

**Council on Education for Public Health  
Adopted on June 20, 2009**

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

**SITE VISIT DATES:**  
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## Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the Public Health Program at the Meharry Medical College (MMC). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2005*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in January 2009 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and college officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Meharry Medical College was founded in 1876 as the Medical Department of Central Tennessee College of Nashville, under the auspices of the Freedman's Aid Society of the Methodist Episcopal Church. In 1900, Central Tennessee College became Walden University, and by 1915 the college gained a separate corporate existence from the university. Today, MMC is the largest, comprehensive, historically black institution in the United States that is dedicated solely to educating health care professionals and biomedical scientists.

MMC consists of three schools: School of Graduate Studies and Research, School of Medicine and School of Dentistry. The School of Medicine (SOM), the oldest and largest of the three schools provides residency training in family medicine, internal medicine, OB/GYN, occupational medicine, preventative medicine and psychiatry. The School of Dentistry (SOD) sponsors two post-doctoral programs, including Oral and Maxillofacial Surgery and General Practice Dentistry. The School of Graduate Studies and Research (SOGSR) which houses the master of science in public health degree (MSPH), also offers the PhD degree in biomedical sciences and a master of science in clinical investigation (MSCI).

The MSPH program began in 1974 as a master of science in the Division of Community Health Sciences at MMC. It graduated its first class of one student in 1978. Over the years, the program has continued to grow. From 1990 to 2000, the program graduated nearly 160 students from the program. In December 2000, the MMC president convened an external advisory committee to examine the future direction of the MSPH program. At that time, the Advisory Committee recommended the MSPH program refocus its direction from health administration and seek accreditation by CEPH.

This is MMC's initial review for CEPH accreditation. The program has defined its unit of accreditation to include the MSPH degree in a single generalist track.

## Characteristics of a Public Health Program

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

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.
- b. The program and its faculty shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research, and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards, and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the program shall offer the Master of Public Health (MPH) degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the public health program at MMC. The college is accredited by the Southern Association of Colleges and Schools and the program and its faculty have the same rights, privileges and status as other professional degree programs at the college. The MSPH program, located in the SOGSR, offers the MSPH in a single generalist concentration.

Faculty include those with teaching experience in medicine, psychology, sociology and health practice-oriented fields, exposing students to a number of perspectives and instructional styles. Full-time faculty teach most courses. Faculty engage in research and teaching activities across disciplinary boundaries, and the program's collaborative research efforts serve as loci for collaboration among faculty in different disciplines. The program has adequate resources to fully implement its mission, goals and objectives.

The program's evaluation and planning processes are continuing to develop. Although the MSPH program has some mechanisms in place to collect relevant data, the program does not currently have a systematic way of using data collected to provide feedback for program planning and improvement.

## **1.0 THE PUBLIC HEALTH PROGRAM.**

### **1.1 Mission.**

**The program shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The program shall foster the development of professional public health values, concepts and ethical practice.**

This criterion is met with commentary. The program has a mission statement encompassing three aspects of public health education: instruction, research and community service. The mission statement reads as follows:

*The mission of the Master of Science in Public Health (MSPH) Program at Meharry Medical College is to improve the health of minorities and members of underserved communities through instruction, research and service.*

The program revised the mission statement during 2008 while undergoing the self-study process. The program established a small workgroup to review the mission, goals and objectives and make recommendations for revisions.

Broad goal statements related to each major function, provide a context for the program's activities. The goal statements describe the intent to provide quality instruction, contribute to the discovery and application of knowledge and provide leadership and service in the community. A series of objectives supports each of the goal statements. These objectives indicate the intent to increase levels of service, collaborations, publications and new research projects.

At the time of the site visit, the goals and objectives developed by the program were not fully in alignment with the mission statement. For instance, the goals and objectives were not explicit about how the program specifically will act to improve the health of minorities and members of underserved communities. Instead the goals and objectives focused principally on the academic needs of the program to grow in size and to produce desired amounts of research and service.

Goal and objective-like statements in other parts of the self-study do resonate more directly with the program's mission statement. For example, in section 3.1.b. of the self-study the program states "the major focus of research conducted by our MSPH faculty is the elimination of racial and ethnic disparities in health." And, "our goal is to achieve national recognition as a community-focused quality-driven MSPH program noted for highly effective educational programs, preeminence in health disparities research and

culturally sensitive, evidence-based health services.” Similarly, the instructional goal noted in the self-study aims to “train a diverse population of students from underrepresented and underserved communities in the core areas of public health which they can integrate into their professional careers.” This statement is more reflective of the program’s mission statement than the official instructional goal in the self-study, “to provide quality instruction in public health.”

The commentary relates to an insufficiently descriptive statement of program values, concepts and ethics. The values statement in the self-study focuses on academic excellence, research excellence and quality, and health services that are appropriate for the individuals served. The latter statement implies cultural sensitivity as a value but leaves unexpressed a variety of other values. Such values, many of which are relevant to the program’s mission statement, are clearly held by the institution based on statements made in other sections of the self-study, but these values are only implied in the formal statement of values. These other values include: cultural and ethnic diversity in the workforce, equal opportunity and service to the underserved. The program should be more explicit about the values held by its faculty and students and develop goal and objective statements that address both academic excellence and the health disparities mission.

These discrepancies draw into question how the program’s stated mission, goals and objectives guide and shape program functions. The site visit team concluded that the lack of alignment of the official program goals, objectives and values with the mission statement and the inconsistency of some of these statements throughout the self-study indicates that the official goals and objectives were not uniformly incorporated into the program culture and cannot provide a consistent basis by which the program can measure its progress. Since the site visit, the program has completed a strategic plan that does address these issues. Now that the strategic plan has been developed, the commentary remains relevant as a means of facilitating operationalizing the goals and objectives.

### **1.2 Evaluation and Planning.**

**The program shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the program’s effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.**

This criterion is partially met. The workgroup appointed to complete the self-study was also charged with developing a strategic plan for 2008-2012. This process was an outgrowth of the MMC strategic plan (2004-2008) initiative. The university decided, through its strategic planning process, to consolidate its educational, research and service resources around five issues known to affect underserved populations disproportionately: cancer, HIV/AIDS, cardiovascular diseases, women’s health, and brain and human behavior. All schools and programs were called upon to review their activities in light of these decisions, including the new Division of Public Health Practice in the SOGSR where the MSPH program is housed.

Central to the program's evaluation processes are its two standing committees (Admissions and Curriculum), an Advisory Committee survey, faculty meetings, student and faculty performance evaluations, exit surveys and alumni tracking processes. Although this process is still formative, it appears that the program has a commitment to measurement and improvement. Data collected from these sources provide feedback for categorical issues (student and faculty performance, quality of curriculum).

Of concern, however, is that the program does not have data available to effectively assure overall progress towards meeting its goals and objectives and plan for both the near and distant future. Strategic planning is anticipated on a five year cycle, but there is no systematic, on-going, integrated evaluation of the program as a whole. The self-study describes the desire to review strategic plans and get input from a variety of groups, but it doesn't describe how, or how often, that will be done. Faculty meetings could be used for integrated evaluation and planning, but the program averages three faculty meetings annually, and planning has not been on the agenda. Members of the Advisory Committee are energetic, committed to the program and focused on strategic thinking, but their annual meetings and agenda have not addressed this issue directly.

Additional concern relates to the program's defined outcome measures. The program has identified outcome measures it uses to assess effectiveness in meeting its mission, goals and objectives. The decision to set 2013 as the point in time for all quantitative measures associated with the objectives to be met is problematic. The site visit team concluded, that this approach does not easily allow for checking annual benchmarks toward longer-term achievement. This delayed tracking may contribute to a delay of accountability. Also, some of the existing objectives listed in this section of the self-study should be revisited. Some objectives have been accomplished in the last 18-24 months, while others are more appropriate for annual assessment and revision. Additionally, some of the quantitative measures proposed as outcome measures are unclear. For example, site visitors could not readily identify the intended end point, due to lack of time frames and sufficient data, for an objective that calls for a 25% increase in student acceptance to doctoral programs or a 50% increase in manuscript submission by faculty members. Because goals and objectives carry resource implications, and resources continue to be restricted, the program must ensure that objectives reflect the level of detail required to focus attention on the program's mission.

The program undertook a self-study process that was analytical. The site visit team verified that there was significant involvement of faculty and staff. Input from students, alumni and community representatives was solicited, but, in general, responses were more limited in scope than those obtained from the program's faculty and administration. Nevertheless, it was clear to the site visit team, that many individuals devoted significant effort to producing the final document.

### **1.3 Institutional Environment.**

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

This criterion is met. MMC is accredited by the Southern Association of Colleges and Schools (SACS). Although the MSPH program is not administratively located within it, the School of Medicine is accredited by the Liaison Committee of Medical Education (LCME). The MSPH program is located in the Division of Public Health Practice (DPHP) in the SOGSR at MMC. Figure 1 presents MMC's organizational structure.

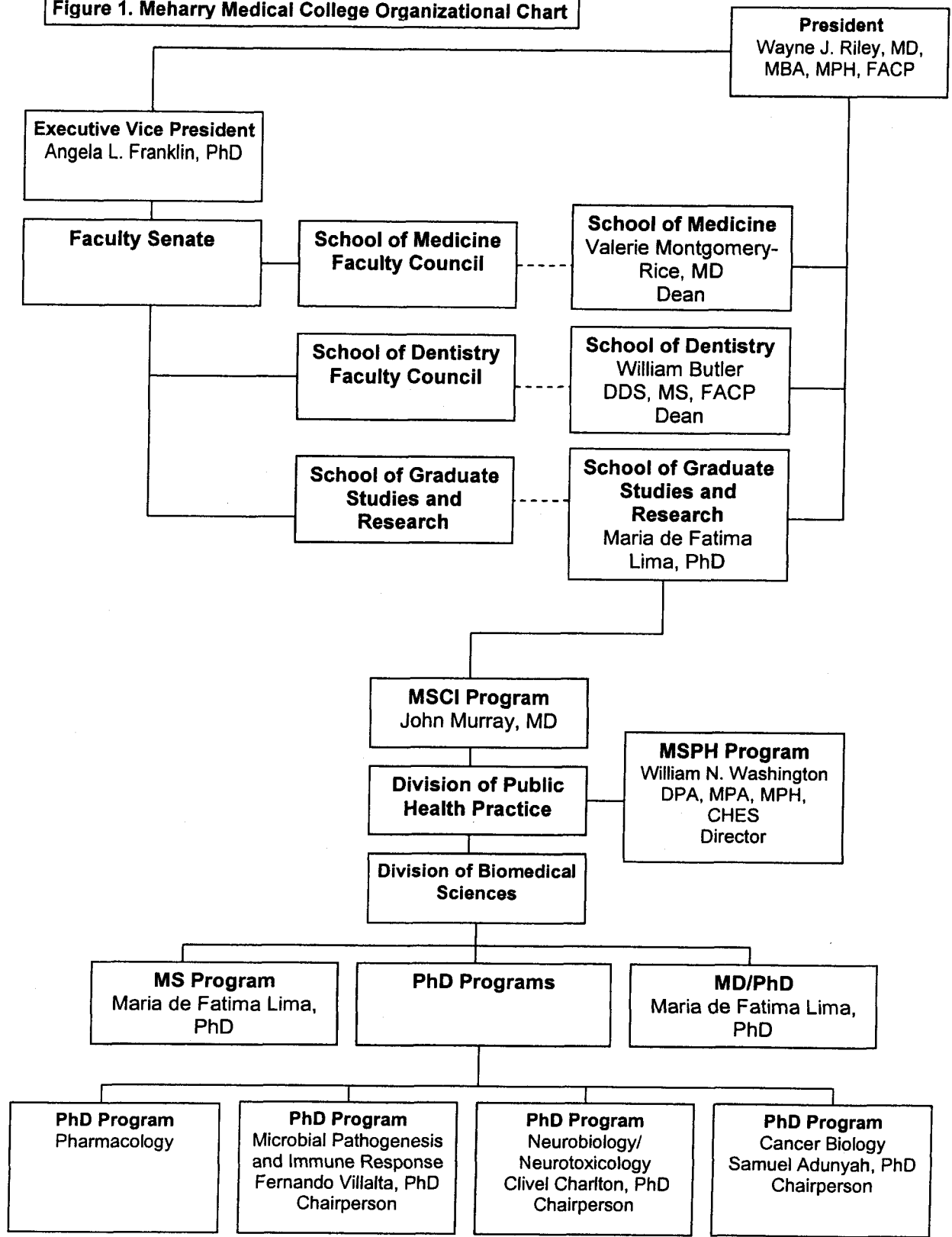
MMC encompasses three schools, the medical school, dental school and graduate studies and research school. The SOGSR has all prerogatives relating to unit names and titles and internal organization of its programs. The president of MMC reports to the board of trustees of the college. The SOGSR dean, who reports directly to the president, is responsible for policy setting, budgetary decisions and strategic planning for the school.

MMC follows guidelines set by its board of trustees for allocation of its resources and expenditures. A budget committee, chaired by the president and senior vice president for finance, is convened every year during the budget process. Every academic unit of the college presents its resources and expenditures during budget hearings. After adjustments, the budget for each school is approved by the Budget Committee and presented to the president for approval. The president presents the budget to the board of trustees for approval during its May meeting. Tuition, fees and indirect costs are allocated to the academic units that generated the revenue. The Office of Institutional Advancement supports the college's academic units through its fund raising activities.

Governance at the highest level at Meharry is shared between administration, deans and faculty of all three schools. Each school has a Faculty Council. The Faculty Councils have primary responsibility for academic and governance matters at the school level. Each council appoints representatives to school-based committees including, student admissions, curriculum development/management and appointments, promotion and tenure. Faculty Councils may also recommend appointments to campus wide committees that pertain to governance, research and employment.

The MSPH program follows the academic standards and policies of the college, as outlined in the MMC Graduate Catalog. The program of study, course descriptions, admission standards and other substantive curricular issues must be approved by the SOGSR dean.

**Figure 1. Meharry Medical College Organizational Chart**

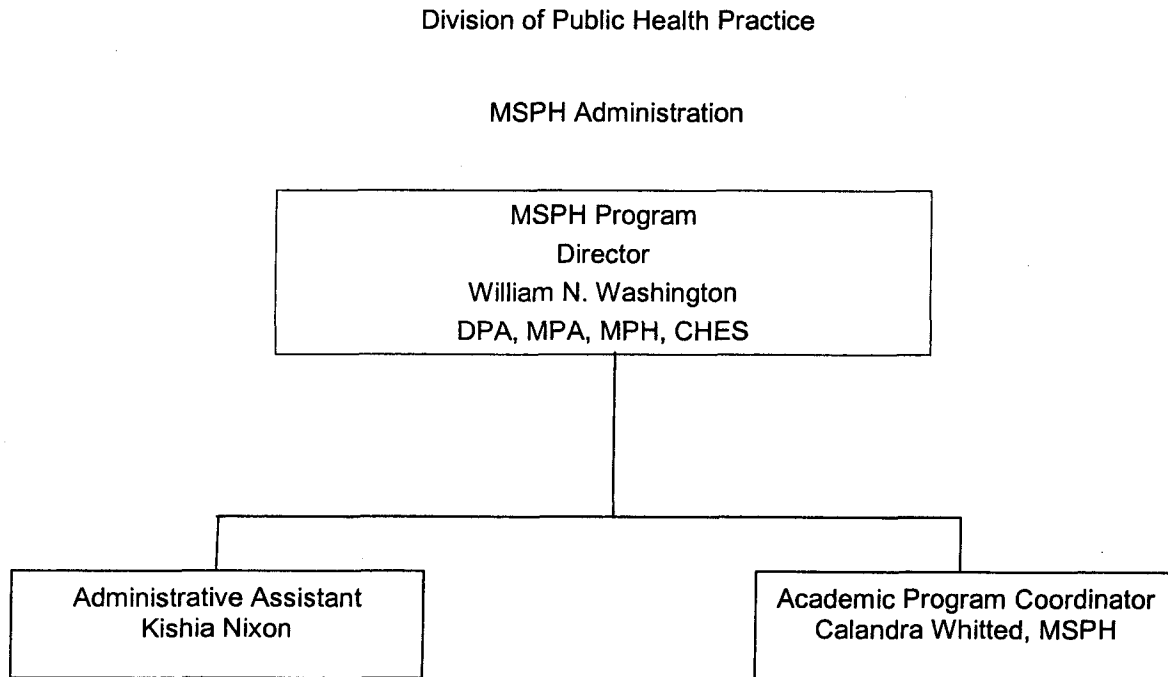


#### 1.4 Organization and Administration.

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

This criterion is met. Policy and decision making at the MSPH program level is depicted in Figure 2. SOGSR has primary responsibility for the MSPH program; the PhD in biomedical sciences; the MD/PhD program (in collaboration with the medical school); the MS in biomedical sciences; and the MSCI in clinical investigation. The MSPH program is located in the Division of Public Health Practice and is the sole degree housed in that unit. The MSPH director reports directly to the SOGSR dean.

**Figure 2. Meharry Medical College MSPH Organizational Chart**



The MSPH administrative structure is supported by the program director, academic program administrator, and one administrative assistant. Additional support comes from the budget officer and the associate dean of the graduate school.

Interdisciplinary coordination, cooperation, and collaboration within the program are strongly supported both intramurally and intermurally through a number of approaches. Foremost is the interaction among faculty members, which occurs in both formal and informal settings. Each faculty member is a product of an educational environment that fosters interdisciplinary behavior and collaboration in teaching, research

and community service. The president, dean and MSPH director are strong supporters of collaboration within the college community.

As a small group, the MSPH faculty members are able to collaborate and to share views and perspectives about program issues. Examples of these opportunities take place daily by emails, monthly by faculty meetings and by periodic meetings on joint research. Intramural and intermural cooperation is supported with the program's faculty and adjunct faculty. Faculty members belong to various departments/disciplines including, surgery, internal medicine, OB/GYN, family and community medicine and dentistry, within the college, as well as from Vanderbilt University and the Nashville Metro Public Health Department.

MMC is committed to a policy of non-discrimination to assure that its educational programs and activities are available to all students without regard to sex, race, color, religion, disability or national or ethnic origin. The college grievance procedure outlines a means to assure prompt due process to any graduate student who believes that she or he has been discriminated against on the basis of sex, race, color, religion, handicap, or national or ethnic origin. To date, five formal grievances have been filed with the program. All were resolved through the specified mechanisms.

### 1.5 Governance.

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

This criterion is met with commentary. The MSPH program's policy development originates from two standing committees and a non-standing ad-hoc committee which is convened for non-recurrent policy issues. All degree programs are the responsibility of the school dean who reviews policies at monthly executive meetings.

Students are represented and actively participate on all governing groups and committees at the program level. Those committees and groups include, Curriculum Committee, Admissions Committee, Self-Study Steering Committee, Advisory Committee and Faculty and Staff Search Committee.

The Curriculum Committee, made up of faculty and a single student, develops and monitors the instructional curriculum. The SOGSR Executive Committee is responsible for the school's standards and policies. The committee is responsible for assuring the standardization and quality assurance of the curriculum and instruction in the school, so the Curriculum Committee reports to this school-wide committee.

The Program's Advisory Committee consists of 16 members including faculty, students and community members. The role of the committee is to provide public health experience and expertise regarding the goals and objectives of the program to the director and the dean.

The Search Committee consists of six members including faculty and students. The committee is involved in the planning and implementation of activities for the hiring of faculty and staff.

The Admissions Committee is made up of students, faculty and public members. The committee is responsible for recruitment which includes reviewing of credentials. The committee complements the efforts of the college's admissions office in coordinating the completion of the application process. The committee submits the recommendations for selected applicants to the dean who makes the final decision on admissions.

The commentary relates to the need for increased public health faculty involvement in making admissions decisions. The site visit team found it unusual that the dean makes all final admissions decisions solely, rather than in collaboration with the MSPH program faculty, director or Admissions Committee.

#### **1.6 Resources.**

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

This criterion is met with commentary. The program has adequate resources to fulfill its mission, goals and objectives. Major financial support is through tuition, federal grants (title III) and funding from the federal Office of Minority Health, as well as endowment revenues. Tuition and fee revenues decreased in the 2007-2008 period while university support increased. Grants/contracts remained fairly consistent over the same time period. Expenditures include salaries of faculty, program staff, adjunct faculty, program operations, membership fees and student support for travel to meetings and externships.

The program identifies 14 individuals as faculty, with three of them contributing 1.0 (full-time equivalent (FTE) each. The other eleven faculty commit various efforts ranging from .10 to .30 FTE. The total full time equivalent for core faculty increased from 3.2 in 2005-2006 to 4.9 in 2007-2008. Most students are full-time and the current student/faculty ratio is 3:1. Adjunct faculty include 11 individuals who teach and serve on students' advisory committees as associate advisors and on program committee. The program is currently in the process of hiring two new faculty by the close of the 2008-2009 academic year.

The budget for the MSPH program is depicted in Table 1.

<b>Table 1. Sources of Funds and Expenditures by Major Category, 2005 to 2008</b>				
	<b>2005-2006</b>	<b>2006-2007</b>	<b>2007-2008</b>	<b>Total</b>
<b>Source of Funds</b>				
Tuition & Fees	339,066	271,505	218,127	828,698
State Appropriation	---	---	---	---
University Funds	106,667	79,101	175,523	361,291
Grants/Contracts	104,764	104,992	108,927	318,683
Indirect Cost Recovery				
Endowment	8,835	10,297	7,000	26,132
Gifts			10,000	10,000
<b>Total</b>	<b>559,332</b>	<b>465,895</b>	<b>519,577</b>	<b>1,544,804</b>
<b>Expenditures</b>				
Faculty Salaries & Benefits	144,950	117,313	127,876	390,139
Staff Salaries & Benefits	225,890	205,152	251,776	682,818
Operations	15,455	16,490	21,072	53,017
Travel	5,000	1,950	8,292	15,242
Student Support	39,192	21,758	27,673	88,623
University Tax	128,845	103,172	82,888	314,905
<b>Total</b>	<b>559,332</b>	<b>465,835</b>	<b>519,577</b>	<b>1,544,744</b>

The program shares many resources available within the college including library, classrooms, computer facilities and graduate student services. The program's total space provided by the graduate school is 671 sq. ft and includes separate offices for the director and academic program administrator, main reception area and a back reception area. Two dedicated classroom spaces are assigned to the program, MSPH students share additional space with the PhD students in the biomedical sciences and a conference room is used for meetings and occasionally for classes. Two computer classrooms can also be reserved for classes.

Shared computer facilities and resources are available to students, faculty, administrators and staff. Each faculty member and administrator has a personal office computer; several have additional hardware for use at home and travel. All staff members have a personal computer but have access to the other computers located in the school. Other laptops, LCD projectors are available on a check-out basis for students, faculty and staff. Program administrators, staff, departmental faculty, and MSPH students have access to the SOGSR computer lab which has 24 computers, LCD projector, smart board and laser printers. Computers are equipped with the latest statistical and research software including SPSS and SAS as well as Microsoft suite of programs, graphics, web design and publishing software.

The library serves as a central repository of information and evidence to support the program's mission. The increase in the use of electronic resources collection is used to maximize the utility and accessibility

of information across the campus and from home. Resources accessible over an integrated digital library include over 2,000 electronic journals, 348 books, 250 databases and 880 web resources. The system provides fast access and multiple routes to electronic resources, including tools to support evidence-based practice. The library also provides access to more than 70 full-text journals through the Ovid system, 300 clinical and research-focused full text journals through the Science Direct database and numerous other medical specific resources. The Library's print collection includes essential resources for healthcare scholarship and research with a focus on health disparities and minority health.

The commentary pertains to the library resources. Although the library does contain a substantial collection, it consists mainly of medical books and journals, with very little emphasis on public health. Efforts should be made to obtain more public health related books and journals. Students and faculty acknowledged the limited public health journals however they did speak highly of the overall library resources available.

The program utilizes other community resources from a number of health departments, community health agencies, for and non-profit organizations for students research, practicum and independent projects. Community resources are important for externships and independent projects, and the program will need to expand these as the program grows.

## 2.0 INSTRUCTIONAL PROGRAMS.

### 2.1 Master of Public Health Degree.

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

This criterion is met. MMC offers the MSPH as its only professional degree in the generalist track. Full-time students normally complete the degree in two years and part-time students (which are limited) complete the degree within five years. The MSPH Degree and Specializations that are offered are depicted in Table 2.

Table 2. MSPH Degree and Specializations Offered	
<b>Professional Masters Degree</b>	
Generalist	MSPH

The generalist program requires courses in each of the five core areas of public health knowledge in addition to the externship and culminating experience. In addition to the required core courses, students are required to take courses from a program-selected list of electives. Those electives include

biostatistics II, data management, epidemiology II, health economics, health planning, health education and health promotion, program evaluation and managed care.

### 2.2 Program Length.

**An MPH degree program or equivalent professional masters degree must be at least 42 semester credit units in length.**

This criterion is met. The program requires students to complete a minimum of 45 semester credit units. Each course is equivalent to three credit hours. Each course meets once a week for three hours with the exception of biostatistics which meets twice a week for one and one half hour. Consequently, one semester credit hour in the MSPH program is equivalent to 15 classroom (contact) hours. Academic credit at the university is defined as 15 contact hours per credit hour for didactic coursework. Table 3 depicts the MSPH degree requirements.

Table 3. MSPH Degree Requirements	
Public Health Curriculum	Credit Hours
Core courses	15
Thesis or Comprehensive Examination	3
Externship	6
Electives	21
Total	45

### 2.3 Public Health Core Knowledge.

**All professional degree students must demonstrate an understanding of the public health core knowledge.**

This criterion is met. The MSPH program provides students with a series of courses that assures they acquire concepts, knowledge and skills basic to the five core areas of public health knowledge. In some cases, the program uses multiple courses to address a core content area. Competencies in the areas of biostatistics and epidemiology are addressed and reinforced through a series of required and recommended courses. Table 4 presents the core courses that cover these five areas. The site visit team reviewed the syllabi for each required core course and found the content and coverage to be adequate.

Table 4. MSPH Required Courses and Credit Hours	
MSPH Course Name and Number	Credit Hours
MSPH 70001 Epidemiology I	3
MSPH 70201 Biostatistics I	3
MSPH 71701 Environmental Health	3
MSPH 72501 Health Behavior	3
MSPH 73001 Health Administration	3
Total	15

Students who are also medical residents take additional courses in the area of environmental health sciences: Occupational Health I & II, Occupational Toxicology and Industrial Hygiene. In addition, the program encourages all students to take the more advanced Epidemiology II and Biostatistics II, both of which build on the introductory courses and prepare students for more rigorous analyses.

#### **2.4 Practical Skills.**

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

This criterion is met. Students are required to complete a 400-contact hour externship in a public health setting. Appropriate settings include community-based organizations; research settings with a community focus; or federal, state, local public health agencies. The program has several affiliated sites representing different types of agencies, including local, regional national and international. Students may select from a list of available sites and externship projects or they can work closely with the academic program coordinator to develop an externship with an agency or project not available on the externship list. Preceptors are selected based on certain criteria. They must be a full-time employee of an organization, hold a master's or doctorate degree, or have five or more years experience in a supervisory position with expertise in a health related discipline. Once the externship site and the preceptor have been identified and approved, students develop a learning contract that identifies the goals and objectives of the project, competencies to be addressed and a timeline for completion.

At the conclusion of the externship students are required to write a final project. When reviewing the student practicum examples, it was evident to the site visit team that while some students are placed in research settings, the nature of their activities fulfill the spirit of the practicum experience. Further, the examples reviewed exhibited rigor and thoroughness in fulfilling the identified competencies.

Students complete an evaluation form for the externship sites and preceptor, and site preceptors complete an evaluation form on the students. The evaluation forms are submitted to the program director at the end of the externship project. Final grades for the externship are assigned by the program director based on feedback from the preceptor and the final report by the student. To date, there have been no waivers of the externship project.

#### **2.5 Culminating Experience.**

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

This criterion is met. Two options are available to satisfy the culminating experience for the degree: thesis and comprehensive examination.

The thesis must address a significant public health concern; pursue novel inquiry and/or initiative; and demonstrate the student's mastery of the program's competencies. The thesis requires students to synthesize and integrate knowledge acquired in coursework and other learning experiences. It allows the students to apply theories and principles in an area related to an aspect of professional practice. The student is required to complete a written paper and a public oral presentation (thesis defense) of his or her work. The thesis project can be integrated with the externship experience.

The policy and procedures for thesis research are located in the SOGSR policy and procedures manual. In addition, the policies and guidelines that govern the thesis process are made available in the handbook provided to students in the required Thesis Research and Evaluation course (MSPH 800). The guidelines include the requirements for format, standards and reproduction of the thesis. During the class, students receive a timeline detailing the approximate length of time to complete each item in order to graduate by a specific date. A mandatory Thesis Committee must contain at least three members. Committee Chairs are required to be full-time faculty of MMC. Generally, the Thesis Committee chair is a full-time faculty member in the MSPH program. The remaining two persons may consist of two additional faculty members, or a faculty member and a health professional that has expertise in the public health topic being addressed by the student. The student's thesis must meet the standards of the Thesis Committee, the preceptor, and chairperson of the committee with respect to experimental design, interpretation of data and scientific competence. The thesis must also meet SOGSR standards for format, style and reproduction.

Thesis Committee members must agree that the student is ready to defend a thesis and a tentative defense date is determined. The Committee of Instruction (COI) chair, also known as the Thesis Committee chair, must contact the MSPH Director at least 2 weeks in advance of the defense date with information on the requested date, time, room, and title of thesis. The MSPH Director must approve this information and confirm availability of the defense date with the SOGSR. The student defends the thesis, and the committee evaluates the student using the forms provided, which are kept confidential and submitted to the SOGSR for final approval. The approved thesis is submitted to the Dean's Office and checked for compliance with the required format explained in the manual.

Students also have the option to take a comprehensive final examination instead of writing and defending a thesis. The policies and procedures for the comprehensive final are located in the SOGSR policies and procedures manual. Students choosing to take the comprehensive final are not required to enroll in the Thesis Research and Evaluation course.

The comprehensive final examination is an all day examination which consists of a written essay, where students integrate concepts and theories from various public health courses and a written examination

that tests the student's knowledge and competency of the five core public health areas. In order to ensure competency attainment, faculty members who design the questions for their respective areas use the competency matrix and course syllabi to develop the questions.

For the morning essay examination, students are given three public health case study problems from which the student chooses one to address. The instructions for the exam identify the courses from which concepts and theories must be drawn in addressing the selected case study. In answering the case study, the student must identify the concepts and theories selected from each course by indicating them on the test answer sheet.

For the other half of the written examination, the student must answer questions from the five public health core courses. These examinations may be composed of multiple choice, matching, calculations, problem solving and fill in the blank questions. Prior to the test date, the student completes a form on which he or she identifies the instructor from whom the course was taken and in which semester. The MSPH coordinator of the comprehensive examination then obtains the examination prepared by each instructor identified by the student, and a packet is prepared. This packet is prepared for specific students and contains questions from the appropriate faculty member for each of the five core public health courses. In the future, the program may want to reexamine the comprehensive examination process due to inconsistencies in core course content. It would be helpful in the future if program faculty rely and ensure that all tested material is based on core course content and related competencies, rather than focusing on the individual faculty members course content. Students taking the comprehensive exam, regardless of instructor should be able to appropriately disseminate core course content.

For the written examination, the student must receive a score of 70% or higher on each section, which includes the written essay and the written examination. Each instructor grades the section of the test and the component of the essay pertaining to his or her course. If a student fails a component of the essay or a particular section of the exam, they must retake that section. Final grades are given to the SOGSR and the MSPH director for final approval.

To date, the current culminating experience has worked well for the program. According to the program, most students take the thesis option; however, there are a small number of students who have done the comprehensive examination.

### **2.6 Required Competencies.**

**For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.**

This criterion is met with commentary. Measurable core and degree-specific competencies have been identified by the program for the MSPH degree. Degree-wide and cross-cutting competencies are primarily covered through the core courses. The program subscribes, in part, to the competencies set forth by the Association of Schools of Public Health (ASPH) and the Council on Linkages between Academia and Public Health Practice.

The manner in which competencies were developed involved participation of all faculty in the MSPH program. The program director brought competencies from ASPH and the Council on Linkages to the faculty. The MSPH Curriculum Committee reviewed all the competencies for the core public health courses developed by ASPH. From this list of competencies, the Curriculum Committee selected competencies for each core public health course. The Curriculum Committee then presented these competencies to the total MSPH faculty. After discussion by the MSPH faculty, competencies for each of the five core courses were selected and approved. These competencies were made available to students by incorporating them into course syllabi, other MSPH documents and through verbal discussions.

After competencies for the public health core courses and the generalist program were selected and identified, the faculty participated in a major activity to work with the document provided by the Council on Linkages to see how these competencies related to the objectives selected for each course in the MSPH program curriculum. The faculty decided that in addition to the competencies selected for the five public health core courses, the following competencies developed by the Council would function as the competencies for all other courses taught in the MSPH curriculum. These competencies are:

- Monitor health status to identify community health problems;
- Diagnose and investigate health problems and health hazards in the community;
- Inform, educate, and empower people about health issues;
- Mobilize community partnerships to identify and solve health problems;
- Develop policies and plans that support individual and community health efforts;
- Enforce laws and regulations that protect health and ensure safety;
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable; and
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

The program currently periodically assess the changing needs of the public health practice by interacting with public health departments via externships, collaborative projects such as grants and non-funded projects. The program plans to monitor and evaluate the curriculum from these varied sources as it moves forward.

The commentary pertains to the lack of student awareness regarding the competencies. While many students had access to the competencies through course syllabi, the majority of them were unsure of how they are addressed other than assessment through examinations and tests. Competencies should offer students a framework by which they can measure their own learning and program effectiveness.

### **2.7 Assessment Procedures.**

**There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.**

This criterion is partially met. Student achievement is monitored by tracking satisfactory completion of courses, through the externship, graduation rates, job placement rates and the destination of graduates after they complete the program. First, student performance and achievement of competencies in the MSPH courses are measured through satisfactory course grades. MSPH faculty use a multitude of educational assessment methods including class discussion, small group discussion, case studies, written individual and group projects, analysis, presentations, final examinations, externship projects and culminating projects.

Outcomes that serve as measures by which the program has and will continue to evaluate student achievement in the MSPH degree include: externship, thesis or comprehensive examination, destination of graduates and degree completion rates. In addition, the program obtains data from existing students, MSPH Advisory Committee, employers and alumni regarding the academic program.

Student performance on the externship is evaluated based on the student's written reports and evaluation by the on-site preceptors. Students and preceptors establish specific objectives for the practice experience. This experience allows the student to integrate theory with practice that is important for functioning as a public health professional.

For the culminating experience, each student must complete a thesis project or a comprehensive examination. The thesis employs the theories and methods of public health to address a topic of public health significance. When the thesis committee members approve the final report, faculty members agree that the student has demonstrated the appropriate knowledge and skills. The comprehensive examination requires students to address a case study and formulate solutions by integrating theories, concepts, and analytical approaches that are germane to the five core areas of public health.

Information about job placement, employer feedback, fellowship placement, and admission into additional academic training such as a doctoral program, are ways post-graduation monitoring and evaluating is managed. This information allows the program to assess graduates' achievement of the expected

competencies. The program collects this information through an alumni survey and verbal and written communication between graduates and the program.

The MSPH program fielded a survey to the alumni and one to the preceptors in fall 2008. The generalist MSPH program has graduated two cohorts of students, 2007 and 2008. Since not all alumni had yet entered the workforce and all alumni when they were students worked for a preceptor, the preceptors were surveyed in lieu of employers. The purpose of the survey was to gather data for assessment of alumni and employers (preceptors) of graduates regarding the ability of graduates to effectively perform the competencies in a practice setting. Four randomly selected competencies from five core public health courses were used to make this assessment.

The data suggest that when questioned about the selected competency being asked of alumni, whether the first job (post-MSPH program, but externship in this case) require the indicated competencies, 10% to 30% affirmed the competencies were required. When the preceptors were asked did the first job (externship) require the indicted competencies, the preceptors' affirmative answer ranged from 25% to 50%. When the alumni were asked if they agree/strongly agree that they possessed the competencies upon arrival on the job, the "yes" responses ranged from 10% to 30%.

The concern primarily relates to the low graduation rates. The degree completion rate for the last two years is 75% in 2006-2007 and 75% in 2007-2008. Based on CEPH standards, as outlined in the *Accreditation Criteria amended June 2005*, all schools and program are required to maintain a graduation rate of at least 80%. Students are allowed a maximum of five years to complete the degree program.

The program expects that 80% of graduates will either obtain employment in public health or enroll in a doctoral degree within 12 months of graduation. Currently, nearly 75% of program graduates enroll in a doctoral degree or obtain a job in public health within 12 months of graduation.

#### **2.8 Academic Degrees.**

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

This criterion is not applicable.

#### **2.9 Doctoral Degrees.**

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

This criterion is not applicable.

### **2.10 Joint Degrees.**

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

This criterion is not applicable.

### **2.11 Distance Education or Executive Degree Programs.**

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

This criterion is not applicable.

## **3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.**

### **3.1 Research.**

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

This criterion is partially met. MMC recognizes scholarly activities as (1) research; (2) publication and (3) other scholarly contributions. The program faculty demonstrate scholarship by participating in one or more areas of those activities. The program considers community-based research a priority for the MSPH program. The identified goal is to achieve national recognition as a community-based quality-driven MSPH program noted for highly effective educational programs, preeminence in health disparities research and cultural sensitivity. Faculty members participate in a range of community-based research projects. These collaborations are carried out with public health practitioners and serve as a source of information and as mechanisms to empower communities to address their unique health issues.

The following are community-based research projects conducted by program faculty: HBCU Wellness Program, an intervention designed to utilize the human social capital at private historically black colleges and universities to promote health and modify risks for chronic diseases among individuals living in surrounding communities. The Nashville Racial and Ethnic Approaches to Community Health (REACH) is a coalition of developing a community action plan to reduce and, in time, eliminate disparities in

cardiovascular disease and diabetes among African Americans in North Nashville. Eleven of the 27 research projects listed in the self-study are community-based. The community-based projects brought significant financial resources totaling nearly \$3 million to the medical school and not to the MSPH program.

The first area of concern relates to the distribution of research among faculty. Research efforts of secondary faculty are substantial compared to primary faculty. When reviewing research contributions of faculty, it was overwhelmingly clear that primary faculty conduct substantially less research than secondary faculty. The primary reason for that, according to the program, is resources. Many primary faculty do not have the time to complete research in addition to their teaching requirements. Many secondary faculty have appointments in clinical departments where they conduct public health research, hence the higher research activity.

The final area of concern relates to the very limited student involvement in research. Of the research projects identified in the self-study, only eight of the 27 projects had some type of student involvement. Because the program has limited research efforts among primary faculty, the involvement of students is directly affected. Until the MSPH program increases its research efforts among primary faculty, it will continue to be difficult to engage students on research projects.

### **3.2 Service.**

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

This criterion is partially met. Program leaders communicate a clear desire for regular participation in service by both students and faculty. The concern relates to the limited scope of faculty service. Faculty involvement in service activities has been extensive for four to five of the program's faculty members, but nonexistent for the most faculty. In contrast, almost all students have been involved in service activities, most through the work of the department's Student Association and the initiative of individual students to be involved in community activities. MMC Appointment, Promotion and Tenure Guidelines state:

"Service to the College, community, and profession is an important factor to consider for promotion. No attempt should be made to prescribe which specific service roles individual faculty members should play, however, within the prescribed period leading up to promotion, all faculty members are required to participate in professional or community service."

Faculty reported to the site visit team that service is not considered as important for promotion and tenure decisions as research and teaching are. In support of this reality, site visitors observed that faculty service activities are underreported on faculty evaluation forms. Additionally, faculty service activities listed in the self-study are largely focused on service to academic institutions in Nashville and national

professional organizations. Almost no faculty service to local health departments or community agencies is noted. Community participation in the work of the program appears to be limited to participation by a few community members on the Advisory Committee. It is true that a good portion of the service activities engaged in by faculty do contribute to the fulfillment of the program's stated goals and objectives, but in the future, the program will need to engage in more community service activities from its faculty, and some of the effort should be directed to local community agencies that can both benefit from an injection of faculty expertise and provide opportunities for students to become engaged in service projects.

Student involvement in service is commendable. Although currently existing faculty service activities are generally not conducive to student mentoring or involvement, individual student interest in community activities and the activities of the Student Association have provided students with opportunities for service and most students have participated. Nonetheless, student service activities delivered outside of the curriculum results in unsupervised efforts that escape evaluation, focused learning facilitated by faculty involvement and lack of clarity about competencies addressed. The MSPH program recognizes that student involvement in community service projects should be better facilitated by the program and should be required for all students. To that end, future students will be required to take a Health Care Seminar in the first semester. This course requirement requires students to become involved in a community service project.

### **3.3 Workforce Development.**

**The program shall engage in activities that support the professional development of the public health workforce.**

This criterion is partially met. The MSPH program does not assess the training needs of the public health workforce in the Nashville area, nor does it offer formal workforce development or continuing education activities. The program does participate in making the public health workforce aware of continuing education activities sponsored on or off campus by MMC. The program does not offer certificate programs or other non-degree offerings.

The program has plans to implement a continuing education program within the next two years. It has established a planning committee to assess workforce continuing education needs and to seek support from various organizations and agencies to implement the effort. Included among these are the local Metro Nashville Health Department, Tennessee Department of Public Health and the Centers for Disease Control and Prevention. It is anticipated the program will have a self-sustaining program of continuing education in two years that will be an independent entity of the MSPH program and its faculty.

## **4.0 FACULTY, STAFF AND STUDENTS.**

### **4.1 Faculty Qualifications.**

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

This criterion is met with commentary. Both full-time and part-time faculty are employed by the college and hold appointments in the SOGSR and the medical school. The program also utilizes several adjunct faculty members to support the educational programs. They are employed with local and regional health-related agencies and MMC. The adjunct faculty brings a wealth of training and experience to the program. All of the faculty involved in the instructional program have extensive training and expertise in diverse disciplines and are well-qualified to support the program in teaching, research and service.

The self-study documents 14 tenured and non-tenured faculty responsible for supporting the program. Of the 14 core faculty documented in the self-study, ten are assistant, two are associate, two are full professors. Of the three full-time core faculty in the program, one is a full tenured professor and the two others are non-tenured assistant professors. All of the core faculty hold doctoral degrees. Eight program faculty are non-tenured assistant professors. Sixty-four percent of the listed core faculty are at the assistant professor non-tenured rank. Six (43%) of the faculty have degrees in public health.

Non-tenured faculty at the school are given a yearly contract with percentage time dedicated to teaching, research and service individually identified. The contract can vary from 100% in one area to zero percent in another. The contract is agreed upon between the dean and the faculty member, but the program director has a number of outcome measures that are used to evaluate and understand the qualifications of its faculty.

The commentary pertains to the overwhelming number of non-tenure track faculty within the program. Currently the majority of faculty in the program do not hold tenure, nor are they in a tenure-track position. In order to ensure the sustainability of the program, the program should make efforts to secure primary faculty in more tenure-track positions.

### **4.2 Faculty Policies and Procedures.**

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

This criterion is met. Policies and procedures for recruitment, appointment and promotion are published in the MMC faculty handbook. The policies and procedures govern both primary and adjunct faculty. Faculty members are evaluated on a regular time schedule and receive feedback from the MSPH

director. Adjunct faculty appointments are considered by the Appointment, Promotion and Tenure Committee of the SOGSR and are recommended for appointment when they meet standards established by the college. Faculty recruitment consists of two phases, recruitment and selection. The faculty selection process begins in the program, based on input from faculty about the number and qualifications of individuals to be recruited. The decision to hire is made in consultation with the dean and is based on performance evaluation and staffing requirements of the department's teaching programs.

After budget development and approval, perspective candidates are secured from a number of sources: personal contacts, announcements at professional meetings, circulation of notices at other institutions and advertisements in nationally circulated professional journals. A search committee which can be formal or informal consists of departmental members and other selected individuals who review applications. Generally, two or three candidates are invited for personal interviews with departmental faculty, the program director, dean and others as appropriate. Candidates selected for interviews are required to present a research seminar or a short lecture to which faculty and students are invited. At the time of the interview candidates' oral and written language proficiency are assessed. Once a selection is made the director submits the candidate's academic qualifications and a letter of recommendation indicating a rank to the dean who then submits the information to the Appointment, Promotions and Tenure Committee. This committee forwards its recommendation to the dean who recommends the candidate for approval by the president and the board of trustees.

Several opportunities are available to faculty for professional development through the institution, department and office of faculty affairs and development. MSPH faculty provide financial support for membership in national health organizations and participation in conferences and workshops. The program provides assistance for travel to full-time faculty when carrying out an institutional duty. The program also provides support to faculty to attend at least one seminar or conference a year. According to the program, most faculty attend the American Public Health Association (APHA) annual meeting.

All faculty are annually evaluated by the institution and program. The program faculty are all evaluated annually by the program director, while the director is evaluated by the SOGSR dean. Faculty prepare a self-assessment for the year, which covers research, teaching and service activities as well as accomplishments.

Student course evaluations are also used as a component of the faculty evaluation. Students complete course and instructor evaluations at the end of each semester for each course. Analysis is later conducted by the graduate school and provides summary reports to the course instructor and the program director for the improvement of teaching effectiveness.

### 4.3 Faculty and Staff Diversity.

**The program shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.**

This criterion is met. The program adheres to policies and procedures regarding the provision of equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.

Although many of the primary and secondary faculty of the program are African American the faculty are quite diverse using several measures. Of the program faculty, 52% are female and 48% are male. Of the core faculty, 42.3% are African American, 21.4% are Caucasian, 21.4% International and 9% Asian/Pacific Islander. The program staff consists of two African American females.

### 4.4 Student Recruitment and Admissions.

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

This criterion is met. Recruitment for the program is a joint effort of the SOGSR and the Admissions Office of MMC, which has responsibility for student recruitment to all three schools.

Recruitment tools include documents available on the program's website, participation in national and local college fairs, representation at relevant academic conferences and faculty outreach at professional meetings. Recruitment visits to the campus occur year around, and it is primarily the academic program administrator who has the responsibility to visit sites for recruitment purposes. The program has produced promotional materials that outline admissions policies and procedures and highlight the academic offerings. These materials are primarily available in print format. The program has recently developed an on-line application form which has improved recruitment efforts.

In addition to the appropriate application form, applicants must have a bachelors, masters or advanced degree from an accredited college or university and submit transcripts of all undergraduate and graduate work; have an overall B average and a B average in science courses; submit official GRE scores; submit two letters of recommendation; and submit a personal statement of purpose that describes academic background, career plans and reasons for pursuing graduate studies. Foreign students must submit TOEFL scores. The program has set a target of a mean GPA score of 3.0 and mean GRE score of 800 for matriculated students. In addition, Meharry places strong emphasis on an assessment of individual

character and motivation to become a health professional who will contribute to fulfilling the college's mission of providing opportunities for individuals from disadvantaged backgrounds.

The immediate past president of the college initially set an enrollment target for the MSPH program of a maximum of 10 students per year, intending that the program should grow slowly and carefully. Applications have been steadily increasing in number over the three years of the program's existence. In academic year 2005-2006, 12 of 37 applicants were accepted and eight enrolled; in 2006-2007, 17 of 42 applicants were accepted and eight enrolled; and in 2007-2008, 26 of 75 applicants were accepted and 16 enrolled. All but three students in the program are full-time.

A problem the program faces is that it has been hampered in its overall recruitment efforts by a relative lack of financial resources to support recruitment activities and provide scholarships. This is of particular importance for a program that intends to admit disadvantaged students whenever possible. Promising students may be lost to the program because of the inability of a student to afford tuition and related costs or the availability of scholarships in other institutions.

#### **4.5 Student Diversity.**

**Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.**

This criterion is met with commentary. Policies and procedures governing student diversity are guided by university guidelines as stated in the MMC mission statement. Separate policies and guidelines within the MSPH program do not exist, other than the express objective to achieve a diverse student population consisting of individuals who will work as professionals in the public and private sector as well as voluntary agencies with special emphasis on serving underserved communities.

The MSPH Admissions Committee is responsible for achieving a well qualified and diverse student body. Data indicates that women constitute the majority of students applying, accepted and enrolled (75%). Racial and ethnic data indicate that almost all students enrolled in the program are African American. There are two identified as Asian/Pacific Islander, and an additional two whose ethnic origin is unknown. No students have been enrolled in the program who are classified as Caucasian, Hispanic/Latino or Native American. The recruitment component of the strategic plan of the school includes the recruitment of Native American and Hispanic/Latino students.

The program has not established quotas for ethnicity or gender, but notes it would like to increase the number of males enrolled. The program is clearly meeting its objective to increase the number of health professionals who are people of color and come from underrepresented communities.

The commentary pertains to the program's failure to make progress in its stated intent to enroll Hispanic or Native American students and its failure to devise specific recruitment activities designed to enhance recruitment opportunities for individuals representing these two groups. This task is admittedly difficult to accomplish given the demographics of Tennessee but important if the program wishes to reach its goal of providing graduate-level education to underrepresented minorities.

#### **4.6 Advising and Career Counseling.**

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

This criterion is met. The program provides a full-day orientation for new students at the beginning of each academic year. At that time, all students are assigned two advisors. The academic program administrator acts as an advisor for each student primarily in the area of career counseling. A faculty advisor is also assigned who serves as the academic advisor, although students may change to a different faculty advisor if they wish.

There are several mechanisms in place for students to provide feedback to the program. These include direct communication with the individual who has responsibility and authority over the issue involved; a request for discussion and resolution to the student representative on the committee responsible for the area of concern if applicable; or an established program protocol for complaint resolution. The latter is a process described in writing that guides students on the procedures to be followed if the former steps do not result in resolution. There is also a Student Life Committee, established by the college's Office of Enrollment Management, that contains representatives from each of the three schools and college administrative units where issues of concern to students can be reviewed. Additionally, the dean maintains an open door policy and meets formally and informally with students and student leaders to address student issues.

Feedback about student advising and career counseling is formally solicited through the exit survey completed by every student one week before graduation. Survey results in 2007 indicated some students were not satisfied with the advising and career counseling services they had experienced and complained about the lack of a formal job placement office on campus. The advising process was changed to include the MSPH faculty and the new academic program administrator. Current and former students interviewed by the site visit team reported a high level of satisfaction with the new advising system, and were overwhelmingly supportive of the academic program administrator.

## Agenda

### COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

#### Meharry Medical College Public Health Program

January 12-13, 2009

#### Monday, January 12, 2009

- 9:00 am      Meeting with Program Director  
William Washington, Program Director
- 9:15 am      Meeting with Program Administration  
William Washington, Program Director  
Maria de Fatima Lima, Dean SOGSR
- 10:30 am      Break
- 11:00 am      Meeting with Public Health Teaching Faculty  
Leah Alexander  
Sanmi Areola  
Chau-Kaung Chen  
William Washington  
Christine Minja-Trupin  
Maureen Sanderson  
Green Ekadi
- 12:30 pm      Lunch with Students  
Kristal Brown  
Angel Moore  
Aaron Frazier  
Veronyca Washington  
Chermeia Austin  
Tiara Cunningham  
Ashley Kennedy  
RJ Cheatham  
Edward Davis  
Heather O'Hara  
Wen Xie  
Courtney Kihlberg  
Mbeja Lomotey
- 2:00 pm      Meeting with Core and Part-Time Faculty  
Vincent Agboto  
Fatima Barnes  
Michelle Bruce  
Sangita Chakrabarty  
LaToia Crozier  
Alecia Fair  
Flora Ukoli  
Cynthia Moriarty  
Daryl Hood
- 3:00 pm      Break/Resource File Review

3:30 pm            Meeting with Alumni  
Erin Boyd  
Tonya McKinley  
Otis Cosby  
Deon Tolliver  
Michelle Thompson  
Calandra Whitted  
Cherae Farmer-Dixon

4:30 pm            Meeting with Community Representatives

5:30 pm            Adjourn to Executive Session and Dinner

**Tuesday, January 13, 2009**

8:15 am            Executive Session/Resource File Review

9:00 am            Meeting with University Administration  
Dr. Wayne Riley, President  
Dr. Angela Franklin, Executive Vice President and Provost

10:15 am           Executive Session/Lunch

1:15 pm            Exit Interview

2:15 pm            Adjourn