Masters of Public Health Program

Council on Education for Public Health
Self-Study Preliminary Report

2013 - 2018

College of Social Sciences and Public Policy
Masters of Public Health Program
113 Collegiate Loop, 211 Bel
Tallahassee, FL 32306-2161
Self-Study Report Submitted January 2019
for Public Health Program Reaccreditation
by the Council on Education for Public Health

OPEN FOR PUBLIC COMMENT

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Introduction

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

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

Though its initial origins date back to as early as 1823, Florida State University was formally founded in 1851 as the Florida State College for Women, which by the 1930s had become the third largest women’s college in the nation. In 1947, in response to the demands of returning World War II veterans, the Florida Legislature converted FSU into a coeducational institution.

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)

Through 16 colleges, plus the Graduate School, students may take courses of study leading to the baccalaureate degree in 103 degree programs, to the master’s degree in 115 degree programs, to the advanced master’s degree in 1 program, to the specialist degree in 23 degree programs, to the doctorate degree in 76 degree programs, and to the professional degree in 2 degree programs. The academic divisions are the Colleges of Applied Studies; Arts & Sciences; Business; Communication & Information; Criminology & Criminal Justice; Education; Engineering; The Graduate School; Human Sciences; Law; Medicine; Motion Picture Arts; Music; Nursing; Social Sciences & Public Policy; Social Work; and Visual Arts, Theatre & Dance.

c. number of university faculty, staff, and students

The University now serves a student body of more than 41,000 students, employing 14,079 faculty and staff, of whom 6,307 are full time. 2,360 are instructional faculty.

d. brief statement of distinguishing university facts and characteristics

Florida State University is one of the largest and oldest of the eleven institutions of higher learning in the State University System of Florida directed by the Florida Board of Governors. FSU has the best four-year graduation rate of any public university in Florida. At 68.4 percent, it is also the highest four-year graduation rate in the State University System's history. All three Rhodes Scholars from public universities in Florida since 2006 were FSU students. Highest percentage of alumni giving back than any university in Florida. Highest amount of National Science Foundation research and development expenditures in the state. College of Law is the No. 1 law school in Florida in job placement and maintains one of the highest passing rates on the Florida Bar Exam. Located in Tallahassee, Florida's capital city, the University affords students and faculty opportunities for interaction with state and federal agencies for internships, research, and part-time employment, as well as a myriad of social, cultural, and recreational activities. The main campus is located on 446.2 acres in Tallahassee with other facilities owned in Leon, Bay, Collier, Franklin, Sarasota, and Gadsden counties, and leased in Escambia, Leon, and Palm Beach counties in Florida, and other locations overseas. Geographically, the Main Campus covers 477.1 acres in Leon County and the Panama City Branch covers 25.6 acres in Bay County. The University owns a total of 1,624.1 acres in Leon, Bay, Franklin, Collier, Sarasota, and Gadsden counties. Sites are leased in various counties in Florida, and other locations overseas.
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.

The Florida State University is fully accredited, since 1915, by the Southern Association of Colleges and Schools, Commission on Colleges (SACSCOC). The University was reaffirmed in 2004 and is currently preparing for its next decennial reaffirmation. A list of all other accrediting bodies can be found in the electronic resource file under 1-intro.

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 MPH program began at FSU in Fall 2003 following Board of Governors’ approval of our proposal to offer the degree. It was initially approved to grant the Master of Health Policy Research and awarded that degree to its initial graduates. In 2004 permission to offer the Master of Public Health degree was granted and degrees awarded after that date adopted the new appellation. The program began with one student, one full-time faculty member who was its founding director, and one adjunct lecturer who was subsequently hired full-time as a faculty member in 2005 following an open search. The program was deliberately designed as multidisciplinary, reflecting the broad, multidisciplinary nature of the public health and the structure of the College of Social Sciences and Public Policy in which it is housed. As such, it is policy focused, as is the college, and its disciplinary faculty members, including the director, are jointly appointed in a disciplinary department of the college as well as in the public health program. Thus, seven disciplinary faculty teach half their courses (two) in public health, and half (two) in their disciplinary home, and seek or hold tenure in their disciplinary department. One additional faculty member (for a total of 8 MPH faculty in 2018) is not in a specific discipline and is instead appointed directly, full-time, into the public health program and is not in a tenure track. This too is by design, intended to bring a strong public health practice focus to the program to complement the disciplinary focus of another faculty. Each of the college’s six departments (economics, geography, political science, public administration, sociology, and urban and regional planning) are represented among the jointly appointed faculty. The specialized faculty member’s field is public administration, concentrating in environmental health and epidemiology. Two adjuncts bring additional disciplinary and practice experience to the program, which has grown steadily and by 2018 matriculated 28 students. The program was accredited by CEPH in 2014 and in 2018 was the fastest growing program in the college.

2) Organizational charts that clearly depict the following related to the program:
a. the program’s internal organization, including the reporting lines to the dean/director
b. the relationship between program and other academic units within the institution. Ensure that the chart depicts all other academic

Master’s in Public Health
College to MPH Level Organizational Chart

[Diagram of organizational chart]

UNIVERSITY PRESIDENT
John Thrasher

UNIVERSITY GRADUATE POLICY COMMITTEE

REGISTRAR

UNIVERSITY ADMISSIONS APPEALS COMMITTEE

DEAN OF STUDENT AFFAIRS
Victoria Dobiyanski

DEAN OF THE FACULTIES
Anne E. Rowe

DEAN OF THE FACULTIES
Anne E. Rowe

DEAN OF THE FACULTIES
Anne E. Rowe

DEAN OF THE FACULTIES
Anne E. Rowe

DEAN OF THE FACULTIES
Anne E. Rowe

DIVISION OF ACADEMIC AFFAIRS
Office of the Provost & Executive Vice President

DIVISION OF STUDENT AFFAIRS
Vice President Amy Hecht

DEAN OF STUDENTS
Victoria Dobiyanski

GRADUATE SCHOOL DEAN
Mark Riley

GRADUATE MANAGEMENT ENROLLMENT COMMITTEE

SELECTED UNIVERSITY COMPONENTS PROVIDING SERVICES AND GUIDANCE TO THE COSS AND MPH PROGRAM

INTERDISCIPLINARY SOCIAL SCIENCES
Graduate Program Directors:
Master’s in Public Health - William Weissert
Master’s in International Studies - Lee Metcalf
Master’s in Interdisciplinary Social Science - Robert Crew
Demography – Carl P. Schmertmann
Program Coordinator - Sabrina Smith

COLLEGE OF SOCIAL SCIENCES AND PUBLIC POLICY (COSS)

Tim Chapin, Dean

COSS COMMITTEES

ADMINISTRATIVE COMMITTEE

POLICY AND ACADEMIC AFFAIRS COMMITTEE

PROMOTION AND TENURE COMMITTEE

MASTER’S IN PUBLIC HEALTH PROGRAM (MPH)
William Weissert, Director

SELECTED COLLEGE COMPONENTS PROVIDING SUPPORT SERVICES TO THE MPH PROGRAM

COSS ASSOCIATE DEAN FOR STUDENT AFFAIRS
Graham Kinloch

COSS OFFICE OF THE DEAN
Financial & Personnel Support Staff

COSS IT SUPPORT
c. offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines.
d. the lines of authority from the program’s leader to the institution’s chief executive officer (president, chancellor, etc.), including intermediate levels (e.g., reporting to the president through the provost)
e. for multi-partner schools and programs (as defined in Criterion A2), organizational charts must depict all participating institutions

Not Applicable.

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

### Instructional Matrix - Degrees and Concentrations

<table>
<thead>
<tr>
<th>Master’s Degrees</th>
<th>Academic</th>
<th>Professional</th>
<th>Categorized as public health</th>
<th>Campus based</th>
<th>Executive</th>
<th>Distance based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>MPH</td>
<td>X</td>
<td>MPH</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Degree Area</td>
</tr>
<tr>
<td>Urban and Regional Planning</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Degree</th>
<th>Current Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master's</td>
<td>2018</td>
</tr>
<tr>
<td>MPH</td>
<td>74</td>
</tr>
<tr>
<td>URP/MPH</td>
<td>4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>78</td>
</tr>
</tbody>
</table>
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.

School or program faculty have formal opportunities for input in decisions affecting the following:
- degree requirements
- curriculum design
- student assessment policies and processes
- admissions policies and/or decisions
- faculty recruitment and promotion
- research and service activities

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.

<table>
<thead>
<tr>
<th>Committee</th>
<th>Membership formula</th>
<th>Current Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions Committee</td>
<td>MPH Program Director (faculty), Student Services Director (faculty), and Academic Program Specialist (staff). Formula: 2 faculty, 1 staffer.</td>
<td>William Weissert</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alan Rowan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sabrina Smith</td>
</tr>
<tr>
<td>Public Health Advisory Council</td>
<td>Program directors, alumni, preceptors, current students, agency representatives, and the public health community. Approximately 5 community or public health representatives, 2 to 3 alumni, 2 to 3 students, 2 program faculty.</td>
<td>William Weissert</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alan Rowan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Betsy Wood, Shamarial Roberson,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wynton Geary, George Rust,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Marie Cowart, Sabrina Smith,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Padraic Juarez, Tyler Sununu,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amy Burdette, Esther Rowan</td>
</tr>
<tr>
<td>Continuous Quality Control</td>
<td>Membership on this committee is open to all individuals who contribute materially to the program, particularly including students, MPH faculty, staff, internship preceptors, state, county, nonprofit and for-profit agency representatives, adjunct faculty, faculty who teach courses offered as electives, community representatives and visitors to the program. Formula: 5 to 15 students, 3 to 8 faculty, zero to 1 staff.</td>
<td>William Weissert</td>
</tr>
<tr>
<td>Committee (CQI)</td>
<td></td>
<td>Alan Rowan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sabrina Smith</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Joseph Ho</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shauna Houston</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clarens Jarbath</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Esther Rowan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Emily Drew</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unam Mansoor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Katie Wong</td>
</tr>
</tbody>
</table>
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

Degree requirements for the MPH are proposed by the director in consultation with the MPH Executive Committee and discussed in the CQI Committee (Continuous Quality Improvement – mostly students). They are then discussed and voted upon by the MPH Faculty Committee. The MPH Faculty Committee is the final governing body of the MPH program. There is no additional review of their decisions by the College or the University.

b. curriculum design

Changes in curriculum requirements are initially drafted by the MPH Executive Committee and discussed in the CQI Committee. The MPH Faculty Committee is then asked to review and discuss the revised requirements, propose modifications, and ultimately approve by consensus a revised version. The MPH Faculty Committee is the final governing body of the MPH program. There is no additional review of their decisions by the College or University.

c. student assessment policies and processes

Policies and procedures for student assessment are initially proposed by the Director in consultation with the Executive Committee. They are subsequently approved by the MPH Faculty Committee which is the final authority. Should there be an appeal by a student of either a policy or procedure or their application or the decision, it would be first re-reviewed by the

<table>
<thead>
<tr>
<th>Committee</th>
<th>Members</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH Executive Committee</td>
<td>MPH Director, MPH Student Services Director, MPH Academic Program Specialist, and President of the Public Health Student Association. 1 director, 1 student services director, 1 staffer, 1 student</td>
<td>Adeolu Orogade Open to all</td>
</tr>
<tr>
<td>MPH Faculty Committee</td>
<td>All joint specialized and adjunct faculty and PHSA president. 8 to 10 faculty (including adjuncts), 1 staffer, 1 student</td>
<td>William Weissert Alan Rowan Sabrina Smith Esther Rowan</td>
</tr>
<tr>
<td>MPH Student Association (PHSA)</td>
<td>Open to all students interested in public health.</td>
<td>Esther Rowan Joseph Ho Shauna Houston Clarens Jarbath</td>
</tr>
</tbody>
</table>
Admissions Committee, and if confirmed, then referred to the Associate Dean for Academic Affairs in the College for review. She then contacts all parties and negotiates a resolution. Her resolution is final.

Students are assumed to be meeting our learning objectives and mastering our competencies if they:

- Maintain a 3.0 average GPA each semester
- Meet the provisions of their provisional admission if they were admitted provisionally
- Do not run afoul of the University Honor Code.
- If students fail in any of these respects, their case is reviewed individually by the program director. Performance in classes taken to date is discussed with faculty. Frequently the case is also reviewed by the Associate Dean for Academic Affairs, and a decision is made by the Program Director as to whether or not the student should be permitted to continue in the program. The director’s recommendation goes to the Associate Dean for Academic Affairs for review and action.

\[ \text{d. admissions policies and/or decisions} \]

Admissions policies are set by the MPH Faculty Committee. They are implemented by the Admissions Committee and reviewed annually by the Faculty Committee. Individual applications are reviewed by the Admissions Committee, which makes a final decision on each applicant’s admission as well as decisions related to awarding tuition waivers and assistantships. Appeals are reviewed by the Admissions Committee then referred to the Associate Dean for Academic Affairs in the College for review. She then contacts all parties and negotiates a resolution. Her resolution is final.

\[ \text{e. faculty recruitment and promotion} \]

Faculty are recruited by their academic departments following consultations among the Dean, Department Chair, and MPH Program Director, who discuss the definition of the position and agree upon a draft recruitment advertisement, which may in some departments be then reviewed by the departmental faculty. The Program Director may or may not sit in on these sessions, but invariably reviews the final recruitment advertisement. The Program Director sits as a member of the academic department’s search committee and expresses this opinion as to the suitability to the program’s needs of candidates reviewed. Faculty are reviewed and promoted by their individual academic departments. The MPH Director writes a letter or email message to the department chair each year, providing input to the department’s review and potentially the chair’s annual review or promotion letter, if appropriate.

\[ \text{f. research and service activities} \]

Expectations for research productivity and service, including community service and workforce development contributions, are set, and reviewed periodically by the Faculty Committee.

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

This can be found in the electronic resource file under A1-3 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.

MPH faculty are broadly represented in university governance and activities in three ways. (1) The MPH program director serves on the Executive Committee of the college, while individual MPH faculty are appointed to ad hoc college committees developing programs and policies important to the MPH program. (2) MPH faculty serve on all college and university committees including the faculty senate and its steering committee in their capacity as disciplinary faculty members. (3) Faculty are sometimes asked to serve on committees because their interests bridge both the MPH program and a discipline. A list of MPH faculty membership on university committees is included in the resource file under A1-4 Committees.

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

Faculty interact with MPH colleagues through meetings of the MPH Faculty Committee, the MPH CQI Committee, various meetings and events hosted by the College and personal social interactions among faculty. Documentation of committee meetings can be found in the electronic resource file under A1-5 Faculty Meeting Minutes.

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

Our system of committees and our procedures for formulating, discussing, reviewing, and changing policies has functioned well and as such is unlikely to be substantially altered in the near future, though additional ideas are welcomed and strategies to improve participation at each stage are constantly revisited and revised. One goal of the MPH policy process is to minimize demands upon MPH faculty for administrative time by keeping the governance and policy process open, informal, democratic, and efficient. Unnecessary meetings with no specific action agenda are not held.

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

Not Applicable
A3. Student Engagement

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

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

Students are involved in program policy formulation, policy decisions and policy implementation in many ways:

- The PHSA president serves as a member of the MPH Faculty Committee and MPH Executive Committee.
- PHSA officers and members are strongly encouraged to attend and actively participate in CQI meetings and are regularly responsible for making suggestions which have caused important changes in the program including establishment of a student computer lounge, establishment of an MPH textbook lending library, addition of an International Health course, and decisions to support student conference participation partially financially.
- Students are formally polled in our exit surveys for their views on the program’s strengths, weaknesses, and opportunities for improvement.
- Students are formally polled on faculty and course performance by the university’s student evaluation of faculty, the SUOP system, results of which are reviewed by the MPH program director, disciplinary department chairs and evaluation and promotion committees as well as college and university promotion committees.
- Students are informally polled at PHSA meetings, before core classes and in informal chats over curriculum changes, course scheduling, adjunct performance, recruitment and marketing strategies, content of new student orientation, staff performance, and other issues.
- Students are encouraged by PHSA officers to offer suggestions through them for program modifications. This provides students with the benefit of anonymous suggestion-making if they desire it.
- Students are invited to present their academic and other experiences to the Advisory Council and to sit as participating members of the Council.
- Students participate in new student orientation and are responsible for one of the two hours it lasts.
- Students who serve as research assistants also serve as a sounding board for the program’s staff and leadership.
- Graduates of the program are asked to serve on the MPH Advisory Council.
- Students participate on the MPH Facebook page.
- Students interact informally with faculty at two or more program social events each semester.
- Students organize and direct MPH graduation ceremonies.

Examples of program changes made in response to students:

- New sections of each course were added to facilitate timely graduation.
- A lending library of course texts was organized.
- Computers in the student lounge were replaced.
- Graduation ceremonies were added each semester.
• 14 policy concentration options provided to students in draft were narrowed and selected to 4 which the students preferred, and one favored by the director. Students were asked for additional ideas, though none was suggested.
• The program now provides partial support for conference travel.

Matrix of Student Officials and Committee Service – 2016-2018:

<table>
<thead>
<tr>
<th>Year</th>
<th>Student Name</th>
<th>MPH Committee Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>Esther Rowan</td>
<td>MPH Executive Committee, CQI</td>
</tr>
<tr>
<td>2017</td>
<td>Michelle White</td>
<td>MPH Executive Committee, Advisory Committee, CQI</td>
</tr>
<tr>
<td>2016</td>
<td>Antraneise Jackson</td>
<td>MPH Executive Committee, Advisory Committee, CQI</td>
</tr>
</tbody>
</table>

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

If students do not share the view that their input to program decision-making is open and inviting to them, then we have failed. We truly value student input into the program’s design and performance and have repeatedly seen it improve the program in courses offered and facilitating student completion. They are our best recruiters. Yet, getting the gospel out to every new student is a challenge. If there are more effective ways to enlist student participation we are happy to learn them.

A4. Autonomy for Schools of Public Health

Not Applicable.

A5. Degree Offerings in Schools of Public Health

Not Applicable.
B1. Guiding Statements

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

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

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

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

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

**Vision**

Improve the health status and well-being of the citizens of Florida, the United States and the world by graduating well-prepared public health professionals. Grow the size and scope of the public health degree program to become a department and eventually a school of public health.

**Mission**

Train public health students and place them in practice or academic careers, conduct and disseminate research, support the public health community and its workforce, and improve the health status of populations through the contributions of our students, alumni, staff, and faculty.

**Values**

- Universal and equitable access to timely, affordable, appropriate care at an affordable price;
- Appreciation for the role of social determinants and lifestyle in health status and incorporation of this awareness into health policies and practice;
- Research, dissemination, and evidence based, cost-effective prevention, care, and practice;
- Diversity, multicultural competency, and interdisciplinary collaboration;
- A green, clean, healthy environment and walkable cities;
- Democratic program governance and mutual respect for students, faculty, staff, alumni, and the community.
- All policy fields affect health status.

**Goals**

- Admit a racially, ethnically, and economically diverse group of at least 40 qualified students per year.
- Advise, train, graduate and place well-prepared students in enriching practice experiences and rewarding careers.
- Conduct and disseminate research that improves understanding of public health, health status, and health system performance.
- Engage faculty and students in cooperative or collaborative community service and workforce training.
• Involve faculty, students and community representatives in program administration, curriculum review, and continuous quality improvement.

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

Guided by our mission, values, goals, single concentration, admissions policies, core courses, competencies, and participatory planning and policy process, and limited financial resources, our small program has not required a strategic plan.

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

While our current policies, practices and procedures have served us effectively given our limited scope and budget, were we to add additional degrees, certificates, tracks, concentrations, joint degrees, or other functions, we would need to consider a more strategic approach to program planning and resource management.
B2. Graduation Rates

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

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

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

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td># Students entered</td>
<td></td>
<td></td>
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<tr>
<td># Students withdrew, dropped, etc.</td>
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<tr>
<td># Students graduated</td>
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<tr>
<td>Cumulative graduation rate</td>
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<tr>
<td>2011-12</td>
<td>27</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2012-13</td>
<td>16</td>
<td></td>
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<tr>
<td>2013-14</td>
<td>3</td>
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<td></td>
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<tr>
<td>2014-15</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2015-16</td>
<td>1</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2016-17</td>
<td>1</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2017-18</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Note: Maximum time to graduation is 7 years.
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.

Due to the relatively small size of our program, graduation rates are easily skewed when student retention is not at 100%. For example, in 2015-2016, we lost 10 students in two years, but because the cohort was 35, it severely hinders the statistics. We can attribute this loss of students to the re-staffing of the Admission and Program Coordinator Position. We did not hire our new Academic Program Specialist until February 2016, and it has been proven in the past that having staff members connected to students helps with retention rates. However, since we re-hired new staff in 2018, retention has increased. Nonetheless, our efforts to maximize our diversity, both economic and otherwise, have hurt us. This fall we admitted many applicants provisionally. But least two of our low-GRE admits in the past few years have turned out to be the among the top students, and best citizens, in their cohort or in fact in several cohorts. At Chapel Hill years ago, I admitted a student with very low GRE scores and took a lot of grief. She went shortly after graduation to the Brookings Institution, was third author on an important book on long-term care policy (one of my subfields), and somehow went on to med school. At FSU we have a grad now in a major midwestern university doctoral program. They don’t use GRE scores for admission, so she got in. Shocked me as her admission was one I regretted. I thought she wasn’t very bright but she’s doing fine in doctoral studies. If I turn someone down, given our low tuition rates, there’s a good chance I’ve blocked them out of grad school. If I give them a chance to prove themselves, sometimes they soar. Rarely, they do not. Indeed, we examined our dropouts and found that they were primarily good students performing well but ran into life problems such as disease and death of a parent or marriage and moving away. Our provisional admits had quite high graduation rates.

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

FSU prides itself in and strongly emphasizes timely, high graduation rates. FSU leads the state system in graduation rates. However, it would not be our intention to have 100 percent graduation rates as that would imply significant false negatives in our admissions process, something we wish to avoid in the interest of giving students a chance to succeed in public health if that is the career they desire. Yet we will continue to closely monitor graduation rates as we must achieve higher graduation rates. This is a very important statistic. We will tighten up our monitoring and attempt earlier interventions.
B3. Post-Graduation Outcomes

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

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

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

<table>
<thead>
<tr>
<th>Post-Graduation Outcomes</th>
<th>2014-15 Number and percentage</th>
<th>2015-16 Number and percentage</th>
<th>2016-17 Number and percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>13 (93%)</td>
<td>14 (82%)</td>
<td>20 (77%)</td>
</tr>
<tr>
<td>Continuing education/training (not employed)</td>
<td>1 (7%)</td>
<td>3 (18%)</td>
<td>5 (19%)</td>
</tr>
<tr>
<td>Not seeking employment or additional education by choice</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (4%)</td>
</tr>
<tr>
<td>Actively seeking employment or enrollment in further education</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Total graduates (known + unknown)</td>
<td>14</td>
<td>17</td>
<td>26</td>
</tr>
</tbody>
</table>

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.

The program has been very successful in the placement of students in employment and enrollment in further education within 1 year of their graduation. Out of 57 graduates between 2014 and 2017, only 1 alumna intentionally chose not to pursue employment upon graduation.

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

Strengths
- Graduates of our program are finding employment or being admitted into higher education programs within a year of graduation.
- The majority of employment positions students enter are in the health sector.

Weakness
- We have been unsuccessful in obtaining employment specific data.
- We do not make a conscious effort to keep track how quickly employment was attained.

Plans
- We are looking for ways to track how quickly employment and/or program acceptance is attained after graduation.
- Our goal is to eventually track the types of jobs students pursue, how much they earn after graduation, and their willingness to increase our practicum pool.
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.

For all competencies respondents unanimously said they had learned each of them. Some cited both initial learning and subsequent reinforcement in the program. All but one of the respondents indicated that they have used or are using the competencies in their positions. One said that she does not yet use them in her current job but that competencies 1-6 had changed the way she thinks about health and she fully expects to use all of them when she achieves her aspirational position as a policy analyst for the Florida legislature (she’s currently working as a receptionist for the Senate President while one of her fellow grads is already working as a policy analyst in the same office). She detailed how she expects each one to be useful. One grad said that 16 of the competencies had proved useful so far, while 6 had not. Those not yet useful were numbers 5 (health system comparisons); 9 (intervention design); 10 (budgeting); 17 (negotiation) and 22 (systems thinking).

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

We asked graduating students for their cell phone numbers. Following the suggestion of our draft reviewers, we phoned alums’ cell phone numbers, indicated our need for feedback on the competencies, and sent the list of competencies to each one we spoke to. We asked them: (1) Did they learn each of the competencies; and (2) Have the competencies proved useful in their career. We will be able to expand our sample to more recent alums as we acquire more cell phone numbers.

We found this data collection approach quite encouraging and for each subsequent cohort we will replace our past email survey methods with direct phone and email requests to each grad. We’ve added a request for cell phone numbers and permanent email addresses to our exit survey, and with our newly adopted program-level graduation and hooding ceremony now in place each semester, we have a chance to assure we have cell phone numbers and to exact a promise to respond to our requests for comments on the competencies and other aspects of the program as they gain job experience. Alums, to a person, indicated they were more than willing to help and eager to respond. However, as the requests went out over the Christmas holidays when offices are frantically trying to complete projects and leave for travel, and because the list of competencies is quite long, respondents took longer to effectuate responses than anticipated. But we got a quite high response rate to our modest number of requests.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
The director calling each alum’s cell phone is rewarding and useful. We will concentrate our efforts on facilitating and implementing that approach, probably sharing the phone calls between the director and student services director.
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>
<thead>
<tr>
<th>Evaluation measures</th>
<th>Identify data source(s) and describe how raw data are analyzed and presented for decision making*</th>
<th>Responsibility for review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal Statement 1: Admit a racially, ethnically, and economically diverse group of at least 40 qualified students.</td>
<td>Combined number of admissions Fall, and Spring will rise yearly. Program and university admission reports; University and College Enrollment reports. Comparisons to prior years, other programs and departments in the college and the university are made. Explanations are sought for movements in either direction. Discussions are held about how to improve recruitment. Slide shows are presented to appropriate committees. The dean's staff also compiles the data for a collegewide comparison report which he then presents to the college executive committee and university leadership. Increases in enrollment appear to be factor in evaluating and approving requests for adjunct appointments, tuition waivers, and staff salary increases.</td>
<td>Program Director, Academic Program Specialist, Executive Committee; Faculty Committee; Advisory Committee, College Dean and Associate Dean, CQI.</td>
</tr>
<tr>
<td>Average GRE and GPA scores will rise from year to year.</td>
<td>Program admission reports are generated and comparisons made with previous years, number of applicants, the range of scores is examined, relationships between financial aid offers and acceptance, percent of applicants accepted and accepting admission are calculated and reported in tables, performance of low-scoring admissions from previous years are examined for false positives, top scores are examined to detect upward or downward trends in scores and possible reasons for each declined admission offer if known, nonacceptance of our offers of scholarship are examined. The faculty is apprised at its meetings of trends and directions in our score profile and discussions are provided as to why low-scoring individuals were admitted and high scoring ones did not accept our offer, if we know the reason. We also examine relationships between admission scores and program GPA, discussing individual cases for possible</td>
<td>Director, Academic Program Specialist, Executive Committee; Faculty Committee; Advisory Committee</td>
</tr>
</tbody>
</table>
patterns of student weaknesses that might represent need for tailored interventions in certain types of cases (e.g., bad writing, weak language skills, poor statistics performance, curriculum changes, etc.).

<table>
<thead>
<tr>
<th>Pattern/Goal</th>
<th>Description</th>
<th>Owner(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain a racially and ethnically diverse student body by striving for at least 30% of admitted students being from traditionally under-represented racial or ethnic groups (Black, Hispanic, and/or foreign-born)</td>
<td></td>
<td>Director, Academic Program Specialist, Executive Committee; Faculty Committee; Advisory Committee</td>
</tr>
<tr>
<td>Program admission reports are generated by the Academic Program Specialist. Distributions, changes from previous years, trends, null cells are examined and used to inform future admissions decisions. Data are presented in tables and slides and reported to our various committees. Suggestions for improvements are solicited.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admit an economically diverse student population.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students whose personal statement in their admission application indicate a poverty or low income background are assumed to be from low income backgrounds, while others are assumed to be middle class. Anecdotally, the economic diversity of our students has been validated, as some of the alumni noted the economic diversity of their cohort. One current student recently noted that she is living in her car.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal Statement 2: Advise, train, counsel, graduate, and place well-prepared students.</td>
<td></td>
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</tr>
<tr>
<td>90% of students and preceptors report a satisfactory internship experience and produce a report demonstrating production of a deliverable of use to the preceptor.</td>
<td>All preceptors complete an intern review form and rate the performance of the intern from 1-10. Well over 90% of the preceptors have rated the performance of the interns at nine (9) or higher. Each intern must produce a deliverable that is of use to the preceptor and organization for which they interned. They must also submit an appropriate amount of the deliverable to the internship director for review and as part of the grade. The deliverables will be de-identified if necessary. A recent survey indicated that 100% of the preceptors reported a satisfactory or greater experience with FSU’s MPH students.</td>
<td>Student Services Director, Director, Executive Committee, Advisory Committee (faculty committee only if a problem is identified); CQI.</td>
</tr>
<tr>
<td>80% of students receive a B+ or better on two key exams: regression analysis; and public health skills and knowledge; and a B or better average across all exams in a Health Services Organization and Policy course.</td>
<td>Faculty teaching the courses involved report results yearly in an email to the director. These are reviewed to identify level of compliance and further investigated if results are below expectations, sloping downward, or below last year.</td>
<td>Director, Executive Committee, Advisory Committee, Faculty Committee, and faculty member, CQI.</td>
</tr>
<tr>
<td>70% of students are placed by the end of the first year following graduation;</td>
<td>Email and phone exchanges with recent graduates.</td>
<td>Director, Executive Committee, Advisory Committee, Faculty Committee, CQI.</td>
</tr>
<tr>
<td>All faculty members receive scores in the top half of the distribution of scores on two key SPOT items measuring</td>
<td>SPOT scores are provided by the university to department chairs and incorporated into faculty members’ annual reports, a copy of which is provided to the MPH Program</td>
<td>Department chairs, associate dean, dean, provost, graduate school dean and program</td>
</tr>
</tbody>
</table>
student satisfaction with course and teaching.

Director for jointly appointed faculty. The Director receives MPH specialized faculty and adjunct faculty reports directly from SPOT. Departments use the scores to compute combined, weighted performance scores based upon appointment letter effort allocations. These combined scores produce an overall performance rating for each faculty member's overall annual performance, and are considered in decisions affecting reappointment, tenure, promotion, and salary raises. The MPH director also reviews the scores of jointly appointed faculty, sits in some teaching sessions each year, ((a duty shared with the program's director of student services), and considers teaching performance in overall annual evaluation of jointly appointed faculty, an evaluation which is then provided to the faculty member's department chair. Scores for faculty teaching elective courses - if they are not members of the MPH faculty, are not available to the program director. In light of this fact, students who have taken these electives and CQI attendees are questioned about the faculty member's teaching performance and if an issue is identified, further investigation with the faculty member and his or her department chair would be warranted. This has happened at least twice with adjuncts and once with another department's faculty member. The adjuncts were dropped, and the faculty member was replaced for the course in question.

80% of students indicate satisfaction with advising, curriculum, course availability, teaching, and training on their exit interviews.

All graduating students complete an Exit Survey to anonymously document their experiences within the program. The results of the exit survey over the last 3 years indicate that greater than 80% of student's satisfaction with advising, course availability, teaching, and quality of the education.

**Goal Statement 3: Conduct and disseminate research that improves understanding of public health, health status, and health systems.**

<table>
<thead>
<tr>
<th>At least 9 publications from Tenure/Tenure Track Faculty per year</th>
<th>Faculty are surveyed yearly, results are compiled, articles are examined for public health relevance, lists of publications are posted on the MPH website. Faculty are congratulated and encouraged for their efforts. Since our faculty have been highly productive, corrective action has been unwarranted. In the future, faculty will be asked to report their Google citations annually.</th>
<th>Director, Executive Committee, Advisory Committee, CQI.</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one MPH faculty member wins or manages a</td>
<td>Annual reports of faculty are used to compile reports annually for posting on webpage and</td>
<td>Director, Executive Committee, Advisory Committee, Faculty Committee.</td>
</tr>
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</tbody>
</table>
grant-funded research or training project each year. Reports to committees. Faculty are celebrated for their efforts, projects discussed, and prospects for others’ efforts are also discussed. Productivity, or potential for success in a line of inquiry, are considered in decisions to financially support conference attendance, data set acquisition, and other research expenses.

**Goal Statement 4: Engage faculty and students in cooperative or collaborative community service and workforce training.**

<table>
<thead>
<tr>
<th>Faculty, staff, students, and alumni engage in a variety of at least 10 outreach, workforce development, collaborative, project leadership or support activities with members or organizations in the local public health community and the local public health workforce.</th>
<th>The Outreach and Workforce Development director provides the director with by weekly reports of activities and makes a report to each meeting of each committee. The report covers past and ongoing activities, plans, potential opportunities, and ideas for additional involvement. A principal purpose of the reports and discussion is to stimulate faculty to consider opportunities for them or our students to participate in outreach or training. The director meets with the Outreach and Development director at least quarterly to discuss plans, strategies, opportunities and specific targets for further activities and engagement by faculty, students, and alumni.</th>
<th>Executive Committee, Advisory Committee, Faculty Committee.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty and students engage in collaborative service, 2 per year by 2020</td>
<td>The Outreach and Workforce Development director provides the director with by weekly reports of activities and makes a report to each meeting of each committee. The report covers past and ongoing activities, plans, potential opportunities, and ideas for additional involvement. A principal purpose of the reports and discussion is to stimulate faculty to consider opportunities for them or our students to participate in outreach or training. The director meets with the Outreach and Development director at least quarterly to discuss plans, strategies, opportunities and specific targets for further activities and engagement by faculty, students, and alumni.</td>
<td>Director, Outreach and Workforce Development Director, Executive Committee, Advisory Committee, Faculty Committee.</td>
</tr>
<tr>
<td>The program’s outreach and workforce development director engage with a variety of local organizations and initiatives as consultant, collaborator, board member, advisor, committee member, initiative leader or supporter. She seeks opportunities for faculty to consult, serve on boards or committees, and provide training and expert advice.</td>
<td>The Outreach and Workforce Development director provides the director with by weekly reports of activities and makes a report to each meeting of each committee. The report covers past and ongoing activities, plans, potential opportunities, and ideas for additional involvement. The director meets with the Outreach and Development director at quarterly to discuss plans, strategies, opportunities and specific targets for further activities and engagement by faculty, students, and alumni.</td>
<td>Director, Outreach and Workforce Development Director, Executive Committee, Advisory Committee, Faculty Committee.</td>
</tr>
<tr>
<td>At least one third of faculty members engage in one or more outreach and workforce development activities annually. Outreach and Workforce Development director prepares report annually, verified and corrected against faculty members’ annual productivity.</td>
<td>Outreach and Workforce Development Director, Executive Committee, Advisory Committee, Faculty Committee.</td>
<td>Director, Outreach and Workforce Development Director, Executive Committee, Advisory Committee, Faculty Committee.</td>
</tr>
</tbody>
</table>
more of these activities each year.

report. Faculty who have contributed are thanked and efforts discussed. Plans for the coming quarter and year are proposed, and all are encouraged to find ways to contribute presentations, lectures, collaborations, or other involvements. For workforce development plans, dates when results of the FDOH survey of state and country workforce needs assessment are discussed and possible matches with faculty areas of expertise considered. When needs assessment results become available, potential matches to specific faculty expertise are identified and discussed with appropriate faculty members and the director for guidance on faculty expertise. Opportunities for student involvement are identified and discussed with the PHSA leadership. A list of potential topics and faculty who will fill the match are proposed to FDOH, negotiated, and eventually agreed upon.

Specialized faculty (non-tenure track) and staff receive a favorable evaluation each year, reflecting highly satisfactory performance of their advising, internship placement, career counseling, job placement, community outreach, workforce development activities, and/or other duties.

Specialized faculty member prepares an annual report which is given to the MPH program director. He uses it, teaching scores, student feedback, staff observations, preceptor feedback, internship and placement data and reports to compile an annual evaluation.

Specialized faculty member, MPH program director, and College Dean

**Goal Statement 5:** Involve faculty, students and community representatives in program administration, curriculum review, and continuous quality improvement.

At least one change per year in program administration. Curriculum, course sequencing, degree requirements, guiding documents, counseling, program resources, personnel, or other important aspect of the program will be changed each year in response to a student suggestion, a faculty suggestion, a preceptor or community member, or an alumnus.

The Director and Student Services Director keeps a log of suggestions, response, and changes. These are reported to our committees at least annually.

Director, Executive Committee, Advisory Committee, Faculty Committee, CQI.
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.

- Our admission reports indicate how well we are doing in admitting a diverse cohort of students.
- Our high graduation rates and very low drop-out rate tell us how well we are doing moving students through the program and onto graduation.
- Informal feedback from our students and alumni (in the classroom, at social events, during committee discussions and via our PHSA), as well as our SPOT surveys of student satisfaction with teaching and our classroom observations, tell us how well we are doing in meeting student expectations for our faculty’s teaching performance and meeting student needs for course access and range of courses.
- Our preceptor reports and chats tell us how well our students are doing in their internships.
- Our placement rates tell us how well we are doing getting students placed into careers.
- Our publications, grants received, presentations at conferences and promotion of our faculty tell us how well we are doing in our scholarly output.
- Our monthly community service and workforce training session evaluations tell us if we are making sufficient contribution to the public health community and workforce.
- Retention rates for our faculty and year to year growth of our admission cohort tell us that we are managing the program effectively and maintaining collegial relationships.
- Our periodic Graduate Education Committee evaluations, and annual SACUA reports, tell us if we are meeting regional accreditation society standards.

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

Please see the electronic resource file, under "B5-3 MPH Performance Management"

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

Through a combination of poor record-keeping and several calamitous events – loss of Dr. Weisert's computer, closing down of Blackboard, complete staff turnover, and an office reorganization— we have very few records to document the minutes of our meetings and historical document tracking. This is clearly a major issue, but we’ve taken steps to address something like this from happening in the future. For example, we hired a part-time accreditation coordinator to ensure CEPH standards are being met; and we’ve shifted our documentation management over to dropbox, which is synced to our phones, tablets and computers. This criterion is all being met. something that needs to dramatically improve.
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.

i. Instructional Excellence: With growing enrollment the cohort became too large to provide sufficient feedback and advising to students in our major integrative courses. The faculty member teaching the capstone, Health Policy, felt overwhelmed since the course was offered only in one semester, meaning that all students who planned to graduate before the next offering had to take the course.

ii. We tried dropping Health Policy and its 50-page paper, and replacing it with two Capstone courses, Data Analysis and Applied Public Health. That lasted just one Fall cohort. When we described the new system in the September version of this Self-Study, the reviewers did not understand it. Nor did one of the faculty members who taught the Applied Public Health course. Upon the Program Director’s comparison of the two Capstone course approach with the 2016 CEPH criteria, it became clear this approach would not work. A solution was designed by the Program Director: (1) We went back to just one Capstone course, Health Policy; (2) We replaced the 50-page paper with two assignments. The first (a policy advocacy memo to a stakeholder group) demonstrates students’ understanding of the policy process, advocacy to a stakeholder group, and cultural sensitivity in making an appeal. The second assignment has two parts, a group presentation of assessment of 3 policy options, and a 10-page individual paper explaining, citing evidence, and advocating for one solution in comparison to the others against criteria including evidence of effectiveness, equity, stakeholder support potential, and political feasibility. These are structured to test students grasp of 6 criteria, all of which were taught and tested in earlier classes except the policy process which was tested in the earlier assignment in the Capstone course.

a. To address the problem of class size, the course will now be offered both Fall and Spring, and in response to student survey comments, the Fall offering will be Wednesday evening from 5:15 to 8pm. Once the course was redesigned, it was presented to the Executive Committee including the PHSA president, the Spring schedule was revised before classes began, and Applied Public Health was dropped in favor of the revised Health Policy now becoming the one and only Capstone course. Data Analysis is still required, but is no longer a capstone as it meets too few competency criteria.

b. The changes were summarized and circulated to the faculty for approval or further discussion and approved by email vote.

c. Students who were registered for Applied Public Health for Spring 2019 were asked to switch to Health Policy. All but 1 did so, and so plans to offer Applied Public Health as a Directed Research course for those who declined to switch were dropped. Given that students were minimally involved in structuring this Capstone Course change, we will survey students in Health Policy after they have turned in their Capstone assignment to ask their opinions of the new Capstone requirement, which is simply the one we’ve used for 15 years with two changes: A modified Capstone assignment structured to require
integration of 6 criteria, and the course will now be offered twice, one of which will be an evening course.

iii. Student Satisfaction Shortfall: At a CQI meeting, students said they wanted an MPH graduation experience at which family and friends could meet faculty and other students. They pointed out that other programs have such events as part of their educational process. They requested that the program institute a graduation event in both Fall and Spring. The Executive Committee discussed the matter and agreed to have such an event, but to leave its timing, nature, and location to the students to plan. Students came back with the idea of a hooding ceremony, reserved a room, asked for a small budget for snacks and drinks, wrote a script for the event identifying points for the director and PHSA president to speak, arranged for a photographer, and organized invitations and advertising for the event. It was carried out according to the script in Fall 2017 and was highly successful. It was repeated to a much larger class and crowd of family and friends in a larger campus venue in Spring 2018. Again, the students organized and in detail directed the event. Again, it was a complete success.

v. Admissions Policies Not Followed: Data on Fall 18 admitted students makes it clear that the Executive Committee has become too lax in its admissions decisions. Of 28 admissions, 12 were provisional admits, including one with exceptionally low GRE. A new policy proposal capping the number of provisional admits was discussed in the next Faculty Meeting but rejected after data on program dropouts was analyzed. It showed that it was not provisional admits who were dropping out, but rather good students who in most cases we know anecdotally had a major life event such as marriage and moving away, or a parent's illness requiring full-time help. Our meaningful admission criteria is finding a good balance between reducing our standards to accommodate students with a poor or mixed track record but who have overcome difficult life experiences, or took took challenging classes such as organic chemistry, calculus or statistics. We want to give those students a chance to succeed but we do so at the risk of increasing our drop-out rate or burdening faculty, or both.

vi. Career Placement Success: Data to assess our success in making career placements was found to be insufficient to make an appropriate assessment. We instituted several changes including hiring students each semester to try to find additional contact information for our graduates; acquiring lists from the university alumni office; making the exit survey where students provide future contact details mandatory before clearance for graduation. At CEPH reviewers’ suggestions, we acquired cell phone numbers of recent grads, called several, and asked them to comment on the program’s diversity, cultural sensitivity, whether or not they learned each of 22 competencies, and whether or not they have used them in their careers. Results are summarized elsewhere in this report. We have now added a cell phone number question to our admission application and our exit survey so that we can phone alumni and ask for feedback on the program’s performance.

vii. Split Vote On Policy As A Concentration. We designed the program to focus on policy, the program is housed in a college that has policy in its name and seeks to produce policy relevant research, we advertise our program as policy focused, the Dean rejected a proposal last year to switch our program away from policy to epidemiology or social epidemiology. Yet a substantial minority of students responding to our recent satisfaction survey said they would prefer a second option, probably focused on epidemiology. We are not prepared to give up on policy and such a move would meet with considerable student opposition if we did. Instead we will next year examine the feasibility of offering a second concentration option, in epidemiology. We probably already have the coursework in place to support it, though we would need a second Capstone course integrating epidemiology concentration competencies. We’d first
need to determine whether or not this two track arrangement would fit within CEPH criteria. If so, broad and deep discussions with the faculty, students, alumni and college leadership must take place before changes are made.

viii. Student Dissatisfaction with Advising Staff: Results of our survey of student satisfaction with advising were a shocking surprise. While many students had high praise for our advising staffer, a substantial number complained of unavailability, abrupt communications, unresponsiveness, and in one case rudeness. The staff member named has been a godsend to the program’s marketing, recruitment, files management and understanding of university policies, procedures and information sources. She is smart and helpful to faculty. But apparently something is wrong. The staff member named in several of the expressions of dissatisfaction has seen the results and they were quite upsetting to her. There is no doubt that she is working very hard, stretched thin with 3 major programs to support, and she has recently experienced both health and relationship challenges. But she is a very competent, empathetic, conscientious person who strives for excellence. We are not going to get more staff and certainly not more competent or dedicated staff. It will simply be up to program leadership to monitor student satisfaction more closely and identify aspects of student advising that can be improved and work with her to improve them or more quickly divert some of her burden to faculty.

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

We have yet to turn down a student request for a program change though the desire for a second concentration option is a challenge that we may or may not be able to accommodate. Nonetheless, students are a source of ideas, especially about things that affect their lives, such as the curriculum and graduation requirements. We do our best to solicit ideas for improvement yet these survey results related to satisfaction with advising in particular make it clear that informal communication methods are not as effective as deliberate surveys directed at satisfaction with specific aspects of the program. We must do more such surveys, more frequently, and work to make changes that can be accommodated within very constrained resources and pressures for high performance on multiple dimensions of faculty and program expectations.
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 University pays for faculty salary through Education and General funds (E&G). Salaries are guaranteed for faculty. Dr. Alan Rowan’s salary is fully attributed to this program but the rest of the MPH jointly appointed faculty are paid 50% attributed to this program.

E&G funding sources include General Revenue (primarily Florida’s Sales Tax), the Educational Enhancement Trust Fund (Lottery sales), and Student and Other Fees (tuition, out-of-state fees, and other miscellaneous fees)

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.

If a new faculty / staff member is needed, a request needs to made to the Dean’s office to inquire if resources are available. If resources are available and the Dean's office agrees that a new faculty / staff member is needed, a request then needs to be made to the University's Provost Office to be approved.

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

   E&G funds are used for operations. This includes items such as postage, telecom, professional services, books, supplies, and fees. These funds are awarded annually by the dean to the public health program. The public health program then controls the funds. When the budget is likely to be exceed as it appears likely this year due to accreditation related expenses, additional funds are requested from the dean. Thus, the dean controls the budget allocation, but specific spending is controlled by the program.

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

   E&G funds are used for student stipends.

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

   E&G funds are used to fund faculty travel. Alan Rowan and Bill Weissert have both been funded by this program for travel. Control of these funds is shared by the Dean and the Program. Calculations include salaries that other departments pay because most of our faculty are jointly appointed, funds for salaries awarded by the Dean, and funds from the MPH program’s budget line awarded by the Dean annually and then under program control.
d) In general terms, describe how the program requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

A request needs to be made to the Dean’s office to inquire if resources are available. If resources are available and the Dean’s office agrees additional E&G funds are transferred to the Department for use.

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 program received a share of Tuition dollars allocated to the College. The share is determined by looking at the full needs of the College. It does not bear a relationship to the total fees generated. Tuition waivers are allocated to the College’s fund and the College distributes them based on need.

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.

This is Not Applicable for the 5-year period being examined. One contract will receive indirect cost benefits that was started at the end of the 5-year budget cycle. At the time of reporting, any indirect monies have not been generated and returned to the College / Department.

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. In the chart below, University funds summation in the top of the chart includes everything on the expenditure list below except: Tuition and the expenses paid through a grant that was started at the end of FY18. This differs from “Tuition” because FSU pays for tuition funds out of a separate allocation. Other Personal Services (OPS) is a category for non-salary wages for temporary employees. These positions are used solely for accomplishing short term or intermittent tasks. OPS employees do not fill established positions and may not be assigned the duties of any vacant authorized position.

<table>
<thead>
<tr>
<th>Sources of Funds and Expenditures by Major Category, 2013 to 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
</tr>
<tr>
<td>State Appropriation</td>
</tr>
<tr>
<td>University Funds</td>
</tr>
<tr>
<td>Grants/Contracts</td>
</tr>
<tr>
<td>Indirect Cost Recovery</td>
</tr>
<tr>
<td>Endowment</td>
</tr>
<tr>
<td>Gifts</td>
</tr>
<tr>
<td>Other (explain)</td>
</tr>
<tr>
<td>Other (explain)</td>
</tr>
<tr>
<td>Other (explain)</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
Expenditures

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Salaries &amp; Benefits</td>
<td>$262,989.70</td>
<td>$335,940.70</td>
<td>$343,498.57</td>
<td>$375,726.59</td>
<td>$391,138.42</td>
</tr>
<tr>
<td>Staff Salaries &amp; Benefits</td>
<td>$86,530.20</td>
<td>$88,325.36</td>
<td>$133,552.76</td>
<td>$154,239.55</td>
<td>$164,216.10</td>
</tr>
<tr>
<td>OPS Salaries &amp; Benefits</td>
<td>$11,602.67</td>
<td>$4,822.89</td>
<td>$18,717.52</td>
<td>$44,536.55</td>
<td>$51,352.60</td>
</tr>
<tr>
<td>Operations</td>
<td>$9,099.89</td>
<td>$6,326.55</td>
<td>$2,154.61</td>
<td>$9,944.18</td>
<td>$5,933.03</td>
</tr>
<tr>
<td>Travel</td>
<td>$3,537.41</td>
<td>$1,854.64</td>
<td>$3,197.06</td>
<td>$1,605.86</td>
<td>$3,153.89</td>
</tr>
<tr>
<td>Student Support</td>
<td>$20,711.52</td>
<td>$19,796.80</td>
<td>$23,874.75</td>
<td>$25,984.68</td>
<td>$30,068.78</td>
</tr>
<tr>
<td>Tuition Waiver</td>
<td>$30,000.00</td>
<td>$30,000.00</td>
<td>$30,000.00</td>
<td>$30,000.00</td>
<td>$30,000.00</td>
</tr>
<tr>
<td>University Tax</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (explain)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$424,471.39</strong></td>
<td><strong>$487,066.94</strong></td>
<td><strong>$554,995.27</strong></td>
<td><strong>$642,037.41</strong></td>
<td><strong>$675,862.82</strong></td>
</tr>
</tbody>
</table>

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

Our program is not especially expensive, especially given our swelling number of admits, faster than any other program or department. Thus we are generally able to operate within our budget. On the rare occasion when we did need a supplement, the former dean groused by paid up. This dean is more disciplined in fiscal matters, but when we asked for more tuition waiver slots, we got them. I’m confident that if we needed an infusion of funds for some worthwhile specific purpose, we would get it if accompanied by an adequate justification. When we introduced Open House recruitment this past year, the dean volunteered to share some of the cost. Turned out our budget could handle the extra cost so it was not needed. I’m not sure you can ask for more from a dean than to be responsible with resources but make good priority driven choices when adequate rationale is provided. So we’re happy with our budget situation at the present time. As we tighten up our admission standards, our enrollments are likely to fall. When they do, he may feel less generously
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.

<table>
<thead>
<tr>
<th>CONCENTRATION</th>
<th>FIRST DEGREE LEVEL</th>
<th>ADDITIONAL FACULTY*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PIF 1*</td>
<td>PIF 2*</td>
</tr>
<tr>
<td>General</td>
<td>William Weissert</td>
<td>Alan Rowan</td>
</tr>
<tr>
<td>MPH</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**TOTALS:**

- Named PIF: 3
- Total PIF: 8
- Non-PIF: 1

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.

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Teaching</th>
<th>Research</th>
<th>Service</th>
<th>Admin.</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burdette, Amy</td>
<td>25%</td>
<td>45%</td>
<td>5%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>Coutts, Christopher</td>
<td>25%</td>
<td>45%</td>
<td>5%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>McFarland, Michael</td>
<td>25%</td>
<td>45%</td>
<td>5%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>Uejio, Christopher</td>
<td>25%</td>
<td>45%</td>
<td>5%</td>
<td>75%</td>
<td></td>
</tr>
<tr>
<td>Lee, Keon-Hyung</td>
<td>25%</td>
<td>32%</td>
<td>5%</td>
<td>62%</td>
<td></td>
</tr>
<tr>
<td>Sherron, Katie</td>
<td>30%</td>
<td>5%</td>
<td>35%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rowan, Alan</td>
<td>45%</td>
<td>5%</td>
<td>45%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Weissert, William</td>
<td>25%</td>
<td>45%</td>
<td>5%</td>
<td>85%</td>
<td></td>
</tr>
</tbody>
</table>

Most jointly appointed faculty FTE equals .75, which consists of teaching (.25), research (.45), and service (.05) = .75
Dr. Sherron’s FTE varies because she is non-tenure track
Dr. Lee’s FTE varies by his research contribution with a FTE of .25 + .315 + .05 = .615
Dr. Weissert has .875 due to his added administrative duties as the MPH Program Director.
3) If applicable, provide a narrative explanation that supplements reviewers’ understanding of data in the templates.

Each MPH jointly appointed faculty member was selected for the position they hold after a search for MPH faculty through and across the disciplines in the College of Social Sciences and Public Policy. Each faculty member has a strong public health focus to their research. They are each expected to publish two public health related articles yearly and their service is required to be split between the MPH program and their home disciplinary department. All jointly appointed MPH faculty teach at least half their classes to MPH courses. MPH students may also take courses offered by MPH faculty through their home departments as electives.

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>
<thead>
<tr>
<th>Degree level</th>
<th>General advising &amp; career counseling (a)</th>
<th>Advising in MPH integrative experience (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master’s</td>
<td>Average 25, Min 10, Max 35</td>
<td>Average 20, Min 15, Max 25</td>
</tr>
</tbody>
</table>

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

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

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

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

Course Access Shortfall: Students expressed concern to the Student Services Director during advising sessions that some classes being offered during only one semester necessitated sticking around an extra semester to graduate. At the same time, faculty complained that their classes were getting too large with growth in admissions. Following discussions in the Executive Committee and the Faculty Committee (October 30, 2017), a decision was taken to gradually increase to two the number of sections of each required course. This required some effort and budgeting. An adjunct was immediately recruited to teach the most pressing course shortage, HBHE in the summer and subsequently in the Fall semester to facilitate winter graduations. Some faculty were asked to move classes to a different semester, and others were asked to switch to teaching a different course. Finally, the capstone course was replaced with one which could be taught by different faculty in Fall and Spring semesters. As of Fall 2018, all required courses are in two semesters.

*Please see the electronic resource file, under C2-6 Student Perceptions:*

**Example 1:** Meeting minutes that document the need for change

Student Satisfaction with Advising Shortfall: With our relatively small program, advising used to also be shared by the Academic Program Specialist, who was knowledgeable about admission and graduation requirements. She shared administrative and advising duties with other interdisciplinary programs. In 2016, the Public Health Student Association (PHSA) president requested a student meeting with the MPH Program Director to submit a formal complaint. The meeting was scheduled, and 5 students were in attendance. They were promised anonymity during the meeting. The
Director took these comments very seriously and gathered additional qualitative information from students, alumni, staff, and faculty. Under consultation with HR, the program followed FSU’s Employee & Labor Relations, disciplinary procedures, which ultimately resulted in resignation of the Academic Program Specialist. The office was reorganized with the addition of an Office Manager to improve supervision and performance; and after advertising for a replacement, a new Academic Program Specialist was hired in the spring of 2018. Students were again interviewed and reported highly satisfactory performance by the new hire.

*Please see the electronic resource file, under C2-6 Student Perceptions: Example 2: Advising shortage*
**The electronic resource file does not contain minutes of the meeting because students were granted anonymity. These comments resulted in a reorganization effort of the interdisciplinary programs office structure and staff. This process is what is provided as a narrative. This change has positively impacted our students, though our documentation management has been severely impacted.*

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

Our documentation of meetings and decisions is inadequate. We need better data on student satisfaction. What we have is very positive, but number of respondents is too small.
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.

<table>
<thead>
<tr>
<th>Role/function</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH Academic Program Specialist**</td>
<td>.40</td>
</tr>
<tr>
<td>Student Services Office Manager**</td>
<td>.20</td>
</tr>
<tr>
<td>Other Support – Graduate Assistants**</td>
<td>7.00</td>
</tr>
<tr>
<td>Accreditation Coordinator</td>
<td>.25</td>
</tr>
</tbody>
</table>

**Shared staff between African American Studies; Demography; International Studies; Interdisciplinary Social Science; and Public Health

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

Additional staff support is provided by the Dean’s Office. This includes budget management and human resources. They were also very instrumental during the staff turnover and reorganization process.

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

As of 2016, our program’s staff support has been sufficient to carry out the mission of the program. There was inadequate support acknowledged in 2015, which resulted in a reorganization of the student services office and the hiring of all new staff. Susan was brought on as the Office Manager in early 2016. She manages the advising staff and students, handles administrative duties for African American Studies; Demography; International Studies; Interdisciplinary Social Science; and Public Health. She assists with student advising as needed. Sabrina Smith was hired in during the spring of 2018 as the Academic Program Specialist; the key staffer for admissions, student files, curriculum questions and tracking for graduation requirements. She splits her time between Demography; International Studies; Interdisciplinary Social Science; and Public Health. She also took on additional duties related to marketing the program. After settling into her job, she soon volunteered to help with program marketing, reflecting her view that the program was insufficiently marketed. She initiated an Open House each semester and redesigned our website, all our brochures and letters. She also made a recommendation to have our new student orientation earlier so that students are able to enroll early and have the best chances to get into classes they are interested in. We instituted the change this summer (2018) after she polled our new students on availability for an earlier orientation and found a date that worked. This has relieved both tension and bottlenecks for students and faculty. While Susan is integral and essential to the office and a valued team member, Sabrina carries a larger burden of direct support to the MPH program. Though this change created some instability of support staff and resources, it was necessary to
correct inadequate staff. Our support staff are also assisted by several students who act as office receptionists and answer phones.

Additionally, the need for a part-time accreditation coordinator was recognized while going through our self-study and building our electronic resource file. We believe having a dedicated part-time staff member, just as we did from 2011-2014, using and sharing access to a cloud-based storage option, following up on action items, creating agendas for meetings, keeping meeting minutes, and assisting in mounting surveys and monitoring data is the missing piece to our infrastructure.

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

Strengths
- Successfully reorganized the student services office to incorporate oversight and administration of advising, recruitment, and administrative services to support MPH students.
- Hired:
  - a high-quality Office Manager to oversee advising staff, day-to-day program administration, and provide additional advising support.
  - a high-functioning, energetic Academic Program Specialist to manage our recruitment, marketing, admissions, advising, and administrative support.
  - a knowledgeable and resourceful Accreditation Coordinator responsible for the continuous quality improvement and performance management processes that support accreditation.
- Other personnel have remained consistent and supportive during these administrative changes.

Weakness
- Having a small and shared program staff, makes staff turnover a difficult and time-consuming process.
- During the reaccreditation cycle, we experienced inadequate and poor performing staff, which resulted unstable student resources

Plans
- Continue to support our staff’s ideas, foster their ability to innovate, and encourage them to speak up when they have questions, comments, concerns.
- Keep the accreditation coordinator position on staff to ensure CEPH compliance year-round and prevent over burdening shared staff.
- We hope the program continues to grow, in which we would like to have our own dedicated support staff for Public Health students.
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 faculty members' home departments or the Interdisciplinary Social Sciences Office for non-tenure track faculty generally provides office space for program faculty. Each faculty member has a large, comfortable individual office at least as large as most university faculty offices, if not larger, and has at least one window, desk, chairs.

- **Staff office space**
  
  The FSU MPH shares administrative staff with three other academic programs through the Office of Interdisciplinary Social Sciences. Our staff have their own offices with all the equipment they need to perform their duties efficiently and securely.

- **Classrooms**
  
  Classroom space in the Bellamy Building, where the faculty have their offices, and the Huge Classroom Building (HCB) next door are well lighted, excellent modern facilities, with plenty of seats and space for them, excellent AV equipment, with good soundproofing and restroom facilities nearby. Most classes are held in these two buildings. Faculty members are consulted each year to review additional necessary software for current course offerings.

- **Shared student space**
  
  All MPH students have access to a Masters Student Lounge on the ground floor of the Bellamy Building, room 047. The Masters Student Lounge provides students a meeting location as well as access to general computing resources such as computers with software access for data analysis, geographic information systems and health informatics (such as SPSS, SASS, STATA, and GIS). There is plenty of laptop space, a large table, shelf space, and a printer.

- **Laboratories, if applicable to public health degree program offerings**
  
  Our policy-oriented program does not require bench labs. Well appointed, pleasant conference rooms are available for meetings.

2) Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.
The MPH program is housed within the Bellamy Building on the main campus of Florida State University. As a relatively small interdisciplinary program, the MPH program draws on the shared facilities of the College of Social Sciences and Public Policy and the individual departments. Four conference rooms are available to schedule through the main office for group meetings and presentations (or any large group activity), as well as five classrooms that can be used for study sessions and presentations by both students and faculty. If the main office is unable to assist in finding space, Academic Space and Scheduling, a division of the University Registrar's Office, coordinates the assignment of class sections to available classroom space and schedules special academic/academic-related events in academic spaces. These electronic and on-campus resources work in conjunction with one another to provide an active support system that creates an active learning environment and increases academic performance. Physical space is sufficient.

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

Space has not been at the premium at FSU that it has been at some other universities. Garnering a student lounge in early in the program at the students’ behest was an important improvement. Faculty and staff have comfortable offices, and classrooms and equipment are more than adequate to the task. Addition of the Huge Classroom Building (HCB) next to Bellamy makes classroom insufficiency not at all a concern for the MPH program.
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**

Florida State University maintains an extensive library system befitting a major research University. FSU houses eight libraries on campus, The Robert Manning Strozier Library, Paul A. M. Dirac Science Library, Mildred and Claude Pepper Library, Warren Allen Music Library, Harold Goldstein Library and Information Studies Library, College of Law Library, College of Medicine Medical Library, and the College of Engineering Library. The three main libraries for MPH faculty and students are:

- **The Robert Manning Strozier Library** is FSU's largest library. Strozier's main collection is primarily comprised of materials in the humanities and social science subject areas. In addition, Strozier houses special collections, maps, government documents, multimedia, electronic and microform materials.

- **The Paul Dirac Science Library** houses the University’s holdings of research materials in the pure, applied, and related sciences. Dirac maintains a collection of over 500,000 volumes and provides online access to over 350 databases and 11,000 electronic journals.

- **The Charlotte Edwards Maguire Medical Library** is maintained by the College of Medicine. The Maguire Library provides access to a large number of electronic medical databases, books, and periodicals related to the field of medicine and health, including a number of prominent public health journals.

The Libraries’ resources support teaching, learning and research across the curriculum. Many resources are available electronically and accessible from any location by logging in with their Blackboard account. The Florida State University’s membership in the Center for Research Libraries provides access to many rare and specialized materials. Materials not available online or at the libraries may be requested through interlibrary loan or through the new statewide UBorrow system, offering FSU faculty and students, delivery of over 15 million books from all state University libraries and:

- 3 million+ volumes, including 549,000+ e-books
- 78,000+ serials and e-journals
- 771+ databases covering a wide range of subject areas
- Depository library for U.S. government, state of Florida and United Nations publications
- Special Collections of rare and historic materials

The Special Collections and Archives Division of the University Libraries supports and advances research, teaching, and scholarship by acquiring, preserving, and providing access to collections of original manuscripts, rare books, and University archives for use by students, faculty, and researchers worldwide. Materials not available at the libraries may be requested through Interlibrary Loan.
Professional librarians offer research assistance in person, over the telephone, via e-mail and through live Internet chat sessions. Library and information literacy instruction sessions are available to classes and groups in the Strozier Instruction Lab upon request. Academic departments have designated librarian liaisons that offer resources and assistance customized to each department's needs. Faculty members and Post-Docs can request the delivery and pick-up of library materials to and from their offices using the Faculty Express Delivery Service (FEDS). Physical items will be delivered to designated department locations, journal articles will be delivered by e-mail, and all available items will be delivered within two business days.

Librarians from the University Libraries are valuable partners in teaching critical thinking skills to students and helping alleviate the information anxiety many students feel when confronted with University-level research and information gathering. The Libraries provide a variety of services to support teaching and learning.

- Library research instruction for classes
- Assistance with developing research assignments
- Course reserves – articles can be put on electronic reserve and physical materials on reserve at Strozier, Dirac, or Engineering Libraries.
- Multimedia Production – Equipment and assistance available in Strozier Library
- Customized research guides or content for course Blackboard® sites

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

Apart from a large number of smaller facilities, and three major computer labs, myFSUVlab allows students 24/7 access to a virtual computer lab so they can access campus software from anywhere. Each computer has access to the internet and commonly used software, including Microsoft Office, SPSS, R, and SAS. In addition, all MPH students have access to the Master's Student Lounge located on the ground floor of the Bellamy building, which contains computers with commonly used software. In addition, students have access to more specialized computer labs and software when appropriate. For example, students taking the Medical Geography or GIS Social Applications courses have access to the specialized computing resources of the Geography program, including advanced mapping and statistical software, such as ArcGIS. Our information technology support team also links students to free Microsoft Office 365, student computing support for computers and mobile devices, free courses through Lynda.com, free cloud storage, survey software, and other IT support services like repairs and discounted software/hardware purchases.

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

All faculty and staff in the College of Social Sciences and Public Policy have access to a small unit of IT professionals who are dedicated for the college only. This team can assist with purchasing new computers, software, or IT related items, recovering lost data, installing new programs, and basic computer maintenance. The staff can be contacted through this webpage http://www.coss.fsu.edu/technology. Additionally, they have access to the university's information technology services, where they can get help with virtual server hosting, survey software, network services, off-campus access, cloud-based storage, database services, computing technology support, audio/visual equipment, and classroom support. Technology-enhanced classrooms span across campus, but faculty can request equipment and software if their classroom is not sufficient.
technical assistance available for students and faculty

The information technology service desk is available to students and faculty to provide technical assistance and even guide users to the right resource. They even offer software training. The Scholars Commons, a faculty and graduate student research center, is located in Strozier Library and offers a variety of spaces for research, study, collaboration, and production of materials. Additional facilities and equipment are available in Dirac and other University libraries.

- Computer lab with Internet access, Microsoft Office, SPSS, STATA, SAS, NVivo, Maple, MATLAB, and other software
- Group study rooms
- Graduate conference room (can be reserved for larger groups, dissertation defenses, etc.)
- Reading Room (access limited to graduate students and faculty)
- Quiet study areas
- Research carrels
- Wireless access and wireless printing
- PCs and Macs with access to the Internet and other software products
- Multimedia production equipment and software
- Laptops, digital recorders, cameras, and other equipment available for checkout
- Adaptive equipment and software for persons with disabilities

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

Our faculty and students are well served through the technological advances at the Florida State University. There is plenty of access to hardware and software on and off-campus. Faculty are uniquely supported by a dedicated information technology team, but can also seek help from classroom support, the library, and even the help desk for 24/7 assistance. Students are also well supported. Both populations have access to virtual networks to connect to online resources from home, discounted prices for purchasing software, and hands-on assistance through support services and the library.

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

Information technology and resources are sufficient to meet the demands, needs, and wants of our faculty, staff, and students. Classroom technology in particular is a strength of our program. We plan to use our access to Dropbox for cloud storage to instill a documentation management strategy for the program to track measures and keep meeting minutes since Blackboard shut down and we have no access to our old files.
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>
<thead>
<tr>
<th>Content</th>
<th>Course number(s) &amp; name(s) or other educational requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain public health history, philosophy and values</td>
<td>URP 5521/PHC 5001 Public Health Epidemiology PHC 5300 Environmental Health</td>
</tr>
<tr>
<td>2. Identify the core functions of public health and the 10 Essential Services*</td>
<td>URP 5521/PHC 5001 Public Health Epidemiology PHC 5912 Applied Public Health Policy (Capstone 2)</td>
</tr>
<tr>
<td>3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health</td>
<td>ECP 5538 Health Policy Statistics SYA 5458 Social Statistics and Data Analysis for Public Health</td>
</tr>
<tr>
<td>4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program</td>
<td>URP 5521/PHC 5001 Public Health Epidemiology</td>
</tr>
<tr>
<td>5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.</td>
<td>URP 5525/HSC 5930 Health Behavior &amp; Education URP 5521/PHC 5001 Public Health Epidemiology</td>
</tr>
<tr>
<td>6. Explain the critical importance of evidence in advancing public health knowledge</td>
<td>URP 5525/HSC 5930 Health Behavior &amp; Education URP 5521/PHC 5001 Public Health Epidemiology</td>
</tr>
<tr>
<td>7. Explain effects of environmental factors on a population’s health</td>
<td>PHC 5300 Environmental Health</td>
</tr>
<tr>
<td>8. Explain biological and genetic factors that affect a population’s health</td>
<td>URP 5521/PHC 5001 Public Health Epidemiology PHC 5300 Environmental Health</td>
</tr>
<tr>
<td>9. Explain behavioral and psychological factors that affect a population’s health</td>
<td>URP 5525/HSC 5930 Health Behavior &amp; Education</td>
</tr>
<tr>
<td>10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities</td>
<td>PUP5605 Health Services Organization &amp; Policy</td>
</tr>
<tr>
<td>11. Explain how globalization affects global burdens of disease</td>
<td>PHC 6110/PUP 5932 Comparative Health</td>
</tr>
<tr>
<td>12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)</td>
<td>URP 5521/PHC 5001 Public Health Epidemiology</td>
</tr>
</tbody>
</table>
2) **Document the methods described above.** This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.

   Please reference the electronic resource file, under D1-2 Learning Objectives.

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

   These foundational pieces of knowledge are being taught in several of our courses and are often repeated several times.
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>
<thead>
<tr>
<th>Requirements for MPH degree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Course number</strong></td>
</tr>
<tr>
<td>URP 5525/HSC 5930*</td>
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<tr>
<td>PHC 5300</td>
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<tr>
<td>PUP 5605</td>
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<tr>
<td>URP 5521/PHC 5001*</td>
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<tr>
<td>ECP 5538</td>
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<tr>
<td>PHC 6110/PUP 5932*</td>
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<td>PAD 5935</td>
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<tr>
<td>PAD 5935</td>
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<tr>
<td>PUP 5607</td>
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<tr>
<td>SYA 5458</td>
</tr>
<tr>
<td>PHC 5945</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Competency</th>
<th>Course number(s) and name(s)*</th>
<th>Describe specific assessment opportunity”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence-based Approaches to Public Health</td>
<td>PHC 5300 Environmental Health: Week 2- lecture on environmental epidemiology ECP 5538 Health Policy Statistics Weeks 1 – 3 – Students learn the difference between quantitative and categorical data. We discuss gathering data coding it in SPSS or other statistical software. SYA 5458 Social Statistics and Data Analysis for Public Health Week 1 - Students learn about different survey methods that are applicable in a public health setting URP 5521/PHC 5001 Public Health Epidemiology: URP 5521: Weekly quizzes on readings, periodic reading reactions on discussion board, midterm exam, final exam (reading reaction discussion board)</td>
<td>PHC 5300: Activity that involves applying these methods to a foodborne outbreak. In-class case study by groups of students presented to class and discussed. Questions on the midterm applying epidemiologic practice to communities. See ERF ECP 5538: Midterm Exam and Homework 1 ask questions about data gathering and biases that can arise if a sample is not randomly selected. See ERF SYA 5458: Social Statistics and Data Analysis for Public Health URP 5521: Weekly quizzes on readings, periodic reading reactions on discussion board, midterm exam, final exam (reading reaction discussion board instructions, midterm, and final exams in ERF)</td>
</tr>
<tr>
<td>2. Select quantitative and qualitative data collection methods appropriate for a given public health context</td>
<td>ECP 5538 Health Policy Statistics ECP 5538 Health Policy Statistics Weeks 1- 16. Throughout the course, students work in SPSS to create charts, graphs, summary statistics, regressions and two-way table analyses of various data sets SYA 5458 Social Statistics and Data Analysis for Public Health Week 1 - Students learn about different survey methods that are applicable in a public health setting</td>
<td>ECP 5538: Throughout the course, students work in SPSS to create charts, graphs, summary statistics, regressions and two-way table analyses of various data sets. There are three homework assignments that test mastery of this competency. SYA 5458: SYA 5458: Student are required to identify, download, and report on key variables in a publicly available data set that allow them to answer a public health research question (e.g. how is early socioeconomic status related to self-reported health in middle adulthood?</td>
</tr>
</tbody>
</table>
### Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate

**ECP 5538 Health Policy Statistics**
- Weeks 1 - 16. Throughout the course, students work in SPSS to create charts, graphs, summary statistics, regressions and two-way table analyses of various data sets. 

**SYA 5458 Social Statistics and Data Analysis for Public Health:** All weeks.

**ECP 5538 Health Policy Statistics:**
- Week 14 - Students must work on a group project to interpret results of data analysis on public health research or practice

**SYA 5458:** Students are required to submit five assignments that utilize SPSS to answer a series of questions pertinent to their broader research question. They are also required to submit a research paper worth 40% of their grade at the end of the semester. All students are required to analyze their previously downloaded data (see 2 above) using SPSS.

### Interpret results of data analysis for public health research, policy or practice

**ECP 5538 Health Policy Statistics:**
- Taught In all weeks of course.

**URP 5521 Public Health Epidemiology.**

**ECP 5538 Health Policy Statistics:**
- Week 14 - Students must work on a group project to interpret results of data analysis on public health research or practice.

**URP 5521 URP 5521:** Evaluation of Study Design assignment (instructions and student submission [only paper part, second part is presentation, see ERF)

### Public Health & Health Care Systems

#### Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings

**PHC 6110 Comparative Health**
- Every week is a different country or NGO.

**PUP 5605 Health Services Organization & Policy – US Health care systems issues and policies.**
- Topics covered include cost-effective prevention, social determinants, providers & access, costs, use, technology, health insurance, quality, area variation, malpractice, Medicare, Medicaid

**PHC 6110 Systems of other countries:**
- Each week a different country or NGO is discussed with Canvas Discussion Board.
- Homework assignments each week about the country’s healthcare system and a comparison to the US healthcare system. Two midterms and final exam test the students’ comprehension of the organization, structure and function of the US and other country’s healthcare system.

**PUP 5605:**

### Discuss the means by which structural bias, social

**PUP 5605 Health Services Organization & Policy. Week 1&2**

**PUP5605 Health Services Organization & Policy.**
inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels social determinants lectures and readings. Exam 1, ERF.

### Planning & Management to Promote Health

<table>
<thead>
<tr>
<th>7. Assess population needs, assets and capacities that affect communities’ health</th>
<th>URP 5525/HSC 5930 Health Behavior &amp; Education Week 12 - Students learn what affects community health by taking an ecological approach to new public health</th>
<th>URP 5521/PHC 5001 Public Health Epidemiology: Week 3, 4, 5, 6, 7, 8 Health Behavior and Education: Homework prior to each class on population needs and community health; midterm with various questions regarding assessment of community health. ERF.</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs</td>
<td>URP 5525/HSC 5930 Health Behavior &amp; Education: Topics, Weeks Taught</td>
<td>URP5525: Health Behavior and Education: Week 5 - Students must post in a discussion board how they would design a public health program using value-expectancy theories that acknowledge the impact of cultural values on health behaviors.</td>
</tr>
<tr>
<td>9. Design a population-based policy, program, project or intervention</td>
<td>URP 5525/HSC 5930 Health Behavior &amp; Education</td>
<td>Health Behavior and Education: Week 15- Teaching Technique Assignment in which students apply various theories learned throughout the semester towards an intervention of a specific health behavior. Students create and deliver a digital health education product aimed at a specific health behavior (Teaching Technique assignment instructions and student submission example in ERF).</td>
</tr>
<tr>
<td>10. Explain basic principles and tools of budget and resource management</td>
<td>Healthcare Management: Week 12- PowerPoint presentation on budgeting and financial management that describes the importance of resource management. Healthcare Finance: Week 7- PowerPoint presentation on financial planning and budgeting that describes the uses and formats of budgets.</td>
<td>Healthcare Management: Examples of final exam questions are: 1) Budgeting process, ways of developing budgets, and 2) Evaluation of its capital and liquid asset management program, and 3) Role of CFO during the budgeting process. Healthcare Finance: Week 7- Students need to identify different types of budgets and steps in the budget process and be able to perform a variance analysis. A group presentation on case analysis on variance analysis will be included as well.</td>
</tr>
</tbody>
</table>
11. Select methods to evaluate public health programs

**Public Health Epidemiology:**
Week 6 & 12 - PowerPoint presentations on studies that can evaluate public health program and a PowerPoint presentation on critical review of epidemiologic studies

See ERF

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**Policy in Public Health**

12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence

**PHC 5001** Epidemiology. Introduction to Public Health Ethics  
**PUP5607** Policy Process, week 1.

**PHC 5001:** Final Exam, Slides/Case Studies. Students Certification in Introduction to Human Research Trials at NIH web site in ERF. Policy process, Exam 1. See ERF.

13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes

**PUP5607** Health Politics & Policy Analysis.

**PUP 5607:** Exam 2 and Assignment 3 group presentation and Goeller matrix & text. ERF

14. Advocate for political, social or economic policies and programs that will improve health in diverse populations

**PUP5607** Health Politics & Policy Analysis.

**PUP 5607:** Exam 2 and Assignment 3 group presentation and Goeller matrix and text. ERF

15. Evaluate policies for their impact on public health and health equity

**PUP5607** Health Politics & Policy Analysis.

**PUP 5607:** Exam 2 and Assignment 3 group presentation and Goeller matrix and text. ERF

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**Leadership**

16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making

**PHC 5912** Public Health Capstone 2 (Applied Public Health Policy)  
**PAD 5935 Healthcare Management:** Weeks 4-6 - Students read about the role of the manager and governance of health care organizations  
Healthcare Management: Students post in a discussion board about these topics.

17. Apply negotiation and mediation skills to address organizational or community challenges

**PAD 5935 Healthcare Management:** Weeks 4-6 - Students read about the role of the manager and control and governance, during these readings students learn of different negotiation skills that can be used to address challenges healthcare managers might face.  
Week 11 – Students read about population health that deals with community engagement. During these readings students learn of different negotiation skills that can be used to address challenges healthcare managers might face.

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**Communication**

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<tbody>
<tr>
<td><strong>18. Select communication strategies for different audiences and sectors</strong></td>
<td><strong>URP 5525/HSC 5930 Health Behavior &amp; Education: Weeks 2-10 - Students learn about various communication strategies and how they can influence health behavior. Week 7 - PowerPoint presentation on health communication, social marketing, and tailoring.</strong></td>
<td><strong>Health Behavior and Education:</strong> Students post in a discussion board using different strategies to target different audiences about certain public health issues. ERF.</td>
</tr>
<tr>
<td><strong>19. Communicate audience-appropriate public health content, both in writing and through oral presentation</strong></td>
<td><strong>URP 5525/HSC 5930 Health Behavior &amp; Education: Topics, weeks taught.</strong></td>
<td><strong>Health Behavior and Education:</strong> Week 15 - Teaching Technique Assignment in which students use theories learned in class to design a project geared towards changing a health behavior of a specific population by using audience-appropriate content.</td>
</tr>
<tr>
<td><strong>20. Describe the importance of cultural competence in communicating public health content</strong></td>
<td><strong>URP 5525/HSC 5930 Health Behavior &amp; Education: Topics, weeks taught.</strong></td>
<td><strong>Health Behavior and Education:</strong> Week 15 - Teaching Technique Assignment in which students use theories learned in class to design a project geared towards changing a health behavior of a specific population by using audience-appropriate content.</td>
</tr>
<tr>
<td><strong>Communicate audience-appropriate public health content, both in writing and through oral presentation</strong></td>
<td><strong>PAD 5935 Healthcare Management Week 5 - Students read about cultural competencies in the healthcare managers.</strong></td>
<td><strong>Health Behavior and Education:</strong> Students post on a discussion board about the topic. ERF.</td>
</tr>
<tr>
<td><strong>Interprofessional Practice</strong></td>
<td><strong>PHC 5300 Environmental Health. Emergency management role playing exercise.</strong></td>
<td><strong>PHC 5300 Environmental Health. Discussion board. Exam questions.</strong></td>
</tr>
<tr>
<td><strong>21. Perform effectively on interprofessional teams</strong></td>
<td><strong>Health Behavior and Education:</strong> Teaching Technique Assignment in which students apply various theories learned throughout the semester to a specific public health issue. <strong>PHC 5300 Environmental Health.</strong></td>
<td><strong>Health Behavior and Education:</strong> Teaching Technique Assignment in which students apply various theories learned throughout the semester to a specific public health issue.</td>
</tr>
<tr>
<td><strong>Systems Thinking</strong></td>
<td><strong>URP 5525/HSC 5930 Health Behavior &amp; Education Week 15</strong></td>
<td><strong>Health Behavior and Education:</strong> Teaching Technique Assignment in which students apply various theories learned throughout the semester to a specific public health issue.</td>
</tr>
</tbody>
</table>

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

Please reference the electronic resource file, under D2-3 Syllabi Core for the most recent syllabus from each of the core courses.

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

Our MPH curriculum was initially designed to assure that each competency was taught in and demonstrated in at least one course and reinforced in others. None of that has changed. All syllabi list course objectives directed at fulfilling competencies. We believe this is a strength of the program.
D3. DrPH Foundational Competencies

"Not Applicable"
D4. MPH & DrPH Concentration Competencies

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

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

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

1) Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH 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>
<thead>
<tr>
<th>Assessment of Competencies for MPH Policy Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Competency</strong></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>1. Detail access, cost and quality problems of the US health care system and explain major causes and contributing factors.</td>
</tr>
<tr>
<td>2. Describe dimensions along which Medicaid programs vary from state to state, and implications for equity among poor &amp; near poor individuals Explain the rationale for tolerating these inequities.</td>
</tr>
<tr>
<td>3. Contrast congressional authorization, appropriation and reconciliation, key rule differences, and implications for Medicare and Medicaid policy and financing.</td>
</tr>
<tr>
<td>4. Contrast the incentives facing a public agency director and a private CEO. Explain how agency political climate affects agency discretion. List some key management goals you would pursue as a public agency director to build cohesion and motivate performance.</td>
</tr>
<tr>
<td>5. Detail the tradeoffs between two types of regulation such as standard setting versus supply subsidy.</td>
</tr>
</tbody>
</table>
2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the program must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

Not Applicable

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

Please reference the electronic resource file, under D4-3 Syllabi Non-Core for the most recent syllabus from each of the courses.

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

This is an area of strength. The program is a generalist degree with a policy focus and students apply their policy knowledge during their internship, capstone II, and class projects.
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.

To ensure that students apply foundational competencies to practical experiences, the FSU MPH program requires that students complete a 200-hour internship experience with a health-related organization at the local, state, national, or sometimes international level. Prior to beginning the internship, students should understand the core competencies so that he or she can work with a mentor to take advantage of opportunities to apply them. The three-credit-hour course to receive credit for the internship requires that students submit a plan for the internship as well as a final report in which the student will identify the competencies attained and provide examples of each.

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

Please reference the electronic resource file, under D5-2 Experience Docs for:
- Internship Course Credit Approval Form
- Internship Course Syllabus

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 (ie, 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.
<table>
<thead>
<tr>
<th>Specific products in portfolio that demonstrate application or practice&lt;sup&gt;^&lt;/sup&gt;</th>
<th>Competency as defined in Criteria D2 and D4*</th>
</tr>
</thead>
</table>
| Megan Moran – Florida State Health Improvement Plan (SHIP) survey design | AS1: determine appropriate data, statistical methods, and research design for specific public health needs and projects. Example: researched population specific health data and statistical methods.  
PS2: Work independently, as part of a team, or under the direction of a project leader to achieve desired goals. Example: worked as part of the DEO team for setup and participation in the 12 counties’ roundtable.  
PM4: Demonstrate understanding of the political, social, and economic constraints on public health policy. Example: Participated in the 12 counties’ roundtable to understand their needs and concerns including unemployment, food insecurity.  
PC3: Assess the extent to which policies, other than health policies, impede healthy behaviors and health status. Examples: During the 12 counties’ roundtables and doing independent research, learned that housing codes and authorities can impact public health policies and initiatives. Some communities had poor housing conditions, but could not find or build new housing due to strict housing codes.  
PC4: Demonstrate understanding of how public health practice is influence by public health policy. Examples: There has been a push in Florida to employ and practice health equity, which is a priority of the State Surgeon General. This push has brought more agencies and organization into the conversation. DEO made it a priority for the counties to practice health equity, especially as it relates to economic development, when meeting with the communities and developing their roadmaps. |
| Megan Moran – Florida State Health Improvement Plan (SHIP) survey results |  |
| Danyelle Sheffield – Epidemiology Presentation | PS1: Effectively communicated ideas to public health professionals and the public through written and oral presentations. Examples: Worked on quarterly reports for epi.  
PS2: Work independently, as part of a team, or under the direction of a project leader to achieve desired goals. Examples: Created Epi Reports  
AS1: determine appropriate data, statistical methods, and research design for specific public health needs and projects. Example: Research relevant public health data specific to Martin County to include in reports.  
ES4/ES5: Recognize and discuss the interrelationship between health and environmental and occupational hazards. |
| Danyelle Sheffield – Ability to work on teams |  |
Identify the causes of social and behavioral factors that affect health of individuals and populations. Examples: Reporting on the outcomes of various Determinants of Health in Martin County from research.

<table>
<thead>
<tr>
<th>Author</th>
<th>Presentation/Analysis</th>
<th>Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jamaica Cobb</td>
<td>Jamaica Cobb – Presentation</td>
<td>PS2: Work independently, as part of a team, or under the direction of a project leader to achieve desired goals. PS1: Effectively communicated ideas to public health professionals and the public through written and oral presentations. AS1: Determine appropriate data, statistical methods, and research design for specific public health needs and projects.</td>
</tr>
<tr>
<td></td>
<td>Jamaica Cobb – Analysis</td>
<td></td>
</tr>
<tr>
<td>Madison Ware</td>
<td>Madison Ware—PowerPoint, Madison Ware—infographic</td>
<td>PS1: Effectively communicated ideas to public health professionals and the public through written and oral presentations. PS2: Work independently, as part of a team, or under the direction of a project leader to achieve desired goals. PS3: Demonstrate ability to locate, access, and comprehend relevant public health literature.</td>
</tr>
<tr>
<td>Paula Kreutzer</td>
<td>Paula Kreutzer-handouts, Paula Kreutzer-litreview</td>
<td>PM2: Define a public health problem, including the nature of the problem, its prevalence, incidence, trends, and differential impacts among subgroups, underlying causes, consequences, and rationale for public intervention. PS2: Work independently, as part of a team, or under the direction of a project leader to achieve desired goals. AS3: Evaluate the quality of public health research.</td>
</tr>
</tbody>
</table>

^ Each student portfolio must include at least two products.

* Each student must demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2).

Please reference the electronic resource file, under D5-2 for sample work products:

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

One major strength of this criterion is that it provides a required framework for students to apply core public competencies in a real-world setting. Additionally, it allows students to reflect on their experience, practice self-assessment as well as receive evaluation from a preceptor, identify strengths and weaknesses of the internship, and ideally gain practical experience in an environment that is aligned with their future career goals. Students experience a wide variety of work environments, tasks, and projects. Some may work independently whereas others may work on projects as part of a team; nevertheless, each student should be able to apply fundamental competencies to their experience and work under the guidance of a preceptor. Depending on the nature of the work, not every student will apply every skill, but as an improvement, the internship requirement can emphasize that students may complete several different internships or projects to contribute to the 200 hours. This way, students can gain practical experience in different areas of public health with projects differing in nature, whether it is data analysis, health education,
health communication, planning a community event, etc. Another weakness of ours is that we did not recognize the change in CEPH requirements from students reporting 3 competencies to 5 competencies. Until now we have only requested students to report 3 competencies but beginning in Fall 2018, students are being asked to report on 5 of 22 competencies.

D6. DrPH Applied Practice Experience

Not Applicable
D7. MPH Integrative Learning Experience

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

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

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

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

See D7-1 in electronic resource file.

2) Briefly summarize the process, expectations and assessment for each integrative learning experience. Students are assigned to groups of 3 or 4 students. The choose a problem to solve and propose 3 options. The professor negotiates with the group to refine both the problem and the options. Students then find evidence needed to evaluate the 3 options against 4 criteria: effectiveness, equity, stakeholder support potential, and political feasibility. They present the matrix as a group. They share presentation responsibility by row, or column of the matrix. They then write an individual paper elaborating on the matrix, defining the problem, proposing solutions, evaluating each against the criteria using the matrix for illustration and reference, citing evidence, and defending the preferred solutions suggested by the matrix rankings. In their papers they must demonstrate cultural awareness (8) in their design of a policy option (9) and apply what they’ve learned equity and impacts upon their choices (12), and marshaling stakeholder support (13), and advocating (14), and assessing impacts upon public health and equity (15). All these competencies were learned in either an earlier course or in an earlier assignment in this course, and integrated in this project. This ILE project is a modification of a long-standing individual 50-page paper project capstone requirement. The modification is tailored to integrate 6 competencies whereas the earlier paper project concentrated on evidence, stakeholder support in and outside Congress, and demonstration understanding of the policy process.

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

Please see Syllabus for PUP5607 in the electronic resource file. It includes Assignment 3, which is the ILE project and paper.

4) Provide documentation, including rubrics or guidelines that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students’ demonstration of the selected competencies.
1. Quality of the options proposed, clarity of their description.
2. Completeness and quality of evidence of their potential effectiveness, impacts upon public health, and equity.
3. Rationale for selection of stakeholder group and assessment of support potential and appropriateness of appeals.
4. Demonstration of understanding of the policy process and political feasibility.
5. Overall quality of the matrix prepared, completeness, quality of info provided, succinctness in the matrix.
6. Overall quality of slides, group and individual presentations.
7. Quality of the written product including organization, quality and quantity of evidence cited, effectiveness of argument, demonstrated awareness of cultural sensitivities and values of stakeholder groups.
8. Peer group members’ assessment of performance of other group members and group cohesion.
9. Each of the first 7 grading rubric criteria is worth up to 14% of Assignment 3 grade; # 8 is worth 2%, thus summing to 100% divided by 10 for the Assignment 3 grade.

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.

This ILE has been newly modified in Spring 2019 course offerings to assure integration of 6 competencies. Completed examples of this version are thus not yet available. Graded samples of the earlier 50-page version which integrated fewer competencies are available.

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

Our program’s compliance with 2016 CEPH criteria required a combination of some revisions to a few course assignments, much better documentation of how existing courses, assignments and exams teach and assess competencies, specification of 5 new Competences (all previously taught and evaluated but not specified as competencies until this report), requirement to demonstration 5 competencies in the internship product rather than 3, and revision of our long-standing ILE course project to meet significantly more competencies. As such we feel confident that we are in compliance documenting courses that teach and assess all 27 criteria and (that our students have indicated they had already learned and are applying these competencies in their careers). Biggest changes: More competencies required in both the internship and the ILE project. We regret our tardiness in documenting our existing compliance with the newly expanded list of competencies. 2016 Criteria should have been adopted earlier.
D8. DrPH Integrative Learning Experience
Not Applicable

D9. Public Health Bachelor’s Degree General Curriculum
Not Applicable

D10. Public Health Bachelor’s Degree Foundational Domains
Not Applicable

D11. Public Health Bachelor’s Degree Foundational Competencies
Not Applicable

D12. Public Health Bachelor’s Degree Cumulative and Experiential Activities
Not Applicable

D13. Public Health Bachelor’s Degree Cross-Cutting Concepts and Experiences
Not Applicable
D14. MPH Program Length

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

Programs use university definitions for credit hours.

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

According to University policy, to qualify for a master's degree, the student must complete a minimum of 32 semester hours of course work. At least 21 of these hours must be taken on a letter-grade basis (A, B, C). However, the MPH curriculum requires that all students complete 42 credit hours. These credit hours include 33 hours of required core courses including a three-credit hour internship, and 9 hours of approved electives. Students may request that other courses be substituted for core requirements or accepted for elective credit. All requests for exemptions are handled by the MPH Program Director and are based upon the course syllabi, competencies, and level of work required, as well as the students reasoning for deviating from the program's curriculum. Examples include taking a biostatistics course instead of the health statistics course or taking it as their quantitative (group 2) elective.

The work for the master's degree must be completed within seven years from the time the student first registers for graduate credit. Any graduate work transferred from another institution must have commenced not more than seven years prior to completion of the degree for the credits to be applicable to the master's degree. However, full-time students are expected to complete the program in less than three years and part-time students should complete the program in four years.

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

University-wide expectations are that each credit hour represents an hour of direct contact. 42 credit hours are expected for each 1 hour of course credit. For example, in FSU International Programs make the policy explicit: each hour of direct instructional contact is worth one credit hour of the 42 credit hours expected for 1 course credit.
D15. DrPH Program Length
Not Applicable

D16. Bachelor’s Degree Program Length
Not Applicable

D17. Academic Public Health Master’s Degrees
Not Applicable

D18. Academic Public Health Doctoral Degrees
Not Applicable

D19. All Remaining Degrees
Not Applicable

D20. Distance Education
Not Applicable
E1. Faculty Alignment with Degrees Offered

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

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

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

<table>
<thead>
<tr>
<th>Name*</th>
<th>Title/ Academic Rank</th>
<th>Tenure Status or Classification^</th>
<th>Graduate Degrees Earned</th>
<th>Institution(s) from which degree(s) were earned</th>
<th>Discipline in which degrees were earned</th>
<th>Concentration affiliated with in Template C2-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burdette, Amy</td>
<td>Assistant Professor</td>
<td>Tenure Track</td>
<td>PhD</td>
<td>University of Texas</td>
<td>Sociology</td>
<td>Neighborhoods, Stress and Health; Data Analysis</td>
</tr>
<tr>
<td>Coutts, Chris</td>
<td>Assistant Professor</td>
<td>Tenure Track</td>
<td>MPH, PhD</td>
<td>University of Michigan</td>
<td>Urban &amp; Regional Planning</td>
<td>Health Behavior &amp; Epidemiology</td>
</tr>
<tr>
<td>Hill, Terrence</td>
<td>Assistant Professor</td>
<td>Tenure Track</td>
<td>PhD</td>
<td>University of Texas</td>
<td>Sociology</td>
<td>Medical Sociology; Social Epidemiology</td>
</tr>
<tr>
<td>Uejio, Chris</td>
<td>Assistant Professor</td>
<td>Tenure Track</td>
<td>PhD</td>
<td>University of Wisconsin-Madison</td>
<td>Geography</td>
<td>Global Health; Medical Geography; Environmental Health</td>
</tr>
<tr>
<td>Lee, Keon-Hyung</td>
<td>Associate Professor</td>
<td>Tenured</td>
<td>MPH, PhD</td>
<td>University of Southern California</td>
<td>Public Administration</td>
<td>Health Administration</td>
</tr>
<tr>
<td>Rowan, Alan</td>
<td>Associate In</td>
<td>Non-Tenure Track</td>
<td>DrPH</td>
<td>University of Alabama at Birmingham</td>
<td>Public Health</td>
<td>Environmental Health &amp; Epidemiology</td>
</tr>
<tr>
<td>Sherron, Katie</td>
<td>Assistant In</td>
<td>Non-Tenure Track</td>
<td>PhD</td>
<td>University of Florida</td>
<td>Economics</td>
<td>Health Statistics</td>
</tr>
<tr>
<td>Weissert, William</td>
<td>Professor</td>
<td>Tenured</td>
<td>PhD</td>
<td>The Claremont Graduate School</td>
<td>Political Science</td>
<td>Health Policy</td>
</tr>
</tbody>
</table>
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.

Not Applicable

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

Please reference the electronic resource file, under E1-3 Faculty CVs

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

Not Applicable

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

Our faculty is definitely a strength of our department. They cover the interdisciplinary departments that support public health (political science, public administration, geography, sociology, urban and regional planning, and economics), but they also cover very interesting and relevant public health topics that help us to educate students about the broad range of public health job opportunities that are available post-graduation. We would still like to add faculty to our program from diverse populations to be representative of our student population, but our program growth is not currently demanding additional faculty positions.
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.

Most recently, the program hired Dr. Shamarial Roberson for the 2017-2018 academic year as an adjunct to teach URP 5525/HSC 5930 Health Behavior & Education. She was at the time and continues to be the Acting Director of the Division of Community Health Promotion at the Florida Department of Health. The program regularly hires adjunct professors, whom are current practitioners to teach elective courses. Students are required to take at least 9 credit hours of electives. These adjunct faculty members bring experience and knowledge that is vital to students. Other faculty integrate perspectives from the field by bringing in guest speakers, primarily from Florida’s Department of Health at the state and county level, Area Health Resource Centers, and employee from the City of Tallahassee. Alumni also come in to give presentations, which help students see the connection between health and almost every job they could think of. Faculty also encourage students to go out into the field for assignments or extra credit, such as participating in the state-wide emergency preparedness training or taking a tour of the Tram Road Wastewater Reuse Facility. The Environmental Health course brings professionals in to teach the sections in the area of expertise. In the past year the State Public Health Veterinarian, the State Toxicologist, an Injury Epidemiologist, and the University’s Industrial Hygienist lectured to this class. For the Capstone 2 class there are professionals in the area of STI’s, County Health Administrators, Data Managers, and professionals in the area of Behavioral Health. Additionally, the program also has one faculty member, Dr. Alan Rowan, whose 25 years of outside experience as the Former Director Division of Health Access and Tobacco at the Florida Department of Health brings a different perspective and a sense of reality to the classroom through real world examples and assignments. He has also worked as a Registered Environmental Health Professional (RS), Epidemiologist, Toxicologist, State Birth Defects Coordinator, Bureau Chief for the State Laboratories.

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

We will continue to use professionals in the area of public health at the local and state level. We plan on bringing in more professionals from the healthcare and healthcare policy arena as well.
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.

Disciplinary faculty attend conferences, publish papers and revise their course readings each semester with the latest published research illustrating application of appropriate theories and methods of their disciplines. Since they all specialize in aspects of health status and health policy, their success in their disciplinary departments assures that they are abreast of their field or they would not be able to meet FSU standards for performance evaluation, promotion, tenure and performance-based salary raises. Every faculty member is evaluated in an annual report evaluated by a peer committee in their departments. Our non-tenure track faculty member works with preceptors and interacts with FDOH staff on a routine basis by phone and in-person meetings. He also keeps abreast of published research literature in each course he teaches as he updates readings for the course each semester. The MPH Advisory Council fulfills the role of bringing practice developments and emergent issue in the field.
We have one faculty member teaching a section of the core health behavior class. She holds a Ph.D. in public health and is a division director at FDOH. In the past we’ve had adjuncts offering health law and public health ethics. Demand for those courses did not justify the expense of continuing to offer them after several offerings.

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.

The evaluation process assesses the quality of performance in the functions of teaching, research, and service. The university process requires an annual report, which includes student teaching and course evaluation scores and number of students taught at each level and whether or not they are majors in the field. A peer committee in each department reviews each annual report and provides a score from 1 (low) to 5 (high) on teaching performance as evaluated by load and student evaluation of faculty scores, research productivity, and service to the discipline, MPH program as reported to each department chair annually by the MPH program director, service to the university and broader academic, national and international community.

A faculty member holding joint appointment is evaluated in his or her tenure-earning department by faculty of that department, and in the MPH program by the MPH program director in the normal course of events or by the executive committee if there are indications of poor performance or other problems. Copies of both evaluations, marked concurrently, are stored in the faculty member’s single evaluation file. By University policy, each department chair (or equivalent) evaluates the
faculty member only with respect to the duties within that unit. Such concurrent summaries are forwarded to the dean of the college in which the faculty member holds a faculty position. This procedure ensures that each person holding a faculty position is evaluated annually and that all factors are considered in such an evaluation.

Each department develops its own evaluation process. For the MPH program, that process consists of obtaining an annual report detailing teaching, research and service. The MPH program director reviews each faculty member’s annual report, judging productivity of public health research, quality of teaching evaluation scores, and contributions to public health community service and workforce training. Research is evaluated for relevance to public health, quality of journals in which it is placed (peer reviewed, ISI), and indications of its importance to the field, such as citations. Teaching scores from student evaluations are reviewed for each faculty member.

In accordance with University policy, the annual evaluation is based upon the assigned duties and will consider the nature of the assignments and quality of the performance in terms, where applicable, of: teaching effectiveness, contribution to the discovery of new knowledge, development of new educational techniques, and other forms of creative activity, and service. Evaluation of a faculty member’s performance may include data from the following sources where appropriate: Chair’s/Supervisor’s Evaluation, Peer Faculty Evaluation, Student Evaluation, Self-Evaluation, Other University Officials, Individuals to whom the faculty member may be responsible in the course of a service assignment.

The annual evaluation will be in writing and made on the required Annual Faculty Evaluation Summary form. The faculty member will be offered the opportunity to discuss the evaluation with the evaluator prior to it being placed in the faculty member’s evaluation file, a copy of which will also be made available to the faculty member. For faculty members not yet tenured or promoted to the highest position available in their class, an annual letter of evaluation must be attached to the Annual Faculty Evaluation Summary form that provides specific feedback to the faculty member regarding his or her progress toward promotion and/or tenure (applies to both tenure-track and non-tenure-track faculty members).

Students evaluate each course taught in the program as a part of the University wide course evaluation system. The University evaluates teaching using a combined instrument (SUSSAI/SPOT). All instructors are required to have these evaluations administered during the last two weeks of each Fall and Spring semester for all classes in which at least 10 students are enrolled. Results of the SUSSAI section of the evaluation are public information and are available to the public online at [https://fsu.evaluationkit.com/Report/Public](https://fsu.evaluationkit.com/Report/Public) and at Strozier Library. All other teaching evaluations are confidential. The MPH Executive Committee reviews results from the State University System Student Assessment of Instruction (SUSSAI) for each course in the program taught by core faculty as a normal process of annual faculty review. Classroom observation complements student evaluations.

Dr. Weissert and Dr. Rowan, as faculty members of the executive committee, do occasional classroom observations of MPH faculty. It is our intention to increase the number of observations as we focus on improving instructional effectiveness. When observations are done, University protocol demands that faculty members be notified at least two weeks in advance of the date, time, and place of any direct classroom observation or visitation made in connection with the annual evaluation. A report of the observation must be submitted to the faculty member with 10 working days of the observation date whenever the observation is used in the evaluation process.
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.

Office of Faculty Development and Advancement
This is where faculty can go to discover many resources available to them for scholarly and instructional success. The Center for the Advancement of Teaching hosts Faculty Reading Groups, which are a great chance to connect with colleagues from across the university and share strategies. Each reading group involves a series of three meetings.

Office of Human Resources
Through the department of Training & Organizational Development, faculty can attend a series of workshops to earn certifications in:

**Student Coaching Skills Certificate Program**
Coaching Skills training provides participants 10 skills that have proven to be effective in supporting and empowering students. The FSU College Life Coaching Program, housed in Advising First, serves several student populations across campus by utilizing skills that are presented here. Topics include strengthening connection with students, empowering students via questions, making meetings efficient with time constraints, and developing strategies to find realistic student-driven solutions.

**Diversity & Inclusion Certificate Series**
The Diversity & Inclusion Council is proud to introduce the Florida State University Diversity & Inclusion Certificate. The certificate creates an opportunity for faculty and staff to explore strategic areas around diversity and to learn more about the ways in which they can assist in creating a welcoming and inclusive campus for all. The Diversity & Inclusion Certificate is a partnership between the Center for Leadership & Social Change, Human Resources and other diversity-related offices and programs across the university.

Dr. Chris Coutts used the Office of Distance Learning guidelines in the development of his online URPS5525 Health Behavior and Education Course. He also subscribes to FSU’s Center for the Advancement of Teaching emails that provide guidance on how to improve instruction and incorporate tips into teaching improvement. No other faculty reported use of university resources to improve their instruction and the program has not yet hosted any trainings on instructional effectiveness for MPH faculty.

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

The Faculty Development website (http://fda.fsu.edu/Faculty-Development) has established the framework for development in all faculty categories. In recognition of achievements and potential for continued growth and scholarly contributions in the future, the opportunity for consideration for promotion and/or tenure is available for most faculty positions. Faculty may be grouped into two categories: ranked (Instructor, Assistant Professor, Associate Professor, and Professor), sometimes referred to as the General Faculty, and non-ranked (all faculty position titles other than Instructor, Assistant Professor, Associate Professor, and Professor). Assistant Professors,
Associate Professors, and Professors, who are tenure earning or tenured, are considered through the promotion and/or tenure process for tenure-track faculty. Faculty members holding regular or research appointments in positions of “assistant in,” “associate in,” “research associate,” are considered through the promotion process for non-tenure track faculty. The policies and processes for promotion of the tenure track and non-tenure-track faculty differ, and can be found in the faculty handbook in Section 5: Faculty Development.

Promotion is based on demonstrated effectiveness in teaching, service, definite scholarly or creative accomplishments, and recognized standing in the discipline and profession. As a program, we are committed to fostering a supportive work environment in which our faculty may develop professionally. Joint faculty teach just two courses a year for the program and their teaching performance is evaluated and monitored as a part of the annual review. We encourage our faculty to engage in service specifically through workforce development offerings and community service. We are committed to dissemination of new research and supporting our faculty in this endeavor. The program financially supports all faculty members when they are presenting research at a Public Health related conference. Additionally, they are encouraged to apply for the Provost’s Faculty Travel Grant; http://provost.fsu.edu/faculty/travel/. Dr. Weissert can also offer graduate assistance to faculty and adjunct faculty members that may need support for the purpose of research. The Program offers funding for adjunct professors and supports interdisciplinary faculty shared with the Political Science, Sociology, Economics, Public Administration, Urban and Regional Planning, and Geography Departments.

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

Faculty currency
Annual or other regular reviews of faculty productivity, relation of scholarship to instruction
- Each department requires every faculty member to produce an annual review report which is peer reviewed by departmental colleagues, and the MPH program director. The reports track research output, dissemination activities including publication of journal articles and books, presentations, grant proposals, grants and grant work, workforce training, community project participation, and other service. The MPH program director uses these reports to review research productivity, presentations, workforce sessions, community outreach and other indicators of keeping abreast of their fields, and dissemination activities.

Faculty instructional technique
Student satisfaction with instructional quality
- Student-evaluation-of-faculty scores are captured from the university system, provided to peer review colleagues and the program’s faculty committee, and included in faculty annual reports. We expect no scores in the bottom tertial, and most scores in the top quartile.

School- or program-level outcomes
Courses that involve students working in groups, making presentations and completing writing projects.
<table>
<thead>
<tr>
<th>School- or program-level outcomes</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. require group work:</td>
<td></td>
<td></td>
<td>ECP5538, PAD5935, PUP5605</td>
</tr>
<tr>
<td></td>
<td>PHC6110, PHC5001, PHC5300</td>
<td>PHC5001, PHC5300</td>
<td>GEO5453*, GEO5400*, SYA6933*, PUP5605, PAD5935, PHC5001, PHC5300</td>
</tr>
<tr>
<td>2. presentations:</td>
<td>PHC6002, PHC6110, SYA5458, PHC5945, PHC5001, PHC5300</td>
<td>PHC6002, PHC6110, PHC5945, PHC5001, PHC5300</td>
<td>URP5525, URP5521, SYA5458, PHC6002, GEO5453*, GEO5400*, PHC6110, SYA6933*, SYD5136*, SYA6933*, PUP5605, PHC5945, PAD5935, PHC5001, PHC5300, PHC5003</td>
</tr>
<tr>
<td>3. writing projects:</td>
<td></td>
<td></td>
<td>MPH program electives</td>
</tr>
</tbody>
</table>

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

Tracking teaching quality is by no means an exact science, and some of the measures we use do not apply to our two non-tenure track faculty. For them we must rely upon observations, word of mouth, and student teaching and course satisfaction reports in our quantitative system. We do, however, feel that when things are not going well, we hear about it. No such situations have arisen in the past 3 years, probably because we have enjoyed a stable faculty with a pretty well proven record of doing their jobs well. In the past, it took us a single semester to find out that we had a problem, once with another department’s faculty member and once with one of our adjuncts. Students spoke up quickly when they felt they were not being well served. In both cases we made an immediate change. However, we will make an effort to encourage our faculty to take some trainings on student coaching and/or diversity and inclusion, because these types of trainings can prove beneficial to faculty across their time at Florida State.
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.

We expect 1.5 articles per year in peer reviewed journals. We expect to see research regularly cited and for citations to grow steadily over a career. Below is the expectation for faculty research, per the MPH faculty bylaws. Though the expectation is that half of their research be health related, most MPH faculty, experience has shown that close to 100 percent of their research is public health relevant.

Section F. Responsibilities of jointly appointed MPH Faculty Members (Bylaws)
3. At least half the research produced by each jointly appointed faculty member shall be clearly relevant to and supportive of the broad mission of public health.

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

The Office of Research
The University offers research support through the Office of Research. Staff there aid individual faculty members and campus collaborators in finding the tools and resources they need to be competitive in today's increasingly demanding, global community of university research and scholarship. There are seven divisions: Council on Research & Creativity, Federal Relations, FSU Research Foundation, Human Subjects Committee, IP Developments & Commercialization, Sponsored Research Services, and Sponsored Research Accounting Services. The latter two serve as the direct support systems when receiving external funding and were established to provide an effective contract and grant management system to monitor compliance with fiscal and reporting requirements as established by Federal and State law, agency regulations, University policies and procedures and generally accepted accounting principles for sponsored projects awarded to the Florida State University.

Office of Faculty Development and Advancement
This is where faculty can go to discover many resources and special events available to them for scholarly and instructional success. One resource available is the writing retreats and/or writing intensives Other available resources here include policies on sabbatical leave and professional development leave, where leave is granted to increase an employee's value to the university
through opportunities for professional development, research, writing, or other forms of creative activity.

**Office of Proposal Development.**
OPD is a resource for Florida State University faculty seeking grant support for research and creative activity. OPD offers a wide range of services and resources, as well as workshop and training opportunities for faculty who are new to grant seeking and grant writing. OPD also assists faculty with funding searches via the Pivot funding opportunity database and provides special assistance for large and multi-disciplinary proposals. A subset of grants that OPD provides include a First Year Assistant Professor grant, aimed to get young faculty the tools they need to request external funding and conduct research; Planning Grants, intended to provide seed money to conduct the early stages of a project; Small Grants Program, intended to assist faculty who need additional funds to finish a project. OPD also has resources to review technical portions of external grant submissions to ensure narratives are written to the specifications of each granting agency. Within the College of Social Sciences and Public Policy, an Associate Dean for Research was named in August 2018 and a new Grants Analyst position was hired in July of 2018 to assist faculty with budgeting, document collection, and grant submission for external grants. These two positions have already created grant trainings and seek to encourage and support faculty across the College with grant submissions.

**University’s Provost Office**
Committed to fostering the dissemination of new research and supporting its faculty in this endeavor. The Provost’s Faculty Travel Grants exist for this purpose. The Program supports up to $1000 in travel support that may be applied to the costs of conference attendance and participation in the U.S. and up to $1500 in travel support for conferences held outside of the U.S. Funding provided in this way allows faculty to disseminate results of their work with colleagues in their field and may lead to larger impacts on the work presented and future collaborations.

**The Library**
The University Libraries partner with faculty in research, creative activities, and teaching by providing a wide range of services, a wealth of resources, and professional expertise. Subject librarians are appointed to academic units to work with faculty to acquire necessary resources, consult on research and publishing, participate in courses, and collaborate on grants or research projects. Events, such as lectures, symposia, and receptions, provide opportunities for faculty to share ideas and research and to connect with others across disciplines. Librarians are available for research consultations, walk-in services, and even on-line chat.

**College of Social Sciences and Public Policy**
The college is committed to research and integrating research into the undergraduate and graduate curriculum as an important part of their teaching mission. The college’s webpage research priorities and includes health policy reform as a critical concern; it also lists lectures and special guests for faculty to attend. Few fields are more influenced by policy and regulatory decisions. Moving our health care system toward one that is focused on quality and patient safety, where decisions are based upon evidence of effectiveness, and costs are controlled through effective performance incentives is a goal for which the skills and disciplinary training of our college faculty are ideally suited. Our interdisciplinary MPH program draws faculty from every department in the college, bringing disciplinary perspectives to bear upon the core flaws in current system: organizational fragmentation, absence of performance standards and accountability, and perverse economic incentives.
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. Burdette discusses her own (relevant) research in the classroom (in both capstone 1 & 2—although more in capstone 1), including how to obtain the data, how to utilize the data, why these data sources are important for public health research. These examples show utilization of big government health data sources like the National Survey of Drug Use and Health & National Immunization Surveys-Teen. Students can then use these data sources for their final research projects.

- Dr. Coutts integrates his research into his community health behavior course by describing his experience with primary data collection, how to be an ethical data collector, and using conceptual models to explain project ideas.

- Dr. Rowan is the PI on the “Improving Public Health Practice: A Pilot Study of High-Risk Infant Referrals in Three Florida Counties” study; and he uses this as part of his epidemiology class to discuss the differences between active and passive surveillance; as well as community involvement.

- Dr. Weissert has done extensive research on expanding services to elderly people, costs and effects of case management services, valuing a year of life, and pay for performance, as well as design and implementation of randomized studies in health services. All these research experiences and the articles produced apply directly to understanding health care costs and interventions aimed at reducing them and raising quality. These are key topics in our Health Services Org and Policy course. Some of the articles produced from these studies are used in this research are used in this class, and Dr. Weissert is able to relate research findings directly to the topics covered in the course.

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

The MPH program provides many opportunities for students to engage in public health research. The program introduces students to basic research methods including research design and statistics, in their Health Policy Statistics course. The course is designed to train students in gathering and evaluating existing literature on a topic, constructing a research design, and collecting and analyzing relevant primary and secondary data. Students are expected to use these skills throughout their coursework, as most courses in the program require a significant research project. In particular, the Capstone II project is an opportunity for students to engage in significant research on a topic of interest to them. The GIS Social Applications course, for example, requires students to develop a research question, locate or create a relevant dataset, and then conduct spatial analysis of the data. Projects from the GIS Social Applications course have resulted in a number of high-quality projects that have been submitted to professional conferences and for publication. For example:

- Michelle White, “Trauma Informed Care on College Campuses,” APHA. November 6th-8, 2017 in Atlanta, GA
Faculty research involving MPH students include:

- As part of Dr. Rowan’s “Improving Public Health Practice: A Pilot Study of High-Risk Infant Referrals in Three Florida Counties” study, Shauna Houston (MPH student) will conduct interview in the three counties and assist in the analysis and publication.
- Dr. Burdette has offered MPH students the opportunity to work on relevant research projects, for example in sexual and reproductive health. A few students have stopped by to discuss the opportunity, but none have completed any projects.
- Christopher Coutts, Carlton Basmajian, Joseph Sehee, [...], Patrice C Williams (student) Natural burial as a land conservation tool in the US, Oct 2018. Landscape and Urban Planning

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

While the university does not dictate a specific level of output expected from each faculty member each year, university norms in the social sciences are about two peer reviewed journal articles per year. (Non-tenure track people whose assignment is primarily teaching are not reviewed by the same process.). Initial review is at the departmental level, where norms vary from department to department. In some departments, journals, or at least some of them, are expected to at or near the top ISI rankings and widely recognized as the top in the field. Other departments appreciate a faculty with a broader, sometimes more practice-oriented type of research and may be tolerant of a more heterogeneous mix of journals in terms of topic and subfields. In either case, every department expects a high level of productivity and at required third-year review, new faculty are reviewed by their department’s promotion and tenure committee to gage progress and suggest ways to improve output, better focus research, get help, or plan on seeking employment elsewhere. Faculty who make it past the third-year review are even more rigorously reviewed by departmental promotion and tenure committees, their full departments’ faculty, the college promotion and tenure committee and the university promotion and tenure committee. At each stage, satisfactory teaching, appropriate levels of service, and high research productivity are expected. A split vote of support at any stage is likely to cause the final reviewer, the provost, to turn down a recommendation for promotion or tenure. Research is the coin of the realm at FSU and faculty allocation of effort against which annual performance is weighted for evaluation, and promotion and tenure decisions, tend to be based heavily upon research output and trajectory. Most faculty promoted after six years will have produced more than a dozen – often many more – publications by the time of tenure, at least some of the them first authored and some of them in the top journals in their field. All faculty in all ranks are reviewed yearly and ranked within their department according to research productivity including publications and grants, teaching performance, and service. These rankings are then weighted and summed to produce an overall performance rating and ranking within the department. Raises are contingent upon satisfactory performance in all categories. Department chairs write an evaluation letter to each faculty member each year commenting upon the evaluation committee’s rating, ranking and observations.

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.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 9 publications from Tenure/Tenure Track Faculty per year (1.5 per faculty)</td>
<td>9</td>
<td>23</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Web of Science Yearly Citations to Tenure/Tenure Track Faculty Publications</td>
<td>300</td>
<td>380</td>
<td>410</td>
<td>297</td>
</tr>
<tr>
<td>Submit at least 2 grants submissions per year</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>6</td>
</tr>
</tbody>
</table>

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

**Strengths**
- MPH faculty have demonstrated their research productivity. University expectations are high.

**Weakness**
- Student participation in grant-funded projects and faculty research is low.
- Need to reassess targets with the CQI committee and faculty committee
- The publication measure has not been updated since 2014.

**Plans**
- The program seeks to encourage faculty to incorporate students into their research projects and encourage students to submit research projects from class to conferences.
- The program plans to discuss increasing the target and bylaws by during the 2019 spring faculty meeting
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.**

Florida State University requires that all tenure-track faculty have a record of service to the University, their profession, and the community. The tenure and promotion review process includes an evaluation of the candidates’ service contribution. Additionally, all faculty are evaluated annually by their home departments and the MPH program as a part of the normal review process. Service is included as a core component of this review process. Of course, in a Research I University there is always a tension between pressure for young faculty to conduct research and their desire – and the MPH program’s demand – that all jointly appointed faculty engage in at least one community service project per year. To that end, we endeavor to find projects that are complementary to the faculty member’s interests and skill set so that community service demands are as rewarding and undemanding of special preparation as possible.

**MPH Faculty Bylaws**

*Section F. Responsibilities of Jointly Appointed MPH Faculty Members*

4. Service to the MPH program and the larger public health community shall be provided in accordance with the faculty member’s professional goals and responsibilities as an MPH faculty member, as well as in response to requests for specific service made by the MPH Program Director or his or her designee.

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

**Director of Outreach**

The MPH program established the position of Director of Outreach to identify service opportunities for the program within the local public health community. The Director of Outreach provides a link between the program and the local public health community to facilitate collaboration between the program and public health practitioners. In that capacity, Dr. Homer Rice fields an annual survey of community health needs and is able to bring that information to the MPH program. He reports findings from the survey annually and reports planned projects and those in progress or completed quarterly to the MPH Program Director and the Continuing Quality Improvement Committee so that planning can be done to assure that we are deploying our faculty and student resources in the optimal manner. The Outreach Director’s duties include brokering community service projects between community organizations and the faculty and students of the MPH program. He maintains close contact with the Director of Student Services who has a complementary role in organizing
and advising students on community activities carried out through the Public Health Student Association.

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

a. Dr. Rowan teaches Public Health 101 to Florida Department of Health employees, integrating material from the course with his epidemiology and relates comments and case examples that FDOH staff members offer 101 discussion sessions.

b. Dr. Rowan and our community outreach coordinator, Betsy Woods, conducted a project studying infant mortality in 5 area counties. Dr. Rowan discusses experiences with that study and its findings in his epidemiology classes.

c. Dr. Weissert worked with a member of the Tallahassee Memorial Hospital board to write a letter outlining a practice adopted by the hospital in response to ACA fines for avoidable admissions. Patients are kept overnight – sometimes for more than 1 day – but not listed as admitted. They are in “observation.” Protects the hospital but makes it difficult for the patient to qualify for Medicare home health or skilled nursing benefits following such a stay. Dr. Weissert called for review of this policy for its adverse effects on patients. in the classroom he discusses this example as representative of a class of undesirable behaviors that often emerge in response to policy constraints on stakeholders' behaviors.

d. Dr. Lee is scheduled to teach Healthcare Finance in Public Health 101 to Florida Department of Health employees.

e. Dr. Rowan is a member of the Wakulla Community Health Improvement Plan (CHIP) committee and discuss some of the health initiatives being conducted in Wakulla County in my classes.

f. Dr. Rowan is a member of FDOH’s Chronic Disease Priority Area Workgroup (PAW) for the 2017-2021 State Health Improvement Plan (SHIP) and discusses issues of chronic disease in his epi class.

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

To encourage student participation in community service projects, students are awarded classroom bonus points for community service. They can apply these bonus points as extra credit in classes taught by Dr. Weissert or Dr. Rowan (the students’ choice). At the margin, these points can be used to raise a grade slightly. Points are based upon hours of community service.

a. Dr. Rowan lead a workshop to Florida Department of Health County Health Departments via their live stream network and students conducted face-to-face discussions afterwards at 10 nearby CHDs and discussed what they had learned in class about the history and practice of PH.

b. Drs. Coutts, Rowan, Weissert and Lee and staff member, Ms. Smith, volunteered as celebrity bartenders for a fundraiser to bring in revenue for the FSU Public Health Student Association to support meals for homeless people. This type of community service could not be funded through programmatic funds, so the faculty, staff, and students worked together to complete the task.

c. Dr. Rowan is active in the FSU Veterans Program and has invited Veterans to participate.

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.
<table>
<thead>
<tr>
<th>Service (E5)</th>
<th>Target</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of community-based service projects</td>
<td>4</td>
<td>24</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>At least 12% of primary instructional faculty will participate in extramural service activities per year</td>
<td>12%</td>
<td>75%</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>Number of faculty-student service collaborations</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

The program has hired the Director of Outreach and this has been a big help to our program. We’ve been able to incorporate students into community services projects and research.

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

Service is not a top priority in a Research I university. Publication is the coin of the realm. We must work around that reality, and we work hard to do just that. This is not unique to FSU. It was the same at University of Michigan and UNC Chapel Hill. Service is typically weighted only 5% in performance evaluation for most faculty at FSU. Thus, as a degree in which service to the community and workforce develop are important, we must limit our demands so that we get done what we need to do, but do not excessively burden faculty who will get little credit for service in their disciplinary departments. We do this by apportioning MPH service activities broadly among the faculty, minimizing demands upon tenure and tenure track faculty. We look for yearly contributions from everyone, some types of expertise are just more in demand than others. We set as our priority meeting demands of the public health community as they are brought to us by our Director of Outreach and Workforce Development. This avoids giving the community what we want offer, and instead provides what they say they need. The target for MPH faculty is two events per year. Dr. Rowan, as a nontenure track member, and someone who brings substantial public health practice to the field, is a better fit for many of the demands that arise, especially from county health departments. Since his appointment is uniquely only in the MPH program, he is in a better position to provide service than, in particular, junior faculty. Same for Betsy Woods, who spent much of her career in the Florida Department of Health, is a nurse, and has considerable familiarity with community and workforce activities and needs. Supplemented by faculty who are the best fit for any given demand, we make a very credible effort to meet all the demands we receive and are identified by the FDOH annual survey of workforce needs, and county level requests presented to s. Woods. Yet because demands tend to come repeatedly in a few areas, some faculty get tapped for service disproportionately. Dr. Burdette is a good example. Because she is an expert on maternal and child health and sexuality, her expertise is more likely to be in demand than, say, Dr. Weissert, whose expertise is in health policy and long-term care policy – unless something like the ACA is being debated.

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

Hiring Ms. Woods, a direct result of comments received from our last site visit team in 2013, has been a great benefit to us and the public health community. She is rarely in the office, spending most of her time meeting with county and state health officials and staff, participating in committee and task force meetings, providing direct help herself, and calling upon faculty to provide expertise when it is needed. We’ve been quick to respond to such requests as Public Health 101 – a training program for on-boarding new staff. They ask, we delivered. That is our goal for this aspect of our program, to meet needs of the community. We feel that we do that quite well and that we will continue to do well. We have plans to increase our targets for community-based service projects.
We have not changed them yet because we wanted to ensure that Ms. Woods had enough time to build the relationships and demonstrate 3 years of baseline data.
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.

With regard to obtaining constituent input on student outcomes and on the strengths and weaknesses of the school or program’s curricula:

- The school or program defines qualitative and/or quantitative methods designed to provide useful information.
- Data from supervisors of student practice experiences may be useful but should not be used exclusively.
- The school or program documents and regularly examines its methods for obtaining this input as well as its substantive outcomes.

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.

The MPH Advisory Council has three core purposes: identifying developments in the public health field and workforce; suggesting changes to the MPH program in response to developments in the field or experiences with interns or graduates; and providing program performance feedback and suggestions. It consists of representatives of alumni, preceptors, current students, public health agencies and the community. Members, their credential and professional affiliations include:

- William Weissert, PhD MPH Program Director
- Alan Rowan, DrPH, MPA MPH Director of Student Services
- Marie Cowart, DrPH Professor Emerita at Florida State University
- Brittany Dixon, MPH Doctoral Student, University of Florida
- Padriac Juarez Health Officer, FDOH Wakulla/Taylor
- Tyler Sununu, MPH Administrator of Heritage Health Care Center
- Shamarial Roberson Acting Division Director, FDOH

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.

In addition to the MPH Advisory Council, which is the formal mechanism for feedback, the Outreach and Workforce Development Coordinator has facilitated the Local Public Health Systems Assessment in 5 surrounding counties during the past two years and has shared locally identified public health system strengths, opportunities, and threats to the program director for use when evaluating the relevance and currency of course offerings. Also, the FSU PHP is in the process of formalizing our relationship with the local health department, DOH Leon, in the form of a Memorandum of Agreement strengthening their designation as an Academic Health Department. This formal partnership will further enhance feedback mechanisms for external constituents.
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

       A member of the Advisory Council demanded that we add practice to our mission. After considerable resistance and debate, she prevailed and has proven correct in that some students have said they prefer a practice orientation over a policy orientation.

   b) Development of the self-study document

       Students on the CQI participated in the decision to focus our concentration competencies in policy. They selected some from a list offered by the program director and offered one of their own. After reviewer comments, this set was replaced by the current set, which were reviewed by students in a CQI meeting and tracked as to which courses best covered each. A second group of students did the same for all the foundational competencies – identifying the assignments that assessed them which helped in soliciting documents from faculty teaching the courses and validating that the competencies were indeed covered and understood. Some followed up with email suggestions. The PHSA president participated with the director and faculty to brainstorm changes to our approach to meeting the ILE requirement and concentration competency requirements.

   c) Assessment of changing practice and research needs

       The Advisory Council serves the specific function of relaying changes in the field and helping us recognize the need to modify our curriculum, skill set taught, or other aspects of the program.

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

       We have been able to gather some preliminary data as suggested. Alumni were called by students and the program director and asked to respond by email to each of the foundational competencies, reporting whether they had learned it and whether they had used it in their careers. Students were happy to provide feedback and we plan to continue these efforts.

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.

*Please reference the electronic resource file, under F1-4 External Partners*

<table>
<thead>
<tr>
<th>Area</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Development of the vision, mission, values, goals, and evaluation measures</td>
<td>Agenda and handouts for March 2017 MPH Advisory Council meeting</td>
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### b) Assessment of changing practice and research needs

<table>
<thead>
<tr>
<th>Draft Academic Health Department MO</th>
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<tbody>
<tr>
<td>If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.</td>
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Our process is good, but our documentation could improve. It is our hope that by hiring a part-time accreditation coordinator, there will be a process in place for documentation collection to capture all the details of our activities.
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.

- Students are introduced to service opportunities mainly through the Public Health Student Association. The PHSA is present during the first MPH orientation and is active throughout the school year.
- Students often shadow the Outreach and Workforce Development Coordinator when she leads community meetings to learn skills that they will apply during internships.
- The Outreach and Workforce Development Coordinator forwards local volunteer service opportunities to the student association, where participation in such activities is encouraged.
- As an incentive, students are given bonus points for participation in community service which can be applied as extra credit in Dr. Rowan’s and Dr. Weissert’s classes.

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

Professional Service:

- Northwest Florida Regional Meeting of the Florida Public Health Association – Sept.2016: This one-day conference addressed integrating medicine and public health, emphasizing primary, secondary, and tertiary care that works together, rather than in a silo, for the best health outcomes. Approximately 100 public health professionals, including many MPH students, attended this meeting.
- Conducting community surveys for
  - the Florida Department of Health in Leon County’s health impact assessment
  - the Tallahassee Memorial Hospitals’ community health needs assessment.

Community service activities include:

- Worksite Wellness Corporate Cup Challenge;
- Florida Environmental Health Association Roadside Cleanup;
- Capital Area Healthy Start Walk to Remember

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

Strengths:
The student association independently finds opportunities for volunteer projects. Students are active in the community participating in many campus and community projects.

Weakness:
The variety of volunteer activities may not be as wide as possible.

Plans:
The Outreach and Professional Development Coordinator will seek more volunteer opportunities with a wider variety of organizations in the community.
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.

Main communities of interest are Leon County and the following surrounding rural counties: Wakulla, Taylor, Jefferson, Madison, Gadsden, Calhoun, and Liberty – all members of the DOH Capital Consortium.

Rationale: Leon County is the largest county in the area and surrounding counties are mostly rural and resource poor. They share resources and work together to increase regional impact. These counties are also close enough for student travel.

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

In 2016 the FSU MPH Outreach and Workforce Development Coordinator visited the health officers of each of the surrounding counties as well as the Workforce Development Coordinator and Director of the Division of Community Health Promotion of the Florida Department of Health to discuss staff training needs. Full results of this needs assessment included in resource file under F3-2 Needs Assessment, but a summary of the findings is listed below.

Topics Listed by Both FDOH and CHDs

- Public Health Science Skills
  - What is public health
  - History of public health in US and FL
  - 10 essential public health services
- Policy Development/Program Planning Skills
  - Research and information retrieval/identifying trends
  - Interpreting public health data and using it for programmatic planning
  - Program evaluation

In 2018, the FSU MPH Outreach and Workforce Development Coordinator again met with the FDOH Workforce Development Coordinator to discuss statewide training needs. FDOH was expecting results from the ASTHO Public Health WINS statewide workforce development needs assessment. Due to a delay in receiving these results, the OWDC polled several of the local health officers and developed an updated list of needs and developed a local training plan. Results are included in the resource file under F3-2 Needs Assessment.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.
**Strengths**
The OWDC maintains a solid professional relationship with local health officers and the state Department of Health, which allows her to meet periodically with them to discuss workforce development needs in an informal manner.

**Weakness:**
Many of the needs expressed are general and not specific to public health, such as facilitation and meeting planning skills, motivational interviewing, and telephone etiquette, of which our faculty do not have expertise.

**Plans:**
The results of the PH WINS needs assessment are expected to provide needed information about gaps in public health competencies within each of the health departments. We can then develop a series of trainings to address these gaps specifically.
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.

Upon compiling results of the workforce development needs assessment, the OWDC meets with the program director and other faculty to develop a training plan. In 2016, this resulted in:

- Providing full conference planning for a regional Florida Public Health Association Meeting entitled Strengthening Primary Care and Public Health Collaboration for a Healthier Florida. This conference addressed integrating medicine and public health, emphasizing primary, secondary, and tertiary care that works together, rather than in a silo, for the best health outcomes. Partners in the conference included the Florida Public Health Association, the Florida Department of Health, the Florida Association of Community Health Centers, the College of Medicine, and the College of Nursing. The conference was held in September at the College of Medicine Auditorium. Over 100 public health professionals, nurses, student, and community health center staff attended with over 95% either very satisfied or satisfied regarding the value, speakers, and topics of the conference.
- Developing and Providing a Public Health 101 class. This hour and one-half hour basic Public Health 101 class was taught in the October 2016 via Department of Health videoconferencing equipment to the following county health departments: Leon, Gadsden, Madison, Jefferson, Taylor, Wakulla, Gulf, Franklin, Liberty, and Calhoun, Jackson. Second year MPH students were outposted to each of the training sites to facilitate local group discussion. 101 of the 107 (94%) staff who attended rated the training as excellent or good, with the majority of the unfavorable comments related to the quality of the sound of the videoconferencing equipment.
- In 2018, the results of the DOH Central Office needs assessment resulted in the Division of Administration asking for Dr. Rowan to provide Public Health 101 training. In July, Dr. Rowan presented twice at the FDOH to a total audience of 105. The results of the informal local needs assessment resulted in two trainings planned for this fall to be provided to the surrounding counties via videoconferencing – Public Health 101 and Identifying Trends and What They Mean to the Community.

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).

- Presentation to the Calhoun County Chamber of Commerce: “How Do You Know If Your Community Is Healthy?” – February 2017, 42 participants – Betsy Wood
- Presentation to the City of Pensacola: Climate Mitigation and Adaptation Task Force - May 2018, 10 participants – Chris Uejio
3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

As stated above, the needs assessments have been more informal and not necessarily centered on public health competencies. Future plans are to create a series of educational opportunities for the public health workforce that addresses specific core competency gaps identified in the PH WINS workforce development survey.
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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.

Students
- Black and Hispanic;
- Foreign born or whose native language is not English;
- Whose background reflects overcoming barriers due to poverty, lack of family educational experience and those whose life or occupational experiences demonstrate an awareness of the critical importance of health care access and quality and public health services to well-being;

Faculty
- Women and/or LBGT; and
- Hispanic faculty member and/or foreign born.

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.

Long-Term MPH Program’s Diversity Goals:
- Recruit traditionally under-represented students, especially Black and Hispanic;
- Recruit students who are foreign born or whose native language is not English;
- Recruit students whose background reflects overcoming barriers due to poverty, lack of family educational experience and those whose life or occupational experiences demonstrate an awareness of the critical importance of health care access and quality and public health services to well-being;
- Expose students to people with differing first languages and issues of cultural sensitivity to enhance cultural competency;
- Recruit faculty members who are women and/or LBGT; and
- Recruit a Hispanic faculty member and/or foreign born.
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.

The FSU-MPH Holistic Admissions Policy was having been in place since the program was developed in 2003. It has since been reviewed and approved by the faculty committee (Fall 2012).

Core Values: (7) conviction that a respect for equity, diversity, and basic principles of human rights are prerequisites of sound policy

Recruit a diverse group of quality students into the MPH program. Maintain a racially and ethnically diverse student body by striving for at least 30% of admitted students be from traditionally under-represented racial or ethnic groups (Black, Hispanic, and/or foreign-born).

- We recruit as aggressively as resources and imagination allow including open houses, classroom visits across campus and flyers and signs everywhere we can put them.
- We use a wholistic approach to screening applications to our program, adjusting standards to accommodate challenging backgrounds. We specifically look for indicators of low income and poverty in students’ personal statements.
- We make it clear to every student that we value everyone in our student body equally and endeavor to make everyone feel they are welcome. Our hope is – and the diversity of our student population suggests our hope has been realized – that minority and international students will find such a positive experience here that they will encourage their friends and former classmates to apply here.
- We’ve urged the PHSA to adopt a buddy system to assist with assimilation into graduate school life.
- We offer the PHSA funds to support peer counseling with challenging classes.
- Our faculty are approachable in person and by email so that no one needs to feel intimidated or fear rejection of they ask for help.
- We make every effort to avoid losing a student who is having problems.

Recruitment efforts will identify faculty candidates that include women, LGBT, and foreign-born individuals.

- We have been successful in recruiting female faculty and faculty with international backgrounds by identifying such individuals to inform them of our vacancies, but we have not been successful in recruiting an individual of color or a native American. We have hired an African American woman as an adjunct faculty member to teach a core course, and we offer electives taught by women of color and faculty who specialize in LGBT research issues and include LGBT faculty taught classes in our electives. FSU’s department of sociology has a strong focus on sexuality and health and a significant complement of faculty who specialize in this research area.

The faculty will represent the broad interdisciplinary nature of public health.

- By having one faculty member from each of the six appropriate social science disciplines, and one full time faculty member who comes practice in state and county health departments, and one who ran a policy research firm and a federal government research institute branch, we cover all aspects of public health.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2016-17</th>
<th>2017-18</th>
<th>2018-19</th>
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110
Maintain a racially and ethnic diverse student body by striving for at least 30% of admitted students be from traditionally under-represented racial or ethnic groups (Black, Hispanic, and/or foreign-born) | 30% | 48% | 50% | 59%
---|---|---|---|---
Strive for recruitment efforts to identify faculty candidates that include women, LGBT and foreign-born | 100% | N/A | N/A | N/A
Ensure that faculty represents the broad interdisciplinary nature of public health by having one faculty member from each of the 6 appropriate social science disciplines, acknowledging that from time to time one or more departments may be under-represented | 6 | 6 | 5 | 6

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.

**Cultural and Gender Sensitivity Discussion Sessions:**
Each semester, during the MPH course on Comparative Health, a discussion session among groups of students is held to exchange views and experiences related to issues of cultural sensitivity, cultural competency, cross cultural differences in health care practices, traditional healing, people-first language issues, gender related sensitivities and sexual harassment. Students whose background is from outside the United States ideally lead group discussions; discussions are facilitated by reading materials on these topics assembled by the professor. Each group is charged with making a list of concerns and issues of cultural sensitivity and insensitivity that they have experienced, heard, or read about, and how they might be avoided or appropriately redressed.

When asked to discuss their experiences with cultural competency in the program, several students remarked how highly they valued one of our electives taught in the sociology department by an epidemiologist who has taught in our program, Dr. John Taylor. He teaches SYA 6407 Ethnicity and Health. Here is a brief description:

The course reviews current research and theory on the connections between race and/or ethnic status in regards to physical and mental health. Students in the seminar will review scholarly work in multiple disciplines and professions to identity empirical trends and theoretical explanations for patterns that these trends reveal.

**Course Objectives:**
At the completion of this course students will understand
- conceptual issues in the study of race and ethnicity including research definitions of race, ethnicity, and culture as they apply to health outcomes
- the social distribution of morbidity, mortality, and physical well-being in the US
- the role of racial/ethnic discrimination in health and illness
- prominent current theoretical perspectives in ethnicity and health
- the social factors that are prominent in perpetuation of health disparities
• the unique and joint roles of race/ethnicity and socioeconomic status in the prediction of health outcomes

Students will demonstrate knowledge on the above-stated objectives by constructing a research proposal, with literature review, theoretical framing, and research methods specified, that will add to current knowledge about the connections between race, ethnicity and health or mental health.

Brief outline of topics to be covered:

• Conceptual Issues in the Study of Race and Ethnicity
• Epidemiology and Social Psychology of the Relationship Between Ethnicity and Health
• Perceived Discrimination and Health
• Theories of Ethnic Inequality in Health
• Factors contributing to the perpetuation of ethnic differences in health
• Protective Factors in the well-being of Ethnic Minorities

Other students mentioned other courses that take a deep dive into race, ethnicity and cultural issues and their impacts upon health including life course and neighborhood and health courses offered by our MPH faculty.

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.

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<tr>
<th>Summary Data for Faculty and Students</th>
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<tbody>
<tr>
<td>Category/Definition</td>
</tr>
<tr>
<td>Faculty- Foreign born</td>
</tr>
<tr>
<td>Faculty- Female or LBGT</td>
</tr>
<tr>
<td>FACULTY TOTAL</td>
</tr>
<tr>
<td>Students-Hispanic</td>
</tr>
<tr>
<td>Students- African American</td>
</tr>
<tr>
<td>Students- Foreign born</td>
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<tr>
<td>STUDENT TOTAL</td>
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Our program is known across campus as a leader in recruiting and graduating students of color including black, Hispanic and Native American students and welcoming LGBT students. The data should speak for themselves. Faculty are much more of a challenge. Our first priority was to identify female faculty as initially we had none. We now have two full time and one adjunct. The adjunct is a black female. One faculty member is foreign born. Other departments in our college from whom we derive many of our most popular electives are have strong complements of black, foreign born, LGBT, and Hispanic faculty. With a total faculty of 8, we feel we are doing pretty well. Of course, we could do better, but unless we have unexpected turnover, we will not be recruiting for some years.

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

We have been able to collect some data on perceptions through a CQI meeting in January and a collection of emailed perceptions. Everyone was encouraged to contribute no matter where they stood. Dr. Weissert was receiving the emails directly and students could also leave him anonymous notes in his mailbox, however everyone submitted via email.
Student comments:

- **Rebecca Etienne** (Black, Hispanic Woman) current student. Re: Cultural competency: 12/3, 6pm. Rebecca I’m pretty sensitive to cultural insensitivity and I have not experienced it since I’ve been here and hope it continues and I would say that faculty do seem to put a deliberate effort into emphasizing cultural sensitivity in their lectures.

- **7 students in CQI meeting 1/10/19**: Unanimous and strong agreement that the program is both very diverse in multiple dimensions and culturally sensitive. Students cited specific course exercises where cultural sensitivity was emphasized, including the core Health Behavior class in which students are lined up in front of the building and take a step forward or backward depending on their manifestation of a cultural advantage or disadvantage based upon the race, gender, ethnicity, national origin, language, and other qualities. It appeared to have been profoundly impactful. Students who had taken Dr. Taylor’s Health and Ethnicity class remarked upon the depth of understanding that the course imparted. Everyone agreed that they had learned the role of culture, race, income and other social determinants in Dr. Weissert’s Health Care Organization and Policy course and that other courses had reinforced and illustrated these concepts.

- **Samanatha Chahin** (Black, Hispanic Alabama woman). Yesterday in health policy you asked the class if we felt like the program was culturally competent and I believe it is. As a Black-Hispanic woman I was apprehensive of attending a PWI university coming from a HBCU because I had heard horror stories from my peers who attended other PWI universities where they had to constantly fight against clichés or get asked demeaning, stereotyping questions basically on how they managed to escape crack and poverty. Luckily, this has not been my experience in this program here at FSU. I also appreciate that my interests in policy that impact minority communities have not been glossed over or that subjects such as racism/discrimination have not been glossed over or brushed off. In the spring semester of this year I took Health and Survival with Dr. Taylor in which we did discuss how the different backgrounds of people impacted their mortality and I really appreciated that we did not shy away from topics like lynching’s, being a woman, the LGBTI community and etc. Anyways, just wanted to share my thought on what you had asked.

Faculty Comments:

- **Dr. Amy Burdette**. The students in the MPH program are very diverse in terms of gender, race, and ethnicity. We also seem to draw students from varied socioeconomic backgrounds. Our students are well-informed about the structural causes of social disparities in health and well-being. This understanding of the structural origins of disadvantage increases cultural competency among our students.

Alumni Comments

- **Cara Campbell**. 2018 grad. Our program (or my cohort) was very diverse and represented a wide range of interests, identities, and goals which made for engaging discussions in the classroom and elsewhere. I felt well represented and comfortable speaking up as a woman, but as I have been empowered to do such my whole life, I would continue to ask this of your incoming students.

- **Fahad Hasan**. 2018 grad. I do personally feel that the public health program is very diverse and culturally competent. I would recommend maybe the addition of more SAS training opportunities for students especially for those interested in epidemiology or bio stats. SAS is the one of the most important tools in epidemiology and is continuing to grow and would be a vital tool to anyone pursing a job in the field of epidemiology.
• Madison Ware: 2018 grad. I believe that the FSU MPH program is very diverse. Our student population was inclusive of all ages, genders, races, and cultures. We learned about cultural competency in almost every class and/or built upon the understanding and approach. It is critical to be culturally competent in all fields, but especially public health. Our lectures, discussions, assignments, and projects all incorporated/assessed the diverse aspects of one’s physical, mental, social, environmental, etc health and well-being. FSU MPH has created an inclusive atmosphere that is respectful and responsive to diversity and cultural competence. I believe that this program is proactive and highly accepting of diversity. Consequently, as a graduate, I feel equipped to effectively assess/deliver equitable health care services to society.

• Michelle White: 2018 grad. I believe the FSU MPH program boasted a great diversity of knowledgeable and ready to learn students, as well as teachers from various backgrounds and skill sets. I believe the FSU MPH Program exemplified astounding cultural competency. The program not only awarded me an intense and wonderful education in the components of public health but helped to sponsor growth in various nuanced areas across these competencies, such as grant writing and management. The program is very capable of continuously adapting to our culture and making sure to provide a fresh and enriched education.

Current MPH Student Comments
• Rebecca Etienne (black, Hispanic) current student. Cultural competency: 12/3, 6pm. Rebecca I’m pretty sensitive to cultural insensitivity and I have not experienced it since I’ve been here and hope it continues and I would say that faculty do seem to put a deliberate effort into emphasizing cultural sensitivity in their lectures.

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

The program incorporates diversity and cultural competence into lectures and training materials but could do a better job of assessing student’s perceptions of conversations, safety, and racism perceived while on campus, in class, and amongst MPH faculty, staff, and students. Though the faculty is slightly diverse, and we are given little opportunities to hire additional faculty, we do attempt to hire adjunct faculty that are more representative of our long-term vision of the program’s diversity. We could also do more around cultural competence education for our students, staff, and faculty.
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.

Dr. Rowan, the Student Services Director, and Sabrina Smith, the Academic Program Specialist, are the principal advisors most likely to have first contact with a student with a question. Specific curriculum requirements are likely to go first to Ms. Smith. General, internship and placement advise are most likely to start with Dr. Rowan. Dr. Weissert shares the advising load for any student who seeks curriculum, career or other advice, or if they are seeking a tuition waiver or seek to make a course substitution or waive a course requirement. Every faculty member is, of course, available for course advice, but while providing it faculty are often asked for information or advise on other topics from career options to doctoral studies.

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

As the MPH Program Director, the Student Services Director, Dr. Weissert and Dr. Rowan, respectively, and Sabrina Smith, the Academic Program Specialist, are the most qualified faculty to provide advising services to students because of their knowledge of the program requirements and career experience in the field. All three know every aspect of the program and are experienced at advising students. Additionally, one of the benefits of the relatively small program is that there are multiple and frequent opportunities for interacting with the students both in class and in other venues such as:

- Orientation (familiarizing students with the program, expectations, means to obtain advising/career counseling).
- Meetings with students during the course of their internship.
- Feedback during their internship through Blackboard’s Discussion Board.
- Faculty is available throughout the week to meet with students. Students are encouraged to stop by or make an appointment if they have any questions or are confused about any issue.
- Meetings with students throughout coursework; opportunity for a high level of student knowledge due to relatively small program. Assist them with professional plans based on their goals and interests, and the best academic/practical sequencing tailored to them.
- Career Portfolio advice and support.

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

Please see the electronic resource file under H1-3 Advising Examples for supporting evidence.
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.**

Over 90% of students state they were satisfied with academic advising using the anonymous Exit Survey as was reported last in 2014 through the results of our exit survey. An exit survey has been a required step in graduation clearance since program inception and a process for softly verifying the completion of the survey was implemented in 2013. However, the faculty member who was responsible for capturing and storing all the exit surveys forgot to copy or migrate them when the university migrated from Blackboard to Canvas. Results were lost. Our accreditation coordinator will be taking over responsibility to assure that the surveys are completed, stored and backed up, and that results are systematically reviewed and discussed at the appropriate meetings and acted upon. During the uncaptured years though we were made aware of issues with the previous Academic Program Specialist and as a result we made some changes to our staff as previously described. We conducted a survey in the fall of 2018 and 67% (19/28) of students were satisfied with academic advising. Those that were less satisfied said it was due to the availability of walk-in hours and email response rates. While those that were satisfied were generous with their praise for the lengths our Academic Program Specialist goes to be available after hours, over the phone and general availability. As a result though, the Academic Program Specialist sent an email to promote her walk in hours and remind students that they can always set up an appointment with her in advance at any time. The current exit survey does not contain a question about academic advising since we were in transition with the position. We plan to insert the question this summer, which allows our current Academic Program Specialist to have had a full year of experience on the job.

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

Slides play introducing some basic concepts on public health while the meeting gets organized with arrivals Food and drinks are provided. Orientation begins with introduction of faculty and self-introduction of students. During their introductions, faculty briefly summarize the courses they teach. The program director starts things off by explaining about our interdepartmental program, and why it’s a good fit for public health and our college. We explain our policy focus and again why it’s a fit for our college, public health and our capital city. We briefly run through expectations, course and graduation requirements, and the supportive position that the program takes to help new students adjust, do well in classes and graduate, and the kind of peer support we expect and try to foster. The Student Services Director takes over and discusses in more detail the relationship between MPH training and the public health field. He describes the internship requirement, shows where internships have been, urges early discussions of preferences. Same for capstone courses, purpose and requirements. The GradCheck form to confirm requirements are met is explained. Questions are solicited. He collects email addresses to submit to IT to permit student lounge access. Next the Academic Program Specialist describes in more detail the curriculum requirements, how to use the Canvas site to do everything, and reemphasizes the importance of the GradCheck form, when to file and change it, and how and when to get checked for graduation. Many questions are answered. All this takes the first hour. The second hour is taken over by the PHSA and includes more frank talk about faculty and courses, flexibility in requirements, part-time job prospects, info about the campus and campus services and facilities, housing, transportation, many other topics, a campus tour and lunch. We solicit feedback on their satisfaction with the orientation. At times we bring in a brief speaker, in particular someone from the Career Counseling Center.
6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

We have a friendly, knowledgeable, helpful, approachable advising staff. It seems to work well. Students report satisfaction with their advising options. Nonetheless, we should do a better job of soliciting and evaluating quantitative information on our advising services. We will systematically begin collecting this information again through exit survey's beginning this summer.
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 program encourages students to think about their future early on in the program. Students freely meet with Dr. Weissert and Dr. Rowan throughout the program. Most students find their internship with the assistance from Dr. Rowan, and at this time, he usually discusses career options with each student. Job postings are either emailed to students or posted on the Canvas MPH website. Students are encouraged to sit down with faculty, invited speakers, and internship preceptors to discuss career options. Many recommendation letters are written on behalf of students applying for jobs.

Drs. Coutts, Rowan and Weissert regularly discuss career opportunities with students, often in the context of requesting letters of recommendation. A frequent bit of advice is for the student to consider options other than law school because there are just better options that don’t involve massive debt and low odds of landing in a top firm making enough to pay them off in a reasonable time.

The Florida State University Career Center (http://www.career.fsu.edu/) provides comprehensive career services to students, alumni, employers, faculty/staff, and other members of The Florida State University community. It provides four general services: career advising and information; internship and cooperative education; employment and post-graduate education; and, research and development. The Career Center is located in the Dunlap Success Center, located at 100 South Woodward Avenue, next to the Askew Student Life Center and near the Denny's All Nighter.

The Career Center Library
Books, videotapes, CDs, computer-assisted guidance systems, and handouts provide information and choosing a major, careers, effective job search strategies, and experimental opportunities. The Career Center is located in the Dunlap Success Center, located at 100 South Woodward Avenue, next to the Askew Student Life Center and near the Denny's All Nighter. http://www.career.fsu.edu/library.

Career Advising and Information
Florida State’s career advising, and information office is the career planning part of The Career Center. This office offers drop-in advising, individual career counseling, a wide variety of information and programs as well as a computer lab and audio-visual room. It also houses The Career Center Library, which supports all Career Center services. The Career Center Library can be of assistance with educational and occupational planning. Books, videos, computer-assisted career guidance systems and handouts provide information on career planning, a career change, experiential opportunities, resume, and vitae writing, interviewing, letter writing, job search strategies, including academic job searches, etc. The library also maintains job files, which include position openings throughout the country, as well as some international positions. Career advisors are available on a drop-in and appointment basis. View the location, hours, and phone numbers: http://www.career.fsu.edu/advising/.

**Internship and Cooperative Education**

The Career Center primarily assists students who are seeking academic or career-related work experience opportunities, (i.e., internships, cooperative education, part-time work, temporary employment, and seasonal jobs, externships, or volunteer work) before graduation. For a search of job listings, please click on the follow link to be directed to the Career Center Search: https://www.career.fsu.edu/resources/search-internships Also available are mock telephone and face-to-face interviews.

**Employment and Post-Graduate Education**

The Career Center is devoted to graduate students and, in some cases, alumni with postgraduate educational and employment needs. Several career fairs as well as on-campus interviews are available to students and employers in the Fall and Spring semesters. https://career.fsu.edu/students/graduate-students

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

Drs Rowan and Weissert routinely provide career counseling and curriculum advise. Drs Coutts and Burdette are always available to counsel students who want to meet with them for advice on career goals, job prospects and course planning. Students choose which faculty member from whom to see advise, though Dr. Rowan receives the most requests. He has over 25 years of experience working in public health at the local, state, federal level, in a variety of different capacities. He leverages his contacts to help students navigate to the area in public health they believe would best suit them.

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.**

The Student Services Director has met with both graduating students and alumni to discuss career options on many occasions during the past three years. This advising is normally done individually.

- An alumnus wanted to know if they should take a job in south Florida or move closer to family in the Washington, DC area. We discussed job opportunities in both areas and the importance of family to the student.
- A student who was preparing to graduate wanted to discuss the benefits of working for a while or going to medical school. We discussed the positive aspects of each decision.
A graduating student made an appointment to meet with me to discuss and ask advice on two jobs that he had been offered. One was a job he felt very comfortable doing but did not offer hope of future promotions. The competing job was in a high stress area of the State Health office that had seen a lot of turnover but offered exposure to leadership of both the Department of Health as well as legislators. We had a long and fruitful discussion about the possible options. He ended up accepting the more demanding job.

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.

There has not been a survey of career advising specifically. We neglected to separate out career advising from regular advising on our last student survey.

However, our exit survey has shown that our students are prepared for a job in public health

   How well do you feel the coursework prepared you for a job in public health?

   92% Very well
   8% Somewhat well
   0% Not so well
   0% Not at all well
   Respondents = 12

Additionally, alumni still reach out to faculty providing career updates and seeking career advice. This past fall one alumna reached out to provide a career update and inform the program director that he will be used as a reference. Another alum reached out to the program director with a request to review her CV and some advice on how to approach the academic job market. Through email she described the exchange as “some of the best mentorship [she’s] ever gotten”. This example can be found in the electronic resource file under H2-3 Career Advising, but what is not there is the phones calls we had to follow up in between the two exchanges and as a follow-up afterwards.

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

Our strengths are in our networks and our ability to value students so they know we can become colleagues. Our students are encouraged to use their resources while they are on campus and after they graduate they graduate. Our alum come often come back to give talks and encourage current students to continue their career goals towards public health. Our weakness is in collecting this data over time. We plan to differentiate career advising from regular advising on our next student survey.
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.

There are a number of formal and informal channels for students to communicate concerns about the program to the program leadership. The program is relatively small, allowing student’s ready access to both faculty and the MPH Program Director. Through these informal contacts, students are capable of communicating both their individual and more general concerns about the program. Most clearly, the students are organized into an independent student organization, the Public Health Student Association (PHSA). Students can confide in the executive board of the organization to have their opinions be heard, as the PHSA is given formal input into program governance, providing students the opportunity to communicate any general concerns. Finally, students are participants in all MPH committees, especially the CQI committee. It was in that setting that one of our foreign students pointed out that our curriculum needed more attention to global public health. In response, we added a course.

The grievance process has been added to the program’s orientation presentation for all incoming MPH students. The process is discussed, and students are encouraged to communicate any problems they experience to a faculty member, the PHSA president, or initiate the formal University grievance procedure.

All students have access to formal grievance procedures as established by the University. This process is described in the General Student Bulletin and available online http://fda.fsu.edu/Academics/Academic-Honor-Policy. The program has also adopted formal procedures for student grievances and is discussed during orientation and displayed on the program’s Blackboard site.

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.

Students who allege that academic regulations and procedures have been improperly applied in specific instances may have their grievances addressed through the general academic appeals process. In this process, the student brings a complaint first to the instructor, then to the department chair, and finally to the academic dean appropriate to the course involved, stopping at the level at which the complaint is resolved. If no resolution is reached, the student brings the complaint to the attention of the Vice President for Faculty Development and Advancement for either resolution or referral to the Student Academic Relations Committee of the Faculty Senate. A graduate student whose complaint is unresolved must see the Dean of the Graduate School prior to meeting with the Vice President for Faculty Development and Advancement. The Student Academic Relations Committee has the authority to direct, through the Vice President for Academic Affairs, that corrective action be taken when justified.
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.**

The program maintains a high level of informal communication with the student body and has incorporated representation from the Public Health Student Association (PHSA) into the program evaluation and decision-making process. There have not been any formal complaints since the program’s inception.

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

The only complaints we’ve ever had related to adjunct or staff performance. In each case the students brought the problem to program leadership and we acted or investigated and then acted. All three people who were the subjects of complaints were gone by the next semester or sooner. We urge students to bring their complaints to us, or to anyone else with whom they feel comfortable. When they want anonymity, they can lodge a complaint through their student association and be sure it will come directly to leadership without compromising their identity. This system appears to work. Dr. Rowan, our Student Services Director, is especially approachable and is a place that students go for help and to chat. Seems to be a strength but might be luck that we haven’t had a problem that really tested the system.
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.

We use a number of strategies to encourage applicants to apply for our program. We rely upon our webpage, brochures distributed across campus, lawn signs on campus, open houses held each semester that attract both FSU and other applicants from across the state, ads in the campus newspaper, visits to other colleges on campus, information to advisers in other colleges, a Get More Than A Degree event held periodically by the College, university sponsored recruitment fairs, and invitations to come to campus and discuss our program and their plans with faculty and staff. We also rely heavily upon our Academic Program Specialist to present a happy, friendly, welcoming demeanor to callers, and to follow up with applicants who have started but not completed their application. Ms. Smith also recently revised all our brochures, letters, webpage and recruitment files. We also endeavor to review files in a timely fashion so we can return answers to applicants regarding their admission status.

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

The Florida State University has adopted a uniform application procedure for all graduate programs including the MPH. The Office of Admissions, the Graduate school, and the FSU MPH program provide prospective students clear information on the FSU graduate application process at both of the following websites:

https://admissions.fsu.edu/graduate/ and https://coss.fsu.edu/publichealth/admissions-requirements.

A candidate is admitted to the program by meeting the University’s general requirements for graduate admission combined with recommendation of the Director of the program. All applicants must take the Graduate Record Examination (GRE) (verbal, quantitative, and writing portions) prior to admission to the program. The minimum guidelines for admission to the program are an upper division (junior and senior) grade point average of 3.0 or better and a minimum combined score of 1000 on the GRE for those taking the GRE prior to August 2011 or 150 verbal, 150 quantitative, and an analytical score of four for those taking the GRE after August 2011. GRE scores are accepted within 7 years of test date. Students with older scores need departmental approval. Higher attainment on one measure may offset lower attainment on another. (Other national exams are accepted as substitutes including MCAT, LSAT and GMAT. However, no student is accepted without having taken one of these approved national exams.) These indicators are considered along with other evidence of preparation such as additional graduate classes, related work experience, personal research in addition to their application materials- letters of recommendation and a personal statement. Undergraduate studies, demonstrated interest, and experience in the field of public health are each evaluated. Undergraduate coursework is reviewed for rigor of courses taken such as calculus, statistics, organic chemistry, languages, and other demanding courses.
Indicators are sought that the student has good writing skills. Factors considered include quality of the personal statement, GRE writing score, and coursework.

The application deadline for regular graduate admission is July 1 for the Fall Term (beginning late August) and November 1 for the Spring Term (beginning early January). The program does not admit for the summer term. Application deadline for international graduate admission is six months prior to the beginning of the term.

Applications to the program are reviewed by the MPH Program Director with assistance of the Director of Student Services and the Academic Program Specialist. The program mission, goals and objectives serve as criteria to inform selection decisions. Students successfully meeting the requirements of the program are generally accepted. For applicants who do not meet the program’s minimum standards, the MPH Program Director consults with the Director of Student Services. The MPH Program Director has the final decision on all applications and may choose to utilize the FSU-MPH Holistic Admissions Policy, described in section 1.8, to admit students that may not have made all the basic qualifications. Provisional admission (continuation in the program after one semester is contingent upon earning a 3.0 in 9 credits in Fall term) is sometimes used to permit a student with weak scores to be admitted. This is typically done when other application variables show strong potential for success (e.g., demanding undergraduate coursework such as calculus and organic chemistry), or indications of having overcome difficult barriers (physical handicaps, poverty, personal tragedy), provided the candidate’s personal letter, references and experiences show a strong commitment to public health.

The University is an Equal Opportunity Institution committed to non-discrimination and the promotion of diversity. The Graduate School has established policies to eliminate discrimination and promote diversity in the student body. These policies and procedures are made available to all students and the public through the Graduate Student Bulletin: https://registrar.fsu.edu/bulletin/graduate/information/university_notices/.

The FSU-MPH Holistic Admissions Policy
Public health demands a diversity of perspectives best nurtured in diverse life experiences that can be brought to the classroom and the profession. We seek students who will perform well in the classroom but who also bring a diversity of life experiences to their fellow students and faculty, and eventually to their careers. We think that individuals who have met and overcome challenges, experienced life in minority communities, communities outside the United States, or in poor neighborhoods, and who have met the challenge of working and learning in English as a second language are likely to bring diverse perspectives that can be shared. They also bring cultural sensitivities that will help them relate to the wide-ranging mixture of populations they will meet in public health. We prize experiences with health care systems – or lack of them - that have attuned an applicant to the difficulties faced by patients in both rich and poor countries. We also look for indications of leadership potential. Other important qualities include a solid command of written and spoken English, a good GPA, GRE, excellent writing skills, ability to relate effectively one's motivation for a public health career in his or her personal statement, high quality letters, challenging coursework, interesting and challenging work experience, and indications of a winning personality

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.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain median GRE scores of accepted students near 150 on each of the Quantitative and Qualitative sections for tests taken on or after August 1, 2011, or near a cumulative score of 1000 for tests taken prior to August 1, 2011</td>
<td>&gt;150</td>
<td>298.3</td>
<td>296.0</td>
<td>298.1</td>
</tr>
</tbody>
</table>

We don’t agree that it is a meaningful measure. Maintaining the target means not admitting students who score below it or admitting them provisionally. We struggle with those provisional admits. If we raise this standard, we will have to reject more students. It is a pressure point that constrains our willingness to offer admissions to marginal students, despite a quite good record of performance by our provisional admits.

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

Our GRE scores are reasonable and have stayed pretty steady. Where we need to see additional improvement is in GPA scores. To get those to a higher steady state, we will need to make our admissions more restrictive, especially by granting fewer conditional admits when GPA scores are below 3.0.
H5. Publication of Educational Offerings

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

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

The FSU Graduate Bulletin is published online annually. Every effort made to be sure it accurately reflects the curricula, course descriptions and requirements of our program.
Full Bulletin: https://registrar.fsu.edu/bulletin/graduate/
MPH Section: https://registrar.fsu.edu/bulletin/graduate/departments/public_health/

The full curriculum requirements, list of courses, and course descriptions are also provided to current and potential students on both the blackboard page and the public health program webpage. https://coss.fsu.edu/publichealth/program-requirements