality, research capacity and outreach. The Office of Philanthropy & Alumni Engagement nurtures relationships with alumni, friends and the campus community to encourage support for Augusta University students, programs and the university environment. The office engages our many stakeholders, secure private support through a donor-centered approach, stewards and manages gifts, fosters community outreach and tells AU's story broadly to strengthen the university.

College of Allied Health Sciences (CAHS) The College of Allied Health Sciences at Augusta University trains and educates today's health care professionals: the therapists, technicians, administrators, managers and assistants who are the backbone of our country's health care workforce. As the nation's population ages and increasingly struggles with chronic disease and disability, as well as health care reform, the CAHS' mission of educating premier health care professionals has never been more vital.

CAHS stays on the leading edge of national trends and advances in science, technology, and professionalism. In just the last decade, we have expanded our graduate programs nearly 250 percent, bolstered our clinical mission, and multiplied our research initiatives threefold. Our students enjoy clinical opportunities across Georgia. The CAHS was an early proponent of interdisciplinary and distance education, and the college continues to lead the way with innovative programs.

The Dean's Office of CAHS provides limited funding for faculty from its 15 academic programs to apply for financial support for scholarly efforts. Through the CAHS Applicant for Financial Support, faculty work with their department chairs to submit requests for funding important initiatives.

The Graduate School The Graduate School provides leadership, vision and oversight for many of the Augusta University graduate programs as well as support for graduate students and faculty.

The Graduate School prepares successful and innovative leaders, scholars, researchers, educators and clinicians to advance their field and impact their community and the world. Currently, The Graduate School offers over 45 graduate degree and advanced certificate programs. The wide range of doctoral, specialist and master's degree programs, as well as graduate certificate programs offered, provide outstanding training, research, clinical and educational opportunities.

The Graduate School aims to provide a rich intellectual, academic and research environment for educating students to become leaders in the discovery, dissemination, and application of knowledge. To help facilitate this, our graduate faculty members are selected based on experience in research, scholarship and education. They are drawn from the faculties of Augusta University's College of Allied Health Sciences, College of Arts, Humanities and Social Sciences, Hull College of Business, Dental College of Georgia, College of Education, College of Science

and Mathematics, College of Nursing, School of Computer & Cyber Sciences and the Medical College of Georgia. Class sizes are small, and the faculty excels in cultivating and modeling supportive, collegial and professional relationships with students.

Centers & Institutes Augusta University is involved in nearly 300 different funded research activities and related studies in its Colleges of Allied Health Sciences, Dental Medicine, Graduate Studies, Medicine and Nursing. Research is carried out in both basic and clinical disciplines. Augusta University centers include: Georgia Cancer Center, Center for Bioethics & Health Policy, Center for Biotechnology & Genomic Medicine, Center for Blood Disorders, Center for Nursing Research, Center for Healthy Aging, Center for Excellence in Research, Scholarship, and Innovation, Interdisciplinary Simulation Center, and the Vascular Biology Center. Institutes include: Institute of Public and Preventive Health, Educational Innovation Institute, Georgia Prevention Institute, and the James and Jean Culver Vision Discovery Institute.

All full-time faculty are eligible to apply for the Intramural Grants Program, which is designed to assist and encourage faculty to develop research programs that can successfully compete for extramural funding, encourage collaborations, and to bridge funds when applicable. Applications are accepted three times per calendar year.

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

Dr. Tran Nguyen includes her publications as class readings. For example, she added her article on public health informatics during the COVID-19 pandemic into MPHI 8100 (Healthcare Information Content, Standards, and Structure). Dr. Nguyen also employs active learning techniques in her courses. For example, in MPHM 7220 (Current Topic in Public Health), each student posts their reflection paper on a chosen current public health topic on the discussion board for all classmates to review and comment on materials.

Dr. Yoon-Ho Seol continues to participate in a national conference as a presenter as well as an abstract reviewer in his field. His scholarly work explores the potential of using data analytics on national health to examine public health issues and practices. He incorporates his experience to improve students' learning in his courses by updating course materials as necessary and providing more relevant guidance on course projects.

Dr. Andrew Balas is the author of the book titled *Innovative Research in Life Sciences - Pathways to Scientific Impact, Public Health Improvement and Economic Progress* (John Wiley & Sons, 2019). By drawing on lessons from hundreds of Nobel Prize winners, other award-winning scientists, serial innovators, and leading research universities, 12 transformative competencies of successful biomedical researchers are described and the public health impact of their discoveries is explored.

Dr. Balas is the principal investigator of an ongoing NIH R01 grant titled "Distinguishing practices of outstanding productivity and expansion in biomedical research" (2021-2024). Expanding biomedical research and increasing its productivity are major public health interests. The proposed project should lead to clearer understanding of the ways scientific excellence and promising research results are produced in the most creative laboratories and institutions.

These experiences and initiatives have been influential in revising and updating the course titled MPHM 8280 Quantitative Methods in Health Administration.

Dr. Pavani Rangachari includes students in her research activities, including conference presentations.

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

Dr. Tran Nguyen recruits MPH students as non-compensated graduate research assistants (GRAs) to assist with her research. Benefits provided to non-compensated GRAs include broadening the range of skills and abilities in research, having a selection of Capstone topics derived from Dr. Nguyen projects' data, and adding a professional experience onto their CV/Resume.

Dr. Seol has sought to integrate his research interests into courses that he teaches in health data analytics to foster students' interest and promote their engagement in research projects in the field. Students are encouraged to discuss research topics of their interests related to or beyond the scope of the courses outside the classroom. This integration is designed to support students' development and implementation of their Capstone project and the dissemination of its findings at the Graduate Research Day at Augusta University (for spring graduates), the MPH Research Day (for fall graduates), and other presentation opportunities.

In August 2018, two students co-presented with Dr. Pavani Rangachari at the Academy of Management 78th Annual Meeting in Chicago.

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

CAHS criteria for promotion and/or tenure is reviewed with faculty members to identify areas of need or adequate progress towards promotion and tenure success. Specific action steps must be identified with expected timelines by which the faculty member should achieve these goals. The criteria for faculty evaluation in all CAHS departments includes percent of effort and quantity and quality of research/scholarship. The department chair reviews/completes the Annual Faculty Evaluation Summary form for individual faculty members. Areas for potential faculty development or improvement will be discussed and included in a narrative summary.

CAHS Faculty Handbook: https://www.augusta.edu/alliedhealth/faculty/council/documents/cahs-faculty-handbook-2018-19-version-120219.pdf

CAHS Promotion and Tenure Guidelines: https://www.augusta.edu/hr/faculty-support-ser/procedures/2020_cahs_promotion_tenure_guidelines_final_approved_11022020.pdf

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

- Number of students advised
- Number of articles published in peer-reviewed journals
- Presentations at professional meetings

Template E4-1

Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	**Target**	**Year 1**	**Year 2**	**Year 3**
Number of students advised	12	24	24	20
Number of articles published in peer-reviewed journals	10	20	16	24
Presentations at professional meetings	4	2	4	3

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

Strengths:

- Faculty actively participate in conferences, seminars, and symposia to present their scholarly and research findings.

Weakness:

- The MPH PIFs faculty are heavily engaged in teaching required courses with limited time for research in a calendar year.
- MPH program has run with minimum PIFs for the last several years.
- There is limited grant support from the college.

Plans for improvement:

- The MPH program will recommend additional PIFs to hire, which will release faculty's time for research and scholarly activities.

E5. Faculty Extramural Service

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

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

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

   Augusta University defines faculty service as applying "a faculty member's knowledge, skills and expertise as an educator, a member of a discipline or profession, to benefit students, the university, the discipline, or profession and the community in a manner consistent with the mission of the university and the campus." Read more about faculty service here.

   Faculty service expectations may be met through a variety of means. Where applicable, faculty members may be members of the CAHS Allied Health Sciences Practice Group, Inc. "Faculty Practice" encompasses multiple roles along the continuum of professional services, including, but not limited to, clinical services, consultation, and continuing education. All professional services rendered by CAHS faculty that generate supplemental income, regardless of where or when those services are delivered, are considered "practice" unless otherwise exempted.

   Faculty members organize workshops and symposia on various public health topics that benefit the University and more significant communities. MPH students are also expected and encouraged to provide service to the University and the community. The Program Director routinely shares service opportunities with students via campus e-mail. Students may provide service to the University through paid activities (e.g., Research Assistantships) and volunteer activities e.g., by serving on the MPH Advisory Committee or Graduate Student Organization and/or by participating in health fairs conducted by MPH faculty members in Richmond County Schools and other local community organizations.

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

   The Program supports extramural service activities via several ways:

   1) Time off
   2) Financial support via department/program budgets as well as through the CAHS Dean's office.

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

   Dr. Nguyen participated in various community health fairs and used her experience in developing, organizing, and managing these events to instruct students in designing population-based health interventions in the course MPHC 8600 – Fundamentals in Health Promotion.

   Dr. Balas serves as elected Vice President of the Friends of the National Library of Medicine. NLM is a Public Health Service Agency. In this organization, he chairs the Education Committee that develops conferences and workshops on contemporary issues of biomedical research, medical libraries and public health. This year they are organizing 5 virtual workshops. He used this experiences in instruction of students.

Dr. Rangachari serves on the editorial boards of BMC Health Services Research and Journal for Healthcare Leadership. Additionally, she has served on multiple grant review panels related to healthcare quality improvement, health information technology, and health disparities research for the National Institutes of Health (NIH) and Agency for Healthcare Research and Quality (AHRQ). Dr Rangachari has consistently worked to integrate knowledge and experience gained from these recurring long-term professional service activities into student instruction. For example, her experience with papers and grants related to error recovery and resilience in healthcare organizations (HCOs) provided inspiration for developing an assessment related to the role of workarounds in error recovery and the potential for workarounds to be converted to learning loops to build resiliency in HCOs, in her course on Healthcare Performance Improvement (MPHM 7210). Similarly, Dr Rangachari's introduction to the recently released AHRQ database on Social Determinants of Health (SDoH) during grant review panel discussions, helped her gain a comprehensive understanding of national data availability for various facets of SDoH (including socio-economic, healthcare, and physical infrastructure contexts), which she leveraged to 1) enhance an assessment involving the 'National Healthcare Disparities report' in MPHM 7210 and 2) advise students on capstone research projects involving SDoH (in MPHC 8998 and MPHC 8999).

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

Dr. Nguyen engaged in community health screening with AU Medical College of Georgia, Dental College of Georgia, and School of Nursing. She invited students to get involved in those events, which allowed them to engage with numerous community organizations and develop event-organizational skills.

Dr. Balas is leading an international collaboration of public health professionals from the US, Tanzania, and Egypt to assess and increase the readiness of HIV/AIDS clinical trial reports for supporting automated retrieval and practical implementation in public health. An MPH student (AH) had an internship through this project.

Part of the above described Tanzania collaboration of Dr. Balas abstracted clinical trial reports and assessed completeness of practically relevant information were developed. An MPH student (MP) developed a capstone project on a subsample of the clinical trial reports. The project resulted in a PowerPoint presentation at the research day and also in a final paper on the capstone project.

5) Select at least three of the indicators that are meaningful to the program and relate to service. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context.

- Percent of faculty (specify primary instructional or total faculty) participating in extramural service activities
- Number of faculty-student service collaborations
- Number of community-based service projects

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

Professional practice is considered service for promotion and tenure purposes. CAHS Promotion and Tenure Guidelines require that faculty "met expectations" for their service effort.

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

Strengths:

- AU provides financial supports and time off from regular faculty duties for developmental activities such as conference presentation and participate in training.
- Faculty participate in public and community activities.
- Faculty incorporate scholarly activities in their teaching.

Weaknesses:

- While we have identified three indicators, we do not have data to report.
- The program may not have adequate financial support for developmental activities such as conference presentation and participation in training.

All faculty should incorporate scholarly activities in their teaching.

Plan for improvement:

- The MPH program plans to recommend to AU's leadership to review current faculty policies to improve research and other scholarly activities.
- The MPH program will start tracking these indicators in Spring 2022.

F1. Community Involvement in Program Evaluation and Assessment

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

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

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

Name	Title/Agency	Address	Phone	Email
Dr. Dean Seehusen (CAB Co-Chair)	Chair of MCG Department of Family Medicine	Augusta University, 1120 15th Street, Augusta, GA 30912	706-721-4074	DSEEHUSEN@augusta.edu
Dr. Andrew Balas (CAB Co-Chair)	Professor MPH Program	987 St. Sebastian Way, EC 3338 Augusta, GA 30912	757-639-6576	Andrew.Balas@augusta.edu
Dr. Monirul Islam	MPH Interim Program Director	1120 15th Street, Augusta, GA 30912	706-723-4376	KISLAM@augusta.edu
COL Carlene A.S Blandin	Commander of the Eisenhower Army Medical Center	Command Group, Suite 4C-06 Office 300 East Hospital Road Fort Gordon, GA 30905-5650	706-787-0300	carlene.a.blanding.mil@mail.mil (Assistant: Flythe, Gina Lenore CIV gina.l.flythe.civ@mail.mil)
Dr. David Fallaw	Georgia Regional Academic Community Health Information Exchange (GRAChIE)	P.O. Box 470, Sandersville, GA 31082	478-553-2498	DFALLAW@augusta.edu
Dr. Stephens Goggans	Georgia DOH District Health Director	East Central Health District 1916 North Leg Rd. Augusta, GA 30909	706-667-4329	SGOGGANS@augusta.edu
Lindsay Chandler	MPH student representative			LICHANDLER@augusta.edu
Denise Kornegay	AHEC Program Director	Augusta University, Health Sciences	706-721-8331	DKORNEGA@augusta.edu

		Campus (AA-1057) 1120 15th Street, Augusta, GA 30912		
Dr. Aronica Gloster	Coordinator of Health Services, Richmond County School System	Richmond County School System 864 Broad Street, Augusta, GA 30901	706-826-1000	glostar@boe.richmond.k12.ga.us
Michael or Jenafer McCauley	Fleet Feet Sports owner and operator in Augusta	229 Furys Ferry Rd #107, Augusta, GA 30907	706-922-9860	jen@fleetfeetaugusta.com; michael@fleetfeetaugusta.com
Laurie Ott	Vice President, Community Services, President of University Health Care Foundation	2260 Wrightsboro Rd, Augusta, GA 30904	706-667-0030	laurieott@uh.org

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

The MPH program engages CAB members routinely to understand employer needs for the public health workforce and essential skills for the MPH students. The program gathers feedback from public health organizations through the CAB's meetings. The most recent CAB meeting was held on April 1, 2022. In this meeting, the program discussed program updates and competencies related to the public health workforce. Although, there was a gap to hold these meetings due to the COVID-19 pandemic. The MPH program also conducts a Community Training Needs Assessment every five years as part of the accreditation requirements. The subsequent Community Training Needs Assessments are due in 2022. The AHEC and the Rural Health program of the IPPH agreed to be part of the CAB. These two programs provide an opportunity to gather input for program development and evaluation from external constituents, especially those focused on rural Georgia.

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

a) Development of the vision, mission, values, goals and evaluation measures

The guiding statements of the MPH program are periodically reviewed and updated. In the most recent iteration, the program director prepared an initial draft after discussions with various community partners. This draft was discussed by faculty and by the Community Advisory Board (see minutes). Subsequently, a subcommittee of the Board was formed and an updated version was developed. It was also presented to the program's CEPH consultant. The draft was further improved and returned to the faculty for comments and coordination with other sections. The current version reflects and

builds on the results of all these discussions. In the spring of 2022, the guiding statements will return for a final review by our community advisors.

b) Development of the self-study document

A Self-study and Accreditation Ad Hoc Committee formed in July 2021 with external partners from the Community Advisory Board and AU's Institute of Public and Preventive Health.

c) Assessment of changing practice and research needs

The MPH Community Advisory Board resumed meeting in June 2021 after a hiatus due to the COVID-19 pandemic. We will resume in spring 2022.

d) Assessment of program graduates' ability to perform competencies in an employment setting

The MPH Community Advisory Board resumed meeting in June 2021 after a hiatus due to the COVID-19 pandemic. We will resume in spring 2022.

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

- Guiding statements - Subcommittee invitation – see ERF: Criterion F1->F1.4 Evidence of community input-> Guidstmts-Subcominvitation
- Community Advisory Board - Minutes (June 15, 2021) – see ERF: Criterion A1->A1.5-> CommunAdvisBoard-> MPHAdvisoryBoard
- Self-study and Accreditation Ad Hoc Committee – see ERF for meeting minutes: Criterion A1->A1.5-> SelfStudyCommittee

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

Strengths

- Program faculty and leaders work with many professionals in the surrounding communities, including, clinicians, public health leaders, and community organization leaders.
- We are connected with several national public health initiatives through collaborations with the National Library of Medicine.
- We have beneficial working contacts with public health education leaders in numerous other universities.

Weaknesses

- With the exception of the Community Advisory Board, our current involvements are more ad hoc and occasional rather than regular.
- Community collaborations need better integration with the educational program activities, including periodic revisions of the curriculum.

Plans for improvement

- We are redefining the concepts of an MPH Independent studies course to create new opportunities for community-based projects and for the development of new synergies with the community.

- In the curriculum committee and other MPH committees, the program will invite additional community representatives, primarily professionals and community stakeholders not currently involved otherwise.

F2. Student Involvement in Community and Professional Service

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

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

MPH students have opportunities to engage in a wide variety of community and professional service activities from a metropolitan area that is rich in health care and public health resources. Augusta, Georgia, is home to six large-scale civil hospitals, army and Veterans Affairs Medical Centers, district and county health departments, federally qualified health centers, the Boys and Girls Club of America, Hope House, to name a few. Moreover, a partnership coordinated by Augusta University and the Georgia Statewide Advanced Health Education Center (AHEC) Network provides students a unique opportunity to practice hands-on training and experience providing care in a rural/underserved environment. The Augusta University's Institute of Public and Preventive Health hosts the Summer Public Health Scholars Program. This 9-week internship includes engaged experience and immersion in a public health research setting. Also, colleges within the University conduct several community events, including community health fairs to addressing health disparities, education and outreach efforts, and fundraisers.

Students are introduced and encouraged to participate in these activities through the MPH program orientations, MPH courses that utilize community-engaged learning strategies, the Health Promotion Student Association, College of Allied Health Communication Chanel, and Augusta University news outlet *JagWire*.

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

The Institute of Public and Preventive Health (IPPH) Summer Public Health Scholars Program (SPHSP) – Students attended weekly seminars and lectures with public health leaders. The Institute faculty members mentored interns, exposing them to the breadth of public health. Scholars worked closely with faculty members on existing or planned research on a specific public health issue.

AHEC Scholars – Students had a unique opportunity to practice hands-on training, experience providing care in a rural/underserved environment, work with other health professions students in their region, build their resumes and increase their professional contacts. Students made lasting connections with different professions, learned how to function as an interdisciplinary team, and developed skills to transform health in Georgia.

Annual CSRA Heart Walk – Health Promotion Student Association members participated in the 2019 CSRA Heart Walk Fundraiser, locally sponsored by Savannah River Nuclear Solutions and Augusta University. The Heart Walk was a meaningful way to celebrate heart and stroke survivors, raise lifesaving funds, and encourage physical activity. The funds raised from the annual CSRA Heart Walk go towards research, advocacy, CPR training, and promoting better health.

COVID-19 Contact Tracing – MPH students joined the Contact Tracing Teams, hosted by Georgia Public Health Department through county health departments.

McCorkle Nurseries, Inc. Health Fair (MNI) – Health Promotion Student Association members attended the health fair. This event was an initiative from the collaboration of AU Nursing School, College of Allied Health, IPPH, and McCorkle Nurseries, Inc. to provide health screenings for full-time employees and migrant workers that come annually from Mexico through the H2A Visa Program.

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

Strengths:

- MPH students have a variety of service opportunities to diverse communities.
- The Health Promotion Student Association hosted by the MPH student body is strong and active.
- The MPH Program develops strong partnerships with the community over time.
- There are opportunities to provide financial support to students.

Weaknesses:

- Distance students in the program are limited from the opportunities that are in the Augusta area.

Plans for the Future:

- The program will expand the networking with Georgia's county health departments and organizations throughout the state to provide opportunities to distance students.

F3. Assessment of the Community's Professional Development Needs

The program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

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

The MPH program identifies Georgia East Central Health District (ECHD) as our professional community of interest. ECHD, located in the heart of Augusta, GA, is one of 18 public health service districts in the state, operated by the Georgia Department of Public Health (GDPH). ECHD comprises of thirteen county health departments: Burke, Columbia, Emanuel, Glascock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, and Wilkes. County health departments, or often called local health departments, are the backbone of the US public health infrastructure serving a crucial role, responsible for our surrounded community's daily health matters.

Our communities also include the Georgia Statewide AHEC Network. Its mission is to improve the health status of Georgians through community educational partnerships in the rural and urban underserved areas of the state. Georgia Area Health Education Centers (AHECs) are located across the state. Georgia's Statewide AHEC Network Program Office is at Augusta University and it is led by Denise Kornegay, MSW, Executive Director, a long-standing partner and supporter of the MPH program.

2) Describe how the program periodically assesses the professional development needs of its priority community or communities and provide summary results of these assessments. Describe how often assessment occurs

In late 2015, the leaders of the MPH program and Georgia East Central Health District (ECHD) established the survey system that assess the needs for professional development among ECHD staff. A survey that gauged interest in public health training was disseminated among the department staff. As a response to the survey results, the MPH program introduced the Graduate Certificate in Public Health. The focus of the certificate program is to provide graduate-level of public health knowledge to professionals in the field. The certificate program was approved by the Institution in 2016 and welcomed its first students in Fall 2018. The survey system is set to occur every five years. Due to the COVID-19 pandemic, the second survey deployment was pushed back to 2022, as early as Summer 2022. The plan is to obtain the top ten lists of most pressing public health issues in Georgia, and correspondingly the top three training needs for workforce preparedness in addressing the issues.

Also, the program faculty maintain a good relationship with ECHD members through the county public health department and gauge their needs through informal conversations during professional meetings. Through these informal conversations, ECHD staff, including members of the 2 largest counties, Richmond and Columbia, express their desire for continuing education in public health concepts and skills that will equip them for career promotion.

The Georgia Statewide AHEC Network Program Office and its director participate in the Community Advisory Board of the AU MPH Program. Regularly, students have an opportunity to work with projects of the AHEC Network as summer internship or capstone experience.

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

Strengths:

- Periodic contact with ECHD and AHEC leaders who are accessible and interested in collaborations.

- High level of professionalism, long record of accomplishment and widely respected leadership role of our community health partners.

Weakness:

- Assessments of workforce development needs require extensive resources, especially if to be conducted regularly in response to ever changing needs.
- The program, in some cases, has conducted informal assessments in which no formal report of findings is generated.

Plans for improvement:

- The program appointed a faculty member to serve as practice coordinator and the community's professional development liaison.
- The program is making the community's professional development an agenda item on the MPH faculty meetings at least once every semester.

See ERF for a summary of the 2015 survey results: CriterionF3 -> F3.2Profdevelopmtfind -> ECHDSurveyResults2015

F4. Delivery of Professional Development Opportunities for the Workforce

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

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

   As established in 2015, the faculty review data from its professional community's workforce development needs' survey and discuss potential programs or trainings for the upcoming year. The program presents the findings and faculty discussion to its advisory committee to get their feedback regarding the professional development needs of the program's professional community of interest at the first meeting of the upcoming year. The faculty then create materials for the needed programs or trainings. Professional development opportunities are advertised with ECHD members. The faculty also mentor ECHD members who are training on a research skill.

   See ERF for a summary of the 2015 survey results: CriterionF3 -> F3.2Profdevelopmtfind -> ECHDSurveyResults2015

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

   During the COVID-19 Pandemic, ECHD and its county health department conducted contact-tracing in the effort to mitigate the disease transmission. The health departments temporarily hired two MPH students to perform the role. The program faculty trained MPH students in this task.

   In summer 2021, the program faculty assisted a Richmond County Health Department member in evaluate the use of policies and regulations that support population health in his on-site program concerning septic system, sewage, and well water.

   Criterion F4 -> 2021HealthFairFlyerMNI

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

   Strengths:
   - Periodic contact with ECHD and AHEC leaders who are accessible and interested in collaborations.
   - Successful educational partnerships and events since the last MPH accreditation visit.
   - Significant and accumulating experience with national Virtual Workshops with our leadership (Balas) in the educational programming of the Friends of the National Library of Medicine, a Public Health Service Agency.

   Weakness:
   - As a result of lack of resources, the MPH program has limited opportunities to support its professional community's workforce development opportunities. Even though, the program had a systematic plan in place for this task, it lacks the capacity to implement it.

   Plans for improvement:
   - The MPH program will dedicate resources to help expand the offering of professional development workshops.
   - The MPH program will explore new delivery methods, such as virtual workshops.

G1. Diversity and Cultural Competence

The school or program defines systematic, coherent, and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship, and community engagement efforts.

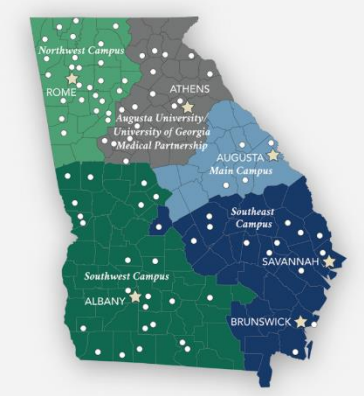
The school or program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Schools and programs advance diversity and cultural competency through a variety of practices, which may include the following:

- **incorporation of diversity and cultural competency considerations in the curriculum**
- **recruitment and retention of diverse faculty, staff, and students**
- **development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination**
- **reflection of diversity and cultural competence in the types of scholarship and/or community engagement conducted**

1) List the program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.

The MPH program has defined its prioritized underrepresented populations based on the demographics of the surrounding community, the groups that experience health disparities across Georgia, and in alignment with Augusta University's Office of Diversity and Inclusion (ODI). These populations include students, faculty, and staff, who are veterans, person with a disability, Black, Indigenous, People of Color (BIPOC), and residents of rural Georgia[1]. The surrounding counties where most of the students, faculty, and staff reside are 54% White, 35% African American, 6% Hispanic, and 2% Asian[2]. The African American population in the area is almost three times the proportion at the national level, and the majority of the state is rural. Out of 159 counties in Georgia, 120 are considered rural based on a population size of <50,000 and military installation exclusion clause[3, 4]. The health iniquities and disparities experienced in these counties persist in BIPOC and rural residents despite prioritized efforts, hence the need for an expansive healthcare workforce and professionals trained in public health disease prevention and management.



Fortunately, Augusta University's campuses are strategically located across Georgia with 479 clinical teaching sites providing an opportunity to reach and impact both the metropolitan and rural populations with diverse healthcare needs[5]. The 2020 data shows that 88.6% of Augusta University students are from Georgia, 66% of alumni live in Georgia and 9% in South Carolina[5]. This is evidence of retention of Augusta University graduates who are contributing to the states' workforce and economies. Augusta University's Medical College of Georgia (MCG), the state's only public medical school prioritizes the population they serve, with significant efforts toward statewide medical education and empowering students with medical experiences in both urban and rural environments in Georgia. The six MCG campuses[6] collaborate with public health researchers toward increasing diversity research and public health community engagement efforts. Thus, MPH program graduates, students, staff, and faculty continue to make an impact in improving the health of Georgians, through collaborative learning and research efforts in the community.

2) List the program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.

The goals and strategies for the program under the CAHS to increase representation and success of underrepresented populations at Augusta University align with initiatives from The Office of Diversity and Inclusion (ODI) to increase diversity. Augusta University as an institution is committed to creating an inclusive welcoming environment where all students, faculty, and staff have equal opportunities to thrive. Through stakeholder engagement, Augusta University has centered its strategic plan to be updated in the spring of 2022 on five strategic priorities (Discovery, Learning, Student Success, Community, Stewardship), and three interwoven priorities (Innovation, Engagement, Diversity, Equity, and Inclusion). One of the twelve guiding principles of the strategic planning process to which Augusta University abides focuses on fostering transparency and inclusivity and celebrating diversity. The ODI and the Division of Enrollment and Student Affairs (ESA), which includes Multicultural Student Engagement (MSE), have collaborated to provide plans and actions to advance DEI within AU's cultural landscape. The ODI is committed to strengthening the foundation for DEI at AU, using the Foundational Pillars to an Inclusive Campus Climate:

- Open communication
- Training to foster a culturally responsive community
- Increased visibility of campus diversity
- DEI strategic planning

The MPH specific goals based on recommendations from the ODI to the CAHS are to:
Goal 1: Create an environment that is welcoming of diversity, equity, and inclusion
Goal 2: Increase diversity of students, faculty, and staff within the MPH program
Goal 3: Ongoing training/education to support DEI

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

To achieve our specific goals outlined above, we defer to recommendations from the ODI.

Goal 1: Create an environment that is welcoming of diversity, equity, and inclusion.

1. Establish a Program-level DEI Committee to develop and promote activities that foster DEI

- The Diversity committee is being established at the program level. Membership includes 2 Faculty Representatives, 1 administrative staff representative, and 1 student representative from the MPH program.
- The committee:
    - is developing a DEI Plan to promote DEI efforts that align with ODI, student success initiatives, and the MPH program objectives. The committee will hold discussions in spring 2022 with relevant stakeholders to solicit feedback on the outlined plans. The plan will include an assessment of needs, proposed activities for DEI, and outcomes assessment. Throughout the development process, the plan will be shared with all MPH faculty for their input. The campus-wide inclusive campus climate initiatives https://www.augusta.edu/diversity/inclusive-campus-climate.php will serve as a resource for the development of the plan.
    - is working with ODI partners to support and advance joint DEI efforts.
    - is developing DEI questions to 1) include in the MPH Current Student survey, and 2) guide student and faculty group discussions scheduled to be used in spring 2022.
    - will propose a Faculty Mentoring Program for CAHS faculty from which MPH faculty will benefit. The goal of the mentoring program will be to retain and attract

diverse faculty by providing mentored support for professional development related to research and teaching goals, particularly for junior faculty.
    - Increase awareness and highly recommend faculty and staff to complete the Diversity Optional/Additional Training courses offered by Vector LMS through the ODI.
    - will promote guest lectures, presentations, and events across campus that are reflective of diversity.
    - will organize a diversity social event to engage the students, faculty, and staff every fall semester.

Goal 2: Maintain and improve diversity of students, faculty, and staff within the MPH program

1. Maintain and increase enrollment of diverse students to better reflect Georgia demographics i.e. about 30% Black, 65 Hispanic, 2% Asian, and 4% international

    - Establish a comprehensive list of current student recruitment activities at the program, department and college level and explore outcomes in terms of recruiting diverse applicants; leverage current activities when able. (Program Director/Admissions Coordinator).
        - The MPH DEI committee plans to liaise with The Graduate School to coordinate program-specific recruitment efforts.
    - Develop 3-5 informational programs with high schools and undergraduate institutions (e.g., A.R. Johnson Health Science & Engineering Magnet School and Richmond County Technical Career Magnet School) to support awareness of health professions and of AU/CAHS programs.
    - Collect racial diversity data from applicant pool from Admissions on an annual basis to monitor outcomes of recruitment activities (Program Director/Admissions Coordinator)
    - Develop recruiting materials and identify recruiting personnel who reflect the diversity within the college.

2. Develop strategies to retain BIPOC students through the first year of admission into the program
    - At the end of the fall semester, conduct informational sessions and hold discussions with first year BIPOC students to identify and understand any barriers to continuing with the program.
    - Coordinate with Financial Aid Office and the Admissions Office to identify students under financial strain, and where possible, link students with the necessary resources.
3. Develop scholarship opportunities for students in underrepresented demographic groups
    - Identify current resources and processes to educate students about available scholarships
    - Identify strategies to increase student knowledge of scholarship opportunities external to Augusta University i.e. create a webpage within the MPH website listing institution, state, and national health education scholarships for underrepresented graduate students, and promote them on all MPH program social media outlets.

4. Increase staff and faculty diversity to better reflect targeted student demographics.
    - Identify best practices for recruitment of diverse applicants to faculty and staff positions. Incorporate best practices into recruitment processes.
    - Identify best practices to support new faculty and staff from underrepresented communities in current roles and professional development. Implement 1-2 identified practices. The MPH DEI committee will propose and initiate a Faculty Mentoring Program under CAHS.

Goal 3: Ongoing training/education to support DEI

1. Develop and implement survey across MPH program student to identify current activities, areas of perceived need and areas of interest

- The program administers an MPH Current Student Survey and an MPH Alumni Survey. Results are analyzed and disseminated to the CAHS community. The next MPH Current Student Survey will be administered in spring, 02/01/2022.

2. To preserve and improve our diverse environment, we will promote 100% completion of DEI courses and trainings sponsored by ODI (https://www.augusta.edu/diversity/training.php)
   - 25% of faculty completed the additional DEI training. The remaining faculty are in the process of completing the training.
3. Encourage faculty, staff, and students to apply for small grants (https://www.augusta.edu/diversity/grants.php) offered by ODI to promote outreach, research, faculty, and staff career development in DEI efforts. The development grants support the integration of DEI in career trajectories by funding new initiatives, external leadership trainings, workshops, attendance to professional conferences, studies, student assistance, curriculum development, and protected time for research development.
   - State, Federal-funded, and external diversity grants for public health research will be promoted on the MPH webpage and at faculty meetings.

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

The Office of Diversity and Inclusion (ODI), led by the Chief Diversity Officer, is the campus entity at the forefront of strategic direction and guidance on diversity, equity, and inclusion (DEI) efforts at Augusta University. The ODI leads the actions and strategies to increase cultural competence and a diverse welcoming environment through assessments, collaborations with partners across campus, and engaging the AU stakeholders in the processes. The Office of Strategic Academic Initiatives is an overarching entity across the University System of Georgia (USG) that focuses on academic initiatives that support under resourced student populations. Some of their initiatives that promote a culturally competent environment and scholarship of students from underrepresented groups include:

- The Diversity and Inclusion Summit 2020 and 2021: https://www.usg.edu/strategic_academic_initiatives/summit/2020_diversity_summit

- The University System of Georgia's (USG) African-American Male Initiative (AAMI®) is a statewide initiative designed to increase the number of African-American males who complete their postsecondary education from any of the USG institutions. https://www.augusta.edu/aami/

- Within the MPH program, some courses cover aspects of DEI while addressing the following CEPH competencies 6, 13, 14, 20, and 21 related to cultural competence. The courses include:

Course	Title	Assessment
MPHC 8722	MPH Internship	The Program maintains Memoranda of Understanding (MOU) with various internship sites, which allow students to be exposed to a diverse professional environment to enhance their skills and knowledge to work with diverse communities.
MPHC 8600	Fundamentals of Health Promotion	The topic of culture-centeredness and cultural competence is discussed for three weeks. Subsequently, students write a reflection paper to describe how to apply cultural values and practices to their semester-long intervention design.
MPHC 7101	Health Policy & Management.	In this course, students advocate for political, social, or economic policies and programs that will improve health in diverse population. Students submit a 3-page written testimony addressing

		a significant public health issue in the above perspectives, including a responsive program.
MPHC 7210	Healthcare Performance Improvement	In this course, students complete a review of all the “Report Files”, including appendices in the 2018 National Healthcare Quality & Disparities Report, published by the Agency for Healthcare and Quality Research and Quality. Two weekly assignments are linked to this review. A group case study exercise combines clinical professionals with social workers and dietitians to ensure diversity in professional backgrounds within the group.

5) Provide quantitative and qualitative data that document the program’s approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.

The program’s approaches, success, and challenges are influenced by efforts implemented by the CAHS. One of the objectives identified in the CAHS 2021-2026 strategic plan is their commitment to diversity. The MPH program has successfully maintained over 50% representation of BIPOC in the group of students accepted and confirmed to join the program for the last four years. In 2018, 56.5% (13/23) were BIPOC students, of which 4/13 were Black or African American. The proportion increased to 61.1% (11/18) in 2019, and again to 66.7% (10/15) in 2020, then declined to 52.2% (24/46) in 2021. Similarly, >75% of the faculty are from underrepresented groups. In fall 2019, Augusta University was one of the top 5 institutions in Georgia on student and faculty diversity indexes[7]. The program plans to employ efforts to continue with this trend by prioritizing recruitment of a diverse pool of students and faculty positioned to serve the diverse surrounding community.

6) Provide student and faculty (and staff, if applicable) perceptions of the program’s climate regarding diversity and cultural competence.

The MPH Current Student Survey is administered annually since 2016 to gather data on student experiences with the overall program including assistance with resources (academic advisement, communication and administration, class size), materials (student handbook, orientation, capstone, and internship manuals), faculty support, program features (electives’ options, career counseling, class scheduling and advising, assessments), and the online program. The goal is to use the data and feedback to identify areas of improvement for prioritization, as strategies are developed and implemented to advance the program. Questions related to DEI will be included in the next MPH Current Student Survey that will be distributed in spring, 02/01/2022. We also will conduct student focus groups in spring 2022 to gather additional data on experiences of members of our underrepresented groups. The last focus group was held September 2018. Although not at the program or College level, we defer to AU’s 2020 Campus Climate Survey. In 2020, the ODI led a campus-wide diversity climate study to understand student, staff, and faculty experiences with DEI and identify the strengths and opportunities for improvement. The survey results provided important insight on the state of DEI at AU, highlighting respondents from Health Sciences where possible. Overall, the survey respondents were predominantly female, and white. African Americans (31%), Asian American (11%), Hispanic (7%), and multiracial (5%) student respondents were from racially underrepresented groups.

Most students from underrepresented groups (LGBTQIA+ respondents not included) felt welcome on campus. When compared to non-healthcare professionals (NHP), Health Sciences students reported lower proportions among all underrepresented groups except for international students (Table G-1). The same trend was evident when Summerville Campus employees were compared to Health Sciences Campus employees. Health Sciences employees veterans (58%, n=53), Persons with disability (46%, n=76), BIPOC (40%, n=397), and international employees (73%, n=33) felt welcomed at Augusta University.

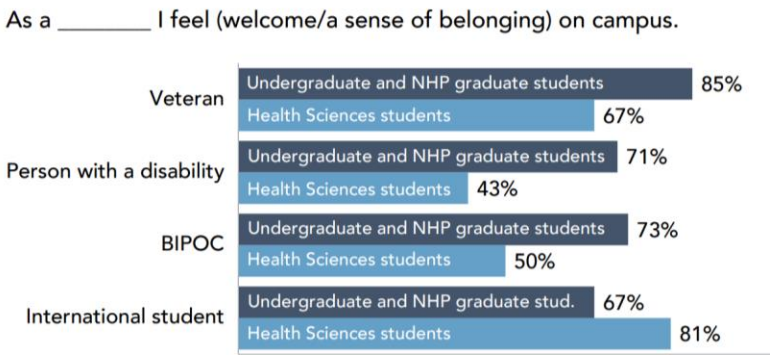


Table G-1: Student feelings of being welcome on campus.

To make the MPH program more welcoming, the Diversity Committee has outlined various strategies in G 3. Goal 1., including organizing a diversity social event to engage the students, faculty, and staff every fall semester. The survey also reported on the sense on inclusivity and an equitable campus in students (Table G-2) and employees (Table G-3) using a set of different questions below.

	Undergraduate and NHP graduate students (*N* = 699)	Health Sciences students (*N* = 404)
	Percent agreeing or strongly agreeing with statement	
There is a great sense of belonging on campus.	47%	48%
The faculty creates a safe and welcoming environment for everyone in the classroom.	81%	(not asked)
I feel safe among other students expressing my views and opinions in the classroom.	69%	(not asked)
Support for my advancement and success is evident in my classes.	69%	65%
Faculty accept my points of view even if they disagree with them.	56%	(not asked)
Students of all backgrounds are interacting together in the classroom on campus.	75%	(not asked)
This is a hostile study/living environment.	10%	16%
I want to leave this campus.	14%	(not asked)
Promoting diversity and inclusion in important to campus leadership.	86%	88%
	Percent responding that item is very or somewhat integrated	
Classroom/lab activities are racially/ethnically integrated.	(not asked)	68%
Student activities are racially/ethnically integrated.	59%	61%
Meetings with parents and families are racially/ethnically integrated.	(not asked)	50%

Table G-2: Student attitudes about inclusion and equity on campus.

	Summerville employees (*N* = 646)	Health Sciences employees (*N* = 634)
	Percent responding that item is very or somewhat important	
Diversity and inclusion are important to campus leadership.	77%	87%
	Percent responding very or somewhat well	
The university promotes racial/cultural interactions...	57%	(not asked)
	Percent indicating that item is very or somewhat integrated	
Campus activities are racially/ethnically integrated.	74%	49%
Student activities are racially/ethnically integrated.	56%	49%
Faculty meetings are racially/ethnically integrated.	54%	65%
Meetings with administrators are racially/ethnically integrated.	49%	53%
Employee events on campus are racially/ethnically integrated.	63%	(not asked)
	Percent agreeing or strongly agreeing with statement	
There is a great sense of belonging.	56%	50%
Everyone works as a team.	50%	50%
My performance evaluations are fair and impartial.	69%	71%
This is a hostile working environment.	9%	15%
I want to quit my job.	10%	(not asked)
I am satisfied with my interactions with coworkers/colleagues.	88%	86%

Table G-3: Employee attitudes about inclusion and equity on campus.

DEI training was considered important for administrative leadership, faculty, staff, and students by most undergraduate, NHP graduate and Health Sciences employees. However, only about 50% of respondents reported receiving, being offered, or being encouraged to provide education on diversity and inclusion. The Diversity Committee will increase awareness and encourage completion of the DEI optional training for faculty and staff interested in learning and applying inclusion in their classrooms and beyond.

Item	Group	Percent agreeing or strongly agreeing
Courses taken at AU actively foster an appreciation for diversity.	Undergraduate and NHP graduate students	56%
My curriculum includes an emphasis on diversity and inclusion in the health care profession.	Health Sciences students	56%
I have been encouraged to attend diversity/unconscious bias training.	Health Sciences employees	55%
I have been encouraged to weave diversity/cultural competence into my work/curriculum.	Health Sciences employees	45%
	Summerville employees	50%
Diverse perspectives are included in general education programs.	Summerville employees	43%

Table G-4: Views on DEI education and training.

Most respondents agreed that the search process for new employees required a pool of candidates with diverse backgrounds and experiences and that their own search committee included members with diverse backgrounds and experiences. However, few employees indicated that a diversity recruitment specialist or diversity recruitment events were part of their search process. About 30% of Health Sciences employees indicated that their department or unit had a pipeline program to attract diverse employees. Employees identified the use of some best

practices to ensure the recruitment of a diverse workforce at the university, but several well-established best practices were not used.

	Percent agreeing or strongly agreeing with statement	
	Summerville employees (*N* = 614)	Health Sciences employees (*N* = 583)
My department/unit hosted an event for diverse employees on campus.	16%	24%
My department/unit participated in an institutional diversity hiring plan.	28%	38%
My department/unit participated in a diverse employee exchange program.	8%	21%
Diversity-related research, teaching and community service are considered in the hiring process.	17%	27%
The policy to improve campus climate via diverse hiring is effective.	29%	30%
There are effective measures in place to reduce the amount of bias in admissions and placement practices.	27%	31%
Our school anticipates the emergence of demographic shifts and makes adjustments.	20%	19%

Table G-5: Employee attitudes about diversity-related hiring and admissions process.

Item*	Percent agreeing or strongly agreeing with statement	
	Summerville employees (*N* = 166)	Health Sciences employees (*N* = 132)
The employee search process required a pool of candidates with diverse backgrounds and experience.	63%	65%
Our search committee included members with diverse backgrounds and experiences.	66%	73%
There was a dedicated diversity recruitment specialist on our search committee.	14%	23%
A member of our search committee attended diversity recruitment events.	10%	16%
My department/unit has a pipeline program to attract diverse employees.	18%	29%

*These items were only asked of respondents who were involved in an employee search process in the preceding two years.

Table G-6: Employee perceptions on use of best practices to ensure the recruitment of a diverse workforce.

We administered a program-level DEI survey among MPH students in March 2022 to get a better understanding of MPH student perspectives on DEI. The questions were modified based on the ODI survey that was used to collect data from all AU students, faculty, and staff in 2020. Overall, 17/70 MPH students completed the MPH-DEI survey which is a response rate of 24.3%. The sample was predominantly female 15 (88.2%) and White 9 (56.3%). Blacks and Asians made up 3 (18.6%) and 4 (25%) of the respondents. One student reported veteran status while another one was eligible for need-based aid.

Table G-7: Student responses on perception of DEI within the program

DEI Statements	Strongly agree and agree f (%)
There is a great sense of belonging in the MPH program	9 (52.9%)
The MPH faculty create a safe and welcoming environment for everyone in the online learning environment	14 (82.3%)
I feel safe among other students expressing my views and opinions in online discussion forums and interactions	17 (100%)
Support for my advancement and success is evident in my classes	12 (70.6%)
Faculty accept my points of view even if they disagree with them	12 (76.5%)
Students of all backgrounds are interacting together in the online learning environment and in the MPH program	12 (70.6%)
Promoting diversity and inclusion is important to MPH program leadership	11 (64.7%)
Courses taken in the MPH program actively foster an appreciation for diversity	13 (76.5%)
My curriculum includes an emphasis on diversity and inclusion in the health care profession	13 (76.5%)

Results for the DEI statements are presented in table G-7. Most of the students 11 (64.6%) felt welcomed in the MPH program, while 2 (11.6%) disagreed. A lower proportion felt a sense of belonging 9 (52.9%), while 4 (25%) disagreed. All respondents felt safe expressing their views and opinions among other students in online discussion forums and interactions, and 14 (82.3%) felt faculty created a safe and welcoming environment for everyone in the online platform. Another 12 (70.5%) agree that support for their advancement and success was evident in their classes. Almost all respondents, 16 (94.1%), disagreed that the MPH program is a hostile study/learning environment.

Table G-8: Participation in mandatory diversity training

Require mandatory DEI training	Strongly agree f (%)
Administrative leadership	11 (64.7%)
Faculty	11 (64.7%)
Students	9 (52.9%)
Staff	9 (52.9%)
Campus police	12 (70.6%)

Table G-8 presents student responses about the need for AU personnel to participate in mandatory diversity training. Most of them were in strong agreement for the need to mandate the diversity training for campus police, administrative leadership, and faculty. The proportions were slightly lower for the mandate among students and staff. Below are direct quotes from the students.

Please tell us, what makes the MPH program environment hostile for learning/studying.
"When you are new to a school programing system and software it makes it difficult to use and when questions are asked for guidance you are told to reach out to tech support. Also, when asking for clarity of the assignments of from the person who delivers the information, you are being directed elsewhere. Documents that are being sent to the students need to be updates with the most current contact information. Not information that has been used over 10 years ago. It's like running in circles with no end."
Please provide us with your thoughts on how we can create a more welcoming environment for all students as we improve on our Diversity, Equity, and Inclusion within the MPH program.
"Include face-to-face experiences outside of classes"
"We could celebrate diversity by hosting events to explore different cultures around the world."
"Inclusion should be taught at all levels to achieve the diversity AU and MPH is looking for."
"I think it should be a theme throughout the course material and not necessarily a separate course."
"I feel like the MPH program is as welcoming as it can be, from my perspective. I do not struggle with inclusivity so this may not pertain to me as much, but I have never felt excluded or felt the need for more diversity or inclusivity training for my peers or faculty members. I feel that these are very important attributes, but I also feel that we have been adequately addressing them in my classes and in this program."
"I would like to see more campus-based opportunities to meet with other MPH students and to have an official day where potential mentors can be aligned with students of similar interests and focuses."

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

Strengths

- A Diversity Committee that includes staff, faculty, and students is being established to oversee DEI efforts within the program. The committee will develop a DEI Plan, including engagement strategies to meet the set goals that align with CAHS and the ODI.
- The diversity in MPH faculty representation in BIPOC and gender.
- MPH student level data on DEI – Spring 2022

Weaknesses

- Lack of DEI data on the program level for faculty and staff.
- Lack of program-specific initiatives focused on recruiting and retaining diverse students, staff, and faculty.

Plans for Improvement

- Plans are in place to develop question guides to collect the relevant data on faculty and staff experiences and perceptions of a welcoming environment.
- The program is committed to continue efforts to develop a strategic approach for retention and recruitment of students, staff, and faculty from diverse groups.

ERF:

- Criterion G1->G1 References list-> G1References
- Criterion G1-> DEI Survey -> DEISurveyCriterion
- G1->DEI Survey-> SurveyResultsMarch2022

H1. Academic Advising

The program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

1) Describe the program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.

   Upon enrollment, all students are assigned to faculty advisors based on their chosen area of concentration. All primary MPH faculty members are eligible to serve as academic advisors. Academic advisement to complete a preliminary plan for curriculum completion and graduation occurs during the first semester. By the end of the first semester, students will complete a study plan and submit it to their academic advisor. Electronic mail is sent to all students throughout the year regarding upcoming course offerings, volunteer, Internships, conference presentations, and travel opportunities. Information about job/career/internship opportunities and professional conferences is also posted on the MPH website. Students are encouraged to contact their academic advisor at least once per semester to discuss study plan changes, documented by a required form and placed in the student's academic folder.

   All MPH faculty members also provide advice and mentorship to students on coursework, research, internships and community activities, and career counseling. Students are welcome to schedule meeting appointments with faculty throughout the academic year. All MPH faculty members are also required to provide regularly scheduled office hours. These office hours are included in the course syllabi distributed during the first week of classes each semester. The students can drop by the faculty member's office during their posted office hours and speak with them without having a prearranged appointment time scheduled.

   Please see MPH Student Handbook in ERF: Criterion A1->A1.3 Bylaws_Policy documents-> MPHHandbook

2) Explain how advisors are selected and oriented to their roles and responsibilities.

   The MPH Education Specialist assigns academic advisors, matching student interests with faculty specialty as closely as possible. Students are assigned equally among four primary instructional faculty in an effort to keep the assignment equal across the faculty. Students are free to change advisors over the course of study for the degree if they feel a different advisor would better fit their academic needs. The program consists of a small number of faculty; at the beginning of the semester, advisors are oriented/refreshed one-on-one and during faculty meetings using the faculty handbook.

3) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students.

   Please see a sample of advising materials and resources in the ERF:
   Criterion H->H1->H1.3 – Sample of Advising Materials:
   - MPH Advising Materials
     - Health Informatics
       - HIFallAdvisementSheet
       - HISpringAdvisementSheet
     - Health Management
       - HGMTFallAdvisementSheet
       - HGMTSpringAdvisementSheet

    - MPH Certificate
        - CERTAdvisementSheet
- MPH Orientation Materials
    - BlankMPHParttime
    - ConfidentialityAgrmt
    - JagTraxAccess
    - RegistrationMessageFa21
    - RegistrationMessageSpr21
    - RegistrationMessageSpr22
    - StudentInfoForm

4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable.

The Student Survey is administered every semester, including the statement, "I am satisfied with academic advisement from the MPH program" and a 5-point Likert scale. Students select responses ranging from strongly disagree, disagree, neutral, agree, and strongly agree. Sixty percent of survey responses agreed or strongly agreed that the availability of academic counselors to assist with class scheduling and academic advising is important. More than 50 percent of respondents agreed or strongly agreed that they were satisfied with academic advisement from the MPH program. See Current Student Survey in the ERF: Criterion B5-> B5.3 – Evidence for Evaluation Plan-> Current Student Survey-> CurStudSurvey0821

5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

Upon acceptance into the MPH Program, each student receives an Admission Letter from the Office of Academic Admissions and a welcome email from the MPH Program. The letter serves as a preliminary means of introducing the students to AU. The email serves to provide specifics of the course schedule and registration details for their first semester. Students are also provided with a date and time for the new student orientation session on campus. The orientation serves as the introductory course to the Program. In the orientation, MPH faculty members introduce themselves and to share a summary of their background and teaching/research areas.

Additionally, students are provided with information on program requirements (e.g., coursework and Internship) and administrative procedures. Copies of the MPH Student Handbook, an Internship Manual, and a Capstone Manual are distributed to provide detailed program information, internship procedures, and culminating experience guidelines.

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

Strengths:

- Students' survey data used to evaluate students' perception about the advising is a strong mechanism. The MPH program is using this tool to evaluate advising performances.

Weaknesses:

- Online advising processes are not perfected. So, the program continues to enhance the academic advising for students.

Plans for improvement:

- MPH program will revise advising approaches based on the findings from the survey.

H2. Career Advising

The program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The program provides such resources for both currently enrolled students and alumni. The program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

1) Describe the program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.

   Career advising in our MPH program is provided largely on an individual basis via several methods. There is an AU career services consultant assigned to support MPH students throughout their time in our program and beyond. Services available through this office include assistance with a student's career planning and development, like networking and resume critiques. In the 2020-21 academic year, all communications were by phone or email due to the COVID-19 pandemic. Also due to the pandemic, there were no special program offerings virtually or in person.

   Core faculty in the MPH program also frequently provide information about job and internship opportunities to students through emails and the MPH program website as it becomes available. The MPH Internship course provides students with career advising through more targeted conversations with the internship coordinator about their career plan and path relating to their internship opportunities.

2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.

   Faculty routinely offer career advice. For example, Dr. Tran Nguyen advises her students on the public health job market, refers them to the career sites posting specific public health opportunities, forwards job opportunities from her contacts at public health agencies like the CDC and Savannah River Site, and offers to write letters of recommendation. At the department level, there is no career advisor; however, AU has formal career advising services for all students through the Office of Career Services. Faculty encourage MPH students to attend the AU's career advising services, including a career fair.

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

   In the 2019-2020 academic year, three MPH students sought appointments with AU's Career Services; in 2020-21, there were seven students who attended appointments, four of which were for job search assistance and three of which were for resume reviews. In 2019-2020, an additional four public health students requested a resume review via email or walk-in appointment, and in 2020-21, there were eight public health students who requested the service. Career Services also offers to review resumes through the online platform Handshake. In 2019-2020, 17 public health students uploaded their resume for review, and in 2020-2021, 34 students did.

Please see a sample of advising materials and resources in the ERF: Criterion H->H2->H2.3 – Examples of Career Advising Services:

- AlliedHealthYearEndRep2019-20
- AlliedHealthYearEndRep2020-21
- MPHReportDec2021

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable.

In the most recent "Current Student Survey" it looks like the majority of respondents (n=18) agree or strongly agree that faculty provide learning experiences of value in their current position and/or future career plan, and nearly all students who responded are neutral, agree or strongly agree that faculty assist in job-related decisions.

See Current Student Survey in the ERF: Criterion B5-> B5.3 – Evidence for Evaluation Plan-> Current Student Survey-> CurStudSurvey0821

Another Fall 2021 survey respondent: "Career services does a good job in one-on-one sessions and resume/job search assistance! More support in form of appt/call conversation for students entering the MPH program to understand curriculum could significantly improve academic advising experience and help them plan out their coursework up to graduation. Several of my peers mentioned to me throughout MPH that they were not aware of pre-requisites for some of their courses and were disappointed to modify their graduation plan later."

Another: "Things that could be helpful: on-campus or virtual career expo sessions specific to MPH program (several AU undergrad programs do this very well) and job fairs specific to MPH program."

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

Strengths:

- Students' survey data used to evaluate students' perception about career advising of the students. The majority among survey student agreed with the current process.

Weaknesses:

- At the program level, there is no career advisor other the faculty members. Professional career advisors are available at the university level. Also, most students in the program are at distance, therefore career advising are completed virtually.

Plans for improvement:

- The MPH program will focus on a new and diverse process for career advising.

H3. Student Complaint Procedures

The program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

1) Describe the procedures by which students may communicate any formal complaints and/or grievances to program officials, and about how these procedures are publicized.

   The CAHS Review Body serves in an advisory capacity to the Dean of the College of Allied Health Sciences to ensure that MPH students who have imposed an academic sanction or who have a grievance against a faculty member are provided the appropriate due process. A complete copy of the CAHS Student Academic and Grievance Policy can be found here.

2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.

   If a student believes that they have been unfairly assigned a grade, they have the right to dispute that grade. Students are encouraged to first discuss their grievances with either the faculty member who assigned them the grade or with the MPH Program Director. However, if the student wishes to file a formal complaint, called an Academic Appeal, they may do so according to university policy. Policies and procedures for filing an academic appeal or grievance are described in the CAHS Student Academic and Grievance Policy: https://www.augusta.edu/alliedhealth/documents/cahs-student-academic-and-grievance-policy.pdf. This policy is available on the CAHS website, and addresses the policies and procedures for other types of grievances and problems that the student might encounter. Since the MPH Program has been in existence, there have been no formal complaints or grievances issued against the Program and/or its faculty by any MPH student.

   See MPH Student Handbook for detailed process: Criterion A1->A1.3 Bylaws_Policy documents-> MPHHandbook

3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

   Since the MPH Program was formed, there have been no formal complaints nor grievances issued against the Program and/or its faculty by any MPH student.

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

   Not applicable.

H4. Student Recruitment and Admissions

The program implements 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.

1) Describe the program's recruitment activities. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

The MPH faculty developed admissions guidelines and the Program Director oversees all student recruitment, application review, and admission procedures. The Program places a priority on recruiting individuals who are academically well-prepared and indicate a strong interest and commitment to public health. The Program adheres to the University's Equal Employment Policy (https://www.augusta.edu/compliance/policyinfo/policy/equal-employment-policy.pdf) in all its recruitment and admission activities, and admits qualified students regardless of race, ethnicity, religion, gender, sexual orientation, national origin, age, disability, or veteran status.

The MPH Program attracts qualified students through a variety of means. Student recruitment strategies include distribution of MPH information (including program marketing flyers and application instructions), participation in career fairs (such as the annual Grad School Fair) and posting of information on the Program website. Both the website and the flyers provide contact information for the program, including the names and phone numbers of the MPH Educational Program Specialist and the Program Director. Prospective applicants who contact the program by email or phone are welcomed to schedule an appointment to meet with program staff virtually if they are interested.

Prospective applicants can request virtual meetings (Microsoft Teams) with the Program Director or Educational Program Specialist to clarify admission and program requirements. A number of materials and services have been produced for recruitment purposes including marketing flyers emphasizing the two concentrations; a program website; that has links to the application procedures, FAQs, faculty descriptions, core values, goals and objectives, and handbook; the MPH Student Handbook that includes printed summaries of curricula, course descriptions, and degree checklists for all concentrations; program banners and table runners used for campus fairs, and local and national conferences attended by students or faculty. Promotional materials (e.g., award pens and bags) are distributed to encourage visual messaging throughout the campus and county. Faculty who attends local, state, national, and international conferences are given program marketing materials to be distributed to interested persons.

Please see a sample of student recruitment materials and resources in the ERF:
Criterion H->H4->H4.1 – Student Recruitment and Admissions:

- Gradschoolfair2019
- SavethedateGradfairs
- Virtgradschoolfair2020

2) Provide a statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.

Pre-pandemic

MPH Admission Requirements are defined by The Graduate School. The minimum qualifications for consideration include:

- A completed program application (includes an autobiographical sketch).
- Official transcript from each college or university attended, mailed to Augusta University's Office of Academic Admissions from the institution
- Three references.

- GRE scores, less than five years old, mailed to MCG by the Educational Testing Service. The GRE requirement may be waived for applicants holding an earned doctorate from accredited United States universities.
- Computer literacy and access to an Internet-connected computer with Windows XP or higher.

A competitive applicant will have a GPA of 3.0 or higher and a minimum combined GRE score of 290 (900 on the prior scale) from verbal and quantitative sections. All competitive applicants are reviewed by the MPH Admissions Committee. The committee consists of the Program Director and a minimum of two MPH faculty members. Faculty members serve on the committee on a rotating basis. The committee reviews applicant information for competitiveness in GPA and GRE scores. Committee Members also consider the references and the applicants' background/work experience. The committee makes acceptance recommendations to the Dean of the Graduate School. Final acceptance is offered to the applicant by the Office of Academic Admissions.

Intra-/post-pandemic
The MPH Program places primary emphasis on undergraduate college GPA of 2.8 or higher, and three letters of recommendation, acknowledging student's academic and/or professional accomplishments provided by current or past professors and/or professional employment supervisors. For those whose first language is not English, official TOEFL scores (less than two years old) must be submitted. Please note that the GRE is no longer required for admission.

Please see more details about the English Proficiency Requirement for admission on The Graduate School website: https://www.augusta.edu/gradschool/international-applicants.php#

The Graduate School Technical Standards

To qualify for enrollment into, retention in and graduation from academic programs in The Graduate School, an individual must satisfy certain technical standards. The following abilities and characteristics define the technical standards, which in conjunction with academic standards established by the faculty of academic programs, colleges and The Graduate School are required for admission, matriculation, continuation and graduation from academic programs in The Graduate School.

A candidate for a degree through The Graduate School must have abilities and skills of five varieties including: observation; communication; motor; conceptual, integrative and quantitative; and behavioral and social. Reasonable accommodation is possible to assist with a variety of disabilities and may be permitted for disabilities in certain areas. Under all circumstances, a candidate should be able to perform in a reasonably independent manner.

3) Select at least one of the measures that is meaningful to the program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list, the program may add measures that are significant to its own mission and context.

Outcome Measures for Recruitment and Admissions				
Outcome Measure	**Target**	**Year 1**	**Year 2**	**Year 3**
Percentage of newly matriculating students have an overall undergraduate GPA of 2.8 or higher.	80%	100%	80%	96%

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

Strengths:

- MPH program has been meeting the target admission GPA consistently during the last three years. The program discontinued GRE requirements for fall 2020 due to the COVID-19 pandemic-related difficulties students faced to take the GRE test, and now it is no longer required.

Weaknesses:

- The program relaxes the admission GPA for some students after evaluating all aspects of their records to maintain optimal diversity of the student's background.

Plans for improvement:

- The program would like to improve the average admission GPA over time. The program will review the admission process for considering a new admission GPA requirement.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

1) Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

- Master of Public Health Program on The Graduate School website: https://www.augusta.edu/gradschool/mph
  - Admissions and Admission Requirements: https://www.augusta.edu/gradschool/mph-adm-reqs.php
  - Application for Admission: https://apply.augusta.edu/apply/
  - Curriculum: http://catalog.augusta.edu/preview_entity.php?catoid=38&ent_oid=1629&returnto=4576
    - Post-Baccalaureate Certificate in Public Health: http://catalog.augusta.edu/preview_program.php?catoid=38&poid=7357
    - Master of Public Health with a concentration in Health Informatics: http://catalog.augusta.edu/preview_program.php?catoid=38&poid=7359
    - Master of Public Health with a concentration in Health Management: http://catalog.augusta.edu/preview_program.php?catoid=32&poid=5410&returnto=3790
  - Master of Public Health (program website on College of Allied Health Sciences -> Interdisciplinary Health Sciences): https://www.augusta.edu/alliedhealth/ihs/mph/index.php
  - MD-MPH: https://www.augusta.edu/alliedhealth/ihs/mph/md-mph-program.php
  - Graduate Certificate in Public Health: https://www.augusta.edu/alliedhealth/ihs/mph/graduate-certificate-public-health.php
  - Mission and Values: https://www.augusta.edu/alliedhealth/ihs/mph/mission.php
  - Program Information: https://www.augusta.edu/alliedhealth/ihs/mph/programinfo.php
  - Faculty: https://www.augusta.edu/alliedhealth/ihs/mph/mph-faculty.php
  - Admission Requirements: https://www.augusta.edu/alliedhealth/ihs/mph/admissions.php
  - Current Students -> Augusta University Resources -> Academics:
    - Academic Calendar: https://www.augusta.edu/registrar/academiccalendar/index.php
  - Augusta University Student Manual -> https://www.augusta.edu/gradschool/documents/student-manual-2021.pdf
  - Career Opportunities: https://www.augusta.edu/alliedhealth/ihs/mph/career.php
  - MPH->Current Students->Reference Documents:
    - Competencies: https://www.augusta.edu/alliedhealth/ihs/mph/documents/mph-competency-matrix.pdf
- Google ad campaign: https://www.augusta.edu/campaign/allied-health?gclid=CjwKCAjw_L6LBhBbEiwA4c46ulbC8DjqGBbhWM9fzyiERrmctFKJw92qjZbxSnMuz_DlgrblQdyyqhoCuCsQAvD_BwE
- University Policy Library: https://www.augusta.edu/compliance/policyinfo/policies.php
  - Academic Honesty (AU policy): https://www.augusta.edu/compliance/policyinfo/policy/academic-honesty.pdf

        - Graduate and Professional Regulations: http://catalog.augusta.edu/content.php?catoid=30&navoid=3543#graduate-and-professional-regulations
    - Grading System Policy: https://www.augusta.edu/compliance/policyinfo/policy/grading-system-policy.pdf
    - Multiple Graduate Degrees: https://www.augusta.edu/compliance/policyinfo/policy/multiple-graduate-degrees.pdf
    - Student Academic Appeals Policy: https://www.augusta.edu/compliance/policyinfo/policy/student-academic-appeals-policy.pdf
    - Student Academic Grievance Policy: https://www.augusta.edu/compliance/policyinfo/policy/student-academic-grievance.pdf
- Grad School Fair – see ERF-> H4 -> H4.1 Student Recruitment and Admissions
- Updated drafts to be added to MPH website:
    - MPH Student Handbook – PDF in ERF (Criterion A1->A1.3 Bylaws_Policy documents-> MPHHandbook)
    - MPH Internship Manual – PDF in ERF (Criterion A1 -> A1.3 Bylaws_Policy documents-> MPHInternManual)
    - MPH Capstone Manual – PDF in ERF (Criterion A1 -> A1.3 Bylaws_Policy documents-> MPHCapstoneManual)