Medical University of South Carolina
Department of Public Health Sciences
Masters of Public Health Program

Accreditation Self-Study Report
Prepared for the
Council on Education for Public Health
September 2021

MUSC
Medical University of South Carolina

Changing What's Possible

College of Medicine

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Department of Public Health Sciences
Public Health Program
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Frequently Used Acronyms

APHA	American Public Health Association
BSCP	Basic Science Compensation Plan
CAB	Community Advisory Board
CEPH	Council on Education for Public Health
CHES	Certified Health Education Specialist
CPH	Certification in Public Health
COM	College of Medicine
DPHS	Department of Public Health Sciences
ERF	Electronic Resource File
GPA	Grade Point Average
GTD	Graduate Training Director
GRE	Graduate Record Examination
HBCU	Historically Black Colleges and Universities
MOU	Memorandum of Understanding
MPH	Master of Public Health
MUSC	Medical University of South Carolina
OCIO	Office of the Chief Information Office
PhD	Doctor of Philosophy
PT	Promotion and Tenure
SCPHA	South Carolina Public Health Association
TOEFL	Testing of English as a Foreign Language

Introduction

Founded in 1824 in Charleston, the Medical University of South Carolina (MUSC) is the oldest medical school in the South, as well as the state's only integrated academic health sciences center, with a unique charge to serve the state through education, research and patient care. Each year, MUSC educates and trains more than 3,000 students and nearly 800 residents in six colleges: Dental Medicine, Graduate Studies, Health Professions, Medicine, Nursing and Pharmacy. The state's leader in obtaining biomedical research funds, in fiscal year 2019, MUSC set a new high, bringing in more than $284 million. (See next page for more details).

The Department of Public Health Sciences (DPHS) evolved from what used to be the Department of Biostatistics, Bioinformatics and Epidemiology, which was founded in 1968. Under the leadership of the College of Medicine Dean, in 2012, one of the strategic plan goals of the college was the addition of a public health program to offer a Master of Public Health degree. This marked the inception of the Public Health program that was created, and the department changed to DPHS.

The MPH program currently offers an MPH degree in three concentration areas: biostatistics, epidemiology, and health behavior and health promotion. The first cohort of students began the program in fall 2015, and during the 6 years of existence the MPH program has graduated 76 alumni. Additionally, through an Articulation Agreement between MUSC and Clemson University, students may enroll into the program through the 4+1 Accelerated Pathway to the Master of Public Health program. With this agreement, Clemson students with a GPA of 3.4 or greater who meet the criteria of the program are given conditional acceptance. These students complete 12 credit hours of Public Health graduate courses during their time at Clemson University, which transfer to MUSC and they complete the remaining 33 credit hours at MUSC to complete the MPH degree. The first two 4+1 students started the MPH program as part of the 2020-2021 cohort.

Over the years, the MPH program has established relationships with community-based organizations, has formed a Community Advisory Board with engaged external stakeholders, and has formed a recognized student group on campus. Additionally, the MPH program received a Health Resources and Service Administration (HRSA) grant through the Region IV Public Health Training Center to provide public health training for the workforce in South Carolina. In response to COVID-19, the faculty and students were able to work with the MUSC COVID-19 Epidemiology Intelligence Project, a digital dashboard that provides leading indicators related to the COVID-19 epidemic to enable informed decisions.

MPH students have successfully hosted events in recognition of National Public Health Week and participated in MUSC Inter-professional Day and SC AHEC Inter-professional Team Case Conference every year. Additionally, MPH students have participated in the CLARION competitions, with two of the students' teams winning 2nd and 3rd place during the spring 2020 competition. These and many other accomplishments within the relatively new and growing program are evidence of the hard work and dedication to faculty, students, and community. This self-study report contains detailed information about the current status, future plans, and how the MPH programs are meeting the CEPH 2016 criteria.

1) Describe the institutional environment, which includes the following:

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

MUSC has grown from a small private medical school founded in 1824 into one of the nation's top academic health science centers, with a 700-bed medical center (MUSC Health) and six colleges (www.musc.edu).

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)

College of Dental Medicine: offers seven programs fully accredited by Commission on Dental Accreditation (CODA): D.M.D., Advanced Education in General Dentistry, Endodontics, Pediatric Dentistry, Periodontics, Orthodontics, and Oral and Maxillofacial Surgery

College of Graduate Studies: MD/PhD, DMD/PhD, PharmD/PhD, MS in Biomedical Sciences, MS in Medical Sciences, MS in Clinical Research, PhD in Biomedical Sciences, PhD in Biostatistics-Epidemiology-BDSI, Post-Baccalaureate Research Education Program

College of Health Professions: BS in Healthcare Studies, MS in Cardiovascular Perfusion, Master in Health Administration, MS in Health Informatics, MS in Occupational Therapy, MS in Physician Assistant Studies, Doctor of Health Administration, Doctor of Nurse Anesthesia Practice, Doctor of Occupational Therapy, Doctor of Physical Therapy, PhD in Health & Rehabilitation Science

College of Medicine: M.D., M.D/PhD, and Master of Public Health (MPH)

College of Nursing: Accelerated BSN Program, RN-BSN Program, Doctor of Nursing Practice (DNP), Accelerated Doctor of Philosophy, Nurse Educator Electives

College of Pharmacy: PharmD, PhD, PharmD/MBA

c. Number of university faculty, staff and students

More than 3,000 students in six colleges (Dental Medicine, Graduate Studies, Health Professions, Medicine, Nursing, and Pharmacy) study for degrees at the baccalaureate, master's, doctoral, and other professional levels. The university also provides residency training for more than 700 graduate health professionals. Overall, MUSC has 5,517 employees with 1,618 being faculty; consisting of both full-time and part-time faculty (1,276 vs 342, respectively). Of these, there are 20 faculty for the Master of Public Health Program.

d. Brief statement of distinguishing university facts and characteristics

The MUSC values of compassion, collaboration, respect, integrity, and innovation are nurtured every day by people who believe in each other and in Charleston, South Carolina and the global community. As the largest-non-federal employer in Charleston, the university and its affiliates have collective annual budgets in excess of $2.3 billion, with an annual economic impact of more than $3.8 billion and annual research funding in excess of $250 million.

Chartered in 1966, the MUSC Foundation is an independent charitable education foundation dedicated to supporting MUSC and its tripartite mission. Over more than 50 years, the foundation has fully leveraged its assets, now more than $600 million, to invest, manage, and disperse private resources that help meet priority but unfunded university initiatives. Other leadership and economic impacts include:

- Nearly 20,000 of the more than 31,000 MUSC alumni continue to live in and contribute to the South Carolina.
- MUSC accounts for 12% of the Charleston area economy, being directly or indirectly responsible for one in every 12 jobs.
- MUSC Health providers deliver top-quality care through more than one million patient encounters every year.

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

MUSC is accredited by Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award baccalaureate, masters, and doctorate. MUSC has maintained full and uninterrupted accreditation with SASCOC since its initial accreditation in 1971.

Table 1. MUSC Degree Programs and Accrediting Organizations

Degree	College	Professional Accrediting Organization
Doctor of Dental Medicine	Dental Medicine	Council on Dental Accreditation
Dental Medical Scientist Training Program	Dental Medicine	Council on Dental Accreditation
MS Cardiovascular Perfusion	Health Professions	Commission on Allied Health Education
Masters of Health Administration	Health Professions	Commission of Accreditation of Healthcare Management Education
Doctorate Physical Therapy	Health Professions	Commission on Accreditation in PT Education
MS Nurse Anesthesia	Health Professions	Council of Accreditation of Nurse Anesthesia Education Programs

MS Occupational Therapy	Health Professions	American Council for Occupational Therapy Association
MS Physician Assistant Studies	Health Professions	Accreditation Review Committee of Education for the PA Education
Doctor of Medicine	Medicine	Liaison Committee on Medical Education
Medical Scientist Training Program	Medicine	Liaison Committee on Medical Education
BS Nursing	Nursing	Commission on Collegiate Nursing Education
Doctorate Nursing Practice	Nursing	Commission on Collegiate Nursing Education
Doctor of Pharmacy	Pharmacy	Accreditation Council for Pharmacy Education

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.)

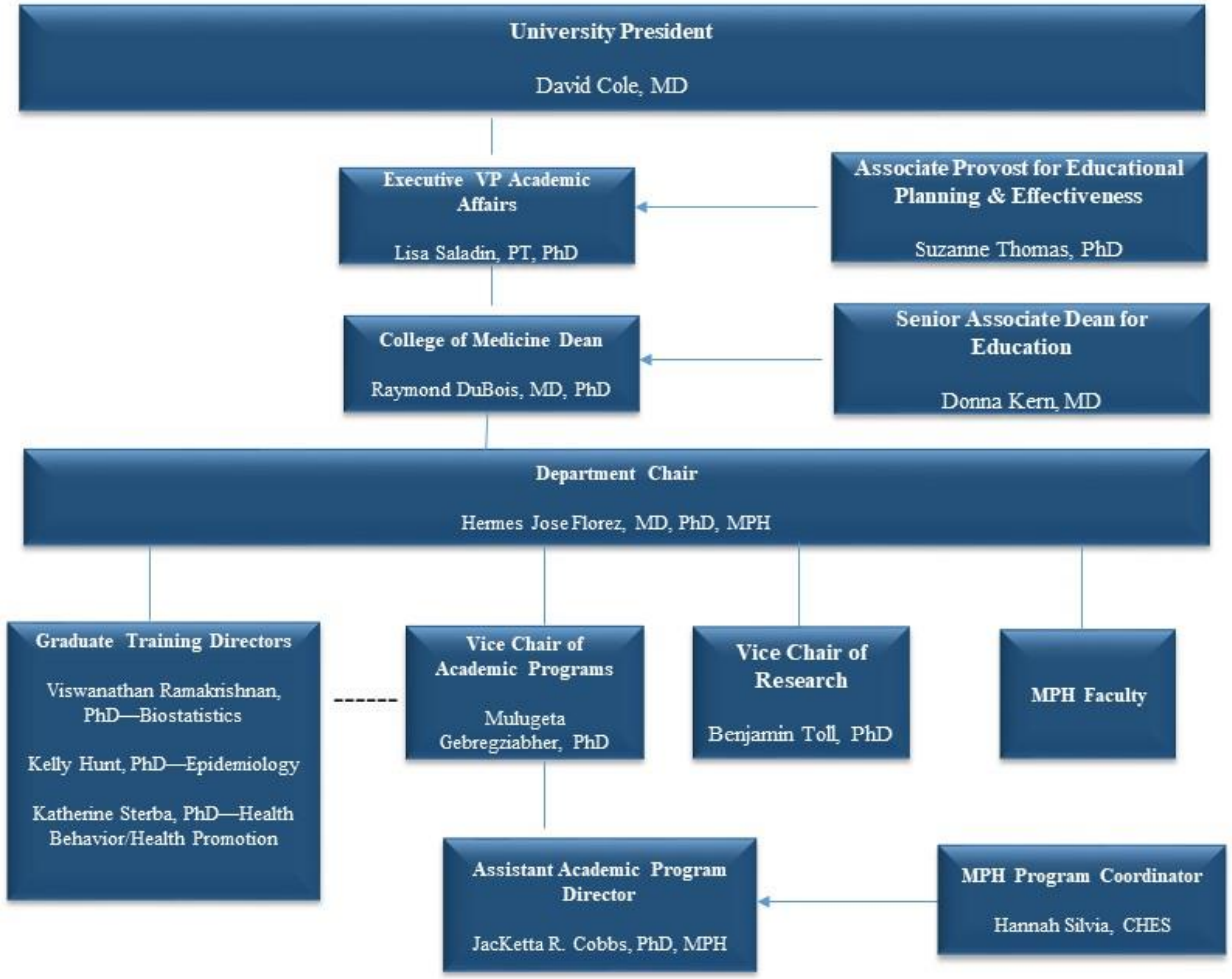
The Department of Public Health Sciences (DPHS) evolved from what used to be the Department of Biostatistics, Bioinformatics and Epidemiology, which was founded in 1968. Under the leadership of the College of Medicine Dean in 2012, one of the strategic plan goals of the college was the addition of a public health program to offer a Master of Public Health degree. This addition marked the inception of the MPH program, and the department changed to the Department of Public Health Sciences (DPHS). The MPH faculty is diverse in background, training, and research interests. The MPH program has faculty working on biostatistical methods development; clinical trials; epidemiology of cancer, diabetes, psychiatry, neurosciences, rheumatologic disorders, infectious diseases; health disparities; community outreach; and health services. The MPH program has long-term experience in community engaged education in partnership with the South Carolina Department of Health and Environmental Control (DHEC).

The DPHS mission is to advance knowledge in the Public Health Sciences, including Biostatistics, Epidemiology and Behavioral Sciences, to provide education and training with respect to Public Health Science research methodologies, and to apply that training to research conducted across MUSC and beyond. The vision is to become a major international center for education and research, a program of choice for highly qualified students, an employer of choice for the best faculty, and to produce students sought after by academia, government, and the private sector. As such, the priority populations are public health and other health professionals in governmental organizations that serve medically underserved populations. The services provided include workforce trainings, faculty-student collaborative projects, and field placements.

2) Organizational charts that clearly depict the following related to the program:

The organizational structure of the MPH program with reporting lines are shown in Figure 1

Figure 1. **Organizational Chart of MPH Program with Supporting Lines**



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

Table Intro-1 illustrates the degree options currently offered:

- Master of Public Health Biostatistics
- Master of Public Health Epidemiology
- Master of Public Health Health Behavior and Health Promotion

Table Intro-1 Instructional Matrix			**Campus based**
Master's Degrees	**Academic**	**Professional**	
Biostatistics		MPH	MPH
Epidemiology		MPH	MPH
Health Behavior and Health Promotion		MPH	MPH
4+1 Accelerated Pathway to MPH Biostatistics		MPH	MPH
4+1 Accelerated Pathway to MPH Epidemiology		MPH	MPH
4+1 Accelerated Pathway to MPH Health Behavior and Health Promotion		MPH	MPH

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

Table Intro-2. Enrollment: Fall 2021		
Degree		**Current Enrollment**
Master's		
	MPH Biostatistics	4
	MPH Epidemiology	20
	MPH Health Behavior and Health Promotion	12

SECTION A1

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.

All faculty within the MPH Program are engaged in decision-making processes related to the Public Health program. Most decisions are made during bi-weekly MPH Program meetings.

a. MPH Program Committee

Membership: This committee is chaired by the Vice Chair of Academic Programs, and includes the Graduate Training Directors (GTD) for each concentration and the Assistant Academic Program Director. This committee provides oversight of the MPH Program and meets bi-weekly.

- Vice Chair of Academic Programs: Mulugeta Gebregziabher, PhD
- GTD of Biostatistics: Viswanathan Ramakrishnan, PhD
- GTD of Epidemiology: Kelly Hunt, PhD, MSPH
- GTD of Health Behavior and Health Promotion: Katherine Sterba, PhD, MPH
- Assistant Academic Program Director: JacKetta R. Cobbs, PhD, MPH
- MPH Program Coordinator: Hannah Silvia, CHES

b. MPH Executive Committee

Membership: This committee meets monthly or as often as needed and consists of the Department Chair, Vice Chair for Academic Programs, and the Assistant Academic Program Director. This committee assures support from the Department Chair's office to discuss financial; strategic planning; outreach to the COM, Provost, and community partners; and address faculty needs.

c. Student Recruitment Committee

Membership: This is a departmental committee that represents all degree programs and includes faculty and staff related to all programs. The MPH Program is overseen by the Assistant Academic Program Director and an MPH Faculty. The committee meets to develop recruitment materials, discuss recruitment strategies, and evaluate recruitment efforts.

- **Recruitment Committee (PhD/MS/MPH)**
  Dr. Caitlyn Meinzer, Chair and Biostatistics Faculty
  Dr. JacKetta R. Cobbs, Assistant Academic Program Director
  Dr. Benjamin Toll, MPH HBHP Faculty
  Dr. Alexander Alekseyenko, PhD/MS Faculty
  Paula Talbot, PhD/MS Student Coordinator
  Hannah Silvia, MPH Program Coordinator

d. MPH Admissions Committee

Membership: This committee is comprised of the Vice Chair of Academic Programs, Assistant Academic Program Director, and the GTDs for each concentration. The overall committee has subcommittees chaired by each of the GTDs and includes the MPH faculty for each concentration. These subcommittees review new applications for the MPH Program and make decisions regarding whether applicants are accepted for the program.

- MPH Biostatistics Admissions Committee
  Dr. Viswanathan Ramakrishnan, Graduate Training Director
  Dr. Mulugeta Gebregziabher
  Dr. Renee Martin
  Dr. Paul Nietert

- MPH Epidemiology Admissions Committee
  Dr. Kelly Hunt, Graduate Training Director
  Dr. Jeff Korte
  Dr. Angela Malek
  Dr. Edith Williams
  Dr. John Pearce
  Dr. Kristin Wallace

- MPH Health Behavior and Health Promotion Admissions Committee
  Dr. Katie Sterba, Graduate Training Director
  Dr. Cathy Melvin
  Dr. Benjamin Toll
  Dr. Marvella Ford
  Dr. Alana Rojewski

e. MPH Curriculum Committee:

Membership: This committee is comprised of the Vice Chair of Academic Programs, Assistant Academic Program Director, and the GTDs for each concentration. The overall committee has subcommittees chaired by each of the GTDs and includes the MPH faculty for each concentration. These subcommittees review course curricula to develop and implement course competencies and ensure CEPH guidelines are followed.

- MPH Biostatistics Curriculum Committee
  Dr. Viswanathan Ramakrishnan, Graduate Training Director
  Dr. Mulugeta Gebregziabher
  Dr. Renee Martin
  Dr. Paul Nietert
  Dr. Caitlyn Meizner

- MPH Epidemiology Curriculum Committee
  Dr. Kelly Hunt, Graduate Training Director
  Dr. Jeff Korte
  Dr. Angela Malek
  Dr. Edith Williams
  Dr. John Pearce
  Dr. Kristin Wallace

- MPH Health Behavior and Health Promotion Curriculum Committee
  Dr. Katie Sterba, Graduate Training Director
  Dr. Cathy Melvin
  Dr. Benjamin Toll
  Dr. Marvella Ford
  Dr. Alana Rojewski

f. MPH Accreditation Steering Committee:

Membership: This committee consists of the MPH Program Committee chaired by the Vice Chair of Academic Programs, and includes representatives from the College of Medicine (COM) and University level to discuss the overall evaluation and metrics of the MPH Program. The committee meets quarterly.

- Dr. Mulugeta Gebregziabher, Chair
- Dr. Viswanathan Ramakrishnan, GTD Biostatistics
- Dr. Kelly Hunt, GTD Epidemiology
- Dr. Katie Sterba, GTD Health Behavior and Health Promotion
- Dr. Hermes Jose Florez, DPHS Department Chair
- Dr. JacKetta R. Cobbs, Assistant Academic Program Director
- Dr. Cathy Melvin, MPH Faculty
- Dr. Edith Williams, MPH Faculty
- Rena Lubker, MPH Faculty
- Melissa Freeland, MUSC Registrar

- Dr. Donna Kern, COM Dean's Office
- Michelle Friesinger, COM Assessment & Evaluation
- Dr. Vanessa Diaz, MUSC Family Medicine HRSA Fellowship
- Dr. Suzanne Thomas, MUSC Office of Institutional Effectiveness
- Becky Tugman, Clemson University
- Hannah Silvia, MPH Program Coordinator

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 MPH Program Committee along with the Curriculum Committee for each concentration are responsible for addressing degree requirements for the MPH program. The creation of courses is approved by the concentration Curriculum Committees. Course modifications or substitutions to the degree requirement must be presented to the Curriculum Committee and approved by the MPH Program Committee. Any changes to the degree requirements must be presented to the Program Committee for reporting and documentation, so that the curriculum grids are updated.

b. curriculum design

Curriculum design for the MPH Program was established using a multi-step process:

- The MPH Program Committee reviewed the CEPH requirements and developed competencies for each concentration area.
- The Graduate Training Director for each concentration met with instructors to develop course content and learning objectives that were relevant to the competencies.
- The MPH Program Committee identified strengths and weaknesses within the curricula and made changes to courses based on the needs of the competencies.
- The primary faculty adapted courses as needed to meet the needs of the competencies.

Section D provides additional information regarding the curriculum-related work.

Changes to the academic calendar (i.e. fall, spring, summer) and sequencing follow the same decision-making process with the Curriculum committees working with the MPH Program Committee to make necessary changes.

c. student assessment policies and processes

Policies and processes regarding student assessment and processes are based on the university's policies regarding the use of the course syllabus which communicates course requirements, grading, grade interpretation, and outcomes and procedures when students' performances and grades do not meet the standard requirements. Also, course content linked to

competencies, learning activities, and grading are established and implemented by each designated course instructor based on the decisions made by the MPH Curriculum and Program Committees.

The Student Handbook includes information about required courses and course sequencing, as well as policies and expectations (*ERF A1-1 Student Handbook*). Separate guidelines that contain policies, procedures, and requirements for the Internship and Capstone are provided. These guidelines are provided as ERFs in later sections of this report that focus on these specific program components. Changes to these policies, procedures, and requirements are made by the MPH Curriculum and Program Committees with input from the MPH Faculty.

d. admissions policies and/or decisions

The Admissions policies were developed using the university's policies regarding entry requirements. The MPH Program Committee established the minimum GPA and the optional GRE requirements for the MPH degree. *ERF A1-2 Admissions Flyer* contains information about the admissions requirement for the MPH Program. The Admissions Committee for each concentration reviews student applications, evaluate applicants' suitability for the program, and determines who is accepted into the MPH Program.

e. faculty recruitment and promotion

Faculty recruitment and promotion is conducted at the department level by the Faculty Appointment, Promotion and Tenure (APT) Committee. This committee votes and make recommendations to the Department Chair regarding promotion and tenure of DPHS faculty and faculty candidates. For promotion from the rank of Instructor to Assistant Professor (modified or tenure track), all APT committee members are eligible to vote. Similarly, for promotion from the rank of Assistant to Associate Professor (modified or tenure track), all APT committee members at the rank of Associate or Full Professor (modified or tenure track) are eligible to vote. For promotion from the rank of Associate to Full Professor (modified or tenure track), all APT committee members at the rank of Full Professor (modified or tenure track) are eligible to vote; and for tenure decisions, all tenured APT committee members are eligible to vote. The guidelines for this voting are set forth in Figure 2 below and *ERF A1-3 Department of Public Health Sciences Bylaws*

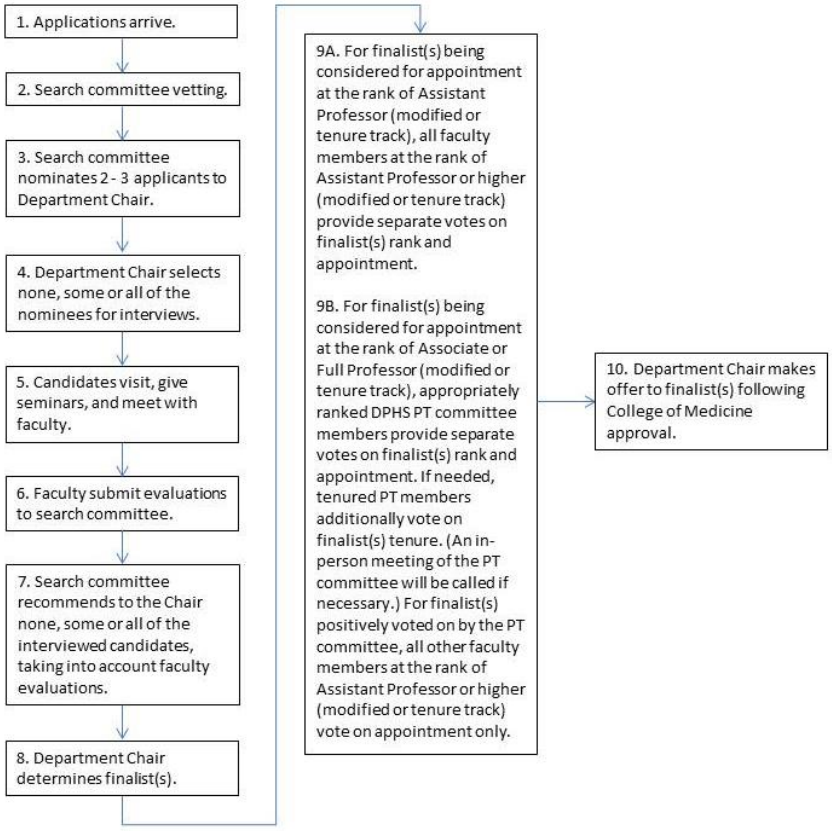


Figure 2: Procedural conduct of DPHS Faculty Search Committees.

f. research and service activities

Individual faculty members make decisions about the types of research and service activities they would like to pursue in alignment with the strategic plan of the DPHS programs. Each faculty member submits documentation of annual efforts to the Department Chair for use in annual performance evaluations. The chair provides recommendations and feedback during the annual review about the degree to which the faculty member's research and service are meeting the expectations related to the program and to promotion and tenure. The chair provides advice and recommendation to the Dean of College of Medicine, who then makes salary and work continuance decisions.

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.

- *ERF A1-1 MPH Student Handbook*
- *ERF A1-2 MUSC MPH Admissions Flyer*
- *ERF A1-3 Department of Public Health Sciences Bylaws*

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.

Faculty of the MPH program contribute to decision-making activities university-wide by participating with the university Faculty Senate, the College of Medicine Faculty Council, and the Entrepreneurial Taskforce.

The specific subcommittees of the Faculty Senate that are particularly relevant to influencing decision making university wide are:

Communication and Education

- Collaborate with other standing committees to inform faculty of issues;
- Inform the faculty about the work of the Senate through organized activities. Examples of actions: the organization of targeted workshops or retreats addressing themes such as faculty mentoring, tenure, interpretation of contracts, and sabbaticals.
- Maintain the Faculty Senate web site and ensure that Senate activities are published in University publications.

Faculty and Institutional Relationships

- Consider issues pertaining to negotiations and procedures that, in a generic sense, apply to individual faculty. Examples of actions: Formulation of contracts, tenure/post-tenure review, promotions and rank, equity, sabbaticals, conflicts of interest, means of grievance.
- Accept and evaluate requests to change the Faculty Handbook.

Institutional Advancement

- Monitor major trends in the life of the institution;
- Track progress of action items discussed in the Senate throughout the administrative channels of the University;
- Participate in strategic planning for the University;
- Report back to the Faculty Senate where deemed appropriate;
- Request that the Faculty Senate take a position or act on issues of general interest.
- Examples of actions: Collect information and report on major building activities, and on creation, development, or discontinuation of major units or departments.

From the MPH program, Dr. Mulugeta Gebregziabher serves as the Co-Chair of the Education Committee for the Faculty Senate. As a member of this committee, he reviews educational issues such as faculty promotion and development, as well as provides tenure workshops for faculty. Additional information regarding the Faculty Senate can be found at the website for the MUSC Faculty Senate. Moreover, for the College of Medicine Faculty Council, Drs. Kelly Hunt, Jeff

Korte members as the representation of the DPHS. As members of this council they serve in an advisory role to the Dean on issues of faculty, staff, and student development, convey concerns to the Dean, and facilitate initiatives at the direction of the Dean. Similarly, Dr. Gebregziabher serves on the university-wide Interprofessional Division which discusses interprofessional activities for teaching, research, education of students, and the development of the Interprofessional courses. Lastly, Drs. Gebregziabher and Florez serve on the Entrepreneurial Taskforce which seeks information from the Provost and Dean of the College of Health Professions to identify the need for additional master's or certificate programs, and continuing education courses at MUSC. This taskforce is an initiative under the new MUSC Strategic Plan, One MUSC, to provide a road map to optimal learning experiences and educational value.

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.

All full-time faculty attend monthly faculty meetings where most of the faculty-driven decisions are made. All part-time faculty are invited to attend faculty meetings, although they might not attend due to other commitments. However, information from faculty meetings is disseminated to part time faculty by the GTD of the concentration area. Some selected minutes from faculty meetings are provided as examples in *ERF A1-4 DPHS Faculty Minutes and ERF A1-5 MPH Faculty Retreat*.

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

Strengths:

- MPH faculty are engaged in decision-making processes across the university as well as the College of Medicine.
- There are many committees for the MPH program that drive decision-making for the program, such as the MPH Program Committee and Curriculum Committee.

Weaknesses:

- There are no weaknesses identified for this section.

Plans:

- As part of the curriculum committee review of course syllabi, the MPH program will have an annual joint curriculum review with the Clemson Department of Public Health Sciences to review the course curriculum for the graduate courses taken for the Accelerated 4+1 program.

- Starting fall 2021, more MPH students will be engaged with the Recruitment Committee as ambassadors to help with recruitment of students from their respective universities.

SECTION A2

A2. Multi-Partner Programs (applicable ONLY if functioning as a "collaborative unit" as defined in CEPH procedures)

The program has a single identified leader (dean or director) and a cohesive chain of authority for all decision making relevant to the educational program that culminates with this individual.

1) Describe the major rights and responsibilities of each participating institution.

   N/A

2) A copy of the formal written agreement that establishes the rights and obligations of the participating universities regarding the program's operation.

   N/A

3) Describe the role and responsibilities of the identified leader.

   N/A

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

   N/A

SECTION A3

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.

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.

Students are involved with policy and decision making at the program level in multiple ways. First, each year a new MPH Class President is elected by the student body to lead student activities and engage students. The Class President along with the Assistant Academic Program Director meets with the student body once per month to discuss student concerns and program activities. Starting fall 2021, a Class Vice President was also elected by the student body to work with the Class President for student activities and both will serve as the Student Advisory Council (SAC) which meets with Vice Chair for Academic Programs once per semester to disseminate information regarding the concerns of the students. Also, during fall 2021, we developed a Public Health Student Council in which seven MPH students representing the three concentrations will participate in focus groups and meetings to provide input on their overall perceptions of the program and provide suggestions for programmatic changes. Additionally, to increase student involvement with decision making within the program and the university, the students decided during the 2019-2020 academic year to form a recognized student group on campus. However, due to COVID-19 we were unable to get our student group formulated on campus but will be moving forward with the creation of this group for the 2021-2022 academic year. This student group will also provide input from a student standpoint regarding the MPH Program.

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

N/A

A4. Autonomy for Schools of Public Health

Not applicable.

A5. Degree Offerings in Schools of Public Health

Not applicable.

SECTION B1

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.

MPH Program Vision

We envision cultivating a healthier tomorrow through academic excellence, health innovation and practice for the advancement of health equity in South Carolina and beyond.

MPH Program Mission

We educate a diverse public health workforce that is competent to conduct innovative research, provide leadership and advocate for improved and equitable population and community health across South Carolina and beyond.

MPH Program Values

Collaboration- We cultivate relationships with local and global communities built on trust and respect through engagement in interprofessional education, research, service, and public health practice.

Innovation- We encourage and support innovation, ingenuity, and resourcefulness to improve education, research, and public health practice.

Diversity- We create an environment that is welcoming to all and that provides equal opportunities and services to all individuals by recognizing the value of different perspectives and backgrounds and fostering cultural awareness and empathy.

Excellence- We achieve the highest standards of performance and outcomes in education, research, service, and public health practice.

Integrity- We promote the highest standards of accountability, transparency and respectful practices to foster an environment of trust and integrity.

MPH Program Goals

Research Goal: To demonstrate leadership in the field of public health through faculty and student research.

Education Goal: To prepare leaders with an education that meets the needs of a changing environment using state of the art and interprofessional pedagogy.

Outreach Goal: To collaborate with community and governmental organizations to enhance public health in disadvantaged communities.

Workforce Development Goal: To prepare the public health workforce and students with professional development skills needed to effectively serve as public health leaders and professionals.

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

Not Applicable

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

Strengths:

- The development of the vision, mission, and goals was a collaborative and ongoing effort among the faculty and Steering Committee.
- The MPH program encourages interprofessional collaboration among students and the workforce.
- While the goals were developed prior to the establishment of the Community Advisory Board (CAB), modifications were made to the outreach and workforce development goals after consultation with the CAB during the first meeting in August 2020.

Weaknesses:

- There are no weaknesses to report.

Plans:

- We intend to continue to collaborate with the community and governmental organizations, such as SC Department of Health and Environmental Control, and will engage the CAB with these efforts.

SECTION B2

B2. Graduation Rates

The program collects and analyzes graduation rate data for each degree offered (eg, 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.

   Graduation rates for the MPH Program are provided in Table B2-1.

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.

In the fall of 2016, a second MPH cohort of 24 students started the MPH program, and from this group, 1 student withdrew, 1 took a leave of absence to attend dietitian training in another state, and 1 was dismissed from the university. The one that took a leave of absence reapplied and was admitted to return for the 2020 summer semester; due to this readmission, this student is counted with the fall 2019 cohort. One student took the maximum time to graduate and graduated fall 2020 but is included in the graduation rate for the 2016 cohort. All of the remaining 20 students have graduated.

A third cohort of 18 students started into the MPH program in the fall of 2017. One student withdrew from the program due to academic difficulties, and two more students withdrew to attend medical school or to pursue a dream job in a neighboring state. The remaining 15 students have graduated.

A fourth cohort of 15 students started in the MPH program in the fall of 2018. One graduated summer semester 2019, 7 graduated fall semester 2019, 4 graduated in the spring semester 2020, 1 withdrew from the MPH Program spring 2020, 1 graduated summer 2020, and the remaining student is a part-time practicing clinician MD who will graduate in Spring 2021.

A fifth cohort of 11 students started in the MPH program in the fall of 2019. Five graduated fall 2020, 4 graduated spring 2021, 1 graduated summer 2021, and the last student will graduate spring 2023.

The sixth cohort of 14 MPH students started the program in the fall 2020; additionally, the first two Clemson 4+1 students started the program spring 2021 for a total of 16 students in this cohort. However, one student took a leave of absence spring 2021, leaving 15 students in this cohort of which 13 are scheduled to graduate fall 2021 and the remaining two part-time students will graduate spring 2022.

The seventh cohort of 20 MPH students started the program fall 2021, which includes two part-time students that will graduate in 2023.

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

Strengths:

- The MPH program graduation rates of students has improved significantly since the start of the program, due to the improvements in recruitment and advising strategies.

Weaknesses:

- At the start of the MPH program, there were multiple students enrolled who had plans to attend medical school, and several students took a leave of absence from the MPH program to attend medical school. As a result of the extended leave of absences some of these students were ultimately withdrawn from the program.

Plans:

- The MPH program plans to continue improving recruitment, advising, and support strategies to ensure retention of students.
- The MPH program plans to collaborate with other undergraduate programs across the state with undergraduate public health programs, such as College of Charleston and Charleston Southern University to implement Accelerated 4+1 and pipeline programs to improve recruitment for the program.
- The MPH program plans to develop a dual MD/MPH program with the MD program here at MUSC to meet the needs of students with an interest of pursuing both a MD and MPH.

Table B2-1: Students in MPH Degree, by Cohorts 2016-2021

	Cohort of Students	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
2016-17	# Students entered	24					
	# Students withdrew, dropped, etc.	3					
	# Students graduated	0					
	Cumulative graduation rate	0%					
2017-18	# Students entered	21	18				
	# Students withdrew, dropped, etc.	0	3				
	# Students graduated	16	0				
	Cumulative graduation rate	67%	0%				
2018-19	# Students entered	5	15	15			
	# Students withdrew, dropped, etc	0	0	0			
	# Students graduated	4	10	0			
	Cumulative graduation rate	83%	56%	0%			
2019-20	# Students entered	1	5	15	11		
	# Students withdrew, dropped, etc	0	0	1	0		
	# Students graduated	0	5	12	0		
	Cumulative graduation rate	83%	83%	86%	0%		
2020-21	# Students entered	1	--	2	11	16	
	# Students withdrew, dropped, etc	0	--	---	---	1	
	# Students graduated	1	--	2	10	---	
	Cumulative graduation rate	88%	--	93%	91%	---	
2021-22	# Students entered	---	--	---	1	15	20
	# Students withdrew, dropped, etc	---	--	---	0	0	0
	# Students graduated	---	--	---	0	15	0
	Cumulative graduation rate	**88%**	**83%**	**93%**	**91%**	**94%**	**0%**

**These graduation rates are up to August 31, 2021. We are expecting the remaining student from 2019-2020 cohort to graduate spring 2023, and anticipate 12 students from the 2020-21 cohort to graduate fall 2021 and the remainder graduating spring 2022.

SECTION B3

B3. Post-Graduation Outcomes

The program collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each degree offered (eg, 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.

Table B3-1: Post-Graduation Outcomes	2016 Number and percentage	2017 Number and percentage	2018 Number and percentage	2019 Number and percentage
Employed within 12-months post-graduation	19 (90%)	13(87%)	13(93%)	10 (100%)
Continuing education/training (not employed)	0	0	1 (7%)	0
Not seeking employment or not seeking additional education by choice	0	0	0	0
Actively seeking employment or enrollment in further education	0	0	0	0
Unknown	2 (10%)	2 (13%)	0	0
Total graduates (known + unknown)	21	15	14	10

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.

Employment is measured as success of the graduates who were able to obtain employment within the public health workforce, other health-related field, or enrolled into another health-related degree program. As indicated in Table B3-1, approximately 91% of the total graduates reported being employed within 12 months post-graduation. This high rate could be partially explained by the fact that some of the MPH students are working professionals while they are matriculating through the MPH program.

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

Strengths:

- The MPH Faculty and Program Manager have regularly maintained communication with alumni throughout recent years. These connections have been supported by the development and implementation of an Alumni Survey to capture information about post-graduation employment and additional training. This survey was sent to all alumni and will continue to be sent to future graduates 6 months post-graduation.
- The MPH program has developed an email distribution list, which is used to send job announcements, professional development opportunities, program updates, and alumni updates. The MPH program will use this mechanism to maintain on-going contact with MPH alumni along with the Alumni Survey to continue to be successful in keeping up with graduates in the coming years.
- The majority of MPH graduates report having a job within six months after graduating from the program.

Weaknesses:

- No weaknesses to report.

Plans:

- Over the next year, the MPH program will continue engagement with MPH alumni and will be formulating an MPH Alumni Group to promote continued engagement.

SECTION B4

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.

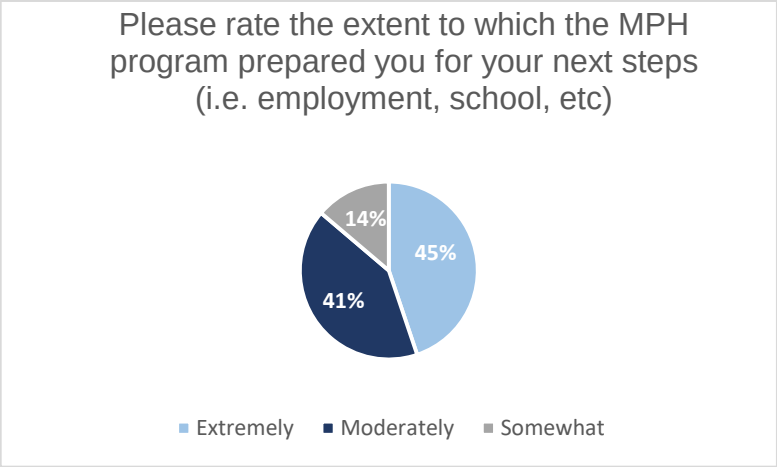
The MPH program collects quantitative data from alumni at two time points. First, all alumni complete a Graduation Survey evaluating their overall experience with the MPH program and their preparedness for the workforce. However, prior to spring 2020 the MPH program did not collect data regarding graduates' satisfaction with the education they received in the MPH program or their proficiency in the program competencies. These questions were added to the spring 2020 Graduation Survey, and Table B4-1 illustrates the responses from graduates of spring 2020, fall 2020, and spring 2021. As shown, the majority of graduates feel confident in their understanding of the foundational competencies.

Table B4-1 Alumni Perceptions 2020-2021

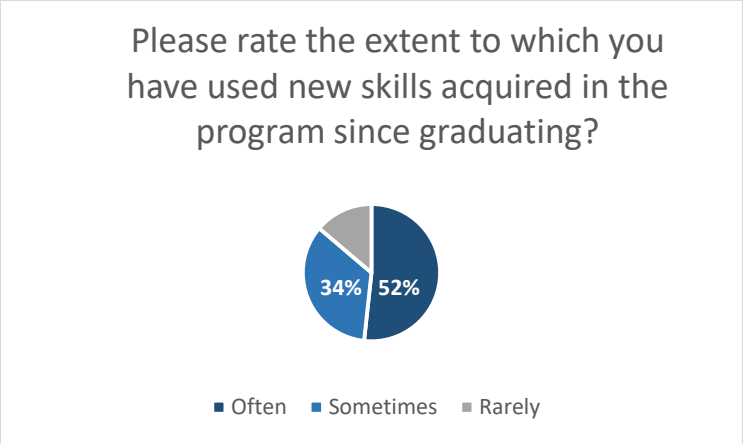
Graduation Survey Question	N	%
The MPH curriculum helped me feel prepared for my future career choice		
Disagree	3	19%
Agree	**13**	**81%**
As a result of the MPH program, I am confident in my understanding of the core competencies in Biostatistics		
Disagree	2	11%
Neutral	6	33%
Agree	**10**	**56%**
As a result of the MPH program, I am confident in my understanding of the core competencies in Environmental Health		
Disagree	1	5%
Neutral	3	17%
Agree	**14**	**78%**
As a result of the MPH program, I am confident in my understanding of the core competencies in Epidemiology		
Disagree	1	6%
Agree	**15**	**94%**

As a result of the MPH program, I am confident in my understanding of the core competencies in Health Policy		
Disagree	2	12%
Neutral	1	6%
Agree	**14**	**82%**
As a result of the MPH program, I am confident in my understanding of the core competencies in Social Behavioral Sciences		
Disagree	1	6%
Neutral	2	11%
Agree	**15**	**83%**

Additional data were collected from alumni in the Alumni Survey in the fall of 2019. This survey was sent to all alumni and asked them to rate the extent to which the education they received prepared them for their next steps (i.e., employment, training, continued education) and to what extent they were using the skills acquired during the MPH program. Of all graduates, 29 completed the survey representing graduating cohorts from fall 2017 to fall 2020. As shown, when asked to rate the extent to which the MPH program prepared them for their next steps 45% and 41% reported being 'extremely' and 'moderately' prepared, respectively.



Similarly, when asked to rate the extent to which they have used the new skills acquired in the MPH program 52% and 34% reported 'often' and 'sometimes', respectively.



Lastly, to gather in-depth feedback about the extent to which the program prepared students and helped them become proficient in the foundational competencies, the MPH program conducted multiple focus groups with alumni during the summer (N=9 students from 2017-2020) and winter of 2020 (n=3 students from 2019-2020). Participants highlighted several key strengths of the program including 1) the variety of research and volunteer opportunities for students to gain skills while completing coursework, 2) the positive progression of courses in each track, 3) excellent preparation for working in interdisciplinary teams and 4) benefits of student peers from varied disciplines. General gaps highlighted included 1) limited electives, 2) interest in receiving more advising on career development topics and 3) a greater focus on health equity principles and the gap between research and practice.

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

ERF B4-1 Alumni Focus Group Interview Guide
ERF B4-2 Alumni Focus Group Preliminary Findings

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

Strengths:

- Utilizing both quantitative (i.e., surveys) and qualitative (i.e., focus groups) methodologies to collect data regarding graduates' perceptions of the MPH program allowed an in depth understanding of current student experiences and the opportunity to gather feedback to guide improvements.

Weaknesses:

- Prior to spring 2020, the MPH program was not collecting data on the Graduation Survey regarding graduates' understanding of the competencies.
- Prior to fall 2019, the response rate to the Graduation Survey was extremely low. The MPH program has since significantly increased the response rate of the Graduation Survey, with 100% of graduates completing the survey prior to graduation.

- Response rates were low for the Alumni Survey to collect quantitative data regarding student perceptions of the program.
- Similarly, enrollment rates for focus groups were modest and may require additional recruitment efforts for increased participation for better representation.
- The low rating in response to the question regarding Biostatistics competency understanding reflects the small number of our biostatistics MPH students taking courses with other students in a large class room (our first year MS and PhD students, other Basic Science graduate students, etc.). This is being addressed by development of new courses that are for the MPH students, such as BMTRY 710 Probability and Statistical Inference which began summer 2019, and PHGEN 714 Statistical Data Management and Computing which began fall 2021.

Plans:

- For the Alumni Survey, the MPH program plans an additional follow-up survey 2 years after graduation to allow graduates additional time to work within the field and reflect on skills gained in the program.
- To increase focus group participation, the MPH program plans to conduct more focus groups and offer multiple opportunities to participate to facilitate better participation rates.

SECTION B5

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.

Table B5-1 presents the evaluation measures, methods, and responsible parties

Overall, as a program the MPH program continually assesses and evaluates MPH program goals and how they relate to the advancement of the field of public health as well as student success.

Course evaluations are conducted at the end of each semester. The Assistant Academic Program Director compiles the results and disseminates them to each of the faculty members that were evaluated. The compiled report is discussed during MPH Program Committee meeting to devise a plan of action for any courses or faculty that need additional support or a corrective action plan.

MPH faculty are evaluated annually by the Department Chair regarding their achievements in teaching, scholarship, and service utilizing the MUSC Annual Review Document. The Chair reports the reviews to the Dean of the College of Medicine. Any necessary corrective action plans are discussed throughout this process.

To evaluate the student internships, evaluations are completed by the internship preceptor as well as the students for suggestions of improvements. Similar to the course evaluations, the Assistant Academic Program Director compiles the evaluation results and presents to the MPH Program committee.

Table B5-1. Evaluation Plan		
Evaluation measures	**Data collection method for measure**	**Responsibility for review**
Research Goal: To demonstrate leadership in the field of public health through faculty and student research.		
1. Percent of faculty participating in research as Principal Investigator and Co-Investigator	Faculty submit annual publication lists, grant submissions, and awards to the department Administrative Assistant who compiles a report to be presented to the Department Chair for annual performance evaluations.	Department Chair
2. Number of faculty presentations at professional conferences (local, state, national, and international)	Faculty submit to the Department Administrative Assistant conferences attended and presentations given as part of annual performance evaluations.	Department Chair
3. Student involvement in public health research with faculty	Annually the number of students participating in faculty research is collected by the Assistant Academic Program Director and MPH Program Coordinator.	Assistant Academic Program Director
4. Incorporate public health research and practice into courses	The MPH Curriculum Committee for each concentration meets annually to review course syllabus. Changes to course curriculum are made based on feedback received from students during course evaluations and the alumni focus groups. Syllabi are reviewed by the Curriculum Committee to consider strategies for enhancing incorporation of research and practice.	MPH Curriculum Committee
Education Goal: To prepare leaders with an education that meets the needs of a changing environment using state of the art and interprofessional pedagogy.		
1. Student participation in interprofessional team activities (MUSC Interprofessional Day, IP Team STEPPS, SC AHEC ITCC)	SC AHEC sends dates of Interprofessional Teams Conference during the summer for the next Academic Year. The Program Manager shares the dates with students during orientation and each student is required to volunteer for one ITCC for the academic year (*ERF B5-1 ITCC 2021-2022 MPH Student Volunteers*). The attendance is collected by the SC AHEC team and is shared with the Assistant Academic Program Director. MUSC Interprofessional Day and IP Team STEPPS are offered by the MUSC Interprofessional office and participation is mandatory for all MUSC students. Registration and attendance are shared with the Assistant Academic Program	Assistant Academic Program Director

	Director (*ERF B5-1 MUSC IP Day 2020 Attendance, ERF B5-1 MUSC IP Day 2021 Attendance*). This information is discussed during the MPH Program Committee meetings.	
2. Student satisfaction with instruction quality	Students complete course evaluations at the end of each semester. Each instructor accesses evaluation results and the Assistant Academic Program Director compiles a report to discuss during the MPH program committee meeting. Results are shared with the Department Chair for faculty annual performance evaluations.	Assistant Academic Program Director
3. Annual Graduation Rate	Graduation data is collected by MUSC Registrar and is requested annually by the Assistant Academic Program Director as a report.	Assistant Academic Program Director
4. Incorporate current public health information into courses	The MPH Curriculum Committee for each concentration meets annually to review course syllabus. Changes to course curriculum are made based on gaps identified and feedback received from students during course evaluations and the alumni focus groups. Syllabi review by Curriculum Committee and approved by MPH Program Committee.	MPH Curriculum Committee
Outreach Goal: To collaborate with community and governmental organizations to enhance public health in disadvantaged communities.		
1. Build and sustain a network of community partners	The Assistant Academic Program Director maintains a compiled list of Community Advisory Board Members and Internship Site/Preceptors (*ERF F1-1 Community Advisory Board Membership*). The CAB membership list is reviewed during MPH Executive Committee meetings and Steering Committee meetings to determine if additional representation is needed for the program. The internship site list is reviewed by the MPH Program Committee during spring semester in preparation for students identifying internships during summer semester (*ERF B5-1 Internship Directory*).	MPH Program Committee and MPH Executive Committee
2. Number of community partners that work with disadvantaged communities affiliated with public health program	Community partners are identified by faculty involvement with community partners, or through networking with professional organizations. Community partners may be non-profit or governmental	MPH Program Committee and Community Advisory Board

	agencies who are working with disadvantaged communities. We will work with these partners to coordinate collaborative projects to engage students. Assistant Academic Program Director compiles a list of partners to discuss with MPH Program Committee and Community Advisory Board (*ERF B5-1 MPH Community Service Events 2019-2021).*	
3. Student participation in collaborative projects with community and government organizations	Students participate in collaborative projects with community organizations each semester. The Assistant Academic Program Director and MPH Program Coordinator work with students to plan and execute activities within the community. The activities are compiled into a spreadsheet and discussed during MPH Program Committee meetings (*ERF B5-1 MPH Community Service Events 2019-2021).*	Assistant Academic Program Director
Workforce Development Goal: To prepare public health workforce and students with professional development skills needed to effectively serve as public health leaders and professionals.		
1. Percentage of students with employment within the field of public health and related fields after graduation	Students complete a Graduation survey prior to graduation to provide feedback regarding the MPH program, including whether the knowledge they have received has helped them obtain a job within the public health workforce and if they are prepared to be public health leaders. The results of this survey are discussed during the MPH Program Committee. Within 6-9 months following graduations, graduates receive an Alumni survey asking about whether the education students received is being utilized in their current professional role. Additionally, during the alumni focus group, graduates are asked to rate their leadership skills.	MPH Program Committee
2. Student participation in professional development activities	Each semester a Public Health Career Day is hosted to provide students with professional development skills. Topic areas are determined by information provided by students on the Career Day evaluation. The evaluation results are discussed during MPH Program Committee meetings.	Assistant Academic Program Director

3. Application of public health skills and integration of public health knowledge	During the internship, the preceptor completes a midterm and final evaluation to provide feedback related to the student's public health skills and professionalism. The student also completes a final evaluation to rate the public health skills obtained during the internship. Also, focus groups with alumni and alumni survey are conducted to assess graduates' public health knowledge. These results are discussed during the MPH Program Committee meeting by the Assistant Academic Program Director (*ERF B5-1 Internship Evaluation Report 2019-2020 and 2020-2021*).	MPH Program Committee
4. Student participation in diversity and inclusion trainings	As a university requirement, students are required to complete a minimum of 4 hours of D&I training annually. The Assistant Academic Program Director assigns the students to D&I training modules in MyQuest to be completed. Student completion of trainings is discussed during MPH Program Committee meetings.	Assistant Academic Program Director
5. Student and public health professional participation in regional public health trainings.	Webinar trainings are provided monthly for students and the public health workforce by DPHS. These trainings may be attended live or on-demand via the learning portal to receive a certificate of completion and CHES continuing education credits. Participants must complete a registration form to attend trainings whether live or on-demand. At the conclusion of the training, participants complete an evaluation to provide feedback on the knowledge received and provide input for future training needs.	Assistant Academic Program Director

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 goals outlined in Table B5-1 were created along with the program's vision, mission, and values. Through outreach with MPH faculty, Steering Committee, and Community Advisory Board (CAB), the MPH program defined its identity through practice and students. The MPH students are prepared for successful public health careers with the training they receive, and are assessed by their preceptors for the work they do in the field and the community. MPH faculty

assess students in their ability to synthesize their training into the Integrated Learning Experience (Capstone). Below is a description of how the MPH program tracks each goal:

Research Goal: To advance the field of public health through faculty and student research.

MPH faculty presentations are tracked on the local, state, national, and international levels to monitor research engagement and dissemination of results. For the Capstone projects, MPH students present research posters during a symposium to display the types of public health work they have done during their internship experience. By contributing new knowledge, faculty and students are shaping the next steps for public health and providing opportunities for students to develop as researchers and public health practitioners.

Through partnership with community programs, faculty and students are engaged in research and practices with many programmatic opportunities. Student coursework is also aligned with community engagement to provide skills that can be applied further during the internship and capstone projects, resulting in manuscripts and professional presentations.

Education Goal: To prepare leaders with an education that meets the needs of a changing environment using state of the art interprofessional pedagogy.

The MPH program regularly reviews course offerings and syllabi to ensure current public health issues and new research are integrated in teachings. With each new internship and capstone project, the MPH program is engaging with new preceptors, which gives us new opportunities for ongoing suggestions and improvements. The MPH program has an Alumni survey that assesses how prepared MPH students are for the public health workforce, and their confidence with the competencies learned during their matriculation. This assessment is conducted 6 to 9 months after graduation.

By consistently maintaining current public health knowledge in the classroom, the education within the MPH program keeps students abreast of changes within the public health field as they enter the workforce. This allows MPH students the opportunity to build from what has been started by other public health professionals.

MPH students are also engaged with interprofessional teams through various activities across campus and the community. These activities provide students with the skills needed to work with individuals with different expertise, and teaches them how to provide public health insight when working with teams.

Outreach Goal: To collaborate with community and governmental organizations to enhance public health in disadvantaged communities.

The MPH program has a growing list of internship sites and preceptors for the Applied Practice Experience. This network is tracked through affiliation agreements and/or the Community Advisory Board membership. The preceptors provide a valuable opportunity for students to be engaged with public health professionals outside of the MPH program and the ability to observe public health practice within a professional setting. The organizations that serve as internship

sites, including MUSC offer evolving and meaningful opportunities for student participation in public health work. The Community Advisory Board, though new, is one of the greatest resources in establishing collaboration with community organizations. Partnering with community organizations reinforces the knowledge taught during courses and creates opportunities for students to apply public health skills and knowledge that can have a tangible impact prior to graduation. Lastly, community engagement with local organizations, including but not limited to the Homeless Period Project and the Joseph Floyd Manor, to provide community needs assessments, health information, supplies, and other community needs also creates opportunities for students to apply public health skills and knowledge while engaging with the community.

Workforce Development Goal: To prepare public health workforce and students with professional development skills needed to effectively serve as public health leaders and professionals.

The MPH Program hosts a Public Health Career day each semester to provide students with professional development skills needed for the workforce, such as: resume writing, interviewing and presentation skills, goal setting, and career planning. To provide these skills, the MPH program engages other public health professionals and human resources to inform students. Additionally, the MPH program provides monthly public health trainings available to students and the public health workforce to gain additional knowledge regarding various topics within the field.

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.

   ERF B5-3 MPH Program Committee Meeting Minutes
   ERF B5-3 MPH Executive Committee Meeting Minutes

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

   Strengths:

   - The program goals were developed in a collaborative effort by faculty, the Steering Committee, and the MPH Program Committee.
   - The MPH program utilizes committees such as the MPH Program Committee and Curriculum Committee for assessment and reporting of program goals.

   Weaknesses:

   - As part of the self-study process, the MPH program implemented multiple new evaluation measures; therefore, the MPH program is currently testing and improving these new processes for evaluation.

   Plans:

- For the evaluation measures that are newly implemented, the MPH program will continue to monitor those processes and make modifications as needed.

- The MPH program will continue to have standing agenda items for committee meetings, including the evaluation of program goals.
- As part of Faculty Retreats, moving forward the MPH program will report evaluation results for discussion.

SECTION B6

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.

Based on evaluation efforts that identified gaps in curriculum or program processes, changes have been made to the MPH program to meet the needs of students and curriculum. The MPH Program Committee determined the following changes after review of course evaluations provided by students:

1. In response to the university mandate that all students take an interprofessional course, the MPH program added to curriculum the interprofessional course (IP 711 Team STEPPS), which is offered to all MUSC students. To accommodate this university requirement, starting spring 2019 the MPH program replaced the second 1-credit hours MPH Seminar course with this 1-credit hour course, which enables MPH students to interact with students from other disciplines in a team setting to work together on a case study. Additionally, this modification to the curriculum is in alignment with the self-study requirements and addresses Foundational Competency 21 regarding performing on interprofessional teams. The curriculum committees for all three concentrations made this modification to each of the curricula.

2. The ILE Planning course (PHGEN 770), offered the summer semester prior to completion of Capstone and Internship, and was redesigned to meet the needs of the students. First, after review of the course and instructor evaluations for summer 2019 and summer 2020 it was decided by the Department Chair that new instructors were needed for the course. Starting summer 2021, the course is now taught by Dr. Mulugeta Gebregziahber and Dr. JacKetta Cobbs. Given the feedback provided on previous course evaluations regarding the organization of the course, two new instructors redesigned the course to include weekly lectures that build upon one another to provide students with the guidance needed to identify and secure internship opportunities, as well as finalize capstone project topics. With the

addition of the new MPH Program Coordinator to provide assistance with Internship Coordination, an Internship Directory was developed that is provided to students during the ILE Planning course, listing potential internship opportunities with project descriptions and contact information for preceptors that students can use when searching for an internship. Furthermore, a new MPH Internship and Capstone manual was developed to outline the guidelines for both the Internship and Capstone along with updated supporting documents to better manage the Internship and Capstone process. These new documents include: Internship Preceptor Memo, Internship Proposal Form, Internship Team Information, and Capstone Proposal Form, all of which are described more in Section D5. Lastly, a presentation by the Writing Center is included in the ILE Planning course to assist students with the formatting of their Capstone paper.

3. Similar to the ILE Planning course, after review of the feedback provided from students regarding the MPH Seminar course, the MPH program revised the course curriculum. In response to the student's feedback indicating interest in additional coverage of public health leadership skills, the MPH program added this topic and course activities to the curriculum of this course, so that students are introduced to public health leadership at the beginning of the program. This addition also aligned with the curriculum modification to meet the requirements of the accreditation self-study by illustrating student's proficiency with Foundational Competency 16 and 17. Additionally, the MPH program mapped Foundational Competency 10 regarding budgeting to this course to teach students about the tools of budgeting and resource management. Lastly, to introduce students to other public health practitioners, guest speakers are invited to discuss potential internship opportunities with students as well as how to discuss their organizational structure and to search for jobs at their organizations as a method of career development. The decision of this curricular change was decided by the MPH Program Committee and was executed by the new instructor starting fall 2019.

4. The MPH program developed a new Statistical Data Management and Computing (PHGEN 714) course as a result of feedback received from the MPH Biostatistics and Epidemiology students regarding their lack of proficiency in SAS during the Biostatistics Methods I course. The purpose of this 1-credit hour course is to introduce the key processes for statistical data management and analysis using two primary software packages – R and SAS. The course focuses on command-based coding for data input, modifying and managing data, and developing processes, procedures and documentation for reproducibility and efficiency. By the end of the course students are able to create datasets, merge existing datasets, create variables, clean data, and prepare final analysis datasets for open access. Additionally, the development of this course is in alignment with Biostatistics Concentration Competency 2. The decision about this course was made by the Biostatistics Curriculum committee and the course is being offered beginning fall 2021.

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

Strengths:

- The MPH program is responsive to student and faculty concerns and the MPH program has made changes to address concerns. The MPH program continually seeks feedback from the students, faculty, and alumni for improvements.
- After implementing these changes, the MPH program has received great feedback from students regarding their involvement with interprofessional teams and the benefits of the improvements in the internship and capstone processes.

Plans:

- The MPH program will continue to implement these new changes and make modifications as needed.
- The MPH program will continue to make changes to program based on feedback the MPH program receives from students and faculty to ensure delivery of a quality education.

SECTION C1

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.

The DPHS annual budget includes $54,000 for each tenured and tenure-track faculty as part of the Basic Science Compensation Plan (BSCP).

The goal of this plan is to compensate tenured and tenure-track faculty based on their productivity. Productivity is defined as faculty efforts covered by faculty managed accounts or funds allocated to cover faculty efforts for University service.

The BSCP applies to tenured and tenure-track faculty who meet the inclusion criteria and have an annualized salary less than $204,000.

- Faculty base salary: Assistant Professor $65,000; Associate Professor $80,000; Professor $90,000.
- Salary coverage targets: Assistant Professor 65%; Associate Professor 70%; Professor 75% & 90%; Professors have two inflection points.
- Meeting coverage targets increases faculty base salary (Assistant Professor $5,000; Associate Professor $6,000; Professor $7,000 & $5,000, respectively).

Reaching a target does not result in a bonus; these increases are added to the Salary Base in the overall salary calculation and cannot exceed the 15% maximum annual increase allowed.

Faculty Salary = Salary Base + (Salary Base x % Total Salary Coverage)

Basic Science faculty salaries above the scale set by the Compensation Plan must be approved by the Dean of the College of Medicine.

    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.

Requests for additional faculty or staff are submitted to the University HR on an as-needed basis throughout the year:

- Division Leaders along with the academic committee identify a need for a new faculty or staff.
- The Chair makes a determination for the position request.
- A position description is generated based on the requirements for the position and funding for the position is determined.
- The Business Manager reviews the budget and gives approval for posting the position.
- An Administrative Coordinator submits the posting request to University HR.
- University HR and Classification and Compensation committees review the request and make a determination of approval.
- Once approved, the position is posted on the internal MUSC career page and will also be available to post on other job resources sites.

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

The Department of Public Health Sciences' operating costs are the ongoing expenses incurred from the normal day-to-day activities of faculty, staff and students. This includes, but is not limited to, payroll, human resources, information technology and administration.

For crediting MPH teaching activity:

- Each lecture hour counts as two units. For example, if a faculty member conducts six lectures, this will result in 12 units. This is calculated at the rate of $82.69/unit on the Basic Science Compensation calculator.
- Graduate Training Directors for each of the MPH programs are given $18,000 in funding for this role.

			$ or Units	*Value applied to Scale*	% of Funding	% of Salary	
Education	Teaching dollars	$82.69/unit, hourly rate of Associate Professor max. salary (4 units/lecture)	90 units	*$ 7,442*	11.0%	6.0%	Three credit hour class
	MPH Program Direction	Fixed amount (fringe added to department education allocation)	$18,000	*$ 18,000*	26.7%	14.5%	MPH leadership role

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

The MPH program supports Public Health Week each spring. The tuition and fees and department resources are used to support this event. The MPH program has developed a scholarship for underrepresented minority students that has been awarded to two students to assist with tuition costs starting fall 2021.

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

Currently, all MPH related travel comes from the MPH tuition and fees. Any other travel comes from IDCs, grants or start up (if applicable). The MPH program currently does not have a faculty development fund.

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

If additional funds are needed for the program, it is covered by college resources. Additional expenses, such as the costs associated with accreditation and recruitment, are covered by commitments from the College and the University. These requests are made when the budgets are submitted each fiscal year.

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 MPH program is financially supported by the tuition revenue generated by the program. Tuition revenue goes to the College of Medicine Dean's Office. The College uses the tuition to cover institutional overhead assessments directly related to the MPH program. These institutional assessments fund central services such as the office of enrollment management, the Provost Office, public safety, student health, student counseling services, the library, and others. The remaining tuition revenue is returned to the department of Public Health Sciences to cover direct expenses of the program, including the MPH staff and the teaching efforts of the faculty. If a surplus remains, the College and Department will split the surplus 50/50 to be used to fund future investment in the education mission. Any shortfall in the program will be covered by college resources. Additional expenses, such as the costs associated with accreditation and recruitment, are covered by commitments from the College and the University.

However, to incentivize growth of the MPH programs, the College of Medicine will allow the Department to retain all tuition generated through the MPH program, minus a 5% tax to the College of Medicine and the University Responsibility Centered Management (RCM) associated costs with respect to the MPH program, through FY30.

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.

Indirect costs associated with grants and contracts are collected by the College of Medicine. Three percent of these funds are returned to the Department and are evenly split between the Department and the individual faculty members.

g. 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.

N/A

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.

Table C1-1						
Sources of Funds and Expenditures by Major Category, 2016-2021						
	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Source of Funds						***Projected***
Tuition & Fees	612,854.00	384,191.00	450,755.00	405,262.00	435,136.00	0.00
State Appropriation						
University Funds						
Grants/Contracts						
Indirect Cost Recovery						
Endowment						
Gifts						
Other (explain)						
Other (explain)						
Other (explain)						
Total Revenue	**612,854.00**	**384,191.00**	**450,755.00**	**405,262.00**	**435,136.00**	**0.00**
Expenditures						
Faculty Salaries & Benefits	332,719.26	307,032.23	230,630.85	178,171.58	199,639.66	233,515.79
Staff Salaries & Benefits	110,109.38	125,017.95	70,787.82	92,017.42	107,437.31	140,700.57
Operations	23,622.23	9,155.68	9,401.61	10,873.72	3,739.37	7,000.00
Travel	3,054.73	4,228.15	3,906.66	4,436.49	1,091.00	5,000.00
Student Support	3,357.68	1,056.81	843.06	568.42	0.00	0.00
University Tax	101,553.07	63,865.09	76,016.35	68,894.54	73,973.12	
Expenditure OH (tuition revenue)	5,376.34	3,381.09	33,000.04	31,650.96	33,973.49	
Fac/Staff Headcount (Overhead)	1,586.00	1,586.00	1,113.00	1,337.00	1,337.00	
Student Headcount (Overhead)	87,300.00	60,090.00	170,112.96	178,614.72	178,611	
Total Expenses	**668,678.69**	**575,413.00**	**595,812.35**	**566,564.85**	**599,801.70**	**386,216.36**

University Tax	17%	17%	17%	17%	17%	17%
Expenditure OH	0.90%	0.90%	7.38%	7.81%	7.81%	7.81%
Faculty/Staff Headcount OH	$793/FTE	$793/FTE	$1,113/FTE	$1,337/FTE	$1,337/FTE	$1,337/FTE
Student Headcount/Student	$3,000	$3,000	$6,563	$6,891	$6,891	$6,891

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

Strengths:

- The College of Medicine has ensured adequate support to sustain the MPH program and has provided resources for daily operational needs.
- Each MPH concentration reports their needs to the Department Chair and these needs are addressed during the budget development for the next academic year.

Weaknesses:

- There is a lack of graduate assistantship opportunities for students to assist with tuition costs.
- There is a lack of development funds for faculty.

Plans:

- A new MPH Minority Scholarship for underrepresented minority students will be awarded to two or more students beginning fall 2021.
- To continue efforts to support underrepresented minority students, the MPH program will fundraise for more funds from alumni and other donors within the community to support scholarships. The MPH program plans over the next year to have a development fund created as part of MUSC Foundation.
- The MPH program will seek Strategic Development funds from the university as a means of development funds for faculty.

SECTION C2

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.

	MASTER'S			ADDITIONAL FACULTY+
CONCENTRATION	**PIF 1***	**PIF 2***	**FACULTY 3^**	
Biostatistics MPH	Paul Nietert 0.5	Renee Martin 0.5	Viswanathan Ramakrishnan 1	PIF: 1 Non-PIF: 2
Epidemiology MPH	Jeff Korte 0.5	Edith Williams 0.5	Kelly Hunt 1	PIF: 2 Non-PIF: 2
Health Behavior Health Promotion MPH	Alana Rojewski 0.5	Marvella Ford 0.5	Katherine Sterba 1	PIF: 2 Non-PIF: 2

TOTALS:		
	Named PIF	6
	Total PIF	11
	Non-PIF	6

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.

For the educational mission of the MPH program, the MPH program calculates FTE for all tenured track faculty **0.3 FTE base + 0.15 FTE for teaching + 0.05 FTE for advising = 0.5 FTE.** Additional 0.5 FTE is calculated for faculty who are GTD for each of the concentration areas to total 1.0 FTE.

As shown in Table C2-1, PIF with 0.5 FTE are faculty that teach a foundational and/or concentration specific course, academic advisor, serve on an MPH committee(s), and engage in extramural service. Faculty with 1.0 FTE are GTDs for each of the concentration areas who provide oversight of their respective division, in addition to teaching, academic advising, and serving on multiple MPH committees.

Non-PIF faculty have less than 0.5 FTE and are faculty who only teach a course that is an elective, foundational, or concentration specific course but do not provide academic advisement to students.

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

N/A

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.

Table C2-2. Faculty regularly involved in advising, mentoring and the integrative experience

General advising & career counseling			
Degree level	**Average**	**Min**	**Max**
Master's	3/year	2/year	4/year

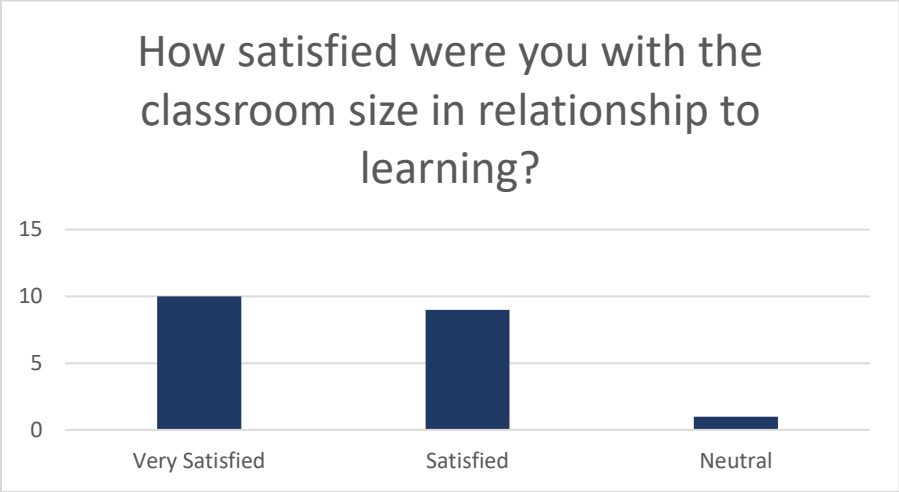
Advising in MPH integrative experience		
Average	**Min**	**Max**
3/year	2/year	4/year

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

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

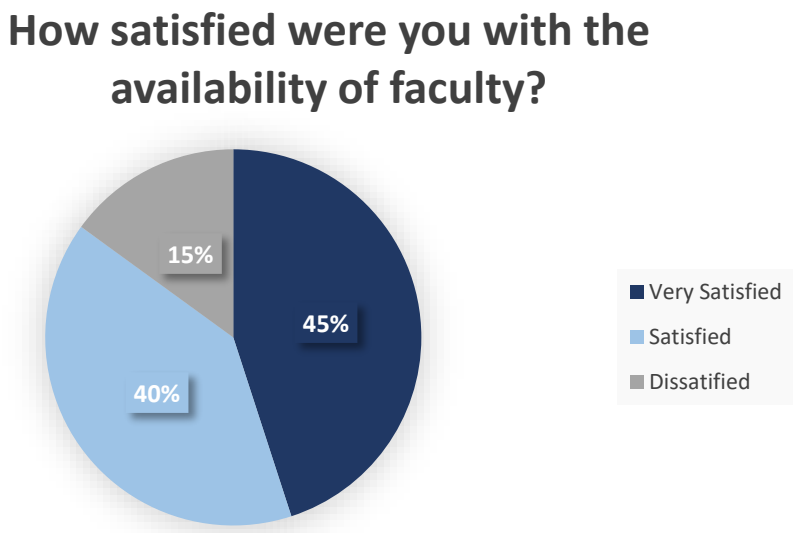
Starting fall 2019, the MPH program asked as part of the MPH Graduation Survey student's perception of "classroom size in relationship to learning". Overall, MPH students have reported

being satisfied with the classroom size in relationship to learning. The data shown below are from 20 graduates who responded during the 2019-2020 academic year.



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

As shown below, of the 20 graduating students who responded to the MPH Graduation Survey, 45% were very satisfied and 40% were satisfied with the availability of faculty. There were 3 students who were dissatisfied with the availability of faculty, but no detail was provided as to why they were dissatisfied.



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

During the Alumni Focus Group, we asked alumni to reflect on their perceptions of class size and availability of faculty. Regarding class size, alumni reported positive experiences with class size for their learning and met their needs. In particular an alumna stated “the small class size was

the reason for choosing this MPH program," and another stated "the small class size allowed for students to get to know each other on a personal level." When asked about the availability of faculty, alumni reported positive experiences with faculty including their responsiveness to emails and sharing of their time.

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

Strengths:

- The majority of graduates who completed the Graduation Survey indicated they were satisfied with the class size and availability of faculty.

Weaknesses:

- The MPH program was unsuccessful with collecting data from the majority of alumni, especially the earlier cohorts of graduates due to low response rates; however, the MPH program has made changes to workflow and timing of alumni surveys to promote better response rates.

Plans:

- The MPH program will continue to improve the program by adding more faculty to teach courses and mentor students.
- The MPH program will continue to provide opportunities for faculty to be engaged within other MPH courses, such as teaching modules for courses, or developing new courses.
- As part of the Educational Strategic Plan for the department, the addition of online MPH course offerings by academic year 2023-2024, the MPH program has plans to increase the number of faculty to accommodate the growing need.

SECTION C3

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.

Role/function	FTE
Assistant Academic Program Director	1
MPH Program Coordinator	1

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

The MPH program is supervised by the Vice Chair for Academic Programs, Dr. Mulugeta Gebregziabher. The program has a Graduate Training Director for each of the three MPH programs- Dr. Viswanathan Ramakrishnan with the MPH in Biostatistics, Dr. Kelly Hunt with the MPH program in Epidemiology, and Dr. Katherine Sterba with the MPH program in Health Behavior and Health Promotion. Dr. Gebregziabher meets twice per month with the Graduate Training Directors for each of the MPH programs, along with the Assistant Academic Program Director to discuss student progress and all current issues with the MPH program.

The Department of Public Health Sciences employs a fulltime Assistant Academic Program Director who functions as a recruiter to grow the program's applicant pool through attendance at local and statewide undergraduate education fairs, while also assisting all current MPH students with student services, such as graduate school orientation, pre-registration of first semester courses, and general guidance about navigating through the MPH program. This person handles all student service tasks including student academic progress monitoring and evaluation (with reporting to the Graduate Training Directors at the end of each semester), assigning applicant review by MPH faculty and the subsequent review of faculty evaluations in REDCap, and notification of acceptance or rejection by official letter and email correspondence with potential students.

The Assistant Academic Program Director serves as the main liaison between the MPH students, faculty and staff and the College of Medicine Dean's office and is also the main contact between the MPH students and all course registration issues with the Enrollment Management office of MUSC. In addition, the Assistant Academic Program Director counsels MPH students who have academic difficulties, have personal issues which affect their studies (and may refer them to the MUSC Counseling and Psychological Services - office for professional counseling), and coordinates all of the yearly requirements for students including student health requirements and MyQuest online training modules. The Assistant Academic Program Director assists all MPH faculty members as the course assistant, setting up Brightspace classrooms and arranging classroom space in other MUSC buildings for MPH classes. In addition, she works alongside the faculty and staff of the College of Medicine's Office of Assessment, Evaluation, and Quality Improvement to generate evaluations for matriculants and graduates, as well as corresponds with

recent MPH graduates to continue networking with them and to email a graduation survey to collect satisfaction data from recent graduates of the MUSC MPH program.

The Assistant Academic Program Director plans and organizes all events for the program including all MPH Orientation activities, class meetings, the Capstone Symposium at the end of each semester, and the MPH hooding ceremony before graduation in May. The Assistant Academic Program Director brainstorms with current MPH students each year to organize events for National Public Health week each April and arranges all guest speakers, campus advertising of events, room arrangements and refreshments for the general public attendees. Additionally, she serves as the Internship Coordinator, by reaching out to new practice sites, updating the MPH Internship database with new opportunities, and counseling students on internship choices that relate to their professional interests in public health. The Assistant Academic Program Director also counsels MPH students on career opportunities and networking to explore new career paths by hosting two Public Health Career days per academic year. Lastly, the Assistant Academic Program Director oversees the accreditation process.

The MPH Program Coordinator identifies and secures public health practice internship placements for students within the community as well as outside entities, and meets with students to determine their area of interest and develop/select a suitable internship to provide a gainful experience. During this process, the MPH Program Coordinator arranges interviews and matches student interest with internship sites while serving as the program liaison for site preceptors and secures all necessary documentation and reports related to the internship experience. Additionally, the MPH Program Coordinator processes MOUs for new internship sites at the request of students and faculty; ensures all new and existing internships meet the criteria; compiles all paperwork required for interns and internship sites including MOUs and health clearance; and monitors internship progress and evaluations of the internship program. The MPH Program Coordinator provides administrative support for the Assistant Academic Program Director regarding recruitment and admissions of students for the MPH degree programs and coordinates the MPH marketing process from development through printing and distribution of recruitment materials.

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

The MPH program has recognized the need for additional staff support to assist the Assistant Academic Program Director with the administrative tasks of the MPH program. More specifically, it was determined that the additional staff would coordinate the internship placements for MPH students as well as provide support for recruitment of MPH students. This additional support staff was hired March 2021.

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

Strengths:

- The Assistant Academic Program Director role is an instrumental role for the MPH program.

- The MPH program leadership continues to assess the needs on an ongoing basis to ensure continuous quality improvements.
- The MPH program hired a new MPH Program Coordinator spring 2021 to coordinate internship placements and assist with recruitment efforts.

Weakness:

- No weaknesses to report.

Plans:

- Starting fall 2021 will begin providing Graduate Assistantships as part of work-study to give students the opportunity to have a paid opportunity while in the program as a student. This will also give the student critical experience helping to run an MPH program and continue the many public health events related to the program.
- The MPH program plans over this next academic year to increase the number of Graduate Assistantships through the Financial Aid Work Study program.

SECTION C4

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

The MPH degree program is housed within the Department of Public Health Sciences in the College of Medicine. Space for the program and the department is managed through the college's space planning process. Faculty offices are located within the department.

- Staff office space

In this department, the Assistant Academic Program Director has a dedicated office space and the MPH Program Coordinator utilizes a cubicle space that is spacious enough to meet with students.

- Classrooms

The university sponsors space for teaching. Over 50 classrooms are centrally scheduled through the University for Education Activities, providing the MPH program with the needed space for teaching. In addition, one classroom (capacity 31) is located in the Department of Public Health Sciences adjacent to the MPH PIF faculty offices, and is dedicated to the MPH program needs.

- Shared student space

MPH students can meet and study in the DPHS Collaborative area with seating and study space for 25 students. Additionally, the MPH program has designated study carrels for MPH students in the Colbert Library.

- Laboratories, if applicable to public health degree program offerings

N/A

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

Physical space available to MPH program is appropriate for the current program size. However, the MPH program will need more room to grow in the future, specifically dedicated classroom space and faculty offices that would be adequate for a growing program.

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

Strengths:

- The DPHS has dedicated physical space on campus that houses the department chair, faculty, and staff.
- Physical resources for faculty and students such as office space and library access are adequate.

Weakness:

- While the MPH program has access to classroom space on campus, there is still lack of classroom space in the physical department location. The MPH program currently has one classroom in the building on the same floor as the department that is used for classes.
- Classroom space for the university is requested via Central Scheduling, thus larger class sizes take priority of rooms over smaller class sizes.

Plans:

- As the MPH program continues to grow as a program, we plan to request more dedicated space in the building to be used as classroom space solely for the purposes of the educational program.

SECTION C5

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

The MUSC Colbert Education library is a critical resource for the MPH students. Major renovations of the library space have enhanced the student study area in particular. Additional group study rooms with large whiteboards were built; single study pods are being added and additional tables for single and group study are being made available. The College of Medicine purchased 25 study carrels, exclusively reserved for MPH students, located on the 3rd floor of the library, so MPH students have a reserved space in which to study and work on group projects. The library has designated quiet areas for the students to study and is accessible 24 hours each day for all MUSC students. There are also additional locations on campus for study space in small libraries (i.e., the Storm Eye Institute, Basic Science Building, and Clinical Science Building). The MUSC library provides the following space for teaching and learning:

The MUSC Libraries provide access to resources that support the University's tripartite mission of education, research, and clinical care. The Library serves as an instructional unit, a learning space, a database and knowledge center, an academic computing support unit, and a leader in information planning. The Library's collections and resources are extensive and sufficient to support degrees awarded by the Department of Public Health Sciences. Pertinent online resources include over 21,900 electronic journals, over 305,000 electronic books, and nearly 250 biomedical and health-related databases (e.g., Academic Search Premier, AccessMedicine, AnatomyTv, CINAHL, Cochrane Library, Lexicomp, NetAnatomy, PsycINFO, PubMed, SciFinder and UpToDate). Access to the library's collections and resources is available 24/7/365 to students off campus and to distance learners through their MUSC NetID. In addition, the library's Interlibrary Loan (ILL) service enables MUSC students, faculty, and staff to borrow from other libraries materials that are not currently owned by MUSC. Further, through membership in the Partnership among South Carolina Academic Libraries (PASCAL), MUSC users may borrow books from any South Carolina academic library either in-person or delivered via courier to MUSC.

The library employs 39 faculty and staff, including 13 librarians, to support faculty and students in all programs. All librarians hold master's degrees in Library and Information Science from programs accredited by the American Library Association. Ayaba Logan, the liaison librarian assigned to support the DPHS, holds a secondary Master's degree in Public Health and has a secondary faculty appointment within the department. In this role, Ayaba works with faculty to schedule library instruction sessions tailored to specific courses and assignments within the department, and creates a customized instruction plan based on particular information needs. She

also offers private consultations to assist students with the use of the Library's resources. Students may request assistance in-person, via email, by phone, or via web conferencing.

Housed in the Education Center and Library (ECL) Building, the Library occupies half of the second floor and all of the third and fourth floors (51,926 sq. ft.). With a seating capacity of 727, the Library is designed to serve the study, teaching, and research needs of MUSC students, faculty, and staff. Students have 24/7 access to the ECL building and its resources.

After-hours access to the physical space is secured through the use of ID badges. The facility houses 152 study carrels, 22 large and small group study rooms, and open space for individual or group study. Group study rooms and Carrels may be reserved online (https://musc.libcal.com/booking/studyrooms), from 8 AM to 12 Midnight, and may be reserved up to one week in advance. There are over 185 dual-platform computers located throughout the 2nd to 4th floors of the building. Located on the fourth floor, the library maintains five computer classrooms, https://musc.libcal.com/booking/classrooms, with 115 computers that faculty may reserve for workstations for training, instruction, and online testing. An additional 70 workstations are available with productivity software and internet access for general use. The Library also offer a Tech Lending program, https://musc.libcal.com/equipment, where students may check out equipment such as laptops, tablets, digital cameras, service and wireless coverage in all public areas. Wireless Internet access is available throughout the building.

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

MPH students are provided with software and hardware options that meet the needs of the MPH curriculum. All classrooms are equipped with projectors and workstations for faculty. Microsoft Office 365 and SPSS are a few of the campus software available to students. Students are provided with all software needed through university licenses that may be obtained directly from MUSC Office of Information Security (OCIO) website using their MUSC NetID and password.

At the university level, the following applications are provided to students with support instructions:

- Brightspace—campus wide learning management system
- Blackboard Collaborate—campus wide live meeting, web conferencing solution
- Panopto—campus wide lecture capture and desktop recording solution
- Microsoft Teams—campus wide conference solution
- Campus Labs—campus wide course evaluation system

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

Faculty are provided access to the same software and hardware as students (see above). Additionally, faculty receive support from the Office of Instructional & Faculty Resources. All classrooms include a desktop PC and projector for use by faculty to display course materials and to be used during instruction. The classroom environment at MUSC allows for active learning with enhanced collaboration, student-centered design, and ability for faculty/student engagement.

Additionally, faculty are provided with all software and hardware using university licenses that may be obtained from MUSC OCIO, and the department has purchased full versions of SAS licenses for faculty.

- technical assistance available for students and faculty

At the department level, DPHS employs two fulltime IT personnel to assist MPH students with the initial upload of statistical software onto the students' laptops, in addition to providing assistance that the individual students might require with their laptops during enrollment in the program. At the university level, additional technical assistance may be provided by OCIO and the Office of Instructional Technology & Faculty Resources.

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

The technology provided by MUSC is effective and provides faculty and students the opportunity to use technology to enhance research, collaborate with others, and engage in the classroom. As described in Section C5-1, MPH faculty and students have access to software provided through the university OCIO.

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

Strengths:

- Faculty, staff, and students are provided with available and accessible technology to increase productivity and learning through the university CIO.
- Faculty utilize a learning management system (Brightspace) and video lecture tools such as Panopto and Blackboard Collaborate for virtual lectures.
- Data analysis tools such as SAS, SPSS, R, and NVivo are provided to faculty and students for a means to collect and analyze data for research projects.
- The University provides digital accessibility trainings to faculty with resources on how to make course documents and virtual content more accessible for students with disabilities.

Weakness:

- Faculty awareness and use of various technologies to enhance instruction.
- Changes are made to improve applications provided by the university over time which results in transitioning across different platforms.

Plans

- The MPH program will continue to encourage faculty and student attendance in trainings in various technologies to enhance usability of different platforms.

SECTION D1

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.

Table D1: Content Coverage for MPH

Content	Course number(s) & name(s) or other educational requirements
1. Explain public health history, philosophy and values	PHGEN 706 Introduction to Public Health
2. Identify the core functions of public health and the 10 Essential Services*	PHGEN 706 Introduction to Public Health
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	BMTRY 736 Epidemiology I & PHGEN 700 Social & Behavioral Sciences
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	BMTRY 736 Epidemiology I
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	PHGEN 706 Introduction to Public Health
6. Explain the critical importance of evidence in advancing public health knowledge	PHGEN 706 Introduction to Public Health
7. Explain effects of environmental factors on a population's health	PHGEN 708 Principles of Environmental Health Sciences
8. Explain biological and genetic factors that affect a population's health	BMTRY 736 Epidemiology I
9. Explain behavioral and psychological factors that affect a population's health	PHGEN 700 Social & Behavioral Sciences
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	PHGEN 706 Introduction to Public Health
11. Explain how globalization affects global burdens of disease	PHGEN 706 Introduction to Public Health
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	PHGEN 706 Introduction to Public 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 admission prerequisites, as applicable.

The MPH Program curriculum required for all MPH students provides a structured foundation of public health knowledge. The majority of the foundational public health knowledge is covered in the Introduction to Public Health (PHGEN 706) course which is offered to all MPH students during the first semester of the program. The other foundational public health knowledge topics are covered in Social and Behavioral Sciences (PHGEN 700) and Epidemiology I (BMTRY 736), both of which are also offered during the first semester. Principles of Environmental Health Sciences (PHGEN 708) is offered to all MPH students during the second semester.

The electronic resource file contains the syllabi for the courses listed in the matrix (ERF D1)

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

N/A

SECTION D2

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.

Table D2-1a Requirements for MPH degree, Biostatistics, Epidemiology, and Health Behavior and Health Promotion Concentrations

Course number	Course name*	Credits (if applicable)
PHGEN 706	**Introduction to Public Health**	**2**
PHGEN 750	**MPH Seminar**	**1**
BMTRY 736	**Foundations of Epidemiology I**	**3**
PHHBP 700	**Social & Behavioral Sciences**	**3**
PHGEN 708	**Principles of Environmental Health Sciences**	**3**
IP 711	**IP Foundations & Team STEPPS**	**1**
PHGEN 710	**Introduction to Health Systems and Policy**	**3**
PHGEN 770	**ILE Planning**	**1**
PHGEN 780	**Applied Practice Experience**	**6**
PHGEN 970	**Integrative Learning Experience**	**3**
	Total	**26**

Table D2-1a Requirements for MPH degree, Biostatistics Concentration		
Course number	**Course name***	**Credits (if applicable)**
BMTRY 700	**Introduction to Clinical Biostatistics Methods I**	**3**
PHGEN 714	**Statistical Data Management & Computing**	**1**
BMTRY 701	**Biostatistics Methods II**	**4**
BMTRY 747	**Foundations of Epidemiology II**	**3**
BMTRY 784	**Biostatistics Methods III**	**3**
BMTRY 785	**Probability and Statistical Inference**	**3**
	Elective	**2**
	Total	**19**

Table D2-1b Requirements for MPH degree, Epidemiology Concentration		
Course number	**Course name***	**Credits (if applicable)**
BMTRY 700	**Introduction to Clinical Biostatistics Methods I**	**3**
PHGEN 714	**Statistical Data Management & Computing**	**1**
BMTRY 701	**Biostatistics Methods II**	**4**
BMTRY 747	**Foundations of Epidemiology II**	**3**
BMTRY 738	**Field Epidemiology**	**3**
BMTRY 759	**Health Disparities: Sociological and Epidemiological Perspectives**	**3**
	Elective	**2**
	Total	**19**

Table D2-1c Requirements for MPH degree, Health Behavior and Health Promotion Concentration		
Course number	**Course name***	**Credits (if applicable)**
BMTRY 700	**Introduction to Clinical Biostatistics Methods I**	**4**
PHHBP 714	**Health Promotion Research Methods**	**3**
PHHBP 704	**Applications of Health Behavior Theory**	**3**
PHHBP 712	**Health Promotion Intervention Planning**	**3**
	Elective	**3**
	Elective	**3**
	Total	**19**

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 needs only to 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.

Table D2-2 Assessment of Competencies for MPH in Biostatistics, Epidemiology, and Health Behavior and Health Promotion		
Competency	**Course number(s) and name(s)***	**Describe specific assessment opportunity[n]**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	**BMTRY 736 Foundations of Epidemiology**	**Final Exam**: For the final exam, students will apply their knowledge of epidemiological methods with problems and short answer questions that will cover study design, confounding, effect mo**d**ification as well as calculating risk ratios, odds ratios, sensitivity and specificity.

2. Select quantitative and qualitative data collection methods appropriate for a given public health context	**BMTRY 736 Foundations of Epidemiology** **PHHBP 700 Social & Behavioral Sciences**	**BMTRY 736 Project Write-up:** Students will identify an epidemiology research question and design a study to address the research question using appropriate study design as well as appropriate data collection tools. **PHHBP 700: Exam 1 Short A:** Students are asked to describe a qualitative data collection method you would use to assess vaccine hesitancy among college students.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	**BMTRY 700 Introduction to Clinical Biostatistics Methods I** **PHHBP 700 Social & Behavioral Sciences**	**BMTRY 700 Homework 5, Hypothesis Testing, Continuous Variables:** Using SAS or SPSS, students will generate appropriate graphs for a research study, calculate confidence intervals for estimates of population means and population proportions, conduct basic hypothesis tests (1-sample t-test, paired t-test), and make generalizations about the underlying populations from which the data were collected. **PHHBP 700**: **Exploring Qualitative Research:** Hands-on qualitative data coding exercise using skills from research overview and in-person lecture to practice coding qualitative data. (Data will be provided in class, and worksheet will be graded.) This will be graded for 5 points.
4. Interpret results of data analysis for public health research, policy or practice	**BMTRY 736 Foundations of Epidemiology**	**Workshop 8, Question 8:** Using the article, by Ronco, et al., based on the results presented in Table 6 on the relative sensitivity and relative positive predictive value of human papillomavirus testing vs. conventional cytology, students will identify which

		test should be used to screen for cervical cancer and justify the reasoning for the test selection based on their interpretation of the results presented in the table.
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	**PHGEN 710 Introduction to Health Systems & Policy**	**Midterm Exam Question #2:** Students are asked to describe in a short answer the international differences between Canada's healthcare system and the US. **Flipped Classroom Exercise #2:** Students are to watch videos of the healthcare system in Canada, UK, France, and Germany and answer questions comparing these international healthcare systems to the US, to include a description of what is universal healthcare, socialized medicine, and the meaning of single payer.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	**PHGEN 708 Principles of Environmental Sciences** **PHHBP 700 Social & Behavioral Sciences**	**PHGEN 708 Midterm Questions**: - Students are asked to explain how structural bias, social inequities, and racism are linked to environmental injustice in the United States. They are also asked to provide an example and address the following: -Does occurrence of environmental injustice increase vulnerability in human populations? -Describe how this might lead to challenges in achieving health equity **PHHBP 700: Exam 2 Short Answer** Students are asked to provide written responses to the following scenario: Discuss the means by which structural bias, social inequities and racism

		undermine health and create challenges to achieving health equity as it relates to a public health problem of your choice.
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	**PHHBP 700 Social & Behavioral Sciences**	**Exam 3 Short Answer Question**: Students are asked to provide written responses to the following scenario: Identify 3 community factors important for addressing your selected public health problem and methods you would use to assess population needs, assets and capacities that affect the community with respect to this issue.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	**PHHBP 700 Social & Behavioral Sciences**	**Group Presentation: Health Behavior Change:** For the final project/presentation for this class, students will work in groups to develop a project including (i) a theory-based program addressing a relevant health behavior that (ii) applies awareness of cultural values and practices to the design or implementation of the program, and (iii) a policy advocacy campaign for it. The presentation and each student will be graded to assess the application of awareness of cultural values and practices in the target population (10 points).
9. Design a population-based policy, program, project or intervention	**PHHBP 700 Social & Behavioral Sciences**	**Group Presentation: Health Behavior Change:** For the final project/presentation for this class, students will work in groups to develop a project including (i) a theory-based program addressing a relevant health behavior that (ii) applies awareness of cultural values and practices to the design or implementation of the program, and (iii) a policy advocacy campaign for it. The presentation and

		each student will be graded on the students' development of a theory-based policy/program addressing a target health behavior. (10 points).
10. Explain basic principles and tools of budget and resource management.	**PHGEN 750 MPH Seminar**	**Public Health Finance Tutorial Series III & VI.** Students will describe the planning process, discuss the format and use of several budget types, and describe the importance of variance analysis and how it is used.
11. Select methods to evaluate public health programs	**BMTRY 700 Introduction to Clinical Biostatistics Methods I**	**Homework 6 Hypothesis Testing, Proportions Question 2:** Using the article *Vitamin D3 supplementation (4000 IU/d for 1 y) eliminates differences in circulating 25-hydroxyvitamin D between African American and white men*, students will use t-tests and hypothesis testing to evaluate the intervention from the article. Additionally, students will describe the overall study design and selected evaluation methods and whether or not the intervention was successful.
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	**PHGEN 710 Introduction to Health Systems & Policy**	**Flipped Classroom Exercise #4: Students will** demonstrate understanding of the history and future of the Affordable Care Act through participation in class discussion. **Flipped Classroom Exercise #5**: In this exercise students will create a comprehensive, multifaceted national policy response to COVID-19, and will also discuss several economic policies that have been implemented thus far, other policies as appropriate, and what could/should come next. After setting the

		national stage, students will then briefly discuss policy-making in South Carolina.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	**PHGEN 708 Principles of Environmental Health Sciences**	**Class Exercise:** Students are required to review the environmental impact statement (EIS) for a new port opening in the Charleston harbor. The operation will occur near lower income communities with high asthma burdens, raising resident concerns of air quality. Students are tasked with designing a mitigation plan to help reduce impacts on asthma health. The plan must address the following: -Describe how you would address this public health concern. -What strategies would you use to identify stakeholders? -What partnerships would you seek to establish to address the issue? -What outcomes would you expect?
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	**PHGEN 710 Introduction to Health Systems & Policy**	**Policy Brief #1**: In pairs or small groups, students will write a policy brief focused on advocating for a public health or public policy issue to improve health in an underserved population. Students will choose a topic of interest to describe. **Policy Brief #2:** In pairs or small groups, students will be assigned a public health or public policy issue to describe using advocacy principles.
15. Evaluate policies for their impact on public health and health equity	**PHGEN 708 Principles of Environmental Health Sciences**	**Homework Assignment/Class Discussion:** Students are tasked with writing a policy brief on the US Clean Air Act (CAA). The brief must explain how the federal law has been designed to protect human health and the

		environment from the effects of air pollution. Specific questions include: -How is the act enforced? -What are the benefits of the CAA? -Are there negative aspects to the CAA? Limitations? -Does the CAA address environmental justice concerns in near-port communities? Student assessment will occur through the presentation of homework during an in class discussion.
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision-making	**PHGEN 750 MPH Seminar**	**Assignment #2 Leadership** Students will apply principles of leadership, management and governance to a scenario of their choosing based on lecture and readings, and will write a paragraph each on vision, empowerment, collaboration and guiding decision making.
17. Apply negotiation and mediation skills to address organizational or community challenges	**PHGEN 750 MPH Seminar**	**Assignment #3 Case-study:** Students will be given a scenario requiring negotiation and mediation and asked to write no more than a page on how they imagine a best case negotiation/mediation should proceed based on lecture and readings.
Communication		
18. Select communication strategies for different audiences and sectors	**PHGEN 706 Introduction to Public Health**	**Current Event Assignment**: Students will develop a presentation to present during class. For the presentation, students will be expected to choose a lay audience they could share their findings with and the most appropriate mode of communicating with them.

19. Communicate audience-appropriate public health content, both in writing and through oral presentation	**PHGEN 706 Introduction to Public Health**	**Current Event Assignment**: Students will develop a presentation to present during class. As part of their presentation, students should describe how to reach different groups of people (lay community, state health department, and legislature) and how to communicate to get people to listen and understand.
20. Describe the importance of cultural competence in communicating public health content	**PHHBP 700 Social & Behavioral Sciences**	**Group Presentation: Health Behavior Change:** For the final project/presentation for this class, students will work in groups to develop a project including (i) a theory-based program addressing a relevant health behavior that (ii) applies awareness of cultural values and practices to the design or implementation of the program, and (iii) a policy advocacy campaign for it. The presentation and each student will be graded and assess the extent to which principles of cultural competency were considered in communication strategies used in the policy advocacy campaign (10 points).
Interprofessional Practice		
21. Perform effectively on interprofessional teams	**IP 711 Foundations & TEAM STEPPS**	**TeamSTEPPS Teach Back Assignment**: The purpose of this assignment is to introduce students to the five key principles of the TeamSTEPPS® evidence-based team training program. Students will be placed into teams with other students representing nursing, dentistry, medicine, pharmacy, and health professions and assigned a key principle of the TeamSTEPPS® team training program. The teach back consists of two parts: (1) a 5-minute presentation of core concepts of the assigned key principle, AND (2) a 5-minute interactive activity that

		demonstrates the strategies and tools of the assigned key principle.
Systems Thinking		
22. Apply systems thinking tools to a public health issue	**PHGEN 706 Introduction to Public Health**	**PHGEN 706: Final Public Health Paper and Presentation** Students will discuss a systems-thinking logic and approaches to risk factors and possible solutions or interventions to address a public health issue of their choosing.

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

All course syllabi can be found in *ERF-D2 MPH Foundational Competencies* folder and list of courses in *ERF-A1 Student Handbook*.

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

Strengths:

- As demonstrated in D2-1 and D2-2 the required courses for the MPH program adequately provide instruction and assessment of the 22 Foundational Competencies.
- The inclusion of foundational competencies as part of the core curriculum guarantees all of the MPH students are being rigorously assessed for each of the competencies.
- During the 2018 academic year, the university made it mandatory for all students to complete the IP 711 Interprofessional Teams STEPPS course as part of curriculum, to engage students with interprofessional teams that include students from all six colleges at the university. As a team, the students work on an interactive teach-back activity in this course.
- As a young program, the MPH program has been able to adapt to the new changes to the CEPH competencies and modify the MPH curriculums to meet the needs of the new competencies.

Weaknesses:

- During the review of assessments mapped to competencies, we identified courses that utilize group assignments as competency assessment lacked enough tools to ensure individual assessment of student's proficiency of competencies.

Plans:

- Based on recommendations from the MPH Program and Curriculum Committees, we plan to utilize existing tools to standardize our assessment of individual level competency using group projects. For each of the courses that utilize group assignments, the instructor will develop a standardized method to measure individual student's proficiency of the competency for the assessment, such as a summary reflection by each student of the group project and how it addresses the competency to demonstrate individual proficiency. These modifications will begin fall 2021 for the PHGEN 706, BMTRY 736, and PHHBP 700 courses, and summer 2022 for the PHGEN 710.

- The MPH program will continue to review the curricula to make improvements that will benefit the MPH students as well as cover the competencies set by CEPH. As part of the ongoing curricular review, each Curriculum Committee led by the GTD of each concentration will ensure the assessments demonstrate proficiency on an individual level.

- To ensure adequate faculty training of foundational competencies, designated time during each faculty and division meeting will be dedicated to discussing foundational competencies so that current and new faculty are proficient with foundational competencies.

SECTION D3

D3. DrPH Foundational Competencies

Not Applicable

SECTION D4

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.

Table D4-1a Assessment of Competencies for MPH in Biostatistics Concentration

Competency	Course number(s) and name(s)	Describe specific assessment opportunity[n]
1. Apply common probability distributions, univariate and multivariate statistical methods for inference in public health data.	BMTRY 701 Biostatistical Methods II BMTRY 785 Probability and Statistical Inference	**BMTRY 701 Project 1**: Students are asked to create a comparison of treatment groups for a clinical trial and have to use appropriate statistical tests based on the distribution of each variable. **BMTRY 785 Homework 4:** Students perform the following tasks: 1) derive normalizing constants necessary to show that various distributions integrate to 1 and hence are valid distributions; 2) derive and plot the CDF of various continuous random variables; 3) compute the quantiles of common distributions, including the uniform and normal distributions; 4) calculate the probability that a normal random variable Y is between two values a and b; that is, Pr(a<Y<b); and 5) derive the mean and variance of various continuous random variables.
2. Apply data management skills to prepare data for analyses using statistical software (e.g., SAS, R, SPSS)	BMTRY 784 Biostatistical Methods III PHGEN 714 Computing Statistical Methods	**BMTRY 784 Homework 1:** Using SAS and/or R, students are provided a dataset to import for data cleaning and data analysis. Students conduct a Generalized Linear Model (GLM) analysis and write up their results interpretation.

		PHGEN 714 Project: In the project students are provided an initial dataset that comes from a national registry. Through a series of questions, the students are led and assessed through the steps needed to evaluate the content and quality of the raw data, clean it, and produce basic numerical or graphical statistical reports and analyses.
3. Develop data science skills to extract important patterns and information from biomedical data	BMTRY 784 Biostatistics Methods III	**Homework 1 Question 1 and 2**: Using SAS and/or R, students are to extract patterns from assigned data and conduct an analysis to provide a written report of findings.
4. Apply longitudinal and mixed effects methods for categorical and continuous data	BMTRY 784 Biostatistics Methods III	**Homework 2 and 3**: Using SAS and/or R, students are provided a dataset with continuous and categorical data to import for data cleaning and analysis. Students also provide a summary of their results.
5. Communicate commonly used statistical ideas, methods and analyses results in non-technical terms to public health professionals	BMTRY 784 Biostatistical Methods III	**Project: Analysis of Categorical and Correlated Data** students are to select a paper from the literature on a subject matter of their interest and develop a presentation summarizing the main findings of the paper. Additionally, students are to write a summary of the research topic assessing the strengths and weaknesses and explain the significance. Both the presentation and written summary are done as if students are presenting to a group of public health professionals.

Table D4-1b Assessment of Competencies for MPH in Epidemiology Concentration

Competency	Course number(s) and name(s)	Describe specific assessment opportunity[n]
1. Evaluate rigor and appropriateness of common epidemiologic data sources for use in public health practice.	BMTRY 738, Field Epidemiology	**Final project**. Students will write an outbreak investigation report, summarizing evidence from different common epidemiologic data sources in the investigation. The case study provides information to the student from data sources including population surveillance reports, case report, case series, medical records, community surveys, environmental assessment, laboratory testing, and case-control study. Students evaluate the rigor and appropriateness of these data sources for use at different stages of the outbreak investigation. Students synthesize results from these data sources to progress through the stages of an outbreak investigation, appropriately interpret results from the different common epidemiologic data sources, and

		write a report describing the process and findings of the outbreak investigation. Based on case study "Cryptosporidiosis in Georgia" available from the CDC.
2. Use appropriate analytic techniques to model quantitative data for use in public health practice.	BMTRY 747, Epidemiology II	**Class Project Part 3.** Students will fit multivariable models using real data, building on preliminary analyses and accounting for confounders and effect modifiers.
3. Draw appropriate inferences and assess causality from exposure, medical, and health data.	BMTRY 747, Epidemiology II	**Class Project Part 3**. Students will conduct secondary analyses of real data to evaluate hypotheses chosen at the beginning of the semester. Each student will use real population-based data to conduct statistical analyses to address a hypothesis. The student will draw appropriate inferences and assess causality based on the results of the statistical analyses. All datasets used for this class project will include exposure, medical, and health data.
4. Evaluate and design a surveillance system to identify and characterize public health problems.	BMTRY 738, Field Epidemiology	**Midterm Exam.** Students must design and evaluate a surveillance system for the Zika virus in a state in the southern US.
5. Design epidemiological studies and appraise the methodologic rigor of studies.	BMTRY 747, Epidemiology II	**Appraise the methodologic rigor of studies-Homework 3:** Students will assess causal interpretation of a biological interaction. This homework is part of a broader class discussion critiquing a published paper in which the authors incorrectly interpreted an interaction between two causal factors.
6. Communicate and explain epidemiologic findings to health care professionals, public health workers and the lay public.	BMTRY 759, Health Disparities: Sociological and Epidemiological Perspectives	**Current Event Assignment:** Students will develop a presentation on a current health disparity and create targeted messaging to explain epidemiologic findings about the issue in a chosen group, to present during class. As part of their presentation, students should describe how they chose to reach a specific group of people, health care professionals, public health workers and the lay public) and justify how they decided to communicate to get people to listen and understand. Detailed instructions provided in course syllabus.

Table D4-1c Assessment of Competencies for MPH in Health Behavior and Health Promotion Concentration		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**

1. Apply theory to planning, implementation, and evaluation of health promotion programs.	PHHBP 704 Applications of Health Behavior Theory	**Final Theory Application Paper (Assignment found in Syllabus)**-- Students will write an 8-10 page paper that summarizes theory applied to an intervention designed to change a health behavior of choice (such as smoking cessation, condom use, or physical activity). The paper will address issues related to the development, implementation, or evaluation of the theory-based health behavior change intervention, will cite research documenting how well the intervention has worked, and be based on theories covered in Chapters 10-19.
2. Demonstrate processes to build, engage and support diverse teams in the needs assessment, planning and evaluation phases of public health interventions.	PHHBP712 Health Promotion Intervention Planning	**In-class activities and Final Project:** In two class activities students work in small groups to identify and justify key stakeholders for a planning group to design a health promotion program to address each student's chosen health problem. They justify each team member and describe key strategies for engaging stakeholders and building the team using team-building and group facilitation processes. They also list potential challenges in engaging team members and optimizing group processes (workbook activity #2). Later in the class, they describe key stakeholders that will comprise the audience for their program evaluation, justify their selection and describe important considerations for the framing of the evaluation to reach this audience (workbook activity #6). This material will then be summarized in the final project in sections II and section III.
3. Develop a theory-based conceptual model of change targeting change in a public health problem at multiple levels.	PHHBP 712 Health Promotion Intervention Planning	**Homework #4 in Workbook and Final Project:** Guided by theory, students will develop a draft model targeting change at two levels (individual, interpersonal, organizational, community, or policy) in Homework #4 Question 2. They will also present a final comprehensive model in the Final Project Section II.
4. Evaluate strengths, weaknesses, and opportunities for improvements for program evaluation using peer-reviewed literature.	PHHBP 714 Health Promotion Research Methods	**In-class activity 8: Table Talk & Teach Back Discussion on Program Evaluation Analysis** - a) In pairs, students will conduct a critique for the study cases from your class text and upload the critique to Harbor (i.e. Course Deliverables page) b) Critiques should include: Program focus, Hypothesis/RQ, Setting, Participant characteristics, sample

		size, power, data collection, main outcome measures, evaluation design type, sources of biases, implications and key findings, opportunities for improvement and next steps. Case Study 3: Non-randomized Comparison (C) Group Design for a State-Wide Program, pages 141-148 Case Study 4: Times Series Design for a Community-Based Participatory Evaluation, pages 149-153
5. Develop a comprehensive health promotion evaluation plan including design, measures, and implementation.	PHHBP 714 Health Promotion Research Methods	**Final Program Evaluation Plan Group Presentation:** In teams of 3-4, students will select from 1 of 3 health promotion programs and develop a comprehensive evaluation plan for it that includes framework/logic model, design, rationale, pros and cons, goals, objectives, evaluation instruments, and budget. Each student will be evaluated individually and scored in two areas: the visual presentation of their plan and a written synthesis of their planned deliverables.

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.

N/A

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.

MPH Biostatistics

- *ERF D4-1BMTRY 701 Biostatistical Methods II Syllabus*
- *ERF D4-1BMTRY 785 Probability and Statistical Inference Syllabus*
- *ERF D4-1BMTRY 784 Biostatistical Methods III Syllabus*
- *ERF D4-1PHGEN 714 Computing Statistical Methods*

MPH Epidemiology

- *ERF D4-1 BMTRY 738 Field Epidemiology Syllabus*
- *ERF D4-1 BMTRY 747 Epidemiology II Syllabus*
- *ERF D4-1 BMTRY 759 Health Disparities Epidemiology*

MPH Health Behavior and Health Promotion

- *ERF D4-1PHGEN 704 Introduction to Health Behavior Theory Syllabus*
- *ERF D4-1 PHGEN 712 Health Promotion Intervention Planning Syllabus*

- *ERF D4-1 PHGEN 714 Health Promotion Research Methods Syllabus*

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

Strengths:

- The curriculum committee for each concentration developed competencies and assessments that will allow students the ability to demonstrate additional knowledge.

Weaknesses:

- Similar to section D2, during the review of the assessments mapped to concentration competencies, we identified courses that utilize group assignments as competency assessment lacked enough tools to ensure individual assessment of student's proficiency of competencies.

Plans:

- Based on recommendations from the MPH Program and Curriculum Committees, we plan to utilize existing tools to standardize our assessment of individual level competency using group projects. For each of the courses that utilize group assignments, the instructor will develop a standardized method to measure individual student's proficiency of the competency for the assessment, such as a summary reflection by each student of the group project and how it addresses the competency to demonstrate individual proficiency. These modifications will begin spring 2022 for PHHBP 714 and summer 2022 for PHHBP 712.

- The MPH program will continue to review the concentration specific competencies and curricula to make improvements that will benefit the MPH students. As part of the ongoing curricular review, each Curriculum Committee led by the GTD of each concentration will ensure the assessments demonstrate proficiency on an individual level for group assignments.

- To ensure adequate faculty training of concentration specific competencies, designated time during each faculty and division meeting will be dedicated to discussing concentration competencies so that current and new faculty are proficient.

SECTION D5

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.

During the last semester of the program, MPH students for all three concentration areas are required to complete a 180-hour A.P.E (internship) in an appropriate public health setting. This internship affords students an opportunity to develop and apply certain competencies learned throughout coursework. For the internship, at least five competencies must be addressed, with at least three being Foundational Competencies; the remaining two can be Concentration-specific or Foundational Competencies. As a program, we allow the MPH students the flexibility to choose which five competencies they would like to address and outline the learning objectives to address these competencies. Together with the Internship Preceptor and Faculty Advisor, students meet to discuss their interests and select at least two deliverables they will work on during the APE to address each of the competencies chosen. Deliverables are products that are meaningful to the internship site. During COVID-19, the MPH program did not make any modifications to the requirements for the APE, but the MPH program did allow students to complete remote internships during this time.

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

ERF D5-2 MPH Internship and Capstone Manual
ERF D5-2 Internship Proposal Form
ERF D5-2 Internship Preceptor Memo
ERF D5-2 Internship Team Information Form
ERF D5-2 Internship Timesheet
ERF D5-2 Preceptor Midterm Evaluation
ERF D527 Preceptor Final Evaluation

ERF D5-2 Final Student Internship Evaluation
ERF D5-2 Internship Grading Rubric

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.

ERF D5-3 Biostat Student 1
ERF D5-3 Biostat Student 2
ERF D5-3 Biostat Student 3
ERF D5-3 Epi Student 1
ERF D5-3 Epi Student 2
ERF D5-3 Epi Student 3
ERF D5-3 Epi Student 4
ERF D5-3 Epi Student 5
ERF D5-3 HBHP Student 1
ERF D5-3 HBHP Student 2
ERF D5-3 HBHP Student 3
ERF D5-3 HBHP Student 4
ERF D5-3 HBHP Student 5

Over the last three years the MPH program has only had three MPH Biostatistics students and the complete sets of their internship materials are available in the resource files.

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

Strengths:

- The MPH program developed a MPH Internship & Capstone Manual to provide better instruction to the MPH students and faculty about the APE requirements.
- The MPH program revised the Internship Proposal form and added a Preceptor Memo form which informs preceptors of their role and responsibility as a supervisor during the internship.
- With the addition of the new MPH Program Coordinator, the MPH program has begun providing MPH students with a directory of available opportunities for the APE.
- The MPH program has streamlined processes to improve the way in which students submit their APE documents by developing an online classroom portal for submissions.
- The MPH program has started using REDCap to send evaluations electronically for more efficient management of the evaluations from MPH students and internship preceptors.

- The MPH program redesigned the ILE Planning course which is taken the semester before the APE to identify an internship and plan the activities of the internship starting summer 2021. With this new structure of the course, the MPH program has improved the resources provided to students and provided better preparation and instruction related to how to select the competencies addressed during the internship.

Weaknesses:

- The MPH program recognized during the faculty retreat the variability in advising strategies for the internship for faculty; therefore, the MPH program developed a more streamlined mechanism of communicating the instructions with the development of the manual to assist faculty and promote consistent advising.

Plans:

- The MPH program plans to continue providing MPH students with a directory that outlines available opportunities by concentration to assist them with selecting an APE.
- The MPH program plans to continue to improve the process each year based on the feedback received from faculty and students.
- As a means of faculty training for current and new faculty, the MPH program over the next year will develop online training modules regarding the advisement of the APE. These training modules will be provided to faculty on an annual basis as part of the annual Faculty Retreat.
- To ensure adequate training of internship preceptors, starting summer 2022, the MPH program will conduct a Preceptor Workshop led by the MPH Program Coordinator prior to the start of internships that will include all preceptors for the upcoming academic year to discuss expectations of preceptors, student supervision, and evaluation of students.
- At the conclusion of the internship, the MPH program will provide a summary of feedback provided by the students regarding overall internship experience, as well as aggregated data for individual experience to help improve internship offerings at internship sites. The information will also help guide the identification of potential internship sites for future internship opportunities.

SECTION D6

D6. DrPH Applied Practice Experience

Not Applicable

SECTION D7

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.

Table D7-1 MPH Integrative Learning Experience for MPH Biostatistics, Epidemiology, and Health Behavior and Health Promotion

Integrative learning experience	How competencies are synthesized
Capstone Paper	For the Capstone, students must choose a total of at least six Foundational Competencies to address. They must select one competency from at least three domains in Foundational Competency Domains I-IV, and one competency from at least three domains in Foundational Competency Domains V-VIII. The overall Capstone project demonstrates the student's proficiency within the respective concentration. The Capstone advisor of the student approves the proposal and identified competencies in the planning stage; the Capstone advisor also uses a rubric that is populated with the competencies to assess the student's ability to appropriately integrate and synthesize key learnings in grading the final capstone.

Capstone Poster	Students develop a poster to present during the Capstone Symposium; two faculty members other than the Capstone advisor use the rubric to assess the student's ability to present work in public forum, summarize the body of work, address competencies and demonstrate presentation skills. Students must outline on poster and discuss during presentation the competencies that were addressed.

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

Similar to the internship, MPH students for all three concentration areas will complete the I.L.E. (Capstone) during their last semester. Again, students are required to complete the ILE Planning course during the semester to understand the requirements of the Capstone and develop a proposal for their Capstone with their advisor the semester before starting the capstone. For the Capstone, students must choose a total of six Foundational Competencies to address. They must select one competency from at least three domains in Foundational Competency Domains I-IV, and one competency from at least three domains in Foundational Competency Domains V-VIII. In addition, students must demonstrate proficiency in their concentration. It is required of all students to complete a Capstone paper that includes an abstract, introduction, methods, results and discussion, and description of the foundational competencies addressed. The Capstone paper is submitted the final week of the semester to the Capstone advisor for grading using the rubric outlined in *ERF D7-4 MPH Capstone Paper Grading Rubric*. Additionally, students develop a poster for the Capstone Symposium which is also held during the last week of the semester. This symposium provides an opportunity for students to present their work in a public forum, develop skills in summarizing a body of work, and to hone oral presentation skills. Two faculty members, not including the Capstone advisor, assess the student's poster and presentation during the symposium using the grading rubric for the Capstone poster in *ERF D7-4 MPH Capstone Poster Grading Rubric.*

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

ERF D7-3 MPH Internship and Capstone Manual
ERF D7-3 MPH Capstone Proposal Form

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

ERF D7-4 MPH Biostatistics Capstone Paper Grading Rubric
ERF D7-4 MPH Biostatistics Capstone Poster Grading Rubric
ERF D7-4 MPH Epidemiology Capstone Paper Grading Rubric
ERF D7-4 MPH Epidemiology Capstone Poster Grading Rubric
ERF D7-4 MPH HBHP Capstone Paper Grading Rubric
ERF D7-4 MPH HBHP Capstone Poster Grading Rubric

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.

ERF D7-5 Biostatistics Capstone Paper Student 1
ERF D7-5 Biostatistics Capstone Poster Student 1
ERF D7-5 Biostatistics Capstone Paper Student 2
ERF D7-5 Biostatistics Capstone Poster Student 2
ERF D7-5 Biostatistics Capstone Paper Student 3

ERF D7-5 Epidemiology Capstone Paper Student 1
ERF D7-5 Epidemiology Capstone Poster Student 1
ERF D7-5 Epidemiology Capstone Paper Student 2
ERF D7-5 Epidemiology Capstone Poster Student 2
ERF D7-5 Epidemiology Capstone Paper Student 3
ERF D7-5 Epidemiology Capstone Poster Student 3
ERF D7-5 Epidemiology Capstone Paper Student 4
ERF D7-5 Epidemiology Capstone Poster Student 4
ERF D7-5 Epidemiology Capstone Paper Student 5
ERF D7-5 Epidemiology Capstone Poster Student 5

ERF D7-5 Health Behavior Health Promotion Capstone Paper Student 1
ERF D7-5 Health Behavior Health Promotion Capstone Poster Student 1
ERF D7-5 Health Behavior Health Promotion Capstone Paper Student 2
ERF D7-5 Health Behavior Health Promotion Capstone Poster Student 2
ERF D7-5 Health Behavior Health Promotion Capstone Paper Student 3
ERF D7-5 Health Behavior Health Promotion Capstone Poster Student 3
ERF D7-5 Health Behavior Health Promotion Capstone Paper Student 4
ERF D7-5 Health Behavior Health Promotion Capstone Poster Student 4
ERF D7-5 Health Behavior Health Promotion Capstone Paper Student 5
ERF D7-5 Health Behavior Health Promotion Capstone Poster Student 5

Over the last three years, we have only had three Biostatistics students so we've included those three student's capstone paper and poster.

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

N/A

SECTION D8-13

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

SECTION D14

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 MUSC MPH Program currently offers three concentration areas: *biostatistics, epidemiology, and health behavior and health promotion*. Students in all three concentration areas of the MPH Program complete all degree requirements in 45 credit hours within either 4 semesters as a full-time student, or 5 or 8 semesters as a part-time student. To accomplish this, all students complete 36 credit hours of didactic coursework, including concentration-specific courses. For the remaining 9 credit hours, students complete 6 credit hours of A.P.E. (internship) and 3 credit hours of I.L.E. (Capstone).

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

At MUSC, the guideline for calculating credit hours was approved by the Education Advisory Council. These guidelines represent a minimum standard for content hours per credit hour earned. For lectures, there is 1 credit hour for 15 content hours; therefore, 3 credit hour courses meet for 45 contact hours throughout a 15-week semester, and 4 credit hour courses meet for 60 content hours for all three concentration areas. The MUSC Academic calendar is from August to December (Fall Semester), January to April (Spring Semester), and May to August (Summer Semester) every year; the program has the flexibility to determine the dates of the 15 weeks within each semester.

SECTIONS D15-20

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

SECTION E1

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.

Table E1-1 Primary Instructional Faculty Alignment with Degrees Offered

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 Template C2-1
Mulugeta Gebregziabher	Professor	Vice Chair of Academic Programs	PhD	University of Southern California	Biostatistics	Biostatistics
Marvella Ford	Professor	Tenure	PhD	University of Michigan	Social Work & Psychology	Health Behavior and Health Promotion
Kelly Hunt	Professor	Tenure	PhD, MSPH	University of North Carolina-Chapel Hill	Epidemiology	Epidemiology
Jeffery Korte	Associate Professor	Tenure-track	PhD, MSPH	University of North Carolina-Chapel Hill	Epidemiology	Epidemiology
Renee Martin	Professor	Tenure-track	PhD	Medical University of South Carolina	Biostatistics	Biostatistics
Cathy Melvin	Professor	Tenure	PhD, MPH	University of North Carolina-Chapel Hill	Medical and Population Geography, Public Health Administration	Health Behavior and Health Promotion
Paul Nietert	Professor	Tenure	PhD	Medical University of South Carolina	Biometry & Epidemiology	Biostatistics

John Pearce	Assistant Professor	Assistant Professor	PhD	Monash University, Australia	Geography & Environmental Sciences	Epidemiology
Alana Rojewski	Assistant Professor	Assistant Professor	PhD	University of Florida	Psychology	Health Behavior and Health Promotion
Katherine Sterba	Associate Professor	Tenure-track	PhD, MPH	University of North Carolina-Chapel Hill	Health Behavior and Health Education	Health Behavior and Health Promotion
Benjamin Toll	Professor	Professor	PhD	Nova Southeastern University	Psychology	Health Behavior and Health Promotion
Kristin Wallace	Associate Professor	Associate Professor	PhD	Dartmouth College	Epidemiology	Epidemiology
Edith Williams	Associate Professor	Tenure-track	PhD, MS	State University of New York	Epidemiology	Epidemiology
Viswantathan Ramakrishnan	Professor	Tenure	PhD	Florida State University	Statistics	Biostatistics

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.

Table E1-2 Non-Primary Instructional Faculty Regularly Involved in Instruction

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
Angela Malek	Assistant Professor	Assistant Professor	3%	PhD, MPH	University of Pittsburgh	Epidemiology	Epidemiology
Julie Marshall	Assistant Professor	Assistant Professor	5.6%	PhD	University of Tennessee	Economics	Health Behavior and Health Promotion

Caitlyn Meinzer	Research Associate Professor	Research Associate Professor	3%	PhD	Medical University of South Carolina	Biostatistics	Biostatistics
Brian Neelon	Associate Professor	Associate Professor	14%	PhD	University of North Carolina Chapel Hill	Biostatistics	Biostatistics
Joni Nelson	Assistant Professor	Assistant Professor	3%	PhD	University of South Carolina	Health Behavior and Health Promotion	Health Behavior and Health Promotion
Dulaney Wilson	Assistant Professor	Assistant Professor	5%	PhD	Medical University of South Carolina	Epidemiology	Epidemiology

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

Faculty CVs are located in *ERF E1-3 MPH Faculty CV*

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

N/A

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

N/A

SECTION E2

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.

As a program, MPH faculty integrate perspectives from the field of public health practice regularly and efficiently through the interaction and collaboration with public health practice peers. MPH faculty regularly invite public health practitioners as guest lecturers in emerging public health issues and other important content related areas to enhance the content of didactic lectures. In addition, courses such as PHGEN 750 (MPH Seminar) invite guest speakers from local public health organizations to discuss public health leadership, effective communications, and budgeting within their respective organizations focused on a broad set of public health issues. For PHGEN 706 (Introduction to Public Health) Dr. Edith Williams invites public health practitioners to introduce students to the principles and core functions of public health. Additionally, the Department Chair, Dr. Hermes Florez is a guest lecture for both PHGEN 750 and PHGEN 706, in which he presents leadership in public health and negotiation skills (PHGEN 750) and Epidemiology – Study Design Approaches (PHGEN 706). Other speakers cover a wide array of topics including chronic and infectious diseases, environmental health, cultural competence, global health, and health behavior.

Additionally, the Assistant Academic Program Director is a member of the South Carolina Public Health Association (SC PHA) and regularly attends meetings to interact with and learn from peers in practice. SCPHA is a professional organization for South Carolina public health practitioners, professionals, and advocates. As the oldest and largest public health organization in South Carolina, SCPHA is a voice for public health across the state, while providing a forum for individuals and organizations to work together to assure a healthy South Carolina. Additionally, faculty are encouraged to submit abstracts and attend conferences of professional organizations, including serving on committees so that they may interact with practitioners and get exposure to research about the practice of public health.

The MPH program engages local practitioners to create field placements for MPH students to gain public health practice experience under the supervision of seasoned public health

practitioners. Through these efforts, MPH students have gained public health practice experience in areas such as: program development, stakeholder engagement, biostatistical coding, data entry, needs assessment, and quality assurance. MPH students have been engaged in these efforts with local non-profit agencies aimed to move South Carolinians to stability providing innovative and efficient access to quality of life resources. Additionally, faculty often interact with students' preceptors in the practice setting about student projects and collaborations.

Lastly, MPH faculty collaborate with the Center of Innovation at the Charleston Veterans Affair (VA). MUSC has a robust relationship with the Charleston VA in the clinical and research sectors, and some of the MPH faculty have dual appointments both at the VA and MUSC serving in clinical and research positions. For example, Dr. Hermes Florez holds a Health Scientist position in the Health Equity and Rural Outreach Innovation Center (HEROIC) of Charleston VA. Two MPH faculty, Dr. Mulugeta Gebregziabher and Dr. Kelly Hunt also hold Health Scientist positions and are founding members of HEROIC and members of the center's executive committee and leadership. Additionally, some of the MPH faculty are investigators in HEROIC working on public health and health disparities projects that help to improve the health of Veterans. The public health projects in HEROIC open opportunities for the MPH students to be involved in public health projects that impact veterans.

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

Strengths:

- MPH faculty have been consistent with integrating public health practice within the classroom by inviting colleagues from local public health organizations to be guest speakers to discuss emerging public health issues and other important content related areas to enhance the content of didactic lectures.

Weaknesses:

- The MPH program has not identified any weaknesses with this criterion.

Plans:

- As the MPH program continues to grow, the MPH program will continue to work with the Community Advisory Board to build more relationships with local and regional organizations to grow these partnerships. Additionally, the MPH program will continue to integrate public health practitioners to take part in providing guest lectures for MPH courses.

SECTION E3

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.

To ensure that faculty remain current in their field, the MPH program supports the financial cost of the annual membership for the Vice Chair of Academic Program and the Assistant Academic Program Director for APHA to allow them the opportunity to remain up to date with emerging topics and issues that need to be incorporated into the MPH curriculum and program policies as leaders of the program. Other faculty attend APHA and other professional conferences through their own faculty funds paid by research grants.

Faculty are also responsible for maintaining currency in their field for their own licensures and memberships where appropriate through continuing education. The table below lists examples of how faculty members maintain currency in their field.

Table E3-1. Examples of Memberships and Licensures of Faculty to Facilitate Maintaining Currency in their Respective Fields

Faculty Member	Primary or Non-primary	Example
Marvella Ford	Primary	Member, American Public Health Association; Member, American Society of Preventive Oncology; Member, American Association for Cancer Research
Mulugeta Gebregziabher	Non-Primary	Member, American Public Health Association; Member, American Statistical Association (ASA); Member, SC Chapter of ASA
Kelly Hunt	Primary	Member, American Diabetes Association Member, Society of Epidemiologic Research
Angela Malek	Non-Primary	Member, Society for Epidemiologic Research (SER); Member, Society for Pediatric and Perinatal Epidemiologic Research (SPER); Member, International Epidemiological Association (IEA); Member, American Academy of Neurology (AAN; Member, American Heart Association (AHA); Member, American College of Epidemiology (ACE)

Julie Marshall	Non-Primary	Member, National Rural Health Association; Member, American Public Health Association; Member, American Economics Association; Member, Southern Regional Science Association; Member, North American Regional Science Association
Renee Martin	Non-Primary	Member, Society for Clinical Trials Member, American Heart Association Member, American Stroke Association
Caitlyn Meizner	Non-Primary	Member, American Heart Association Member, Society for Clinical Trials Member, American Statistical Association
Cathy Melvin	Primary	Member, Society of Behavioral Medicine
Joni Nelson	Non-Primary	Member, American Public Health Association; Member, American Dental Education Association; Member, National Rural Health Association; Member, OPEN Network
Paul Nietert	Primary	Member, American Statistical Association (ASA)
John Pearce	Non-Primary	Member, International Society for Environmental Epidemiology (ISEE)
Alana Rojewski	Non-Primary	Member, Society for Research on Nicotine and Tobacco
Katherine Sterba	Primary	Member, American Society of Preventive Oncology Member, Society of Behavioral Medicine
Benjamin Toll	Non-Primary	Member, Society for Research on Nicotine and Tobacco (SRNT); one of the 9 elected board members for SRNT; License to practice psychology in South Carolina
Edith Williams	Primary	Member, American College of Rheumatology
Dulaney Wilson	Non-Primary	Member, American Epilepsy Society; Member, American College of Epidemiology; Member, American Public Health Association; Member, American Statistical Association Health Physics Society; Member, Radiation Research Society

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.

There are multiple ways the program assesses teaching effectiveness. The MPH program evaluates the courses offered as part of the program through surveys distributed to the MPH students. At the end of each semester all MPH students complete course evaluations and instructor evaluations (via CampusLabs) for the courses they completed that semester. For courses with more than one faculty member teaching, all instructors are evaluated for that course section. These evaluations are part of the faculty's academic requirement for the department and contributes to their annual evaluation. Course evaluations completed by students allow the gathering of data regarding the effectiveness of teaching, allow the department to make informed decisions regarding tenure and promotion, and allow the MPH Program to improve curriculum, policies, and procedures. Additionally, the most important benefit of these evaluations is the feedback provided by students for instructors so they can improve their courses and teaching practices. These data

are available to the Department Chair and Academic program directors each semester. At the end of each year, the Dean of the College of Medicine receives an overall report that shows which faculty scored (on average) at least a 4.0 (on a 5 point Likert scale, where 5 is best) on items related to teaching effectiveness. Faculty scoring below an annual mean score of 4.0 are required to develop a plan in consultation with the Department Chair to improve their teaching effectiveness. These plans often involve using the university resources described above and below.

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.

All MPH faculty, including primary instructional and non-primary instructional, are informed and encouraged to participate in professional development opportunities to improve their instructional effectiveness. Remaining current within the field of public health is a requirement of the MPH faculty for their field of research and areas of instructional responsibility. MPH faculty attend public health meetings annually both statewide and nationally to be informed in their own areas of expertise to maintain currency. For effectiveness in pedagogical methods, the department, college, and university have programs available to improve teaching, in which faculty are alerted through emails and announcements during departmental and faculty meetings. For example, the Appletree Society at MUSC, a university-wide resource, is a centrally-supported interest group comprising faculty and staff devoted to the scholarship of teaching, learning, and professional development of faculty as educators. It hosts regular seminars and workshops on the topic of teaching effectively and hosts an educational series annually called Foundations of Teaching and Learning that introduce pedagogical methods and latest learning technologies available to MUSC faculty.

There are Apple Tree Society Brown Bag sessions that are scheduled throughout the year for any faculty who would like to join. Topics range from research to technology to teaching, with varying levels of experience. Apple Tree also sponsors the Foundations in Teaching and Learning series that is held every three semesters. This is a 7-part series for faculty new to teaching or experienced faculty who want to share their expertise and explore additional teaching strategies. Additional series are planned throughout the year to highlight current trends in teaching and learning at MUSC. Faculty are informed of Apple Tree presentations through regular email announcements. The Apple Tree Society webpage also offers an extensive list of resources available to MUSC faculty to help them improve their teaching skills, both in traditional settings and online formats. The Apple Tree Society publishes Tomorrow's Teaching Newsletter, a monthly newsletter summarizing recent trends and tips to become a more effective educator. At the college level, the College of Medicine and the department supports teaching through Brown Bag seminar series, training, instructional development and support of faculty. All of the primary and non-primary faculty have participated in these opportunities available by Apple Tree Society. To highlight a few in the recent years, Dr. Angela Malek (non-primary) participated in a summer institute and attended numerous webinars, including "Facilitating an Online Course" and "Tools for Mentees and Mentors"; Dr. Paul Nietert (primary) attended webinar trainings related to accessibility tools and the use of Panopto; and Dr. Katherine Sterba completed the Foundations in Teaching 7-part series.

Lastly, related to learning technologies, the Office of Instructional Technology and Faculty Resources (ITFR) supports the instructional technology needs of faculty, staff, and students by implementing and maintaining instructional systems, maintaining classroom technology, and providing technical support for distance education classes and video conferencing. ITFR also assists faculty by providing resources that encourage new technological and pedagogical teaching strategies, fosters collaborations across disciplinary and university boundaries, and promotes teamwork to be applied in collaborative, interprofessional health care delivery and research settings.

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

At MUSC, each department and college assesses their faculty using specific policies and procedures for annual evaluation and for promotion and tenure, and that evaluation includes teaching effectiveness. The Department of Public Health Sciences has policies regarding the role of instructional effectiveness in decisions about faculty advancement. These policies are located in the department bylaws (*ERF A1-3 Department of Public Health Sciences Bylaws*) and follow the criteria, standards, and guidelines for promotion, tenure, annual evaluation and merit salary as required by the College of Medicine. For the MPH program, tenure and progress toward tenure are handled at the department and college level along with any merit and/or salary adjustments. Teaching, service, and research expectations are specific to each faculty member and are described in their appointment letter. Each faculty member meets annually with the Department Chair to establish professional goals and objectives as well as discuss their relative importance within the context of the department and program goals. It is expected that faculty participation in the MPH program and goals are part of the discussion. During this annual meeting, MPH faculty submit student evaluations for review and discussion. Also, a teaching packet is prepared including student evaluations as part of the promotion process.

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.

The three indicators that are meaningful to the MPH program as it relates to instructional quality are:

1. **Faculty Currency: Peer/internal review of syllabi/curricula for currency of readings, topics, methods**. Over the last three years, the program has held internal review of course syllabi/curriculum by the curriculum committee for each concentration and approved by the MPH Program Committee, and is as follows:

- The MPH Curriculum committee for each concentration conducts an internal review of all syllabi for courses approved for MPH students.
- Internal review occurs quarterly with an emphasis on reviewing the content and currency of the concentration specific courses and the electives annually as they are offered.
- The GTD for each concentration area discusses the curriculum review with the MPH Program Committee, which includes the Vice Chair of Academic program.
- All changes are approved by the MPH Program Committee.

For the development of new courses, the faculty member meets with the curriculum committee of the respective concentration area to discuss the nature of the course, the course syllabus for approval to be added to the list of MPH courses. The syllabus for this course is then distributed to the MPH Program Committee for review and approval. To be included in the university course catalog, the Assistant Academic Program Director submits a 'Course Request' form via the Registrar system, eTrieve, and the Registrar assigns a course identification number. Overall, the program's progress over the last three years for internal review of syllabi/curricula has been satisfactory and has allowed for continual updating of courses and curricula, such as the development of the new Statistical Data Management (PHGEN 714) and redesign of the ILE Planning (PHGEN 770) courses as discussed in section B6.

2. **Faculty Instructional Technique: Student satisfaction with instructional quality.** For the last three years the program's approach to track student satisfaction and instructional quality has been through course evaluations and an Exit Survey. As shown by Table E3, in the Graduation Survey completed before graduation, students are asked questions about the courses they have taken:
    - Students are asked if they are satisfied with the quality of education they received in the MPH program.
    - Students are asked if the MPH program met their expectations.
    - Students are asked if they would recommend the program to prospective students.
    - Students are asked if the knowledge they acquired is relevant for their career choice.
    - Students are asked to rate the quality of instruction provided by the MPH program.
    - Students also, as a matter of university policy, complete anonymous course and instructor evaluations each semester; those results are also used in determining faculty effectiveness.

Table E3. Faculty Instructional Quality

Graduation Survey Question	N	%
Overall, satisfied with the quality of my graduate education		
Disagree	3	19%
Agree	**13**	**81%**
The MPH program met my expectations		
Disagree	3	17%
Neutral	2	11%
Agree	**13**	**72%**
I would recommend this program to other prospective students		
Strongly Disagree	1	5.5%
Disagree	1	5.5%
Neutral	2	11%
Agree	**14**	**77%**
The knowledge I acquired during the MPH program was relevant to my career choice		
Disagree	1	6%
Agree	**17**	**94%**
Rate the quality of instruction you received in the MPH program for Biostatistics		
Inadequate	5	29%
Appropriate	**11**	**65%**
Excessive	1	6%
Rate the quality of instruction you received in the MPH program for Environmental Health Sciences		
Inadequate	1	6%
Appropriate	**16**	**94%**
Rate the quality of instruction you received in the MPH program for Epidemiology		
Inadequate	2	12%
Appropriate	**15**	**88%**
Rate the quality of instruction you received in the MPH program for Health Policy and Management		
Inadequate	1	6%
Appropriate	**16**	**94%**
Rate the quality of instruction you received in the MPH program for Social and Behavioral Sciences		
Inadequate	1	6%
Appropriate	**16**	**94%**

3. **School or Program level outcomes: Courses that integrate technology in innovative ways to enhance learning.** Through the extensive support university wide by Instructional Technology and Faculty Resources

(ITFR), the MPH program has used cutting edge technologies to enhance student learning. Examples include:

- Brightspace/D2L
- Built-in quizzes and poll activities
- Microsoft Teams, Zoom, Webex used for virtual meetings
- PubMed (search engine) and SCOPUS (database) for comprehensive coverage of health related scientific publications
- RedCap for survey development and data management
- iClickers and Poll Everywhere for in class, interactive assessment

Over the last three years, when asked if "educational technology was helpful", 78% of students agreed (n=18) the technology provided throughout the MPH program was helpful, with 4% who disagree (n=1) and 17% who were neutral (n=4). Starting summer 2021, the university implemented Brightspace, which is a new innovative learning management system for creating, hosting, and editing online learning resources.

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

Strengths:

- The MPH program has used the feedback received by students to drive decision-making over the last three years. For example, the feedback received regarding the instruction of Biostatistics noted in Table E3, changes were made to the course by adding SPSS as the statistical software for the MPH Health Behavior and Health Promotion students to alleviate programming responsibilities among these students.
- Additionally, in response to the feedback received regarding the instruction of Biostatistics, the MPH program developed a new Statistical Data Management course for MPH Biostatistics and Epidemiology students to better prepare them for Biostatistics Methods II.

- MPH faculty are provided ample resources for teaching effectively through the centrally-supported Apple Tree Society and Instructional Technology and Faculty Resources.
- All of the MPH faculty are associated with professional organizations such as the American Public Health Association, American Statistical Association, and Society for Epidemiological Research, and Society of Behavioral Medicine.
- Some of the MPH faculty hold additional licensures which require continuing education credits.

Weaknesses:

- The evaluations prior to spring 2020 did not include questions related to instructional effectiveness or understanding of competencies.

Plans:

- The MPH program plans to continue gathering information from students as it relates to their proficiency in the public health competencies and satisfaction with instructional effectiveness.

SECTION E4

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.

The MPH program is enriched by faculty research and scholarly activity. The expectation of the program is of excellence and commitment to research and scholarship in the concentration areas of the public health program. At the department and college level, tenured and tenure-track faculty are expected to maintain an active research program as evidenced by publications, presentations at conferences and meetings, and funding to support their research. The policies and practices for departmental expectations regarding faculty research and scholarly activity are outlined in the documents for promotion and tenure (ERF A1-3 Department Bylaws).

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

The university supports faculty as scholars through both infrastructure and services. The MUSC research infrastructure includes pre- and post-award functions, including the Office of Research Development, the Office of Research and Sponsored Programs, and the Office of Research Integrity, all of which support MUSC faculty in applying for grants, processing awards, and conducting research studies.

In addition, MUSC is fortunate to be home to the South Carolina Clinical and Translational Research Institute (SCTR), a NIH-funded resource which provides exceptional support to seasoned investigators, new investigators, and aspiring scientists. The depth and breadth of support that is afforded by SCTR includes Research Toolkits, Lunch-N-Learn events, concierge services to assist with getting started in research (SUCCESS Center), and intramural funding and vouchers to help collect necessary pilot data to make a grant application more compelling; and providing an online library of successfully funded extramural grant applications that provide a useful model for less experienced investigators. Additionally, MUSC faculty can schedule individual appointments with experts in the MUSC Writing Center to discuss any writing projects, from papers for publication to grant proposals to curriculum vitae. More information regarding university support for faculty research and scholarly activity can be found at www.research.musc.edu.

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. Paul Nietert conducts much of his research within (SCTR), which involves collaborating with clinicians on observational and interventional research studies. Within such projects, he compares two groups with respect to factors such as demographics and clinical characteristics. For the Introduction to Clinical Biostatistics Methods I (BMTRY 700) course, he discusses with MPH students which statistical techniques are appropriate for conducting such comparisons. As a part of the final homework assignment, students are provided with a dataset from which they calculate descriptive statistics for two groups of patients (i.e., cases and controls) and compare them across a number of domains, including demographics and clinical characteristics. In making these comparisons, students select from a number of analytical approaches, including chi-square tests, Fisher's exact tests, t-tests, and Wilcoxon rank sum tests, and the results are summarized in a large table in a manner suitable for publication. Through this type of activity, MPH students gain experience with clinical research and manuscript preparation.

- Dr. Benjamin Toll conducts tobacco research, and for Health Psychology (PHGEN 718) he discusses with MPH students the scientific methods used for clinical trials and the study designs (i.e., regarding whether they were appropriate or could have been improved and how) and the effect sizes (both statistical and clinical) found in study outcomes. As a part of an ongoing self-change project that all students in the course conduct, they must conduct their own self-study (i.e., a within-subjects design) in which they calculate changes over time regarding health behaviors. The differences between clinical efficacy and effectiveness studies are discussed during the course, as well as superiority versus inferiority study designs.

- Dr. John Pearce integrates his research with course instruction for Environmental Health Sciences (PHGEN 708) by teaching MPH students how to conduct air monitoring. The Charleston Community Air Monitoring Network (CCAMN), led by Dr. Pearce's Lab, is used as a real-world example of how community-university partnerships can be built to address local environmental health concerns. Over the years, students have conducted an air monitoring campaign across the MUSC campus.

- Dr. Julie Marshall's research is based on secondary data analysis, focusing on policy analysis, health services research, access to services, and the provision of services to rural or underserved population. For the Introduction to Health Systems & Policy (PHGEN 710) course she integrates much of her research into the course. Through her background and research, she is able to discuss current policy issues, how to conduct a policy analysis, the intersection of policy and economics, and methods to assess policy with the MPH students.

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

- Dr. Benjamin Toll has a research study that involves collection of primary data to evaluate the impact of implementing an opt-out tobacco treatment program at an academic university cancer center. For this research study, the MPH students are involved with this research study by extracting patient contact information out of the electronic medical records and inserting it into the study database. Students also conduct phone surveys and enter the data into RedCap. For patients who need assistance to quit smoking, students may refer patients to the tobacco treatment program at HCC to be followed up by a tobacco treatment specialist. Primary data collection involves conducting a telephone interview with a randomly selected subgroup of patients who 1) responded to phone calls and accepted tele-health treatment, 2) opted out of telehealth treatment, and 3) did not respond to tele-health calls. Additionally, a survey assesses 1) self-reported use of tobacco products 6 months after their Hollings Cancer Center (HCC) outpatient visit; and 2) self-reported use of an FDA approved stop smoking medication, and 3) satisfaction with the services received at HCC.

- Dr. Kelly Hunt has a research study that involves the collection of data from mother-child pairs to examine environmental exposures on childhood outcomes. For this study, MPH students have been involved with study coordination, including scheduling study visits, consenting study participants, collection of survey data from mothers, collection of bioelectric impedance analysis (BIA) data, urine sample collection, and administration of the NIH Toolbox assessments with the children who participated in the research study. Additionally, students have been involved with the data entry using RedCap. As a result of their involvement, some MPH students have analyzed data from this research study for their capstone projects.

- Dr. Paul Nietert currently has an ongoing research study regarding low SARS-CoV-2 IgG seroprevalence in healthcare workers measured by point-of-care, in-home antibody testing. Health care workers are at significant risk for infection with the novel coronavirus SARS-CoV-2. For this study, Dr. Nietert and other researchers utilized a point-of-care, lateral flow SARS-CoV-2 IgG immunoassay to conduct a seroprevalence study in a cohort of at-risk health care workers and normal-risk controls employed at an academic medical center. One of the MPH Biostatistics students is working with him to provide assistance with biostatistical analyses.

- Dr. John Pearce leads the Charleston Community Air Monitoring Network (CCAMN), a community-academic research partnership that involves monitoring and assessment of air quality in near-port communities. The research involves collection and dissemination of real-time air pollution data to evaluate the impact of port expansion and increases in goods movement within lower income communities of color. For this project, the MPH students assist with the research by monitoring and extracting incoming air quality information out of the data cloud in order to provide weekly summaries of air quality across communities of interest. Students also conduct routine monitor inspections and assist with processing of data for the web platform and archiving. Students also participate in monthly calls with community partners and participate in environmental justice trainings.

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

As an academic research center, research is a vital contribution for each regular faculty member, regardless of their track designation, to the fulfillment of the educational goals of the College of Medicine. Although the commitments of faculty members to conduct research may vary considerably and depend upon the interests and skills of the individual and the needs of the department, involvement in research is considered an essential obligation of all scholars. That is, the College of Medicine's promotion criteria include "direct involvement in research" as a required criteria for promotion for all tracks. Whether the involvement necessitates independence as an investigator (and funding as Principal investigator) is determined by the specific track the faculty member belongs to.

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.

Measures that are meaningful to the program and that demonstrate its success in research and scholarly activity related to faculty participating in public health research and scholarly activities are:

1. Number of articles published in peer-reviewed journals
2. Total research funding
3. Presentations at professional meetings

Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	**Target**	**2018**	**2019**	**2020**
Number of articles published in peer-reviewed journals	100	120	114	96
Total research funding	3 M	$4.8M	$4.5M	$3.5M (as of 10/12/20)
Presentations at professional meetings	50	63	83	68

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

Strengths:

- Faculty are actively conducting research and integrating it in their course instruction.
- Faculty actively participate in conferences and dissemination of their work.
- Outcomes of scholarly activities are incorporated into faculty teaching and advising.

- One of the MPH faculty is the Vice Chair for Research for the department, in which he provides strategic leadership, direction, and support for all activities related to research initiatives and activities within the department.
- Faculty are valued collaborators for research across the MUSC campus in the College of Nursing, Medicine, Health Professions and Psychiatry and Behavioral Sciences.

Weakness:

- While the MPH program has engaged the MPH students with faculty research, this is more commonly done only during the time of their capstone project.

Plans

- The MPH program has developed a faculty research survey that will be completed by MPH faculty annually to gather information regarding availability of research opportunities for MPH students. This information will be shared with the students during orientation to begin engaging them in faculty research starting their first semester of the program.
- The MPH program will offer students interested in research the opportunity to be involved with faculty research throughout their time in the MPH program instead of only when conducting the capstone project.
- The MPH program plans to continue interdisciplinary collaborative research with other colleges and departments at the MUSC university level. This should lead to more opportunities for MPH students to be engaged in interdisciplinary research.

SECTION E5

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.

The DPHS has an expectation for faculty to participate in extramural activities that are beneficial to the profession, the university, and the community at large. Participation in professional activities such as Study Sections, Journal Editorial positions, national and international professional committees, university level committees and local school board committees are considered as integral component of faculty efforts. The university considers these activities in the metrics of assessing its national and international recognition and prominence. Faculty are required to document their extramural activities in their annual report as well as in promotion/tenure packets as inputs in decisions for salary raise, promotion and tenure applications. The faculty who teach in the MPH program, as members of DPHS, have the same expectations as described above. For example, many of the MPH faculty are standing members of the National Institutes of Health (NIH), Department of Defense (DOD), and the Veteran's Affair (VA) study sections, editors of journals, leaders of professional associations, and members of professional committees, school board committees and boards of community organizations.

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

The university as well as DPHS recognize the importance of the above described activities and hence provide paid administrative leave and support. It also provides recognition for excellence in those activities through its annual award ceremonies. The university provides support for community engagement through the Community Engagement Program (CE-P), under the direction of one of the MPH faculty, Dr. Cathy Melvin. The CE-P is dedicated to engaging community members and academic partners in all aspects of the research process to promote health, reduce the risk of illness and disease, and build community resilience to help transform health care and eliminate health disparities. These objectives are supported through a portfolio of consultative services and a robust community-engaged research training program that incorporates pilot grant opportunities and is guided by a diverse group of stakeholders who are part of the university Translational Research Community Advisory board.

SCTR offers free consultation services to clinical and translational researchers and community members in the following CE-P areas:

Approaches to Community Input

- Uses approaches such as focus groups, "talking circles" and/or technology-based platforms (social networks and virtual community forums).

Assessment of Partnership Readiness

- Provides tools and guidance to determine how academic and community partners can best prepare for their collaborations.

Community Engagement Study Design Methods

- Offers guidance on incorporating community-based theories and frameworks into study designs, research and evaluation plans, community needs-assessments, and regulatory compliance.

Systematic Reviews using CE Principles

- Supplies strategies to conduct systematic reviews using community engagement principles.

Budget Preparation for Community Engagement

- Advises on budget considerations and ensures appropriate compensation for individuals/organizations engaged in research.

Other extramural service activities supported by MUSC are:

Lowvelo

- A fundraising event during the month of November to engage the community in raising the quality of cancer care across economic classes, raise awareness of the cancer burden throughout the state, promote partnerships with academic institutions and community organizations, and expand clinical and research reach to urban and rural South Carolina. This event is sponsored through MUSC Hollings Cancer Center.

Lowcountry Heart Walk

- An affiliation with the American Heart Association, MUSC serves a sponsor for the annual Lowcountry Heart Walk in the community. A DPHS team supports this event.

Trident United Way Day of Caring

- The largest single day of community service in the area matching nonprofit agencies and schools with volunteer teams that help advance their mission and build capacity all while fostering community engagement.

The MPH program does not have a separate support structure in terms of financial support for extramural service activities. However, the MPH faculty and students regularly engage in the above named extramural service activities as well as others as listed below.

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

All of the MPH faculty serve as grant and journal reviewers for but not limited to: the National Institutes of Health, Nicotine and Tobacco Research, Clinical Epidemiology, Epilepsy & Behavior, Seizure, Annals of Epidemiology

- Dr. Marvella Ford collaborates with a number of initiatives across the state, including MOVENUP, to provide cancer education to South Carolina community members using a "Train the Trainer" model; the Hollings Cancer Center (HCC) HPV Vax Van to provide HPV vaccination education and HPV vaccination to patients from rural regions of South Carolina; SC CHEC: South Carolina Cancer Health Equity Consortium to provide cancer research training to students from three HBCUs in South Carolina, Claflin University, South Carolina State University, and Voorhees College, and the University of South Carolina; and the AMEN Project to provide prostate cancer education and linkage to federally qualified health centers for screening for African American men. Dr. Ford uses her extramural service activities as examples during her Application of Health Behavior Theory course (PHHBP 704) when discussing the role of social and community factors in both the onset and solution of public health problems, identifying the causes of social and behavioral factors that affect the health of individuals and populations, and describing steps and procedures for the planning, implementation and evaluation of public health programs.

- Dr. John Pearce in response to COVID-19 has helped the MUSC hospital analytics team develop a GIS workflow that allowed them to geocode, map, and assign neighborhood social conditions to patients within the MUSC network. The workflow was based off of work he did to support analysis of COVID-19 case distributions among MUSC patients. The results are now generated automatically and provided to assist hospital operations and MUSC's COVID Epidemiology Project. During spring 2021 semester, as part of his Environmental Health course (PHGEN 708) he is providing an overview of this process to illustrate how geographic information can play a critical component in public health response.

- Dr. Jeff Korte has a project in Uganda, a community-based randomized trial of HIV self-testing with pregnant women at 3 antenatal care clinics. The goal of the project is to increase HIV testing among their husbands; with clinic days being randomized to either intervention or control. Women who came to the clinic on intervention days were enrolled into the intervention arm, in which they received HIV self-testing kits to take home. Control women did not get the self-testing kits, but were asked to encourage their

husbands to get tested. Dr. Korte's research team recruited as many husbands as possible for follow-up interviews, and also did follow-up interviews with the women. The main outcome was HIV testing among husbands, and the main finding was that there was an enormous increase in HIV testing among the men – increasing from 37.2% in the control arm to 77.2% in the intervention arm. For his Epidemiology II (BMTRY 747) course, Dr. Korte uses this project as an example when discussing study design, public health implementation, community work, working with clinics and populations, data collection, data management, data analysis, and interpretation of results.

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

- Dr. Katherine Sterba is the Co-Chair of the South Carolina Cancer Alliance: Cancer Survivorship Workgroup, whose goal is to increase the number of South Carolinians who have access to effective cancer treatment and care and benefit from improved quality of life services. The South Carolina Cancer Alliance is dedicated to the prevention and early detection of cancer, as well as improving the treatment of those affected by this disease. The Alliance consists of volunteers who represent the state's medical community, academic institutions, nonprofit organizations, and various community groups. Every five years, volunteers work together to develop the five-year South Carolina Cancer Plan. This plan provides a road map of objectives for implementing the state's cancer prevention and control activities. Over the years, the MPH program has had MPH students volunteer with the alliance as interns helping with the development of seminar series, conference materials, and website educational materials.

- In Dr. Jeff Korte's Uganda project described above, during spring 2021 one of the MPH students analyzed data from the Uganda project for her Epidemiology II class project to look at the couple's ease of communication about the topic of HIV and to see how that is related to uptake of HIV testing among the men. As a result of her data analysis for this assignment, Dr. Korte thought her work was publishable and is currently working with her to write a manuscript for a publication. This student will also expand her work for her Capstone project fall 2021. Additionally, Dr. Korte collaborates with South Carolina Department of Health and Environmental Control (SC DHEC) in several capacities. Currently in response to COVID-19, he works with the Lowcountry Region Medical Director to help coordinate the response to the pandemic including contact tracing at the level of the community and within MUSC. Additionally, he is involved in an ongoing SC DHEC funded project to conduct representative statewide sampling for COVID-19, both antibody testing and diagnostic testing. For these collaborations with SC DHEC, one of the MPH students is actively engaged with him.

- Dr. Mulugeta Gebregziabher project with the Veteran's Affairs HEROIC Center aiming to increase the impact of health services research and the health and healthcare of veterans focuses on health equity, access to care, and rural health. Currently, a MPH student is working with Dr. Mulugeta on this project and is investigating the relationship between population characteristics such as geography, race/ethnicity, and gender, and the negative health outcomes as they specifically relate to the health disparities in the veteran population. This student's involvement in this project will lead to a professional development opportunity that will allow her to communicate the findings from this project during a poster presentation.

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.

Outcome Measure	Target	2018-2019	2019-2020	2020-2021
Percent of total faculty participating in extramural service activities	90%	100%	100%	100%
Number of faculty-student service collaborations	3	4	5	5
Number of community-based service projects	3	4	4	5

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

Service by faculty to their community (local, national, global, and professional) counts towards metrics of faculty advancement, which is based on teaching, research, and service. Service accounts for 5-10% of faculty time. These rules are based on university and college level recommendations.

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

Strengths:

- Over the years, MPH students have had opportunities to engage with faculty with service collaborations.

Weaknesses:

- While MPH faculty are engaged with a number of extramural services, the majority of faculty have been more involved with journal and grant review activities rather than community extramural service activities. Faculty engaged with communities have not frequently integrated their service into their course curriculum or engaged the MPH students with those activities.

- MPH faculty are not compensated for participating in extramural service, which has posed limitations on the amount of extramural service within the community that is done by faculty.

Plans:

- Over the next year, the MPH program plans to develop mechanisms to provide incentives to faculty to participate in extramural service.
- Starting summer 2021, as part of the curriculum committee review, integration of extramural service as part of course curriculum will be added and reviewed annually as part of the curriculum review.
- Starting summer 2021, as part of the faculty research survey that will be administered annually, the MPH program will include extramural service opportunities for students to increase MPH student involvement with service with faculty.
- Starting fall 2021, to integrate MPH students in faculty extramural service, the MPH program will announce opportunities during orientation for each incoming class, so that students may begin involvement with service with faculty at the beginning of the program.

SECTION F1

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.

MPH program routinely seeks and analyzes feedback from constituent sources for continuous quality improvement of the MPH curriculum, student outcomes, and planning for future initiatives. A Community Advisory Board (CAB) was formed in September 2019 comprised of alumni, state level public health officials, internship site supervisors, faculty, and academic advisors. The CAB meets twice per year, to discuss the CEPH accreditation, self-study, and program involvement with community activities. Additionally, the CAB engages in activities that advance student success and promote public health through the following mechanisms:

- Assessment of current curriculum, public health practice, and student success
- Identification of professional development within the community
- Development of the CEPH self-study
- Assessment of the program's vision, mission, goals, and values

The CAB provides feedback both informally via email communication and during meetings, and formally through surveys to provide input regarding public health employer needs.

Table F1-1 lists the members of CAB.

Name	Agency	Email
Hermes Jose Florez, MD, PhD, MPH	Department of Public Health Sciences Chair	florez@musc.edu
Mulugeta Gebregziabher, PhD	Vice Chair of Academic Programs	gebregz@musc.edu
JacKetta R. Cobbs, PhD, MPH	Assistant Academic Program Director	cobbsj@musc.edu
Joni Nelson, PhD, MPH	MPH Faculty	nelsonjd@musc.edu
Ernie Patterson	Philanthropist	efpatterson@gmail.com
Aaron Stoud-Romero	One World, VP of Field Operations	aaron@oneworldhealth.com

Diane M. Mathews, M.S.	Lowcountry AHEC, Executive Director	mathewsd@lcahec.com
Ronnie Chatterjee, MPH	MPH Alumni; MUSC Diversity & Inclusion	chatterr@musc.edu
R. Taylor Lee, MBA	SC Department of Health and Environmental Control	leert@dhec.sc.gov
Nancy Muller, PhD, MBA	Lowcountry Graduate Center, Director and College of Charleston Visiting Associate Professor	mullernj@lowcountrygradcenter.org
Darlene Lynch	SC Department of Rural Health, Director of Community Transformation	dlynch@scorh.net
Christy Lynn Kollath-Cattano, PhD, M.A.	College of Charleston, Associate Professor and Director, B.S. in Public Health	kollathcattanocl@cofc.edu
Laurie Elam-Evans, PhD, MPH	Lead Health Scientist, Centers for Disease Control and Prevention	lxe1@cdc.gov

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 surveyed the CAB members to understand the needs of public health employers and the skills that graduates need to attain. CAB members that have employed MPH graduates shared their experiences with MPH graduates and reflected on the changes in their fields, while graduates shared the skills they have needed in their new careers. The MPH curriculum and course offerings have been discussed based on the skills alumni and CAB members would like to have upon graduation. During THE November 2020 meeting, the CAB reviewed all competencies and assessment methods in an effort to prepare for the self-study submission.

Additionally, for the internship, the MPH program surveys the internship preceptors at the midterm and end of the MPH student's internship to provide regular feedback regarding the professionalism and competency-based performance of the MPH students. The feedback the MPH program has received has been used to develop curriculum, including the content the MPH program addresses during professional development seminars during Public Health Career Day. The internship preceptors have consistently provided strong and positive feedback regarding how professional and well-prepared the students are during their internship.

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 vision, mission, values, and goals, were initially developed by the MPH Program Committee and further discussed with the inaugural MPH Accreditation Steering Committee and CAB meetings, as well as the inaugural MPH Faculty Retreat. The guiding statements were in need of refinement to align with the CEPH accreditation standards. Both the steering committee and CAB reviewed statements from other accredited programs to provide feedback for us to define the niche within South Carolina. The guiding statements were edited by the steering committee before being finalized. Additionally, the steering committee and CAB reviewed the evaluation measure and metrics and provided feedback on the modification of the evaluation metrics selected to measure the MPH program goals.

b) Development of the self-study document

The continual feedback from alumni, CAB, and steering committee about the degree to which students are prepared for engagement within the community is of importance to us. The MPH program receives feedback from alumni via the post-graduation survey and alumni focus groups, whereas feedback from the CAB and steering committee is received during the meetings and via email communications. As the MPH program developed the self-study, alumni, CAB, and steering committee have provided essential feedback, and the MPH program utilized the CAB's professional expertise and personal experiences to further contribute to the development of the self-study.

c) Assessment of changing practice and research needs

The assessment of changing practice and research needs is done through thoughtful discussion with the CAB during meetings. It was also decided during the November 2020 meeting that in addition to biannual meetings, the MPH program would assess the changing practice and research needs annually via a questionnaire that will be sent to internship preceptors, alumni, employers, and CAB members beginning academic year 2021-2022.

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

As part of the Alumni Survey that is completed six to nine months post-graduation we ask graduates if we may contact their current employer to receive feedback regarding the preparedness of graduates from our program. Thus far, we have been unsuccessful with getting permission from the majority of the MPH alumni to allow us to reach out to their current employers. Since some of the CAB members are or have been employers of MPH graduates, we conducted the Employer

Survey with them in addition to the employers of alumni we did receive permission from to gather some feedback. The employers who responded represent government (state, federal, local), hospitals, public health nonprofit organizations, and university/research institutions, and over the last five years have employed one to five MPH graduates from this program. When asked "*how well prepared you think the DPHS graduates are to join the public health workforce*," 76% of the respondents felt the MPH graduates employed by them are well/very well prepared. Additionally, when asked "*how well prepared are DPHS MPH graduates to address today's public health challenges,*" 55% reported 'Excellent' and 44% reported 'Good'. Additionally, when asked about the requirement of continuing education and professional development, 78% responded their organization expects employees to gain continuing education credits and other professional development.

While the Employer survey did not specifically ask about performance of competencies, perceptions about the importance of skills relevant to the competencies for the workforce was assessed. Table F1-3 illustrates the data regarding these skills.

Table F1-3 Employer Survey: Perceived important of public health skills

Employer Survey Question	N	%
Biostatistical/Analytical Skills		
Not important at all	2	14%
Slightly important	2	14%
Moderately important	**4**	**29%**
Very important	3	21%
Extremely important	3	21%
Statistical data analysis		
Not important at all	0	0%
Slightly important	3	21%
Moderately important	2	14%
Very important	4	29%
Extremely important	**5**	**36%**
Big data management		
Not important at all	0	0%
Slightly important	3	21%
Moderately important	**4**	**29%**
Very important	**4**	**29%**
Extremely important	3	21%
Primary data management		
Not important at all	0	0%
Slightly important	2	14%
Moderately important	3	21%
Very important	4	29%
Extremely important	**5**	**36%**
Database management		
Not important at all	0	0%
Slightly important	2	14%
Moderately important	**4**	**29%**
Very important	**4**	**29%**
Extremely important	3	21%
Data visualization		

Not important at all	1	7%
Slightly important	0	0%
Moderately important	1	7%
Very important	**8**	**57%**
Extremely important	4	29%
Statistical programming		
Not important at all	3	21%
Slightly important	**4**	**29%**
Moderately important	3	21%
Very important	3	21%
Extremely important	1	7%
Epidemiological skills		
Not important at all	**3**	**21%**
Slightly important	**3**	**21%**
Moderately important	2	14%
Very important	**3**	**21%**
Extremely important	**3**	**21%**
Field survey methods		
Not important at all	0	0%
Slightly important	2	14%
Moderately important	4	29%
Very important	**6**	**43%**
Extremely important	2	14%
Find and use national data sources		
Not important at all	1	7%
Slightly important	2	14%
Moderately important	0	0%
Very important	**9**	**64%**
Extremely important	2	14%
Population approaches to public health issues		
Not important at all	0	0%
Slightly important	0	0%
Moderately important	1	7%
Very important	**6**	**43%**
Extremely important	2	14%
Environmental health		
Not important at all	0	0
Slightly important	2	22%
Moderately important	2	22%
Very important	**4**	**44%**
Extremely important	1	11%
Environmental determinants of health		
Not important at all	0	0%
Slightly important	2	22%
Moderately important	**4**	**44%**
Very important	2	22%
Extremely important	1	11%
Environmental health risk assessment		
Not important at all	0	0%

Slightly important	2	22%
Moderately important	3	33%
Very important	**4**	**44%**
Extremely important	0	0%
Air pollution assessments		
Not important at all	**6**	**67%**
Slightly important	1	11%
Moderately important	1	11%
Very important	1	11%
Extremely important	0	0%
Global health		
Not important at all	**5**	**56%**
Slightly important	2	22%
Moderately important	0	0%
Very important	2	22%
Extremely important	0	0%
Health promotion strategies		
Not important at all	0	0%
Slightly important	0	0%
Moderately important	2	22%
Very important	**4**	**44%**
Extremely important	3	33%
Social and behavioral determinants of health		
Not important at all	0	0%
Slightly important	0	0%
Moderately important	**3**	**33%**
Very important	**3**	**33%**
Extremely important	**3**	**33%**
Behavioral health		
Not important at all	0	0%
Slightly important	1	11%
Moderately important	**3**	**33%**
Very important	**3**	**33%**
Extremely important	2	22%
Health education methods		
Not important at all	1	11%
Slightly important	1	11%
Moderately important	0	0%
Very important	**5**	**56%**
Extremely important	2	22%
Applying cultural competence		
Not important at all	1	11%
Slightly important	0	0%
Moderately important	1	11%
Very important	**5**	**56%**
Extremely important	2	22%
Project planning and management		
Not important at all	0	0%
Slightly important	0	0%

Moderately important	1	11%
Very important	**4**	**44%**
Extremely important	3	33%
Program monitoring and evaluation		
Not important at all	1	11%
Slightly important	0	0%
Moderately important	0	0%
Very important	3	33%
Extremely important	**5**	**56%**
Health systems management		
Not important at all	0	0%
Slightly important	2	22%
Moderately important	**3**	**33%**
Very important	**3**	**33%**
Extremely important	1	11%
Project/Program budgeting		
Not important at all	0	0%
Slightly important	1	11%
Moderately important	**5**	**56%**
Very important	3	33%
Extremely important	0	0%
Literature review		
Not important at all	0	0%
Slightly important	0	0%
Moderately important	**6**	**67%**
Very important	0	0%
Extremely important	3	33%
Writing skills		
Not important at all	1	11%
Slightly important	0	0%
Moderately important	1	11%
Very important	**4**	**44%**
Extremely important	3	33%
Oral communication skills		
Not important at all	1	11%
Slightly important	0	0%
Moderately important	0	0%
Very important	**4**	**44%**
Extremely important	**4**	**44%**

Lastly, when employers were asked "*what role do you see for graduates with a MPH*," 64% reported the MPH degree is needed for most public health jobs within their agency or organization. Also, when employers were asked how important professional certifications such as CPH or CHES were for employees, 64% reported this was important but not a requirement, 14% reported this was a requirement and 14% reported this was not important.

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.

The CAB and steering committee have contributed to the development of the vision, mission, values, and goals, and evaluation measures (*ERF F1-4 Steering Committee Agenda and Minutes and ERF F-4 Community Advisory Board Agenda and Minutes*).

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

Strengths:

- The MPH program has support from the community to be invested in the overall success of MPH students. This is demonstrated by CAB members serving as internship preceptors, additional capstone advisors, as well as, serving on the CAB.
- The CAB has worked with faculty, students, and alumni to improve the MPH program and provide valuable feedback for overall success.

Weakness:

- The CAB was not formed until September 2019 and didn't have its first meeting until August 2020, so prior to this time, there was not a formal community involvement in the decision making for the MPH program.
- The MPH program has not been successful in surveying employers of graduates to evaluate graduates' success within the field of public health due to the majority of graduates indicating on the Alumni Survey that they do not want their employer contacted.

Plan:

- As previously mentioned, the MPH program has not fully utilized the CAB and is continuing to increase their involvement with the program. The MPH program will continue ongoing conversations on how to assess graduates' ability to perform after they have completed the program.
- The MPH program will also capitalize on steering committee and CAB expertise to expand their roles in identifying strategies for enhanced extramural service and research activities for students.
- The MPH program will modify the Employer Survey questions so that data can be collected regarding graduates proficiency in competencies for a better assessment of how well graduates are prepared. This will also aid in curriculum development for the MPH program.

SECTION F2

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 are introduced to service, community engagement and professional development activities by faculty as well as the Assistant Academic Program Director and their advisors. Students are first introduced to engagement opportunities during new student orientation, in which faculty discuss their research projects and how students may be involved. Additionally, the Assistant Academic Program Director meets with students monthly to discuss professional development opportunities as well as community service opportunities, and to encourage student participation. The MPH program encourages students to participate in community and professional service through meetings, emails, calendar invitations, department newsletters, and the Instagram postings. Also, when the new organization, Public Health Society, with the MPH Students become an active group on campus one of its purposes will be community engagement to educate and inform the MUSC and Charleston community about the field of public health, host forums, public health fairs, and provide community service.

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

During fall 2019, the MPH students volunteered with the South Carolina Adolescent Immunization Task Force's first mini-conference that was hosted at MUSC. MPH students were volunteers assisting conference attendees with recording PSAs, photovoice, and providing HPV educational materials to attendees. The conference was filled with excellent speakers from Cervivor: Nonprofit Cervical Cancer Awareness & Support, the Head & Neck Cancer Alliance, the American Cancer Society, SC DHEC, College of Charleston, MUSC and the University of South Carolina. Each session included presentations and great discussions on best practices and how to collectively improve vaccination rates in the state of South Carolina.

During fall 2020, the MPH students coordinated a virtual donation drive for the Homeless Period Project to collect feminine products for homeless women and young girls in underserved communities in the area. To do this virtual donation, the MPH students solicited donations from faculty, family and friends, and packaged the supplies into individual bags for 450 women and girls that included one week's supply of feminine products. For the young girls, individual bags were distributed to local schools.

Every year during the first week of April, the MPH students coordinate activities for the campus for National Public Health Week to bring awareness to various public health issues. MPH students meet to decide the topic area(s) to cover during the week, plan events, and coordinate activities with guest speakers to address topic areas. Over the years, the campus-wide events hosted by students have included presentations regarding global health, the HIV and flu pandemics, maternal mortality, gun violence in South Carolina, mental health, and environmental health; a health expo with community non-profit.

Additionally, every January at MUSC, over 1500 students, faculty, and staff come together to participate in an annual event for all first and second year students. The event is called Interprofessional Day and is designed to further develop a culture of collaborative teamwork and improve patient care and safety. For this event, the MPH students are placed into teams with other students enrolled at MUSC across all six colleges to engage in team-based activities that is facilitated by faculty to foster awareness of the other professions and the value of interprofessional teamwork and communication.

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

Strengths:

- MPH students are strongly encouraged and supported in their professional development by the MPH program. Service and community engagement are encouraged and facilitated by the program with regular participation in key events in the community such as the public health week activities. The MPH program regularly communicates with students about upcoming events and activities to ensure students have access to and are able to participate during their time in the graduate program.

Weaknesses:

- To maintain strong partnerships across the state and locally, it is challenging to build a community of public health practice. It is also challenging financially for students to travel and attend events that are outside the realm of their curriculum schedule. Nevertheless, it is important to facilitate a service learning and community partnership for the future public health practitioners, and have perspectives on leading change, engaging community, and leadership development practice.

Plans:

- The MPH program will continue to identify next steps to continue collaborations with the local and state opportunities for students to ensure MPH students are able to include events and activities in their semester schedules.

- The MPH program will identify incentives to improve student involvement, such as covering the costs of membership dues for either the American Public Health Association or South Carolina Public Health Association, so that students are able to be engaged with public health professionals and have the ability to attend conferences and/or trainings.
- The MPH program will continue to partner with local agencies that support public health and facilitate service learning for MPH students.

SECTION F3

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 professional communities of interest are public health and other health professionals that collaborate with us in providing education to students and serve medically underserved populations. This includes state health department, local non-profit organizations, other universities, MPH alumni, and employees of MUSC.

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.

As part of Region IV Public Health Training Center (PHTC), the MPH program is the Community Based Training (CBT) center for South Carolina, which aims to advance knowledge in Public Health Sciences, including systems thinking, change management, persuasive communication, data analytics, problem solving, diversity and inclusion, resource management, and policy engagement (*ERF F3-1 Region IV Public Health Training Center Overview*). Additionally, the MPH program provides education and training with respect to Public Health Sciences research, and applies that training to public health practice in South Carolina. As such, the priority populations are public health and other health professionals in governmental organizations that serve medically underserved populations. The services provided include workforce trainings, faculty and student collaborative projects, and student placements. The South Carolina PHTC work with other Region IV PHTC colleagues to assess public health training needs, identify training priorities, develop and implement a region-wide training and marketing plan, and evaluate the impact of its collaborative efforts.

During spring 2021, the MPH program conducted a needs assessment with the South Carolina public health workforce which included members of the South Carolina Public Health Association, employees of SC DHEC, MUSC, and other non-governmental organizations. As shown in Table F3-2, the majority of the respondents (35%) have worked within the field of public health for more than 20 years; however, we do have 26% of the respondents who are new to the field public health only working in the field for less than five years. Using the updated 2020 version of the Essential Services of Public Health (ESPH), respondents were asked how important each service is to their current position, and as shown below, respondents endorsed all ten of the ESPH as 'Extremely important' to their current position. Moving forward, the MPH program will conduct this needs assessment on an annual basis.

Table F3-2 Public Health Needs Assessment

Needs Assessment Question	N	%

How many years have you been working in public health		
Less than 5 years	21	26%
5 to 10 years	18	22%
11 to 15 years	9	11%
16 to 20 years	5	6%
Greater than 20 years	**28**	**35%**
Do you currently have any licensure or certifications		
Yes	**50**	**61%**
No	32	39%
Do you work in a medically underserved community setting		
Yes	39	48%
No	**43**	**52%**
Do you work in a rural setting		
Yes	29	35%
No	**52**	**65%**
ESPHS 1: Assess and monitor population health status, factors that influence health, and community needs and assets		
Not at all important	1	1%
Somewhat important	5	6%
Moderately important	20	24%
Extremely important	**56**	**68%**
ESPHS 2: Investigate, diagnose, and address health problems and hazards affecting the population		
Not at all important	4	5%
Somewhat important	12	15%
Moderately important	15	19%
Extremely important	**48**	**61%**
ESPHS 3: Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it		
Not at all important	1	1%
Somewhat important	5	6%
Moderately important	13	16%
Extremely important	**62**	**77%**
ESPHS 4: Strengthen, support, and mobilize communities and partnerships to improve health		
Not at all important	0	0
Somewhat important	20	7%
Moderately important	18	21%
Extremely important	**43**	**72%**
ESPHS 5: Create, champion, and implement policies, plans, and laws that impact health		
Not at all important	1	1%
Somewhat important	20	24%
Moderately important	18	22%
Extremely important	**43**	**52%**

ESPHS 6: Utilize legal and regulatory actions designed to improve and protect the public's health		
Not at all important	14	17%
Somewhat important	16	20%
Moderately important	21	26%
Extremely important	**31**	**38%**
ESPHS 7: Assure an effective system that enables equitable access to the individual services and care needed to be healthy		
Not at all important	1	1%
Somewhat important	9	11%
Moderately important	20	24%
Extremely important	**52**	**63%**
ESPHS 8: Build and support a diverse and skilled public health workforce		
Not at all important	2	2%
Somewhat important	14	17%
Moderately important	11	14%
Extremely important	**54**	**67%**
ESPHS 9: Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement		
Not at all important	2	3%
Somewhat important	9	11%
Moderately important	22	28%
Extremely important	**47**	**59%**
ESPHS 10: Build and maintain a strong organizational infrastructure for public health		
Not at all important	4	5%
Somewhat important	7	9%
Moderately important	18	22%
Extremely important	**53**	**65%**

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

Strengths:

- Being a part of the Region IV Public Health Training Center has provided us the opportunity to network with and strengthen the public health workforce in South Carolina and provide monthly webinar trainings.

- The MPH program is able to get insight from the CAB when we meet with them twice a year and alumni regarding professional development and training needs.

- Since summer 2020, the MPH program has increased the number of trainings offered and increased participation in the trainings.

- The MPH program evaluates participants at the conclusion of the trainings to get feedback on topic areas that should be addressed for future trainings.

Weaknesses:

- The survey that was conducted with SC DHEC Workforce Development Core only surveyed employees of the state health department and excluded other public health professionals across the state.

Plans:

- The MPH program plans to develop and implement a certification program for Population Health to provide additional continuing education to working professionals by the 2023-2024 academic year.

- The MPH program would like to provide continuing education credits for the trainings, and will be applying to become a CHES provider with NCHEC by the 2023-2024 academic year.

- The MPH program will continue to support the community partners with workforce needs, training, and professional development.

- The MPH program will continue working to build a relationship with the state health department to collaborate for future trainings.

- The MPH program will increase the marketing of public health trainings to public health professionals working in rural and medically underrepresented settings.

SECTION F4

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 mentioned in Criterion F3, the MPH program is the Public Health Training Center for South Carolina as part of the Region IV. The MPH program conducted an electronic survey that was sent to employees of SC DHEC, MUSC, members of the South Carolina Public Health Association, and other non-governmental organizations. This assessment gauged the interest of the workforce to determine professional development needs. The results indicated there were existing training needs related to: community-based planning and intervention, chronic disease, special population health, leadership, health policy and administration, public health administration and finance management, cultural competence, public health ethics, epidemiology, grant writing, and health literacy.

The MPH program began offering virtual lunch-and-learn trainings at the beginning of 2020 to work around the schedules of professionals in the workforce to improve attendance for those unable to travel to campus. Trainings are planned based on topic areas, so that we are able to provide a series of webinar trainings across an extended period of time. Additionally, we evaluate participants so we can improve trainings that are offered moving forward. As we continue to assess the public health workforce to determine training needs, the program will discuss needs assessment results with the CAB to plan training opportunities for the public health workforce. The program will also discuss with the CAB how to develop and implement training activities that will align with the needs of the public health workforce.

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).

Every year during the spring, the MPH program offers a Bayesian Disease Mapping course series to provide a comprehensive introduction to the area of Bayesian disease mapping in the application to Public Health and Epidemiology. The courses are intended for epidemiologists and public health workers who need to analyze geographical disease incidence (*ERF F4-1 Bayesian Disease Mapping Course*). Additionally, for the past 3 years, the program has offered a Summer Institute to offer workshops that introduce current quantitative methods used in key areas of public health, population health, and biomedical and clinical research. This institute also offers hands on experience with implementing these methods. The targeted audiences include public health professionals, biostatisticians, epidemiologists, biomedical and clinical researchers as well as graduate students (*ERF F4-1 Summer Institute Brochure 2019*). Both the Bayesian Disease Mapping course and the Summer Institute were attended by individuals from the public health workforce.

During summer 2020, in response to COVID-19, the MPH Program hosted a COVID-19 Mini-Series. Department Chair, Dr. Hermes Florez provided a training webinar pertaining to COVID-19 responses for containment and mitigation, defining resilience as well as its dimensions and domains, and discussing potential interventions to build resilience of health with biological factors contributing to health disparities in COVID-19. Throughout the training, participants were able to review on-going challenges with the COVID-19 pandemic as well as the healthcare and public health responses, describe the value of resilience and the need to address challenges in vulnerable populations, and discuss potential public health responses beyond the first wave of the COVID-19 pandemic. Additionally, Dr. Marvella Ford provided a training webinar pertaining to health disparities, healthcare disparities, COVID-19 and its relationship to health disparities and healthcare disparities in the US, the effect of COVID-19 on different racial/ethnic groups in South Carolina, the population of South Carolina, its geographic health disparities, and other health disparities in South Carolina, and presentation and discussion of models of the social determinants of health and their relationship to COVID-19 and health disparities. Throughout the training, participants were able to describe the geographic health disparities in South Carolina, and explain the effects of the social determinants of health on COVID-19 and health disparities in the U.S. and in South Carolina. There were 57 participants registered for this training representing the SC public health workforce including, rural health workers, state health department employees, and clinical care.

During fall 2020, the MPH program hosted another series of webinar trainings related to Maternal Mortality among African American women, HIV/AIDS in South Carolina, and Cultural Humility in Public Health Practice: 1) For Maternal Mortality among African American women training, one of CAB members, Dr. Nancy Muller, discussed efforts in local, tri-county area (Charleston, Dorchester and Berkeley counties) to meet goals of a collaborative, Tri-County Health Improvement Plan (TCHIP) that specifically seeks to improve maternal mortality and morbidity in African Americans. The training shed a spotlight on the social determinants identified thus far as key to addressing this statewide and national crisis, demonstrated by a recent upward trend running counter to virtually every other nation on earth; 2) For training regarding HIV/AIDS in South Carolina, Dr. Virginia Fonner provided a training for trainees to learn about the current state of the HIV epidemic in South Carolina, including the prevalence of infection, groups that are disproportionately affected, and barriers to testing, care, and treatment faced by individuals (such as stigma). Trainees also learned about current initiatives in South Carolina to tackle the HIV epidemic, such as the End the Epidemic Campaign and Fast Track Cities Initiative. Biomedical prevention for HIV (pre-exposure prophylaxis or PrEP) was also discussed; 3) Lastly, the MPH program collaborated with Dr. DaNine Fleming and Ronnie Chatterjee (MPH Alumni) with MUSC's Office of Training and Intercultural Education to provide a training session regarding cultural humility in public health practice. The learners were able to engage in meaningful dialogue regarding their own social identity group membership as well as discuss strategies to further their understanding and action in addressing health inequities. Additionally, participants learned how to define cultural humility in the context of public health, examine the importance of cultural humility in addressing health inequities, identify information and misinformation about groups other than their own, and recognize the importance of examination of conscious and unconscious biases, attitudes and stereotypes. There were over 120 registrants for the fall training series, with participation from public health practitioners outside of South Carolina.

The registration flyers for each of these trainings can be found in *ERF F4-2 Public Health Workforce Training Flyers*.

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

Strengths:

- The MPH program significantly increased the number of trainings offered during 2020 to include a number of relevant topics that was suggested by the public health workforce.
- The MPH program greatest strength regarding professional development is the willingness to listen to members of the public health workforce and provide learning experiences they need and care about. Focusing on the needs of the workforce enables us to be more effective and deliberate in approaches.
- The MPH program has formed a collaboration with SC AHEC to provide an online platform to house webinars so that they are available on-demand and provide a certificate of completion for participants.

Weakness:

- The MPH program would have liked to have more participation in the trainings offered by MPH faculty and students.

Plans:

- The MPH program will continue to plan future opportunities for community members and continue to discuss methods of delivery with CAB, alumni, and workforce.
- The MPH program is looking into other learning platforms such as TRAIN to be able to provide online trainings in a modular format so that more professionals can participate.

SECTION G1

G1. Diversity and Cultural Competence

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the program's scholarship and/or community engagement.

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 program's underrepresented populations include faculty and students that identify as Black or African American and Hispanic. Historically, minorities have been underrepresented in the public health workforce, and in order to improve health equity there needs to be greater diversity within the workforce. Additionally, this priority population is of interest to the MPH program because of the low numbers of each group that have previously been students and faculty in the MPH program. Therefore, by increasing the number of diverse students and faculty in the MPH program, this will enhance the commitment and support to address health disparities. Also, it ensures both faculty and students can see their own identity not only reflected within the student body and faculty members, but also for mentorship. The process used to define these priority populations included a review of self-reported data from MPH students and faculty applications to determine which groups are underrepresented within the program.

The MPH program reinforces the university's commitment to create an academic health care community where every member is respected and valued. MUSC is committed to leveraging differences in ways that allow people to understand and be understood, all while working together productively to change what is possible. The mission and values of the university includes diversity and inclusion as an integral part of the fabric of the MUSC family.

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 MPH program aligns with MUSC's Strategic Plan for Diversity and Inclusion, which is committed to creating an inclusive experience for the lives we touch. The MPH program specific goals include:

Goal 1: Increase the recruitment of new MPH students from underrepresented populations through targeted engagement locally and nationally of students from diverse backgrounds.

Goal 2: Support the retention of MPH students from underrepresented populations through targeted recruitment and mentoring of students from diverse backgrounds during their matriculation.

Goal 3: Support diversity through respect for all persons and perspectives in the classroom and provide opportunities throughout curriculum for students to engage in community-based practice and reflection.

Goal 4: Increase recruitment of faculty from underrepresented populations from existing MUSC faculty and nationally.

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.

In alignment with the MUSC Strategic Plan for Diversity and Inclusion (*ERF G1-3*), the actions and strategies that have been identified to advance the goals above were identified by using a process to focus on the 1) recruitment and pipeline 2) education and training, and 3) engagement and inclusion. The MPH program current strategies include:

- **Recruitment and Pipeline:** To recruit diverse students, the MPH program is building relationships with the state Historically Black Colleges and Universities (HBCUs) to meet with students to discuss the program and participate in recruiting events. Additionally, one of the MPH faculty, Dr. Marvella Ford, has a South Carolina Cancer Health Equity Consortium (SC CHEC) grant from the National Cancer Institute to provide cancer research training to students from three HBCUs in South Carolina (Claflin University, South Carolina State University, and Voorhees College), and the University of South Carolina. Through this program, Dr. Ford provides a summer program for undergraduate students each year. Furthermore, the Assistant Academic Program Director is actively involved with an initiative at one of the local undergraduate public health programs aimed to recruit and retain minority students in public health. As part of this program, she meets monthly with students to discuss the field of public health, career planning, goal setting, and mentorship. Working with this initiative to develop a pipeline for minority students to the program and also providing students with an opportunity to receive mentorship from the MPH program. The MPH program recognize the financial burden of continuing education with minority students, and beginning fall 2021 the MPH program has offered a scholarship that provides tuition assistance for two minority students.

- **Education and Training**: Faculty and students continuously receive training to increase diversity and opportunities for inclusion within the classroom and hiring processes. As a university requirement, faculty and students complete 4 hours of diversity and inclusion training either through pre-recorded trainings in MyQuest Learning Portal, or by attendance to D&I live webinars and/or trainings, which are offered by MUSC's Office of Diversity, Inclusion, and Equity.

- **Engagement and Inclusion**: At the university level, the Office of Student Programs & Diversity oversees multiple affinity groups, some of which students have been engaged over the years include: *MUSC Alliance for Hispanic Health, Multicultural Student Advisory Board, MUSC Black Student Union, Student Alliance for Equality (SAFE), and Student Diversity and Inclusion Advisory Board*. For faculty, on the university level, there is the *MUSC Black Faculty Group* led by faculty member, Dr. Marvella Ford. The MPH program recognizes the importance of addressing social justice for equity and inclusion, so as part of the DPHS strategic plan, DPHS established a new departmental Diversity and Inclusion faculty committee lead by Dr. Marvella Ford. This committee while supporting the MUSC university wide framework will also develop strategies for the MPH program to continuously engage MPH students and faculty.

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.

To maintain a culturally competent environment, the actions and strategies used are a combination of university, college, and departmental strategies. At the program level, MPH students are exposed to community agencies that reflect their communities, and through community engagement activities, students have the opportunity to interact with and serve their community. These engagement activities include events organized by the Homeless Period Project, American Heart Association, and Food Recovery Network. Each of these events is held annually and the focus is to assist with providing needed services to the community. MPH students are engaged with these events as event planners, volunteers, and being responsible for providing educational content. Additionally, at the program level, MPH students are provided the opportunity to interact with mentors that are reflective of their diversity, including guest lectures who are invited to speak on topics such as diversity and cultural humility. These interactions with mentors from the public health sector create and maintain an environment in which cultural competence is part of the planning process.

For MPH curriculum planning, faculty follow the guidance and the continuing efforts of the university through the Office of Diversity, Equity, and Inclusion for diversity and cultural competency within courses. The MPH curriculum committees actively address and build competency in diversity and cultural considerations. The MPH program follows the university policies prohibiting discrimination, harassment, and sexual violence (*ERF G1 MUSC Antidiscrimination Policy*).

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.

According to the Census Bureau, as of July 2019, South Carolina's population was 68% White, 27% African American, and 6% Hispanic. When looking at the racial and ethnic background of the overall student population at MUSC, consistently for the last three years (2018-2020) the student population has been 9% African American and 5% Hispanic. Additionally, for these same years, the student population of the MPH program has been 20% African American in 2018 (n=3); 10% Hispanic (n=1) and 20% African American (n= 2) in 2019; and 13% African American in 2020 (n=2). This highlights the MPH program's challenge with representation and the need to increase recruitment of underrepresented minority students. Similarly, when looking at faculty, 7.5% of faculty in the College of Medicine, including faculty for the MPH program, identifies as underrepresented minority.

Quantitative data are collected via the MPH Graduation Survey, which is completed prior to graduation. The MPH program added the question during spring 2020 "the MPH program values diversity in people and ideas". MPH graduates affirmed (57% agree, 43% strongly agree) that the MPH program values diversity in people and ideas.

To collect qualitative data, the MPH program conducted separate focus groups with MPH alumni (*ERF G1-5 MPH Student Focus Group Guide*) and current students regarding the success and challenges with representation. These focus groups took place during the spring 2021 semester. Faculty also completed a set of open-ended questions in an annual survey to describe their views on approaches, successes and challenges in increasing and supporting representation. Qualitative data highlighted that current students and faculty consistently endorsed an appreciation for current and previous program efforts to recruit diverse students and faculty. They also emphasized suggestions for improvements in this area. Specifically, students commended the program for its diverse faculty by gender, race and background, appreciated the diverse guest speakers brought into courses, seminars and other program events and activities, and felt increasing representation was a clear goal of the program. However, focus group participants described that the student body lacked diversity by race and gender although highlighted the benefits of learning in an environment with students of varied backgrounds and previous training. Faculty reported a similar perspective and uniquely focused on the importance of supporting recruited students and faculty to ensure success and retention. Suggestions from both students and faculty included investing recruitment efforts in developing or supporting existing pipeline programs at the high school and undergraduate levels and expanding marketing efforts across the state and especially in the 7 HBCUs in South Carolina. Also, participants were in support of scholarships to support recruitment of minority students and suggested increased involvement of students in recruitment processes and in disparities research while in the program.

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

As highlighted in the Table below, qualitative data highlighted that students and faculty perceived a strong commitment to diversity and cultural competence in the MPH program and a strong

emphasis on these topics in a set of courses in the curriculum. Suggestions for improvement centered on a greater focus on diversity and cultural competence in all courses, specific coverage of the topic of unconscious bias, adding a peer mentoring program among first and second year students to advance exposure to different types of students and an increased focus on topics of diversity and cultural competence in orientation and the internship.

Table G1-5 Qualitative Data from MPH Faculty and Students

Theme	Student Perspective	Faculty Perspective	Implication
The MPH program demonstrates a strong commitment to diversity and inclusion.	It is clear MUSC is working on this - there was a lot of information on websites, handouts, and information everywhere. I value the diversity of faculty (by gender and ethnic background). The students are mostly female and white.	Current efforts to grow diversity and inclusion are strong. There are additional strategies we could take on to find new mechanisms to continue to grow the diversity of our students and faculty.	• Consider diversity in selection of leaders for program initiatives and seminar speakers. • Enhanced training opportunities for students in unconscious bias, poverty simulations and other areas.
Disparities topics are directly covered in several courses but could be embedded more centrally in our curriculum and program activities.	The health disparities class was directly focused on these issues. Liked guest speakers talking about their experiences from different backgrounds. Would like to learn about unconscious bias and how to apply it in the real world.	The majority of faculty include health disparities topics and a focus on vulnerable populations in their teaching but there is room to consider an increased focus on these topics in all courses and projects.	• Enhance diversity topics across all courses. • Find more opportunities to work with different populations to learn more about cultural competence. • Add details to the internship directory regarding the populations served by sites and disparities topics.

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

Strengths:

- The MPH program has recognized that personal financial burden has been a reason students from the priority underrepresented populations have not accepted

admissions to the MPH program; therefore in response, the MPH program has developed a minority scholarship to provide financial assistance.

- The MPH program is working with South Carolina HBCUs and collaborating with local undergraduate public health programs to develop a pipeline for the MPH program.

- Diversity and inclusion is a priority mission of MUSC, and because of this, through the Office of Diversity, Equity, and Inclusion, MPH students and faculty are required to complete 4 hours of diversity and inclusion training annually.

- MPH students have the opportunity to be engaged with affinity groups across campus and be engaged with their representative communities.

- The DPHS has a departmental Diversity and Inclusion committee to develop strategies for the MPH program.

- The priority underrepresented minority population represents 33% of the fall 2021 cohort indicating our more focused recruitment efforts over the last year were successful.

Weaknesses:

- The MPH program has not been successful over the past few years with the recruitment of students and faculty to increase representation in the priority underrepresented populations.

- The MPH program has not been collecting qualitative data from MPH students regarding their perceptions of diversity of the MPH program until this past year.

Plans:

- The MPH program plans to continue building relationships with the state HBCUs to recruit and mentor students and implement a pipeline for the underrepresented populations to increase recruitment and enrollment of students.

- The MPH program plans to continue to improve in assessing student and faculty perceptions of the program's climate as it relates to diversity, inclusion, and cultural competence and will expand data collection to include focus groups.

- The MPH program will continue to work with the university Office of Diversity, Equity, and Inclusion towards the goals and objectives for diversity and cultural competence.

- Moving forward, the MPH program will add questions to the MPH graduation survey that is distributed to students, conduct focus groups annually with MPH

students, and survey faculty regularly regarding their perceptions of diversity, inclusion, and cultural competence to measure the progress.

- Starting fall 2021, first year MPH students will be paired with a 2nd year MPH student as a peer mentor to be a resource for incoming MPH students.

- Over the next year, we will provide trainings on unconscious bias for our students, faculty, and the public health workforce.

- To enhance our focus on diversity and inclusion during new student orientation, we will begin including simulation activities such as the poverty walk or privilege walk to engage our students.

- Over the next year, we would like to begin working with Dr. Marvella Ford's summer programs to begin introducing our MPH program to undergraduate students as a pipeline for recruitment.

- Beginning fall 2022 with new student orientation, we will coordinate with the College of Medicine's Diversity Affairs to conduct a group discussion activity with MPH students regarding anti-racism.

SECTION H1

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.

Formal academic advising begins during the application process and continues until completion of the degree. Once students have been accepted to the graduate program, the GTD of each concentration area meets with the students to discuss personal and career goals, research interests, and course curriculum. At the recommendation of the GTD, students are paired with a MPH faculty member within their concentration area to further assist them with achieving their academic and career goals. All students complete a structured set of advising meetings each semester with increased frequency during the internship and capstone semester. Additionally, students who are Health Resources and Services Administration (HRSA) grant Fellows are assigned advisors from the HRSA Fellowship and within their MPH Concentration area. These students receive a modified curriculum grid that specifies elective courses (i.e. Grant Writing) to be taken during their matriculation. They are required to complete all MPH courses (45 credit hours) as outlined in the curriculum grids for each concentration. The three HRSA fellowship program directors are experienced and active clinicians, educators, researchers and mentors in their respective departments: Family Medicine, Pediatrics, and Internal Medicine. The fellowship directors meet regularly one-on-one with the trainees to provide mentoring in the fellows' practice transformation and population health projects. They provide training in managing research projects, presenting scholarly research, preparation of research manuscripts and prepare them to attend national meetings. All mentoring committee members from the MPH and fellowship programs meet quarterly during the fellowship for student presentations and updates.

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

Academic advisors are selected by the Graduate Training Director of each concentration based on the student's research and career interests. Faculty are oriented to their roles and responsibilities as academic advisor during the MPH Faculty Retreat where the MPH program discusses academic advising of the MPH students. During this meeting, the curriculum grids, internship expectations and requirements, and capstone requirements are discussed. Additionally, when students are assigned advisors, the Assistant Academic Program Director and the Graduate Training Director email advisors the curriculum grid specific for his/her student(s).

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

ERF H1-3 *Student Handbook*
ERF H1-3 *Biostatistics Curriculum Grid*
ERF H1-3 *Epidemiology Curriculum Grid*
ERF H1-3 *Health Behavior and Health Promotion Curriculum Grid*

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.

As part of the semester course evaluations, MPH students are asked to provide feedback regarding academic advising. Over the last 2 years, 54% of students that have completed course evaluations indicated being satisfied with academic advising and 43% reported being very satisfied with academic advising. Similarly, MPH graduates are asked as part of the graduation survey their perception of academic advising during their time throughout the MPH program and over that last 2 years, 50% of graduates reported being satisfied, 30% very satisfied, and 20% dissatisfied with academic advising. Finally, focus groups have highlighted positive impressions regarding access to faculty.

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

The week prior to the start of the fall semester, the MPH program host a New Student Orientation for all of the new MPH students. Orientation includes an introduction of the MPH Faculty, an overview of DPHS, MPH program, curriculum, professional development, and student life. The MPH program also include presenters from across campus to meet with students to discuss student health services, health insurance options, information security, public safety/active shooter, campus sustainability and recycling. Additionally, the MPH program includes a presentation by the MUSC Diversity and Inclusion office to present topics such as Title IX, Gender Equity, and the Clery Act; this is a required presentation of the university. The Department IT team also discusses laptop requirements and installation of statistical software. Representatives from the university library and writing center discuss available resources. As of our fall 2021 orientation, we began incorporating a presentation regarding "self-care as a graduate student" to discuss with students the resources available at MUSC. Lastly, students are given their curriculum grids and student handbook. The MPH program has a joint luncheon and ice cream social that includes all MPH students, faculty, and staff as a method of networking among department members.

Lastly, the MPH alumni are invited to participate in New Student Orientation and Public Health Career Day to provide advice to MPH students about how to make the most of their MPH experience. Also, MPH alumni are invited to participate in focus groups to provide feedback regarding how they are using the skills acquired from the MPH program and recommendations for future curriculum and training tools. Examples of recommendations from MPH alumni include: a greater focus on hands-on activities to gain competencies and apply skills, more explicit opportunities to volunteer on research studies within the department, more opportunities to embed

themselves into the larger community, more focus on future careers and credentialing exams, and to offer more electives.

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

Strengths:

- Over the last year, the MPH program has improved advisement processes for MPH students.
- Students are assigned academic advisers that match their concentration and interest area and complete a structured set of meetings each semester.

Weaknesses:

- Prior to fall 2019, the MPH program did not collect data regarding student's perception of academic advising; therefore, it was added to the course and graduation evaluations starting fall 2019. Because of this, the MPH program was unable to report 3 years of student satisfaction with academic advising.
- While the majority of MPH students reported being highly satisfied with academic advising, there were some students who were not satisfied, and the MPH program has considered their feedback to help design structured academic advising to MPH students.

Plans:

- The MPH program plans to continue evaluating and improving advising strategies to meet student needs.

SECTION H2

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.

The MPH program offers a Public Health Career Day during fall and spring semesters for MPH students to cover professional development and career planning initiatives. Additionally, the MPH program utilizes this opportunity to expose MPH students to a wide range of public health practitioners. During the spring 2020 and 2021 semesters, Career Day was focused on providing students with information regarding resume writing, career planning, networking, public health career opportunities, MUSC career opportunities, and how to use social media to network. During the fall 2020 semester, Career Day was focused on interviewing and presentation skills, public health career planning, and how to transition from a student to a working professional.

A description of each of the topic areas addressed during the 2020 and 2021 career days follows:

- **Resume Writing**- a representative from MUSC University HR presented the art of the modern resume, provided ways to enhance current resumes, discussed common do's and don'ts in resume writing, discussed the difference between a CV and a resume, and provide tips to write a cover letter.

- **Career Planning**- the Assistant Academic Program Director discussed with students how to learn about themselves as professionals (i.e., skills possessed, tasks liked/disliked, accomplishments), how to explore career options (i.e., ideal job or career, skills needed for the job), and how to get focused by creating a plan.

- **Public Health Career Opportunities**- a public health professional discussed her journey as a public health professional, skills needed for her current position, and discuss opportunities available at her organization.

- **MUSC Career Opportunities**- a representative from MUSC University HR discussed search strategies for jobs at MUSC and navigating the job portal. Additionally, because MUSC is an academic research center, we have the South Carolina Translational Research (SCTR) Center on the campus, which provides research services, including but not limited to grants administration, study coordination, lab services, and IRB. The Research Coordination Manager of SCTR discussed with students available career opportunities within SCTR and how to apply for those openings.

- **Interviewing Skills**- a representative from MUSC University HR discussed important skills needed for a successful interview and provides mock interviews with students to teach them how to interview.

- **Presentation Skills**- the Assistant Academic Program Director discussed effective presentation skills, the do's and don'ts for PowerPoint presentations, how to effectively engage an audience, how to present to different types of audiences, as well as how to present research posters.

- **Transition from Student to Professional**- MPH alumni were invited to discuss with students about the transition from being a student in MPH program to a public health professional and how his/her education prepared him/her for his/her current position.

- **Public Health Career Planning**- the Assistant Academic Program Director discussed with students the process of career planning, professional development, how to develop a personal advisory committee, and provided resources for public health jobs and internships (i.e. usajobs.gov).

- **So you want a doctorate?-** the Assistant Academic Program Director discussed with students the difference between a DrPH vs PhD and career options for both degrees.

While the MPH program includes University HR representatives and other public health practitioners to participate in Public Health Career Day each semester, MPH students also receive career advising from their assigned academic advisor during their regularly scheduled meetings. Students are able to discuss information learned during Public Health Career Day with their advisors for additional support.

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

The MPH program utilizes the MUSC University Human Resources department to facilitate the presentations regarding resume writing, career planning, MUSC career opportunities, and interviewing skills. As part of their role at MUSC, they are responsible for providing this information to the MUSC community; therefore, they are oriented towards these roles as part of their career at MUSC. For other presentations, the MPH program engages other public health practitioners from the community to discuss public health career opportunities within their respective organizations. These individuals are selected based on their participation as a guest speaker for other courses, or presentations provided at public health conferences. The MPH program utilizes the professional network of faculty to identify guest speakers for career day.

Additionally, the Assistant Academic Program Director and faculty discuss public health career opportunities and provide public health career advising to MPH students.

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.

Spring 2020 Public Health Career Day- attended by 7 MPH students
Fall 2020 Public Health Career Day- attended by 13 MPH students
Spring 2021 Public Health Career Day- attended by 13 MPH students and 3 alumni

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.

Spring 2020 was the inaugural Public Health Career Day and based on the response from the first event, the MPH program has hosted a career day fall 2020 and spring 2021. Table H2-4 shows the overall student satisfaction with career day from all three events combined. While more students attended the events each semester, data shown below is only of those who completed the evaluation.

Table H2-4 Public Health Career Day Evaluations 2020-2021

Public Health Career Day Evaluation	N	%
Public Health Career Day was helpful to the process of exploring career/job options		
Strongly Agree	**9**	**56%**
Agree	6	38%
Don't Know	1	6%
Public Health Career Day increased my awareness of the skills I have that I would be able to use in a job/career		
Strongly Agree	6	38%
Agree	**9**	**56%**
Don't Know	1	6%
Public Health Career Day helped me choose/consider a career based on my interests		
Strongly Agree	5	31%
Agree	**9**	**56%**
Don't Know	2	13%
I felt comfortable talking with presenters to obtain information I need to make informed choices about my future career		
Strongly Agree	**11**	**69%**
Agree	4	25%
Don't Know	1	6%
Public Health Career Day was a valuable learning experience		
Strongly Agree	**11**	**69%**
Agree	5	31%

In addition to asking overall questions, students were asked questions related to the specific topics covered during each of the career day events. During the spring 2020 event, the MPH program covered Career Planning and Resume Writing and all students (n=3) were in agreement that "*the presentation helped me with the development or modification of my resume"*. Similarly, all students were in agreement that "*the career planning presentation helped me with planning my public health career*". During the fall 2020 event, the MPH program covered Public Health Career Planning and Interviewing Skills. Of the six students who completed the evaluation, 50% strongly agreed the presentation helped with their public health career planning, the other 50% agreed. For interviewing skills, 67% strongly agreed the presentation helped to identify ways to improve skills to interview better, and 33% agreed. Lastly, during the spring 2021 event, the MPH program covered resume writing again, and 6 of 7 students (86%) who completed the evaluation stated they strongly agreed the presentation helped identify ways to improve their resume and the other students agreed. The MPH program also discussed DrPH vs PhD, and 5 of 7 (71%) strongly agreed "*the DrPH vs PhD presentation helped me understand the difference between the two doctorates and how to make an informed decision regarding continuing my education*." Likewise, for the presentation regarding how to use social media platforms such as LinkedIn and other social media platforms to network, 5 of 7 (71%) strongly agreed the presentation helped to identify ways to improve networking.

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

Strengths:

- MPH advisors serve students as both academic advisors and career advisors.
- After review of semester and graduation evaluations regarding career advising in the early years of the program, MPH students and graduates were not satisfied with the career advising that was offered and suggested the need for improvements. As a result of this, the MPH program developed and implemented Public Health Career Day under the leadership of the Assistant Academic Program Director.
- The three Public Health Career Days that have been held have been successful and highly rated by MPH students.
- MUSC University HR is a great resource for us to discuss resume writing and interviewing skills with students.

Weaknesses:

- The MPH program has not received 100% participation from MPH students, likely because there are students who are clinicians or currently working and therefore do not believe they would benefit from professional development activities.

Plans:

- As the MPH program continues to develop career day, we envision including a career fair, in which we invite employers to setup booths to meet students and discuss career opportunities.
- The MPH program also plans to invite MPH alumni to participate in the career day as guest speakers and/or participants to receive career development information.

- For MPH students who are unable to attend due to work commitments, the MPH program will provide recordings of sessions so that they also receive the information that is provided.
- The MPH program will work with students who are currently working to identify professional development needs to guide activities that are tailored to this group.

SECTION H3

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.

A student who has a complaint or grievance concerning the program is encouraged to first speak with the Graduate Training Director of his/her concentration. If needed the student may file a complaint with the Vice Chair of Academic Programs. If appropriate, the student may also file a complaint with the Department Chair of Public Health Sciences. If none of these steps leads to resolution, the student may appeal to the Dean of College of Medicine. A conference between all involved parties will be arranged to arbitrate the matter. The meeting shall be private and conduced for the purpose of resolving the matter between the parties. This information is publicized in the MPH Student Handbook (*ERF H1-3 MPH Student Handbook*).

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.

MPH faculty and staff are committed to maintain an environment that treats all students with respect and dignity, promotes equal opportunities, and prohibits discriminatory practices. This process is the same as described above; a student who has a complaint or grievance concerning the program is encouraged to first speak with the Graduate Training Director of his/her concentration. If needed the student may file a complaint with the Vice Chair of Academic Programs. If appropriate, the student may file a complaint with the Department Chair of Public Health Sciences. If none of these steps led to resolution, the student may appeal to the Dean of College of Medicine. A conference between all involved parties will be arrange to arbitrate the matter. The meeting shall be private and conduced for the purpose of resolving the matter between the parties.

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.

Over the past three years, the MPH program had one complaint from an MPH student who repeatedly failed two MPH courses spring 2017, spring 2018, and spring 2019, as a result of her excessive absence and failure to submit course assignments. Due to her continual unexcused absences and failure to submit assignments, she was dismissed from the MPH program after meeting with the Graduate Training Director, instructors, Vice Chair of Academic Program, and the Department Chair. During summer 2019, she requested an appeal to the Dean of College of Medicine to appeal her dismissal from the MPH Program. After reviewing all of the documentation submitted by the MPH Program, the Dean elected to dismiss her from the university.

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

N/A

SECTION H4

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.

MPH student recruitment is designed to select students that are academically prepared for a public health graduate program and have an interest in the field of public health. Recruitment activities include but are not limited to: participation in both in-state and out-of-state (GA and NC) Graduate Recruitment Fairs hosted by colleges and universities, in-person and virtual classroom meetings, meetings with student groups for students interested in healthcare/public health, monthly webinar sessions, email listservs at MUSC and other colleges and universities, and faculty professional networks. Additionally, prospective students may submit an inquiry form from the website, in which the Assistant Academic Program Director responds within 24 to 48 hours. The Assistant Academic Program Director and Graduate Training Directors from each concentration meet with prospective students to answer all questions regarding the MPH program and arrange campus tours.

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

Applications to the MPH Program are accepted December 1st -June 1st every year. At MUSC, all applications are submitted using the CollegeNet system, and all application materials regardless of graduate program are sent directly to MUSC Office of Enrollment Management (OEM). Once the application is completed and all supporting documents (i.e. transcripts, personal statements, letters of recommendation, optional GRE scores) have been received by OEM, the completed application packet is sent to the Assistant Academic Program Director. For the MPH Program, applications are reviewed by each of the concentration specific review committees, which include the GTD and faculty members representing that concentration. The Assistant Academic Program Director sends the completed application packet to two faculty members from the concentration to review and provide feedback using the applicant evaluation form (*ERF H4-2 MPH Applicant Faculty Evaluation*), and each faculty member is given two weeks to review the application and provide feedback. After completion, the results of the faculty evaluations are sent to the GTD to resolve any discrepancies using a group process and make the final decision of acceptance.

All students admitted to the MPH Program must meet the following criteria (*ERF H4-2 Admissions Criteria):*

- A baccalaureate degree from an accredited college or university. A preferred minimum GPA of 3.0 on a 4.0 scale.
- Letters of three references from among previous instructors or supervisors.

- The general GRE test is no longer required. However, applicants are still **strongly encouraged** to submit official GRE scores.
- A strong math background is required for all three concentrations, including completion of a college level mathematics or statistics course. For the Biostatistics concentration, successful applicants should have demonstrated competence in single and multivariable calculus. Successful completion of Probability and Statistics is considered favorably for the Biostatistics concentration but is not required.
- A 1,000-word personal statement essay is required as part of the application. Topic instructions are included in the application.
- In addition to all of the general application requirements, the TOEFL is required for all applicants who have attended institutions where the primary language of instruction is not English. Minimal TOEFL requirements are 600 for the paper-based test, 250 for the computer-based test, and 100 for the internet-based test. An IELTS score may be substituted for the TOEFL. A score of 7.5 or greater should be achieved on the IELTS.

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.

The MPH program seeks to admit students that will be successful in completing the MPH degree, and the MPH program therefore reviews several factors to predict success in the program. In addition to the letters of recommendation and the student's personal statement, the MPH program reviews the student GPA and GRE scores (if provided). All of these factors are taken into consideration when applications are reviewed. Table H4-1 outlines targets for measures that are significant to the recruitment of the MPH program.

H4-1 Outcome Measures for Recruitment and Admissions

Outcome Measure	Target	2018	2019	2020
Percent of students in the incoming class from underrepresented minorities.	20%	21%	20%	12%

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

Strength:

- For each of the three concentrations, the MPH program has a tested process for timely evaluation of applications.

Weakness:

- While the MPH program participates in recruitment fairs and classroom visits at Historically Black Colleges and Universities (HBCUs), the MPH program recognizes that recruitment of students from underrepresented minority populations needs improvement. To assist with recruitment, the MPH program has developed a scholarship for minority students to assist with the financial responsibilities of graduate education starting in the fall of 2021.

SECTION H5

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, admission policies, grading policies, academic integrity standards and degree completion requirements.

Here are the direct links to descriptions of all concentrations in the unit of accreditation:

- **Biostatistics**: https://medicine.musc.edu/departments/phs/academics/mph/biostatistics
- **Epidemiology**: https://medicine.musc.edu/departments/phs/academics/mph/epidemiology
- **Health Behavior and Health Promotion**: https://medicine.musc.edu/departments/phs/academics/mph/health-behavior-and-promotion

Here are the direct links for MUSC policies:

- Admission Policy
- MUSC Grading Policy
- MUSC Honor Code
- MUSC Academic Calendar