REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
FLORIDA STATE UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
SITE VISIT DATES:
  September 23-24, 2013

SITE VISIT TEAM:
  Kim Marie Thorburn, MD, MPH, Chair
  Diane Marie St. George, PhD

SITE VISIT COORDINATOR:
  Kristen S. Force, MPH, CHES

SITE VISIT OBSERVER:
  Nakita Kanu, MPH
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Introduction

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

The origins of FSU date back to 1823 when the Territorial Legislature began to plan a higher education system. FSU was formally founded in 1851 as the Florida State College for Women, which became the third largest women's college in the nation by the 1930s. In 1947, the Florida legislature converted FSU into a coeducational institution in response to the demands of returning World War II veterans. Today, FSU serves a student body of more than 40,000 through 16 colleges and the Graduate School. The university offers 103 baccalaureate degrees, 115 master's degrees, one advanced master's degree, 23 specialist degrees, two professional degrees and 76 doctoral degrees.

Established in 2003, the MPH program is an interdisciplinary program in the College of Social Sciences and Public Policy; thus, it is not housed in a department, and the program director reports directly to the dean. The program offers a single MPH generalist degree that strongly emphasizes the discipline of health policy. The program had produced a total of 133 graduates at the time of the site visit. This is the program's first CEPH accreditation review.
Characteristics of a Public Health Program

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

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

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

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

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

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

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

These characteristics are evident in the public health program at FSU. The university is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, and the university’s last review occurred in 2004. The program and its faculty have the same rights, privileges and status as other professional programs at the university. The program draws on faculty from an array of disciplinary backgrounds, with an emphasis on health policy. The university as well as the program has an organizational culture that aligns with public health values and goals, and service is reflected in both mission statements. The program has sufficient resources to offer the MPH degree and has established a regular cycle of evaluation and planning that aims to continuously improve the educational experience and to ensure that all program activities continue to support the program’s mission, goals and objectives.
1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has a clearly formulated and publicly stated mission with supporting goals, objectives and values. The program’s mission statement emphasizes the social sciences as a means to improve the population’s health through social, economic and political policies. The mission of the FSU MPH program is as follows:

To understand and enhance the health status of populations by providing policy-oriented, multidisciplinary training of future public health professionals in the core concepts, skills, tools and knowledge of health policy and practice, and to conduct and disseminate research that leads to improved health status.

The program’s values stress education and research in health policy. The values are as follows:

- A primary concern with population health
- A perspective on health that recognizes that all public policies affect health, health care access, and health status
- An appreciation of the interdisciplinary nature of public health research and practice
- A preference for cost-effective health promotion and disease prevention above medical intervention and disease management as tools for improving the health and well-being of society
- Recognition of the need for collaboration among the academic community, government and the broader community in the production of public health, including social solutions related to social determinants of health
- A conviction that while policy is mutable, changing it to improve population health requires a thorough understanding of current policy as well as the tools of policy analysis
- Conviction that a respect for equity, diversity and basic principle of human rights are prerequisites of sound policy

The program has identified nine goals that support its mission. These goals relate to instruction, research, service, workforce development, diversity and program support and evaluation. Each goal has between three and seven measurable objectives.

Site visitors determined that the process for developing and revising the program’s mission and goals was inclusive and iterative. The program undertook the initial development of its mission as part of the university’s regularly scheduled Quality Enhancement Review. The program developed its values, goals and objectives in response to CEPH criteria and involved program stakeholders.

The mission, values, goals and objectives are posted on the internal Blackboard site, on a bulletin board at the program’s offices and on the program’s website.
1.2 Evaluation and Planning.

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

This criterion is met with commentary. The program has a process for monitoring and evaluating its overall efforts and for assessing the program’s effectiveness. The self-study describes processes for measuring each objective, including identifying the responsible parties, frequency and data collection tools. Several measurements have been recently implemented or revised to improve data collection. The program also undergoes a university evaluation, the Quality Enhancement Review, against its mission every seven years.

Program evaluation involves all constituencies through surveys, committee meetings and informal communication, commencing each summer with an annual review by the Executive Committee. Going forward, a Continuous Quality Improvement Committee, formerly the Self-Study Committee, will systematically review all goals and objectives, progress and planning activities and policy modifications to assure goal attainment and continuous improvement. This committee will meet five times each year and provide review results and recommendations to the Faculty Committee, which meets twice yearly, and the Advisory Council, which meets annually.

As of the 2012-2013 academic year, the program was able to provide measurement data on all but one of its objectives. A measure related to student mastery of competencies will be measured for the first time later in the academic year. Five other objectives related to the goals on curriculum and competency mastery have only one year of data because of recent development of the measurements.

The first point of commentary relates to the relatively low targets set for many outcome measures. For example, the objectives related to the research goal set targets such as “at least one publication and one presentation per faculty member per year.” Tenure-track faculty who met with site visitors emphasized that FSU is a research institution with much higher expectations for career advancement. These measures do not appear to provide the program with quality measures that would reflect the university requirements. Another example relates to the faculty service expectations. The outcome measure assesses whether one faculty member affiliated with the program participates in a service activity each year. This target is a low expectation for a profession that is largely community- and service-oriented.

The second point of commentary relates to the need for a greater understanding of the planning and evaluation process among all faculty members. Faculty were queried on site about how measures might be changed if the program evaluation results indicate that targets are not providing the information
needed for program improvement. One faculty member was familiar with the intention to continue the process with the conversion of the Self-Study Committee to the Continuous Quality Improvement Committee. Others seemed less familiar with the planned process.

1.3 Institutional Environment.

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

This criterion is met. FSU is accredited by the Southern Association of Colleges and Schools. The university has been continuously accredited since 1915, and reaccreditation was granted in 2004 for a 10-year term. The university responds to more than 30 programmatic accreditors in fields such as business, psychology, engineering, communications, medicine, music, nursing, social work, visual arts, theater and dance.

FSU comprises 16 colleges and the Graduate School. The MPH program is an interdisciplinary program in the College of Social Sciences and Public Policy; thus, the program director reports directly to the dean. The college also has departments of geography, economics, sociology, political science and urban and regional planning. The college houses a school of public administration and policy and interdisciplinary programs in African American studies, demography, international studies and interdisciplinary social science. The dean reports to the provost and executive vice president, who in turn reports to the university president. The president reports to the Board of Trustees.

The dean of the Graduate School supervises issues related to graduate program policies, and the FSU Graduate Policy Committee evaluates the program’s performance and compliance with Graduate School policies.

The MPH program director negotiates a budget with the dean each year based on an estimate of all expected expenses. Expenses for accreditation, travel support, wage support for student assistants, equipment and supply purchases are factored into the budget. When additional funds have been required, the dean has awarded funds to support the program as needed. The program director nominates tuition waivers, and the dean approves these nominations.

The dean’s fundraising staff secures additional funds for the program. Public health is a topic of considerable relevance to the university’s “Big Ideas” fundraising initiative, and the fundraising staff presents project ideas generated by MPH faculty and staff to potential donors.

The MPH program director is a member of departmental search committees when searches for faculty members are conducted. He holds veto power for candidates during the selection and hiring process. Most faculty members affiliated with the program hold joint appointments with a department in the college.
Staff members are shared among the three master’s programs and one undergraduate interdisciplinary program. The three interdisciplinary program directors comprise a college-level executive committee that selects and hires staff, assigns duties and evaluates performance. The MPH program director evaluates each faculty member jointly with his or her respective home department’s chair as part of the promotion and tenure process.

The MPH Executive Committee drafts curriculum change proposals, seeks feedback from students, discusses proposed changes with faculty, formulates policy changes and submits changes to the full MPH faculty for formal review and approval. The MPH Advisory Council reviews these changes as part of its annual review of the program. The college’s Policy and Academic Committee reviews and approves course syllabi before sending them to the university’s Curriculum Committee for approval. The University Graduate Enrollment Management Committee makes and supports recruitment and enrollment policies.

1.4 Organization and Administration.

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

This criterion is met. The program has an organizational structure that is conducive to public health learning, research and service. The MPH program director is responsible for overall leadership, coordination, policy implementation, fiscal management, personnel and student recruitment and administration and program advocacy. The director of student services is a faculty member who is responsible for teaching, student advising, administering the internship and monitoring student recruitment and selection. The director of community-based public health research is a faculty member who is responsible for overseeing the planning, development and conduct of community-based participatory public health research and translating that research into action. The director of outreach organizes in-service training for public health workforce members and identifies service opportunities.

The MPH program faculty include the four directors previously described as well as three additional faculty members. Six of the seven are jointly appointed with other departments in the college, and all teach, conduct research and engage in service activities.

The program also includes a shared academic program specialist who is responsible for coordinating the MPH admissions process and advising students on program requirements. She performs final degree clearances, ensures completion of students’ exit surveys and coordinates the final degree posting with the college and the registrar. The academic program specialist also gathers and reports program statistics. The program’s accreditation coordinator serves as a liaison between the program and CEPH.
and supports the program’s strategic planning, process management and performance improvement efforts.

The program supports interdisciplinary learning and coordination in a number of ways. Rather than being housed in a department, the program is a separate entity within the college that uses faculty from all of the departments. The range of expertise among the primary and secondary faculty members exposes students to the various approaches adopted by different disciplines to address public health challenges. The program has created a list of approved electives from colleges throughout the university and has joined with the College of Medicine and the Law School to host joint seminars and panel discussions.

1.5 Governance.

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

This criterion is met. The program has a clear governance structure with clearly defined roles and responsibilities. The program has four standing committees that participate in program evaluation, policy setting and decision making.

The Executive Committee guides program development, student recruitment, curriculum development, faculty performance and program planning. The committee includes the MPH program director, a faculty member, a student representative and a staff member. The Executive Committee submits significant decisions and proposed changes to the Continuous Quality Improvement Committee and subsequently to the full faculty to review and approve, modify or reject the change at regularly scheduled faculty meetings. A member of the Advisory Council joins the Executive Committee to participate as a voting member when grievances are considered.

The Continuous Quality Improvement Committee, formerly known as the Self-Study Committee, includes MPH faculty, staff, students, alumni and Advisory Council members. Membership is voluntary, and students are invited to participate through in-class announcements, e-mail correspondence and the Public Health Student Association. Community members are also invited to attend by the program director. This committee meets five times each year to discuss issues such as curriculum, student enrollment, program budget, space and equipment, progress toward evaluation targets and research opportunities. The committee is primarily responsible for reviewing the program’s goals and objectives, making plans for meeting objectives and identifying service and community-based public health research opportunities. The committee currently has 18 members: seven faculty, one staff member, four practitioners and six MPH students. Two of the public health practitioners are also alumni of the program.
The Advisory Council evaluates the program’s mission statement, vision, values and competency matrix. Members provide insight regarding current challenges and opportunities for public health professionals and how the MPH program can best equip its graduates. The Advisory Council is charged with evaluating the program's ability to meet its goals and objectives, and data are presented at the annual meeting. The council includes the program director, the president of the Public Health Student Association, alumni, current students and professionals in the fields of public health and healthcare. The program currently has 14 members.

The Faculty Committee includes all primary faculty members and one student representative. This committee has final authority over all aspects of the program’s curriculum, admissions practices and policies, recruitment policies and bylaws. The Faculty Committee meets twice a year (once in the fall and once in the spring) when recommendations of the Continuous Quality Improvement Committee and Advisory Committee are discussed. The committee makes decisions by consensus after informal discussion. If consensus cannot be reached, the program follows a majority vote if a quorum is present.

Functions such as general program policy development, program planning and evaluation and academic standards and policies are discussed at every meeting of every committee with final review and adoption carried out by the Faculty Committee. Budget and resource allocation is overseen by the Executive Committee and Faculty Committee. A majority of the budget is dedicated to faculty salaries, and discretionary funds are used for supplies, travel, adjunct faculty and student assistantships. The Executive Committee members reviews CVs during the faculty recruitment process and provide feedback to the program director, who represents their views to the search committee. Executive Committee members attend presentations, interview candidates and consult with the program director on the ranking of candidates.

In addition to service on program committees, faculty affiliated with the MPH program also serve on department, college and university committees. Some examples provided in the self-study include service on the FSU Faculty Senate, the Graduate Education Management Committee, the University Admissions Committee, the Graduate Policy Committee and the Interdisciplinary Computing Steering Committee. Faculty who met with site visitors said that service expectations increase as faculty become more senior.

The Public Health Student Association is run by students with oversight and guidance provided by a faculty advisor. The program gives the student association space on its website, and the group organizes and functions through its own Facebook page. The president of the Public Health Student Association serves on all four standing committees of the program. If the president cannot attend a meeting, he or she is responsible for finding an appropriate replacement. The Public Health Student Association holds monthly meetings during the fall and spring semesters when guest speakers are invited in an effort to
broaden students’ professional networks and provide an understanding of the range of job opportunities available. Most guest speakers also offer internship opportunities at their organizations. Students who met with site visitors said that they have an active role in program governance, and they provided examples of student feedback that was considered and acted upon by program committees.

The Public Health Student Association also coordinates community service opportunities for public health students. Members speak to other student groups on campus, participate in campus events such as Relay for Life and disseminate public health messages. The Public Health Student Association has raised funds for the Havana Health Clinic, an organization that provides services to the uninsured, rural population of Havana, a community 20 minutes north of Tallahassee.

1.6 Fiscal Resources.

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

This criterion is met. The program has adequate fiscal resources to fulfill its stated mission, goals and objectives. FSU is a public, state-funded institution with funds flowing from the state legislature to the university. Meetings with program, college and university leaders indicated strong support for the program going forward.

Table 1 presents the program’s budget for the last five years. The program budget primarily covers personnel costs: faculty salaries for the program director and director of student services, partial salary support for staff and partial salary support for the jointly appointed primary faculty (ie, ‘Course Commitments’ row in Table 1). The program also allocates funds to support hourly wages for graduate assistants. The program director may access funds for tuition waivers from a separate shared college pool.
### Table 1. Sources of Funds and Expenditures by Major Category, 2008-2009 to 2012-2013

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>2008-2009</th>
<th>2009-2010</th>
<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013*</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Funds</td>
<td>$480,753</td>
<td>$438,244</td>
<td>$514,336</td>
<td>$514,161</td>
<td>$428,715</td>
</tr>
<tr>
<td>Total</td>
<td>$480,753</td>
<td>$438,244</td>
<td>$514,336</td>
<td>$514,161</td>
<td>$428,715</td>
</tr>
<tr>
<td>Expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty Salaries &amp; Benefits</td>
<td>$294,450</td>
<td>$297,396</td>
<td>$297,396</td>
<td>$265,239</td>
<td>$264,315</td>
</tr>
<tr>
<td>Staff Salaries &amp; Benefits</td>
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<td>Operations</td>
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<td>$8,500</td>
<td>$8,500</td>
<td>$6,994</td>
<td>$1,200</td>
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<td>Travel</td>
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<td>$2,500</td>
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<td>Student Support</td>
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<td>$21,000</td>
<td>$17,276</td>
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<td>Course Commitments</td>
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<td>$160,726</td>
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<td>$119,000</td>
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<tr>
<td>Accreditation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$480,753</td>
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<td>$514,336</td>
<td>$514,161</td>
<td>$428,715</td>
</tr>
</tbody>
</table>

* Partial year; final figures not available at the time of the site visit

1.7 Faculty and Other Resources.

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

This criterion is met. The program has an adequate faculty complement that includes seven primary and four secondary faculty members. On-site discussions revealed that several additional individuals are involved with the program through teaching elective courses and through engagement in service and workforce development initiatives. One primary faculty member is dedicated entirely to the MPH program, while the other six are shared with their “tenure home” departments within the college. The primary faculty complement has fluctuated between seven and eight in the last four years. Over the last three years, student enrollment has varied from a high of 59 in 2011-2012 to a low of 33 at the beginning of the 2012-2013 year. The student-faculty ratio (SFR) is 5.94:1 based on primary faculty FTE.

The program does not have dedicated staff members, and administrative tasks are handled by the Office of Interdisciplinary Social Sciences. This office includes two full-time staff, one of whom is most closely affiliated with the MPH program. In addition, the program’s instructional technology needs are met by the college-wide IT department.

The program is housed in the Bellamy Building. Within that building, the MPH program has access to five technology-enhanced classrooms. Faculty offices are located within their respective departments’ spaces within the Bellamy Building. Program faculty and students have access to four conference rooms. The Master’s Student Lounge in Bellamy is shared student workspace accessible to students within the college 24 hours a day by keycard access. The lounge contains computers with commonly used software,
including Microsoft Office and data analysis software. Students may also access one of the three major computer labs or other smaller facilities across campus.

Eight libraries are available on campus. In addition, faculty and students have access to resources available through interlibrary loan and the statewide UBorrow university library system. The campus libraries also provide access to computer labs, group and individual study spaces and equipment such as laptops and digital recorders for loan. Professional librarians are available to provide individual assistance with research via e-mail, telephone, internet live chats and in person. The libraries also provide group library research instruction. Each department has a librarian liaison to support the needs of its faculty and students.

Students who met with site visitors said they were satisfied with the adequacy of the resources available to them, whether they were provided by the university, the college or the program.

1.8 Diversity.

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

This criterion is met. The program demonstrates a commitment to diversity and cultural competence in its teaching, research and service activities. In the fall of 2012, the Faculty Committee approved the FSU-MPH Holistic Admissions Policy, which emphasizes recruitment and enrollment of students with diverse life experiences. The program is accountable for adhering to university policies and procedures that strive for systematic incorporation of diversity through a variety of aspects.

The program identifies Hispanics, African Americans and international students as under-represented in the student population. While African American enrollment has been high and reflective of the proportion in the Florida population as a whole, a downward trend in African American enrollment prompted the program to include it as an under-represented group. Hispanic student enrollment has been lower than the proportion in Florida’s overall population.

The selected under-represented groups for the program’s faculty include women, LGBT (lesbian, gay, bisexual or transgender) and Hispanics. While African Americans are also under-represented among the faculty, program leaders said that they made a conscious decision to limit its under-represented group targets, given the small size of the faculty complement.

The program has six diversity goals relating to student recruitment and enrollment, faculty recruitment and cultural competence. Evaluation tools measure the student and faculty recruitment goals. While there is no specific measure of cultural competence, the Executive Committee considers it in its annual review of
the curriculum, and cultural competence is covered in some course offerings, particularly HSC 5216 (Environmental Health), HSC 5930 (Comparative Health Policy) and ISS 5930 (Applied Public Health).

The university has policies to create a climate free of harassment and discrimination as well as a complaint procedure. The university's Office of Equal Opportunity and Compliance oversees the implementation of policies to prevent harassment and discrimination and to promote a climate that supports diversity.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is partially met. The program offers a generalist MPH degree, as well as a joint degree with urban and regional planning. Table 2 presents the program's degree offerings.

<table>
<thead>
<tr>
<th>Table 2. Instructional Matrix</th>
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<tbody>
<tr>
<td></td>
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<tr>
<td>Masters Degrees</td>
</tr>
<tr>
<td>Generalist</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Joint Degrees</td>
</tr>
<tr>
<td>Urban and Regional Planning</td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

In addition to coursework in the five core public health knowledge areas and the internship and capstone experiences, the program requires coursework in healthcare finance, comparative health policy and health services organization and policy and nine credits from approved electives. Students are required to select courses from two groups of approved MPH electives: qualitative courses (Group 1) and quantitative courses (Group 2). To ensure that students receive well-rounded training, the program requires that students choose electives from Groups 1 and 2. Such electives are reviewed and approved by the Executive Committee and Faculty Committee. If students identify an elective that has not been pre-approved, they must demonstrate that the substitute provides a more advanced level of training than other available electives. Students must complete a formal request form and present their case to the program director for review and approval.

The concern relates to the inconsistencies found among program documents, the self-study and the website. The information posted on the website pertaining to degree requirements contains several discrepancies identified by the site visit team:
• while the online graduate bulletin indicates that the program requires 12 elective credits, a separate webpage listing the program requirements and curriculum indicates that the program requires nine elective credits
• the same two web pages also present different numbers of required MPH coursework—30 and 33
• there is also a discrepancy regarding whether or not the internship is included in the total required hours of MPH coursework
• the online graduate bulletin presents several courses, each covering one of the five core areas of public health, as “alternatives” to certain required courses; thus the bulletin suggests that these core public health courses may be optional
• the Comparative Health Policy course is classified as a “social science” course although faculty told site visitors on site that it is a health policy course
• the numbering and titles (e.g., HSC vs. PUP) of the courses throughout the website are inconsistent
• contrary to the program’s sole concentration offering (generalist), as referenced in the self-study and confirmed on site, the website contains language that suggests that the program offers additional concentrations in “epidemiology, statistics and research methods, economics and finance, and emergency management”

Ultimately, the misrepresentation of the program and what courses and concentrations the program offers could have significant consequences for students—both current and prospective. On-site meetings with faculty indicated that the aforementioned inconsistencies (e.g., temporary course numbers) found on the website have simply not been updated to reflect the current course requirements.

2.2 Program Length.

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

This criterion is met. The MPH degree requires 42 semester credit hours. One semester hour requires 750 minutes of classroom instruction. In 2009, due to anticipated university-wide budget cuts, the program reduced the total number of credit hours required. The program wanted to ensure that all enrolled students could graduate before termination of the program. Therefore, the program offered all current and incoming students the option to receive an MPH after completing 33 credit hours. Although this practice ended in August 2009 and students were no longer granted this option, the program has awarded 10 degrees to students with fewer than 42 credit hours in the last three years. All students currently enrolled in the program will graduate with 42 or more credits.

While the program rarely (once a year, or once a semester, at most) approves course substitutions or exemptions, such requests are thoroughly and formally reviewed by the MPH program director, who takes the following aspects into consideration: course syllabi, competencies, level of work required, and student reasoning for deviating from the program’s curriculum.
2.3 Public Health Core Knowledge.

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

This criterion is met. MPH students must complete coursework that allows them to attain knowledge about the five public health core areas. This expectation is achieved through the successful completion of the courses identified in Table 3.

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>ECP 5538 – Health Policy Statistics</td>
<td>3</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>HSC 5930 – Public Health Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>HSC 5216 – Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>Social &amp; Behavioral Sciences</td>
<td>URP 5525 – Health Behavior &amp; Education</td>
<td>3</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>PUP 5605 – Health Services Organizations &amp; Policy</td>
<td>3</td>
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</tbody>
</table>

On-site review of the syllabi showed an appropriate level of breadth and depth to expose graduate students to the five core knowledge areas. Waivers of core courses are not permitted.

2.4 Practical Skills.

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

This criterion is met. Students are required to complete a 200-hour internship in a policy-related public health environment. They are expected to be engaged in an identifiable project, which is delineated in an authorized internship plan prior to commencing the internship.

All internship sites are reviewed by the director of student services to assure provision of appropriate experience, a qualified preceptor, a safe environment and an acceptable product. Preceptors must have an advanced degree or a minimum of five years of work experience. No formal orientation of preceptors is offered; however, the director of student services is readily available to provide support. The director of student services also meets with all students at the beginning and end of the internship and stays in contact throughout the experience.

During the site visit, preceptors expressed considerable enthusiasm for the internship experience and the program overall. Preceptors reported ongoing contact with the program during the internship and said that students showed initiative and produced useful projects for organizations and communities.
Student performance at the internship consists of five components: the internship plan and final report against the plan, preceptor evaluation, completion of competencies, discussion board contributions during the internship and evaluation of the final product. The competencies requirement was added in spring 2013. Preceptors attending the site visit were familiar with competencies and the role of the internship in competency assurance. The discussion board tied to the internship is also a recent addition, which students indicated is a positive element of the experience.

Site and preceptor evaluations are completed through the exit interview with the student by the director of student services and a post internship survey completed by the preceptor.

Since the program's inception, eight students have received a waiver for the internship. However, no waivers have been granted in the last three years. Waivers were granted to students already in a health-related career after the program director reviewed the job description and organization of employment. According to the self-study, students receiving a waiver had to provide a deliverable from a 200-hour project. During the site visit, the program director said that internships would no longer be waived.

2.5 Culminating Experience.

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

This criterion is met. Until the 2013-2014 academic year, the program's culminating experience was either a 1) health politics and policy analysis that required students to define a public health problem, identify stakeholders and compare and rank solutions or an 2) applied data analysis that required students to apply appropriate quantitative analyses to public health needs and projects and evaluate public health research. However, neither course provided a comprehensive integration of public health concepts nor did they cover equivalent concepts.

During the current academic year (2013-2014), a capstone course (ie, Capstone I) to comprehensively review the public health core concepts will be required. Students will be required to receive 70% or higher on a 100-question, multiple-choice exam based on the Certification for Public Health (CPH) exam. Only one re-take will be allowed.

The program will still require the health politics and policy analysis course and research paper, which it calls Capstone II. The applied data analysis option has been discontinued. Capstone II requires students to write a paper and give an oral presentation. Students must use their epidemiological, statistical and writing skills to document that a public health problem exists, estimate its prevalence, incidence, trends, costs and consequences and argue rationales for government intervention to solve the problem. Next, students trace the legislative, executive and judicial history of the problem and the policies that have
evolved to address it. In the third step, students must identify which interest groups are for and against the issue and the tactics used to promote or resist change. The final step requires students to compare solutions using qualitative and quantitative evidence to assess the relative merits of each proposed solution against the criteria of effectiveness, efficiency, equity, administrative burden and political feasibility. Faculty review each draft and provide feedback on the quality of the research, documentation, organization and writing.

Students present the problem and findings to classmates and submit a 50-page policy paper. Faculty evaluate the project based on the student’s 1) ability to integrate and apply public health knowledge, 2) preparation for the public health workforce and 3) achievement of program competencies.

The site visit team noted the lack of finalized documentation about the core concepts course. The program had not yet developed the assessments, including the comprehensive exam, for the course at the time of the site visit. The program’s response to the site visit team’s report demonstrated that the comprehensive exam has now been administered once, and all students passed. Continued implementation of the comprehensive exam will address the issue noted by the site visit team.

2.6 Required Competencies.

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

This criterion is partially met. The program has identified 21 competencies within the domains of professional skills (n=3), analytic skills (n=3), essential public health skills (n=6) and health policy analysis (n=9). Twenty of the 21 competencies are addressed in multiple courses, including the internship and capstone experiences.

The program director and director of student services developed the initial set of core competencies in fall 2006. The competencies were revised during the self-study period with opportunities for wide stakeholder input (including faculty, students, alumni and members of the public health workforce). The program plans to engage stakeholders (through the Executive Committee, Continuous Quality Improvement Committee, Advisory Council and Faculty Committee) in an annual review of the competencies. The competencies are made available through the program’s website, BlackBoard site and bulletin board.

The concern relates to the need for more systematic attention to the use of competencies in guiding curriculum development. In discussions with faculty and students, site visitors noted that there was
universal awareness of the existence of competencies and where they were available. However, the competencies were not uniformly presented on the syllabi and the linkage of competencies to learning objectives for each course was not obvious. For example, one of the courses lists several course objectives, with a program competency number listed after each in parentheses. However, two of those parenthetical numbers do not appear on the program competency list and two of the objectives do not appear to be linked to the appropriate competencies. While faculty said that the university strongly encourages faculty to include learning objectives on the syllabi, there is little to no enforcement. No systematic process is in place to ensure that the required courses deliver the competencies. Rather, faculty are expected to use their knowledge and expertise, combined with input from the program director, to determine what content is appropriate in each course.

2.7 Assessment Procedures.

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

This criterion is partially met. The program monitors and evaluates student progress in achieving the expected competencies through grades in coursework, overall GPA, the internship, the capstone exam, student-faculty interactions and review of the online portfolio.

The program has established specific criteria for the evaluation of students through assignments and exams in each course. Some course syllabi list the competencies to be addressed and the criteria for evaluation. All graduate students must maintain a cumulative GPA of at least 3.0 or be placed on academic probation. Students on academic probation must bring their cumulative GPA to 3.0 within one semester or face expulsion from the program by the Graduate School. The MPH program director has the authority to grant an additional one-semester reprieve if he deems it appropriate. GPAs are monitored each semester by the academic program specialist.

The internship experience includes a high degree of interaction with and supervision of students, which allows for ongoing assessment, opportunities for communication and reinforcement of competencies and concepts. The director of student services has instituted weekly electronic discussion boards where students can share experiences and ask questions. Students who met with site visitors said that the discussion boards were helpful to them in getting questions answered and learning about other students’ projects. The internship experience is evaluated on the quality and completion of a specific project and on the practical application of at least three program competencies. Internship preceptors provide a written evaluation of the student’s project completeness, project quality, contribution to agency goals, timeliness and initiative.
The program’s in-development core concepts course (called Capstone I) is expected to review the public health core concepts previously covered and require students to integrate and apply what they have learned through class projects and a comprehensive exam. Students must earn at least a 70% on the exam; only one retake is allowed. As discussed in Criterion 2.5, the exam had not been created at the time of the site visit, and students will begin to enroll in spring 2014.

All MPH students must complete and submit an online portfolio one month before graduation. The portfolio is a formal, university requirement for graduation. Program faculty introduce the portfolio during orientation, and it is continuously discussed during Public Health Student Association meetings. Students must document their achievement of each program competency through evidence from coursework such as assignments and papers, the internship and the capstone project. On-site review of portfolios showed detailed entries organized by skill set with example artifacts and narrative. The online portfolios also include a list of professional and/or personal references and the student’s transcript and resume.

Graduation rates have fluctuated in the last seven years, but appear to have stabilized more recently. While the program feared being discontinued in 2009, student retention was not as much of a priority and many students left the program to continue their studies in other fields. Students entering in 2008-2009 achieved a graduation rate of 85%, and students entering in 2009-2010 achieved a rate of 81%. The program has experienced low attrition rates for the 2010-2011 and 2011-2012 cohorts, and is still on track to achieve graduation rates higher than the 70% threshold stated in the criteria.

The program began the development of an alumni database in 2009, but had limited success with contacting alumni at first. To improve data collection, the program introduced an exit survey and created a Facebook page for students and alumni. The university has also instituted lifetime e-mail addresses so that graduates may continue to receive contact from the university. The program distributes its alumni survey through the FSU Alumni Association, and response rates have improved. The program’s most recent survey included questions about employment. The self-study provides job placement data for the last three cohorts of graduates. Of the students who graduated in 2010-2011, 38% responded to the survey and all reported being employed. Of the students who graduated in 2011-2012, 55% responded, with all reporting employment or continuing education. Of the students who graduated in 2012-2013, 71% responded, and all reported employment or continuing education with the exception of 6% who were still actively seeking employment. At the time of the site visit, these most-recent graduates were still within 12 months of graduating.

In addition to graduation and job placement rates, the program has identified additional measures by which it evaluates student achievement. These measures relate to the average GPA while enrolled, the percent of students who earn a B or better on the capstone experiences and the identification of
competencies being employed during the internship experience. Some measures were recently
developed and still lack data; however, where data are available, nearly all of the targets were met or
exceeded in the last three years.

The concern relates to the lack of employer feedback collected by the program. Program leaders
acknowledged that effort has been made to build long-term relationships with alumni, but that the
program has not yet taken similar steps with employers. Employers and preceptors who met with site
visitors expressed high satisfaction with the quality of the program’s graduates. Students and alumni were
noted for their initiative, organization and communication skills.

2.8 Bachelor’s Degrees in Public Health.

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

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

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

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

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

The required public health core coursework and capstone experience must be taught (in the case
of coursework) and supervised (in the case of capstone experiences) by faculty documented in
Criteria 4.1.a and 4.1.b.

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.
2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is met. The program offers a joint degree with urban and regional planning (MPH/MSP), as shown in Table 2. Joint degree students complete largely the same curriculum as standalone MPH students. A statistics course from the urban and regional planning program is substituted for the core biostatistics course, and two electives may be shared between the two degrees. Site visitors reviewed the syllabus for the statistics course offered by the urban and regional planning program and confirmed that it is equivalent to the core biostatistics course for all MPH students. Joint degree students choose electives from the same approved list as all MPH students; however, they typically choose URP 5939 (Healthy Cities) and URP 5272 (Urban and Regional Information Systems). On-site review of these syllabi showed that they have an appropriate, graduate-level public health focus and that they provide the skills students need to evaluate and intervene in the spatial determinants of both urban and rural health issues.

The program director makes all final decisions about elective options based on the health content and focus of the course. The program director told site visitors that he considers program competencies, the student’s career plans and past experiences. Electives must be at least as rigorous as the required courses in the curriculum. Joint degree students earn 42 credits toward the MPH degree and can expect to graduate in three years if 12 credit hours are earned each semester.

2.12 Distance Education or Executive Degree Programs.

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

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

3.1 Research.

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

This criterion is met with commentary. The program pursues an active research program that is consistent with its mission. From 2010-2013, the program reported more than $1.9 million in research funding. The largest award was a $1.5 million NASA grant awarded to a non-MPH principal investigator and an MPH co-investigator. Faculty told site visitors that the program also produces a considerable amount of unfunded research, although a list of those projects was not available for review during the site visit. Select students have been engaged in faculty research and the program provided examples of co-authored publications generated from those faculty-student activities.

Public health research is highly valued by the university, and a record of scholarship and/or the potential thereof is an important consideration in the appointment of new faculty. Research activity is required of all tenure-track faculty, and at least 50% of a jointly appointed faculty member’s research must be relevant to public health. Support for securing extramural grant funding is available through a university-wide Office of Research. Support is also available to faculty and students for travel to conferences where research is presented, although MPH faculty noted that the funds are limited.

The program has been successful in achieving its targets in the last three years: 100% of tenure-track faculty members have at least one health-related, peer-reviewed publication per year; 100% of tenure-track faculty members present their research at a regional, national or international conference every third year; and financial support has been provided to one faculty member for presenting research at a conference each year.

The first point of commentary relates to the need for a systematic approach to documenting funded and unfunded research activities related to public health. In a program where the majority of the faculty have dual commitments, being able to readily and comprehensively define the program’s research efforts admittedly is a more time-consuming task than for a program with all faculty in a single reporting unit, but it is no less important. Internal and external stakeholders should be able to readily associate the program with a mission-relevant set of research activities.

The second point of commentary relates to the outcome measures for research. The objectives are worded in such a way as to make it difficult to assess the actual research productivity of the program faculty. In addition, the current targets (5a and 5b) appear to fall far below actual promotion and tenure expectations for tenure-track faculty, as discussed in Criterion 1.2.
3.2 Service.

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

This criterion is partially met. The MPH faculty bylaws contain a clause about faculty service expectations. The Public Health Student Association is actively engaged in community service projects. The program has a part-time faculty member, the director of outreach, who is a recently retired public health practitioner. Among his duties is the identification of community service opportunities.

The university requires service by all tenure-track faculty. However, the program’s service expectations may be sublimated to research requirements for junior faculty with positions in home departments. During the site visit, junior faculty members said that they were strongly discouraged from providing service until they had successfully completed a career advancement step.

The list of faculty service activities in the self-study document shows rather minimal participation that tends to be more academic/professional, such as editorial boards and expert testimony, than community based. Furthermore, the outcome measure for faculty service participation is one member participates annually, suggesting a low expectation of faculty service. Program faculty told site visitors about the university's faculty expertise database, which has resulted in at least one request for a community-based MPH faculty service project, but this activity was not listed in the self-study.

The Public Health Student Association emphasizes community service by students, and opportunities for students have increased in the last three years. An internship preceptor described a student service project that began as an internship and has continued as an important community service.

The concern relates to the lack of support for faculty to pursue public health service activities. While it is listed as a tenure-track expectation, it does not appear to be given much weight in practice. This reality is reflected in the level of faculty participation in service activities provided in the self-study and discussed on site. The faculty service outcome measure also demonstrates a low expectation. Service is an essential component of public health programs to assure adequate connection to communities and community health.

3.3 Workforce Development.

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

This criterion is met. The program’s director of outreach, also discussed in Criterion 3.2, is responsible for leading the effort to assess public health workforce training needs. The director of outreach told site visitors that he began an assessment process by obtaining information about faculty areas of expertise. He then approached the neighboring local health departments with the information and queried them
about which topics would meet their training needs. The self-study notes two continuing education offerings in 2013 and a public presentation in 2011. One of the 2013 offerings was the result of this assessment. The FSU College of Medicine, which has an Area Health Education Center (AHEC), and Leon County Health Department are also identified in the self-study as collaborators with the program on workforce development activities.

The program does not have any certificate programs. Non-matriculated individuals may enroll as non-degree students subject to approval by the Office of Admissions and based on available space. Coursework taken by non-degree students carries no automatic degree credit but up to 12 credits may be applied to a graduate degree with the approval of the MPH program director. Non-degree students complete the application process to convert to degree-seeking status.

The site team noted there was a lack of needs assessment data from the target population. The survey process about workforce training needs that was explained to the site visit team did not appear to be sufficient. Prospective training recipients were only offered opportunities based on faculty interests and availability. Furthermore, only one program faculty member had provided training to the local public health workforce at the time of the site visit. In response to the site visit team’s report, the faculty have partnered with the Florida Department of Health to assess and implement training opportunities to meet employee needs.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program has a faculty complement that is qualified to support the program’s mission, goals and objectives. The program employs seven primary and four secondary faculty. All primary faculty are doctorally prepared, and three have graduate degrees (two with an MPH and one with a DrPH) from CEPH-accredited institutions. The primary faculty represents a diverse set of disciplines including health management and policy, health economics, environmental science, epidemiology, sociology, urban planning and community health. The primary faculty includes three tenured, two tenure-track and two non-tenure-track members.

The majority of the program’s faculty members have a documented history of involvement in research, as evidenced by numerous scholarly publications and presentations. Two program faculty members (one primary and one secondary) have considerable experience in public health practice environments.
The program has identified two measures by which it assesses the qualifications of its faculty complement. These measures relate to the representation of the broad interdisciplinary nature of public health among the faculty and student satisfaction with the quality of course instructors. The program has met or exceeded its targets in each of the last three years, with one exception. In 2011-2012, only five of the six disciplines identified by the program had a faculty member with specific training and experience. This number increased to six in 2012-2013.

4.2 Faculty Policies and Procedures.

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

This criterion is met. Program faculty are governed by university-level policies and procedures that are specified in the FSU Faculty Handbook, which is given to faculty during orientation and is available on the university website. Policies for hiring of new faculty are clearly designed to yield a faculty complement adequately prepared to contribute in the areas of teaching, research and service. Faculty are hired on nine-month contracts with options to generate summer salary support through grants and/or other sources.

The handbook clearly specifies requirements and guidelines for annual performance evaluation for all faculty. Faculty evaluations comprise a review of several data sources, including course evaluations, direct classroom observations, scholarly productivity and service within and outside of the university. Faculty with joint appointments must be evaluated by both units each year. The MPH program faculty evaluation includes an annual assessment by the Executive Committee. The committee not only evaluates the faculty member's record of teaching, service and research productivity, but also assesses the public health relevance of the faculty member's contributions.

Promotion guidelines are clearly linked to the annual performance evaluation system and differ by tenure status (ie, tenure-track vs. non-tenure-track). Faculty on the tenure-track are permitted seven years to achieve tenure at the university.

Non-tenure track faculty are required to teach 12 credit hours per semester while tenure-track faculty have half of that teaching load. The jointly appointed faculty teach in both their home departments and in the MPH program each year. The course assignments are negotiated jointly between the MPH program director and the faculty member's department chair.

Faculty members seeking professional development opportunities may enroll in skills development workshops through the university's Office of Research. In addition, the development of junior faculty specifically is supported through mentorships. Each junior faculty member is assigned a senior faculty
mentor in his or her home department. Junior faculty who met with site visitors said that they feel well-informed of the expectations for advancement and amply supported in these endeavors.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The program relies primarily on media campaigns (e.g., flyers, posters, pamphlets, newspapers, bulletin boards and e-mail announcements) to recruit prospective students from the university and local communities. The program has also recruited public health practitioners without formal training using Graduate School recruitment events and partnerships with the state and local health departments. Scholarships and tuition waivers for disadvantaged students, as well as the Holistic Admissions Policy for prospective students who may not meet all of the basic qualifications (described in Criterion 1.8) serve as additional recruitment tools. The dean told site visitors that he supports the program’s interest in increasing funding to support the statewide promotion of the program and expansion of recruitment efforts.

Applicants must complete the Graduate School’s general application, verify minimum test scores (≥ 150 verbal, ≥ 150 quantitative, ≥ 4 analytical) on the GRE and present an undergraduate GPA of 3.0 or higher. Other national exams (e.g., MCAT, LSAT and GMAT) are accepted as substitutes for the GRE. Additional evidence of preparation, such as prior graduate-level coursework, public health-related work experience, personal research and letters of recommendation, is also considered in the review process.

The program admits students during the spring and fall terms. The program director, along with the director of student services and the academic program specialist, review the applications to determine acceptance or denial. Ultimately, the program director makes the final decision on all applications.

The program was compromised in 2009 by projected university-wide cuts in funding; as a result, the program experienced a low retention rate and fewer students were recruited and enrolled into the program during that year.

Over the last three years, the program has received 269 applications, admitted 186 individuals and enrolled 95 students. The number of new students in a given year has varied from 14 to 31. The total number of applications (and, subsequently, acceptance and enrollment) during the past two academic years has been decreasing. While the dean noted that the College of Social Science and Public Policy does not assign to the program a specific requirement for student enrollment, the program director expressed a total target enrollment of 50 per year. Data for 2010-2013 indicate a total of 45, 59 and 42
students enrolled each year. On site, both the program director and dean indicated that they are satisfied with the current size of the student body.

The program has identified two measures by which it evaluates its success in enrolling a qualified student body. These measures relate to the number of applications received and the median GRE scores of accepted students. The program has set a target of receiving an average of 100 applications annually by 2015. In the last three years, the program received 74, 84 and 54 applications, respectively. The program began tracking GRE scores in 2012-2013, and the one year of data available exceeded the target.

4.4 Advising and Career Counseling.

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

This criterion is met. The program has an accessible academic advising and career counseling system. While the academic program specialist serves as the official advisor for each student from matriculation to graduation, MPH students who met with site visitors said that they most frequently contact the director of student services, and sometimes the program director, for the majority of their academic advising and career counseling needs. A joint degree student said that he typically contacts the urban and regional planning faculty for such guidance. Students noted that the director of student services’ availability, patience, continuing support and interest in their success are important strengths of the program.

The program provides an orientation session to all incoming students before the beginning of each term. While no additional advising is required until the time of graduation, the program has implemented a buddy system to provide support for incoming students—especially international students—and make their transition as seamless as possible. All incoming students are paired, typically, with a second-year student.

The director of student services maintains and electronically disseminates a list of career resources and specific vacancy announcements to students on a weekly basis. As a university requirement, students are also expected to develop an electronic career portfolio as a practical tool and resource for applying to jobs and preparing for interviews. Each portfolio typically contains a student’s resume, writing samples, completed coursework, a matrix illustrating his or her leadership and critical thinking skills and attained competencies. The director of student services reviews each student's portfolio before granting approval for graduation. In cases where a student submits an incomplete portfolio, the director of student services addresses any missing materials or information with the student.
On site, students discussed their frequent use of and satisfaction with the university's Career Center and Career Center Library. Such resources offer students opportunities to attend resume workshops and career fairs.

The program tracks satisfaction with advisement through its exit survey, through which an average of 68% of respondents over the past year have rated student advising as "very well" or "somewhat well." In recognition of the fact that response rates on exit surveys have been low, however, the director of student services discussed plans to make the completion of the exit survey a requirement for graduation in the future.

The program follows the university's policies for complaints and appeals. Site visitors reviewed these procedures and found them to be detailed and clear. Procedures may involve the course instructor, program director, department chair, dean, Student Academic Relations Committee and/or vice president for academic affairs and provost, depending on the nature of the complaint and level of inquiry/appeal. The program also accommodates informal complaints through individual faculty members, the program director and the Public Health Student Association. No students have filed formal complaints in the last three years. The program resolved one informal complaint during this time period. This complaint stated that the program lacked the necessary attention to global public health.
Agenda
COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT
Florida State University
Master’s of Public Health Program
September 23-24, 2013

Monday, September 23, 2013

8:30 am  Request for Additional Documents
Deanna Barath

8:45 am  Executive Session

9:45 am  Meeting with Program Administrators
Deanna Barath
Kaley Boggs
Victor Mesev
Tim Chapin
Ike Eberstein
Alan Rowan
William Weissert

10:45 am  Break

11:00 am  Meeting with Faculty Related to Instructional Programs
Amy Burdette
Alan Rowan
Chris Coutts
Christopher Uejio
Keon-Hyung Lee
Katie Showman
William Weissert

11:45 am  Break

12:00 pm  Lunch with Students
Patrice Williams
Tyrell Daniels
Brittney Dixon
Claudia Sanchez
Kawsar Sultana
Ada Abazie
Kowit Jitpraphai

1:15 pm  Break

1:30 pm  Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues
Kevin Frenzl
Homer Rice
Amy Burdette
Alan Rowan
Chris Coutts
Christopher Uejio
Keon-Hyung Lee
Katie Showman

2:30 pm  Break

2:45 pm  Executive Session

4:00 pm  Meeting with Alumni, Community Representatives and Preceptors
Marie Cowart
Gail Bellamy
Jennifer D’urso
Kim Barnhill
Madgene Moise
Shawn Hamm
Ali Polsky
Rahel Dawit
Nicolette Cartagna

5:00 pm Adjourn

Tuesday, September 24, 2013

8:30 am Meeting with University Leadership
David Rasmussen
Garnett Stokes

9:15 am Break

9:30 am Executive Session and Report Preparation

12:30 pm Exit Interview