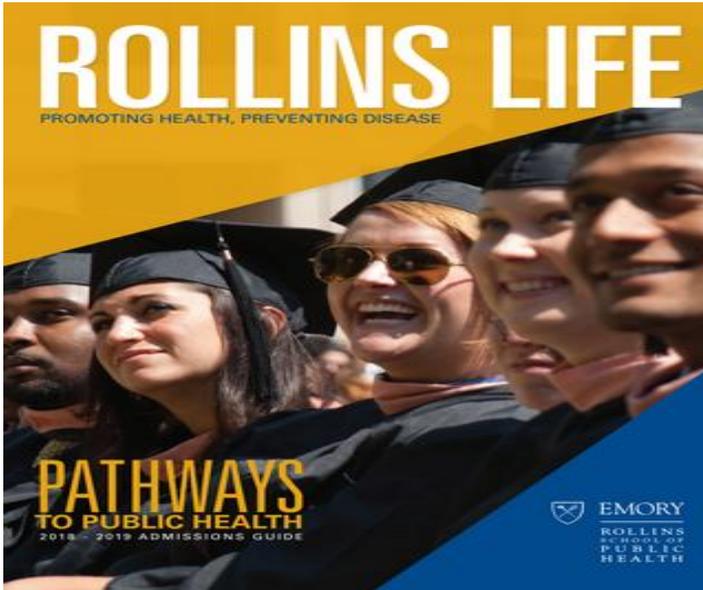




# CEPH

## Re-Accreditation 2019



**EMORY**

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**ROLLINS  
SCHOOL OF  
PUBLIC  
HEALTH**



## Glossary

This glossary includes acronyms that are commonly used throughout the self-study document. It is not an exhaustive list of all acronyms used. It omits acronyms that are commonly used in the field (e.g., CDC) and those used in the accreditation criteria (e.g., APE, ILE, PIF). The definitions below pertain to terminology commonly used at Emory and are also reinforced at first mention in the text.

Term	Definition
<b>ADAP</b>	Assistant/Associate Directors of Academic Programs. ADAPs provide departmentally-based advisement to students. They monitor student progress from the point of admission through graduation and beyond, serving as an advocate based on individual student needs.
<b>APT</b>	Appointments, Promotion, and Tenure
<b>CAB</b>	Community Advisory Board
<b>CFDE</b>	Center for Faculty Development and Excellence. A central university resource that supports faculty in the areas of teaching, research, and professional development.
<b>CRT</b>	Clinical/Research Track Faculty. A term used to refer to the school's non-tenure track faculty
<b>CPE</b>	Continuing Professional Education
<b>DGS</b>	Director of Graduate Studies. Faculty who direct PhD programs in RSPH who are accountable to the dean of the Laney School of Graduate Studies, as well as to their own department chairs for those programs that are housed within a department. DGS's meet periodically with the RSPH executive associate dean for academic affairs to coordinate common activities and ensure integration of all doctoral degree programs within the school.
<b>Dual Degrees</b>	Degree programs that RSPH offers with other Emory University schools or programs, such as an MD/MPH offered with the Emory School of Medicine. Competencies and requirements for the MPH are identical for dual degree students and students completing the MPH alone.
<b>EMPH</b>	Executive Master of Public Health. A distance-based degree program for working health professionals. It exists in hybrid format (with a combination of online and face-to-face requirements).
<b>GDPH</b>	Georgia Department of Public Health. The lead agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective.
<b>GFE</b>	Global Field Experience. A financial award to support RSPH student summer field experiences in low- and middle-income countries.
<b>Interdepartmental Joint Degrees</b>	MPH/MSPH degree programs joint offered by two departments (e.g. MPH in Global Environmental Health)
<b>LGS</b>	Laney Graduate School. Oversees the six doctoral programs housed in RSPH
<b>OASS</b>	Office of Admission and Student Services
<b>OCD</b>	Office of Career Development
<b>OEBL</b>	Office of Evidence-Based Learning. An office housed within the Department of Behavioral Sciences and Health Education that focuses on developing scholarship of teaching and learning in public health and 2) supporting faculty and instructor development in teaching. A subset of resources from this office are available to all faculty to the school.
<b>PA</b>	Program Administrators. Help the DGSs administer the six doctoral programs.
<b>REAL</b>	Rollins Earn and Learn. A signature program funded by Rollins that offers full-time MPH/MSPH students valuable opportunities to earn while they learn through applied public health experiences in real-world settings.
<b>RSGA</b>	Rollins Student Government Association
<b>RSPH</b>	Rollins School of Public Health
<b>WHSC</b>	The Robert W. Woodruff Health Sciences Center. Houses three schools, including the Rollins School of Public Health and one academic research center.

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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.)

Founded in 1836, Emory University is a coeducational, privately controlled university affiliated with the United Methodist Church.

#### 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)

In addition to the Rollins School of Public Health (RSPH), Emory University includes eight schools: Emory College of Arts and Sciences (undergraduate division), Oxford College (two-year undergraduate unit in Oxford, Georgia), James T. Laney School of Graduate Studies (LGS), Emory School of Medicine, Nell Hodgson Woodruff School of Nursing, Goizueta Business School, Emory School of Law, and Candler School of Theology. The number of degrees offered by the institution at each level is below:

Levels of Degrees Offered*	Number
Associate's (AA)	1
Bachelor's (BA, BS, BBA, BSN, ABSN, BMSc)	6
Master's (MA, MS)	2
Doctoral (PhD, SJD)	2
Professional Preparation (e.g., MBA, MSBA, MDP, MSCR, MTS, MSN, JD, JM, MPH, MSPH, LLM, MD, MDiv)	22
Dual Degrees	35

\*Data available at <https://www.emory.edu/home/academics/programs/index.html>

#### c. Number of university faculty, staff and students

University faculty, staff and students	Number
Emory University full-time Faculty and Staff (including Emory Healthcare staff)*	37,716
Total full-time faculty as of 11/1/18**	3,293
Undergraduate Students***	7,966
Graduate and Professional Students***	6,526

\*See the 2018 Emory Impact Report available at <https://www.emory.edu/impact/economic.html>

\*\*See the academic profile available at <http://opb.emory.edu/academic-profile.html>

\*\*\*Preliminary student enrollment report distributed on 8/29/19

**d. Brief statement of distinguishing university facts and characteristics**

Emory University—a top-ranked private institution recognized internationally for its outstanding liberal arts college, graduate, and professional schools, and one of the world's leading health care systems—is located on a beautiful campus in Atlanta, Georgia's, historic Druid Hills neighborhood. Emory University is internationally recognized as an inquiry-driven, ethically engaged, and diverse community, whose members embrace respect and employ creativity, critical thinking, and collaboration in providing courageous leadership for positive transformation in the world through teaching, research, scholarship, health care, and social action. Emory maintains an uncommon balance for an institution of its standing: Its scholars and experts generate over \$734 million in research funding annually while also maintaining a traditional emphasis on teaching. The University is enriched by collaboration among its schools, centers, and partners as well as by the legacy and energy of Atlanta.

Emory's Strategic Plan, termed *One Emory*, adopted in 2018, is upheld by four pillars as summarized below and more fully described on this website: <https://provost.emory.edu/work/strategic-framework.html>

- *Faculty Excellence*: Foster a culture of eminence that attracts and inspires scholars of the highest order
- *Academic Community of Choice*: Cultivate a thriving campus and a compelling student experience
- *Innovation through Scholarship and Creative Expression*: Harness imagination and discovery to address 21<sup>st</sup> century challenges
- *Atlanta as a Gateway to the World*: Unleash Emory and Atlanta's shared future to mobilize change for the world

**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**

Emory University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate, baccalaureate, master's, doctorate and professional degrees. In addition, the following organizations accredit schools or programs within the University aside from CEPH.

- Accreditation Commission of Midwifery Education
- Accreditation Council for Graduate Medical Educators
- American Bar Association
- American Council of Pharmaceutical Education
- American Dental Association
- American Dietetic Association
- American Physical Therapy Association
- American Psychological Association
- Association for the Accreditation of Human Research Protection Programs
- Association for Clinical Pastoral Education
- Association of American Medical Colleges
- Association of Theological Schools in the U.S. and Canada
- Association to Advance Collegiate Schools of Business
- Commission on Collegiate Nursing Education
- Joint Review Committee on Education in Radiological Technology
- National Council for Accreditation of Teacher Education

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

In 1990, the Board of Trustees voted to elevate the public health program, which began in 1975 to school status. Thus, in 2015, the RSPH celebrated its 25<sup>th</sup> anniversary as a school and 40 years as a program awarding Masters of Public Health (MPH) and Master of Science in Public Health (MSPH) degrees. Today, it has the third largest enrollment and is second in funded research at the University. It is not by accident that the school is located adjacent to the Centers for Disease Control and Prevention. Robert Woodruff, the CEO of Coca-Cola served on the Emory Board of Trustees from 1935-1948 and gave land to Emory to give to the US government to build the headquarters for the CDC. Because of this history, several CDC directors have played important roles in establishing and building RSPH, including David Sencer, William Foege and Jeff Koplan.

The school is comprised of six academic departments: Behavioral Sciences and Health Education, Biostatistics and Bioinformatics, Environmental Health, Epidemiology, Health Policy and Management, and the Hubert Department of Global Health. In addition, the RSPH offers a distance education-based Executive MPH (EMPH) degree program for working health professionals. The school also hosts over 22 interdisciplinary centers and 10 dual degree programs that bridge students to related fields such as business, medicine, nursing, law, and theology. As of August 1, 2019, a total of 196 full-time faculty members teach and conduct research on such topics as nutrition and health; social determinants of health; maternal and child health; public mental health; health consequences of environmental exposures; health policy and resource allocation; and the prevention and control of AIDS, cardiovascular disease, cancer, and adverse reproductive outcomes.

The school has experienced steady growth over the past two decades, including the years of a weak economy. Since 2000, the faculty has nearly doubled in size. The school now enrolls annual cohorts of approximately 600 MPH or MSPH students from all 50 states and more than 40 countries, with nearly 20% originating from outside the US. Over 500 MPH/MSPH students annually receive stipends for work or internships in public health settings through the Rollins Earn and Learn (REAL) program, a work-study program financed by the school that engages nearly 70 collaborating public health employers. Approximately 60 to 70 students annually receive funding from the Global Field Experience (GFE) program, supported by several endowments, to travel around the world for practice and/or research-related activities. MPH/MSPH students include over 80 returned Peace Corps volunteers and 29 Gates Millennium Scholars as well as students from outside the US who are supported by special programs such as the Hubert H. Humphrey Fellowship Program, William H. Foege Fellowship Program, Paul & Daisy Soros Fellowship for New Americans, and the Fulbright Scholar Program.

Sponsored research has continued to grow, even when sources of federal funding were flat, to almost \$108 million in 2018-2019 (an average of approximately \$1 million per tenure-track faculty member). RSPH now ranks 6<sup>th</sup> in NIH funding among all schools of public health per the Blue Ridge Institute for Medical Research, fiscal year 2018 report (with \$46,446,894 in NIH funding). The school's endowment has grown to over \$100 million, led by the generosity of the Rollins family. In 2010, the school expanded into the Claudia Nance Rollins Building, more than doubling its space and adding three floors of wet labs, new classrooms, and an auditorium. In February 2019, the O. Wayne Rollins Foundation pledged \$65 million to Emory University toward construction of a third RSPH building on the Emory campus. We are currently in the design phase and are expected to break ground on the new building in the spring of 2020, with an estimated completion of 2022. Growth in the school's teaching and research activities and its trajectory into the future through strategic planning will be supported with this additional space.

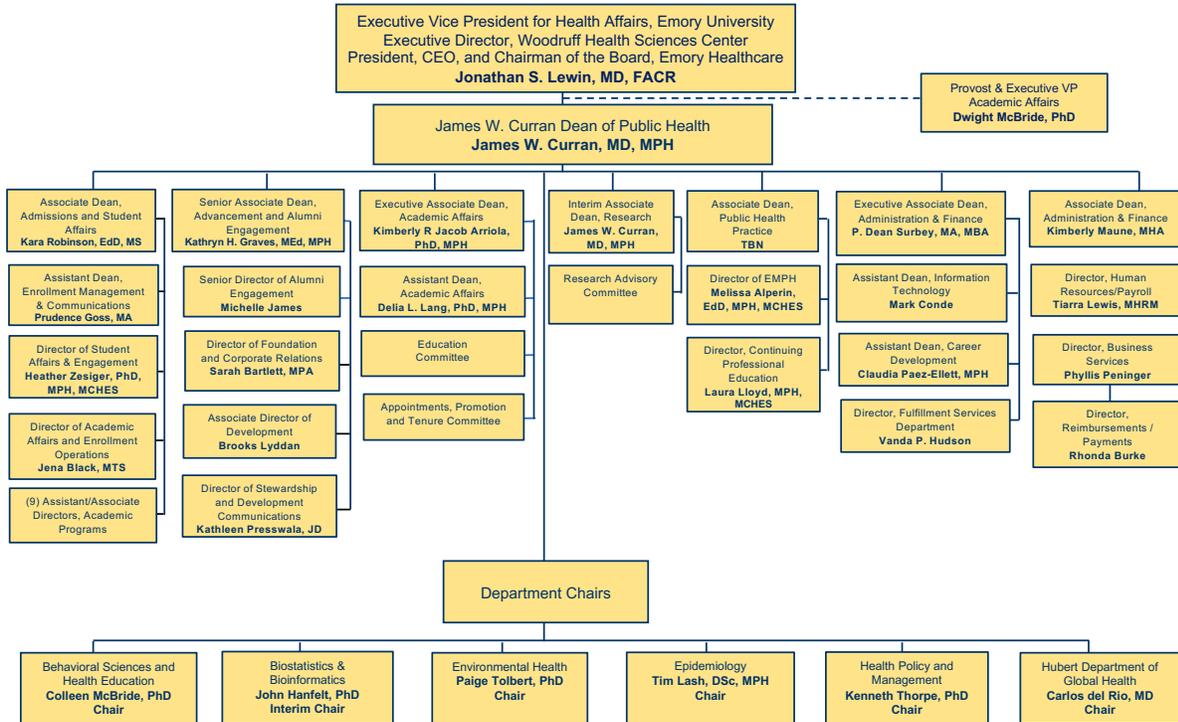
More than 10,000 RSPH alumni are contributing to public health in 104 countries. The RSPH ranks fifth among the nation's 177 accredited schools and programs of public health in *U.S. News & World Report's* 2019 edition of America's Best Graduate Schools.

2. Organizational charts that clearly depict the following related to the school:

a. The school’s internal organization, including the reporting lines to the dean

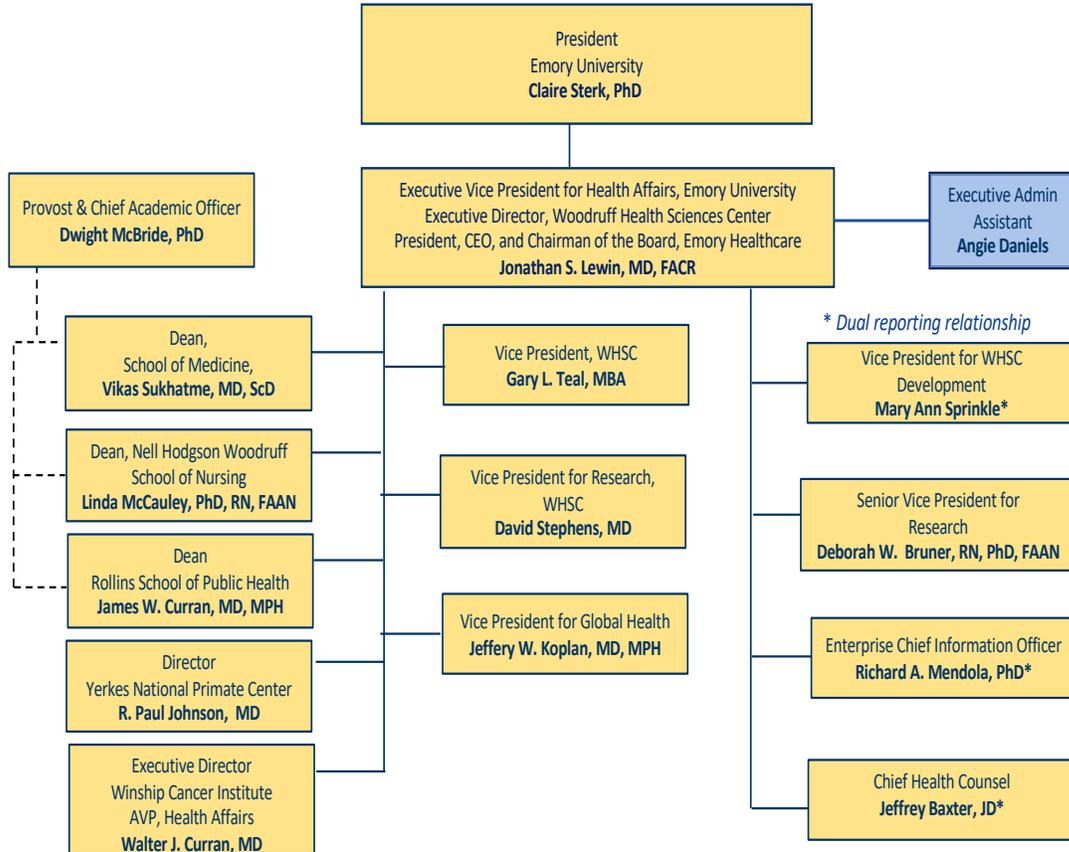
The organizational chart is also located in the Introduction ERF.

Figure Introduction.2.a: RSPH Organizational Chart as of 9/23/19



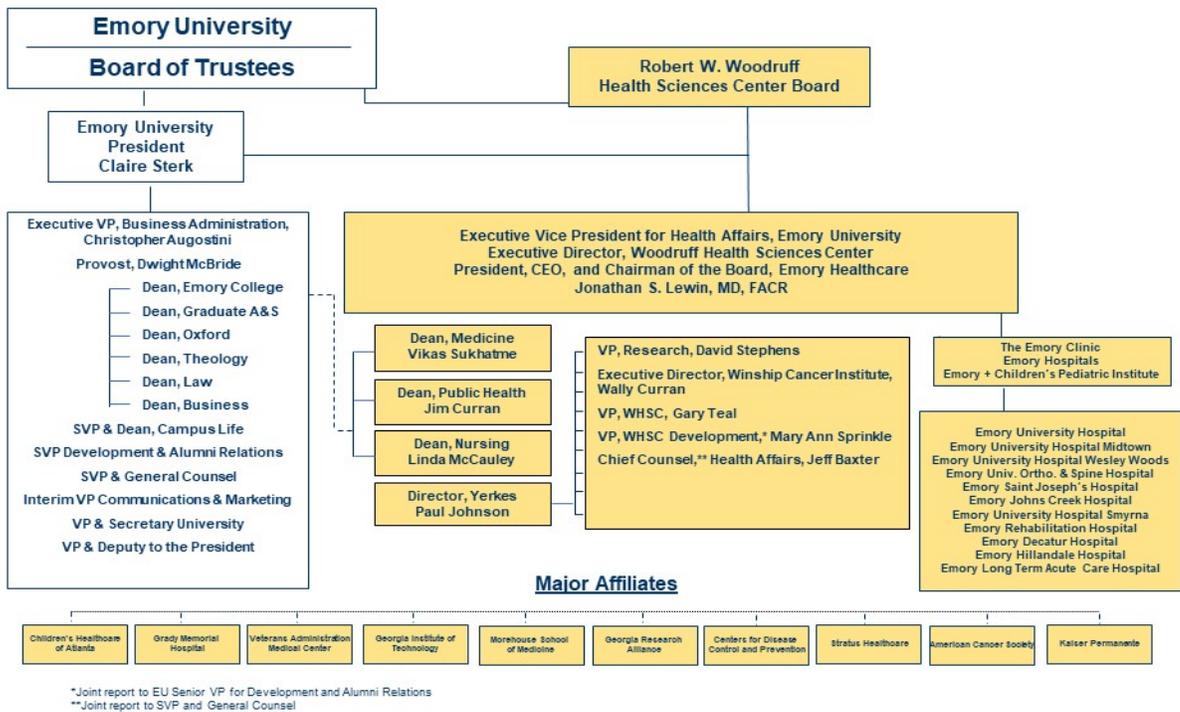
b. The relationship between the school and other academic units within the institution. Organizational charts may include committee structure, organization, and reporting lines

**Figure Introduction 2.b.: Woodruff Health Sciences Center (WHSC)  
Organizational Chart as of 9/23/19**



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

Figure Introduction.2.c: Emory University Organizational Chart as of 9/23/2019



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

Not Applicable

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

Template Intro-1: Instructional Matrix of RSPH Degrees and Concentrations

			Categorized as Public Health	Campus Based	Distance Based
	Academic	Professional			
<b>Master's Degrees</b>					
Behavioral Sciences & Health Education		MPH	X	MPH	
Biostatistics		MPH, MSPH	X	MPH, MSPH	
Public Health Informatics*		MSPH	X	MSPH	
Environmental Health		MPH	X	MPH	
Epidemiology		MPH, MSPH	X	MPH, MSPH	
Health Policy		MPH	X	MPH	
Health Care Management		MPH	X	MPH	
Health Services Research		MSPH	X	MSPH	
Global Health - Accelerated Program		MPH	X	MPH	
Global Health - Infectious Disease		MPH	X	MPH	
Global Health - Sexual Health, Reproductive Health, and Population Studies		MPH	X	MPH	
Global Health - Public Health Nutrition		MPH	X	MPH	
Global Health - Community Health and Development		MPH	X	MPH	
<b>Executive MPH Program</b>					
Applied Epidemiology		MPH	X		MPH
Applied Public Health Informatics		MPH	X		MPH
Prevention Science		MPH	X		MPH
<b>Interdepartmental Joint Degrees</b>					
Global Environmental Health		MPH	X	MPH	
Environmental Health and Epidemiology		MSPH	X	MSPH	
Global Epidemiology		MPH, MSPH	X	MPH, MSPH	
<b>Doctoral Degrees</b>					
Behavioral Sciences and Health Education	PhD		X	PhD	
Biostatistics	PhD		X	PhD	
Environmental Health Sciences	PhD		X	PhD	
Epidemiology	PhD		X	PhD	
Health Services Research and Health Policy	PhD		X	PhD	
Nutrition and Health Sciences	PhD		X	PhD	
<b>Dual Degrees</b>					
Bioethics		MA, MPH	X	MA, MPH	

Business		MBA, MPH	X	MBA, MPH	
School of Medicine - MD program**		MD, MPH	X	MD, MPH	
School of Medicine - Physician Assistant Program		MMSC, MPH	X	MMSC, MPH	
School of Medicine - Physical Therapy Program		DPT, MPH	X	DPT, MPH	
School of Nursing		MSN, MPH	X	MSN, MPH	
School of Law		JD, JM, MPH	X	JD, JM, MPH	
School of Theology		MDiv, MTS, MPH	X	MDiv, MTS, MPH	
Laney Graduate School		PhD, MPH	X	PhD, MPH	
External Professional Degree		X***, MPH	X	X***, MPH	
<b>5-year Bachelor/Master's Programs</b>					
Biostatistics		BA, BS, MSPH	X	BA, BS, MSPH	
Environmental Health		BS, MPH	X	BS, MPH	

\* The Master of Science in Public Health-Public Health Informatics has been temporarily suspended for the incoming cohort 2019-2020 and will resume in fall 2020.

\*\*Some physicians in the MD/MPH program are enrolled in medical schools other than Emory University. Their requirements for the MPH program are identical to those of students at Emory School of Medicine.

\*\*\*Students enrolled in accredited professional schools other than Emory, including Medicine, Nursing, Law, Social Work, Veterinary Medicine, Osteopathy, Pharmacy, and Dentistry obtain an MPH in addition to their professional degree.

Note that the instructional matrix includes a row for “External Professional Degrees”. This Dual Degree MPH program provides an opportunity for students currently enrolled in accredited professional schools other than Emory University including schools of Medicine (AMA), Nursing (ACEN), Law (ABA), Social Work (CSWE), Veterinary Medicine (COE), Osteopathy (AOA), Pharmacy (ACPE) and Dentistry (CODA) to obtain an MPH in addition to their professional degree. To ensure the integration of training, students enroll in the MPH and spend a year (fall and spring semesters) at the Rollins School of Public Health. Students attend Rollins in concert with the course of study in their initial professional degree program. A student's year of matriculation at Rollins is coordinated with the initial school administration to ensure all requirements are met. More information is provided here: <https://www.sph.emory.edu/academics/dual-degree/mph-external/index.html>

4. Enrollment data for all of the school's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2. Schools that house "other" degrees and concentrations (as defined in Criterion D19) should separate those degrees and concentrations from the public health degrees for reporting student enrollments.

**Template Intro-2: Enrollment Data for All Degrees (MPH/MSPH and PhD) as of 09/1/2019**

Degree	Current Enrollment
<b>Master's (MPH except otherwise indicated)</b>	
Behavioral Sciences and Health Education	204
Biostatistics	38
Biostatistics (MSPH)	60
Public Health Informatics*	2
Environmental Health	50
Epidemiology	196
Epidemiology (MSPH)	17
Health Policy	80
Health Care Management	67
Health Services Research (MSPH)	11
Global Health - Accelerated Program	7
Global Health - Infectious Disease	73
Global Health - Sexual Reproductive Health and Population Studies	41
Global Health - Public Health Nutrition	17
Global Health - Community Health and Development	74
Applied Epidemiology (EMPH)	41
Applied Public Health Informatics (EMPH)	30
Prevention Science (EMPH)	79
<b>Interdepartmental Joint Degrees</b>	
Global Environmental Health	32
Environmental Health and Epidemiology (MSPH)	18
Global Epidemiology	60
Global Epidemiology (MSPH)	4
<b>Doctoral</b>	
Behavioral Sciences and Health Education	25
Biostatistics	35
Environmental Health Sciences	28
Epidemiology	59
Health Services Research & Health Policy	8
Nutrition and Health Sciences	24

\* The Master of Science in Public Health Informatics has been suspended for the incoming cohort 2019-2020 and will resume in Fall 2020.

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## A1. Organization and Administrative Processes

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

The school 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- or school-specific curriculum development and oversight).

- 1) List the school'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.

### *Standing Committees*

Two governing bodies advise the dean: 1) **Administrative Staff** (composed of the dean, executive associate and assistant deans); and 2) the **Leadership Group** (composed of department chairs, executive associate and assistant deans; the Executive MPH (EMPH) program director; and representatives from the Faculty Council, Rollins Student Government Association [RSGA], and the Doctoral Student Advisory Board);

Seven committees provide structural supports to encourage shared governance and advise the Leadership Group and dean on matters pertaining to their constituents: 1) the **Faculty Council** (on faculty professional life), 2) the **RSGA** (on master's student issues, policies, and procedures), 3) the **Doctoral Student Advisory Board** (on doctoral student issues, policies, and procedures), 4) **Appointments, Promotion and Tenure Committee** (APT; on issues of faculty advancement), 5) **Education Committee** (on curricular issues), 6) **Research Advisory Committee** (on research-related issues), and 7) **Community and Diversity Committee** (on issues of diversity and inclusion). Members of all relevant committees are listed in Tables A1-1.a- A1-1.j.

For the five faculty-involved committees, the school contributes salary coverage for a percent of effort (currently 5%) for the committee chair. The committee chairs are nominated by committee members and approved by the dean.

### **Faculty Council:**

- The Faculty Council assesses, finds agreement on, and recommends policies that contribute to the professional life of faculty members.
- The Faculty Council consists of faculty representatives elected from each department as well as elected school-level at-large representatives, all of whom serve three-year terms.
- Faculty represent all ranks and may be tenure, tenure-track, or non-tenure track (hereby referred to as Clinical and Research Track [CRT]) faculty.
- The Council includes an adjunct faculty member and a representative from an *ad hoc* subcommittee of CRT faculty members.
- Chairs of the standing committees of the school (e.g., APT, Education, Community and Diversity Committee) are members of the Faculty Council.
- The Faculty Council chair is a member of the RSPH Leadership Group.
- The executive associate dean for academic affairs is an ex-officio member of the Faculty Council.

### **Rollins Student Government Association (RSGA):**

- This group reflects the interests of RSPH MPH/MSPH students and recommends policies that contribute to the support of students and student life. It sponsors events of interest to students and the larger school community and allocates funds to chartered student organizations within the school.
- The RSGA includes student representatives from all six departments and the Executive MPH program and an executive committee made up of elected officers.
- The RSGA budget is derived from student activity fees collected by the University and allocated through the University SGA.
- The RSGA President is a member of the RSPH Leadership Group.

### **Doctoral Student Advisory Board:**

- The board serves to represent doctoral student interests and to strengthen channels of communication among doctoral students, faculty, and administration.
- The board is made up of doctoral students from each program for a total of 12 students. This is a non-voting body, so no effort was made to ensure equal representation across the programs. Instead, the programs select their own doctoral student representatives (1-3 individuals are either elected by their peers or appointment by the director of graduate studies (DGS) depending on the program), and these representatives were invited to join the advisory board.
- The board reports to the executive associate dean for academic affairs, who oversees the doctoral programs.
- One appointed individual from this board is also a member of the RSPH Leadership Group.

### **Appointments, Promotion and Tenure Committee (APT):**

- This committee advises the dean on the merits of faculty promotion and tenure as well as faculty appointments with tenure.
- This committee also assesses, finds agreement on, and recommends policies and procedures pertaining to faculty appointments and promotions.
- The committee includes an elected tenured faculty member from each department and three at-large members elected from across the school who serve three-year terms.
- As of 2018, the committee also includes an at-large CRT faculty member at the rank of Associate Professor or above who is elected by a vote of all CRT faculty and who participates in all committee activities but votes only on proposed promotions of CRT faculty.
- The executive associate dean for academic affairs is an ex-officio member of this committee.

### **Education Committee:**

- This committee reviews and approves all new course and academic program offerings at the master's level.
- This committee also assesses, finds agreements on, and recommends policies and procedures pertaining to student academic matters.
- The committee includes faculty members selected by each department and the Executive MPH Program (generally the MPH Program Directors) and two students selected by the RSGA.
- Department assistant/associate directors of academic programs (ADAPs) and the director of enrollment services meet with the committee and participate in discussions.
- Representatives from programs with which the school has dual degree programs are invited to attend committee meetings.
- The assistant dean for academic affairs is an ex-officio member of this committee.

### **Research Advisory Committee:**

- This committee assesses, finds agreements on, and recommends actions on policies pertaining to research activity, support for research, research administration, and collaborative and/or interdisciplinary research.

- The committee includes a faculty member selected by each department and three at-large faculty members who serve three-year terms and meet with the assistant deans for research administration and information services
- The associate dean for research is an ex-officio member of this committee.

**Community and Diversity Committee:**

- This committee assesses the state of diversity and inclusion among students, faculty, and staff; recommends policies and procedures to strengthen the school's diversity and inclusion; and proposes and/or initiates programs to promote those ends.
- The committee is made up of faculty members selected by each department, staff, and representatives from student organizations with a mission to promote diversity and inclusion throughout the school.
- The executive associate/assistant deans for academic affairs is an ex-officio member of this committee.

*Department Governance*

Each department has governing structures under the oversight of the chair. Departments hold regular faculty meetings and have different committee structures. Standing committees typically address curriculum, the doctoral programs, promotion and tenure as well as admissions. Faculty members may also meet as *ad hoc* department committees for faculty searches and program development.

*Other Non-Standing Committees or Councils Indirectly Involved in School Governance*

**Academic Standards Committee:**

- This committee advises the executive associate/assistant deans for academic affairs on appeals by students of decisions on dismissal from the program because of academic performance or on other academic matters.
- The committee is comprised of the seven faculty members serving on the Education Committee, is chaired by the executive/assistant deans for academic affairs, and meets as needed.

**Ad Hoc Honor/Conduct Code Committees:**

- These *ad hoc* committees consider allegations of conduct code violations and recommend remedies and/or punitive responses.
- When allegations of honor or conduct code violations are received by the executive associate/assistant deans for academic affairs, a preliminary investigation may result in a recommendation to convene an *ad hoc* committee comprising two students and two faculty members. Students or faculty volunteers may not come from the subject's home department.
- The committees' recommendations are made to the executive associate/assistant deans for academic affairs who are responsible for reviewing and implementing actions as s/he determines.

*External Advisory Committees:*

**Dean's Council (described more fully in Section F1-1):**

- The council generates visibility of the school and its activities in the community and identifies resources to advance the school's mission.
- The council meets at least once each semester to learn about school programs and priorities and is chaired by one of the members.
- Members--normally community, business, and philanthropic leaders--are appointed by the dean in consultation with the Office of Development and External Relations.

**RSPH Alumni Association (described more fully in Section F1-1):**

- The association engages in activities to advance the school and its priorities and brings alumni together in common activities of service to the school and community.
- The association also participates in school programs and projects related to the mentoring of students, career advice, and networking.
- The association is headed by an executive committee, which annually elects officers and is supported by the school's Office of Development and External Relations.

**Community Advisory Board (CAB) (described more fully in Section F1-1):**

- CAB members share observations on the performance of recent school graduates and conveys priorities for the skills they are seeking in future employees.
- Information gained from board members is used to help RSPH gauge students' readiness for practice, forecast priorities for skills in future graduates/employees, and the need for changes in the training and school curricula that will strengthen the fit and competitiveness of future graduates seeking employment in the public health workforce.
- The CAB consists of leaders at area public health institutions employing (or potentially employing) RSPH graduates.
- CAB members are appointed by the assistant dean for career development from the pool of employers of recent graduates and APE preceptors.
- Faculty members appointed by each department meet and interact with the CAB to hear advice pertaining to their students' training and performance and to disseminate that information within their own training programs.

**Staff Governance (managed by the Emory University Office of Human Resources):**

- Policies and procedures governing staff are administered by the University's Department of Human Resources.
- Staff members participate in the development and assessment of those policies through the Emory University Employee Council. Staff members in the school elect a representative to sit on the Council.
- Staff members serve on the school's Community and Diversity Committee and academic staff members meet with the school's Education Committee.
- Although staff members do not have a formal organization representing their interests within the school, the dean meets with staff in occasional town halls and the associate dean for administration and finance organizes presentations for staff on major school programs and activities.

**Table A1-1.a: Administrative Staff Membership**

<b>Charge:</b> Advise the dean on school operations and management; coordinate functions with other administrators
<b>Membership</b>
<b><u>Dean</u></b> James W. Curran, MD, MPH, James W. Curran Dean of Public Health
<b><u>Assistant/Associate Deans</u></b> Kimberly Jacob Arriola, MPH, PhD, Executive Associate Dean for Academic Affairs Mark Conde, BA, Assistant Dean for Information Technology Prudence Goss, MA, Assistant Dean for Enrollment Management and Communications Kathryn Graves, M.Ed, MPH, Senior Associate Dean for Advancement and Alumni Engagement Delia Lang, MPH, PhD, Assistant Dean for Academic Affairs Kimberly Maune, MHA, Associate Dean for Administration and Finance Claudia Paez-Ellett, MPH, Assistant Dean for Career Development Kara Robinson, MS, EdD, Associate Dean for Admissions and Student Affairs Dean Surbey, MA, MBA, Executive Associate Dean for Administration and Finance TBD, Associate Dean for Public Health Practice TBD, Associate Dean for Research

**Table A1-1.b: RSPH School-Wide Governing Organizations and Committees**

<b>Leadership Group</b>
<b>Charge:</b> Advise the dean on school policies, procedures, and programs; coordinate activities across the school; and initiate school- wide programs
<b>Membership</b>
<p><b><u>Dean</u></b> James W. Curran, MD, MPH, James W. Curran Dean of Public Health</p> <p><b><u>Assistant/Associate Deans</u></b> Kimberly Jacob Arriola, MPH, PhD, Executive Associate Dean for Academic Affairs Mark Conde, BA, Assistant Dean for Information Technology Prudence Goss, MA, Assistant Dean for Enrollment Management and Communications Kathryn Graves, M.Ed, MPH, Senior Associate Dean for Advancement and Alumni Engagement Delia Lang, MPH, PhD, Assistant Dean for Academic Affairs Kimberly Maune, MHA, Associate Dean for Administration and Finance Claudia Paez-Ellett, MPH, Assistant Dean for Career Development Kara Robinson, MS, EdD, Associate Dean for Admissions and Student Affairs Dean Surbey, MA, MBA, Executive Associate Dean for Administration and Finance TBD, Associate Dean for Public Health Practice TBD, Associate Dean for Research</p> <p><b><u>Department Chairs and EMPH Program Director</u></b> Melissa (Moose) Alperin, MPH, EdD, MCHES, Director, EMPH Carlos del Rio, MD, Chair, HDGH John Hanfelt, PhD, Interim Chair, BIOS Timothy Lash, MPH, DSc., Chair, EPI Colleen McBride, PhD, Chair, BSHE Kenneth Thorpe, PhD, Chair, HPM Paige Tolbert, PhD, Chair, EH</p> <p><b><u>Chair, Faculty Council</u></b> Matthew Freeman, MPH, PhD, Associate Professor, EH</p> <p><b><u>President, RSGA</u></b> Taylor German, master's student, BSHE</p> <p><b><u>Chair, Doctoral Student Advisory Board</u></b> Ghenet Besera, MPH, doctoral student, BSHE</p>

BIOS - Biostatistics and Bioinformatics  
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 HPM - Health Policy and Management

**Table A1-1.c: Faculty Council Membership**

<b>Charge:</b> Assess, find agreement on, and recommend policies that contribute to the professional life of faculty members
<b>Membership</b>
<p><b><u>Faculty members selected by each department and EMPH</u></b></p> <p>Robert Bednarczyk, PhD, Assistant Professor, HDGH  David Benkeser, PhD, Assistant Professor, BIOS  Sarah Blake, PhD, Research Assistant Professor, HPM (and Chair of the Education Committee)  Matthew Freeman, MPH, PhD, Associate Professor, EH, (Chair)  Laurie Gaydos, PhD, Research Associate Professor, EMPH  Terry Hartman, MPH, PhD, Professor, EPI  Anna Rubtsova, PhD, Research Assistant Professor, BSHE</p> <p><b><u>At-Large faculty members</u></b></p> <p>Jodie Guest, MPH, PhD, Research Professor, EPI  Regine Haardoerfer, PhD, Research Associate Professor, BSHE  Karen Levy, PhD, Associate Professor, EH (and Co-Chair of the Research Advisory Committee)</p> <p><b><u>Adjunct Faculty Member</u></b></p> <p>Cynthia Jorgensen, PhD, Adjunct Associate Professor, BSHE</p> <p><b><u>Ex Officio</u></b></p> <p>Kimberly Jacob Arriola, MPH, PhD, Executive Associate Dean for Academic Affairs</p> <p><b><u>Chair of the Appointment, Promotion and Tenure Committee</u></b></p> <p>P. Barry Ryan, PhD, Professor, EH</p> <p><b><u>Chair of the Community and Diversity Committee</u></b></p> <p>Karen Andes, PhD, Research Associate Professor, HDGH</p> <p><b><u>Research Advisory Committee</u></b></p> <p>Janet Cummings, PhD, Associate Professor, HPM</p> <p><b><u>CRT Faculty Sub-Committee</u></b></p> <p>Dawn L. Comeau, MPH, PhD, Research Associate Professor, BSHE</p>

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BSHE - Behavioral Sciences and Health Education  
EH - Environmental Health  
EMPH - Executive MPH Program  
EPI - Epidemiology  
HDGH - Hubert Department of Global Health  
HPM - Health Policy and Management

**Table A1-1.d: Rollins Student Government Association Membership**

<p><b>Charge:</b> Propose policies and procedures pertaining to student academic and social life; represent the interests of students in school governance; and plan and implement social and academic programs of interest to students</p>	
<p><b>Membership</b></p>	
<p><b><u>Executive Board – Elected by the Student Body</u></b></p>	
<p><b><u>President</u></b> Taylor German</p>	<p><b><u>Communications Chair</u></b> O'Shane Elliott</p>
<p><b><u>Vice President</u></b> Aaron Brown</p>	<p><b><u>Social Chairs</u></b> Ana Paula Duarte George Lopez Krystalyn Martin</p>
<p><b><u>Treasurer</u></b> Angelique Harris</p>	<p><b><u>Student Activities Chairs</u></b> Rachel Alvarado Chelsea Parsons</p>
<p><b><u>Secretary</u></b> Isis Fuller</p>	
<p><b><u>Legislature</u></b> <b><u>Elected Department Representatives</u></b> Samraat Saxena, BSHE Zabi Mulwa, BSHE Victoria Kennerly, BIOS Madoc Smith, BIOS Jordan Jackson, EH Victoria Davidson, EH Michelle McKinlay, EPI Nathan Quan, EPI Michelle Fletcher, HDGH Angela Udongwo, HDGH Meisha Seay, HPM Lauren Panchley, HPM</p>	<p><b><u>Legislature</u></b> <b><u>Appointed Representatives</u></b> Ava Corwin, Graduate Student Government Association Aisha Mahmood, Graduate Student Government Association Li Li, International Student Representative Anirudh Shreedhar, International Student Representative Rebecca Barrett, University Senate Representative TBD, Diversity &amp; Inclusion Representative</p>

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**Table A1-1.e: Doctoral Student Advisory Board Membership**

<b>Charge:</b> Represent doctoral student interests and promote policies and programs advancing the professional development and improving the training of doctoral students in the school
<b>Membership</b>
Ghenet Besera, BSHE* Kristine Dennis, NHS Phenesse Dunlap, BSHE Lin Ge, BIOS Lucas Gosdin, NHS Kate Labgold, EPI Kristin Marks, EPI Raphael Murden, BIOS Nancy Murray, BIOS Elizabeth Sajewski, EHS LaMont Sutton, HSRHP Bryan Vu, EHS
* Serves as the representative to the RSPH Leadership Group

BIOS - Biostatistics  
BSHE - Behavioral Sciences and Health Education  
EHS - Environmental Health Sciences  
EPI - Epidemiology  
HSRHP – Health Services Research and Health Policy  
NHS – Nutrition and Health Sciences

**Table A1-1.f: Appointments, Promotions and Tenure (APT) Committee Membership**

<p><b>Charge:</b> Advise the dean on the merits of faculty promotion and tenure as well as faculty appointments with tenure. Provide assessments of the progress of untenured tenure-track faculty members following the initial three years of their appointment. Assess, find agreement on, and recommend policies and procedures pertaining to faculty appointments and promotions</p>
<p><b>Membership</b></p>
<p><b><u>Elected tenured faculty member from each department</u></b></p> <p>David Howard, PhD, Professor, HPM          Yang Liu, PhD, Associate Professor, EH*          Michael Kramer, PhD, Associate Professor, EPI*          Amita Manatunga, MA, MSc, PhD, Professor, BIOS          Michael Windle, PhD, Professor, BSHE          Kate Winskell, PhD, Associate Professor, HDGH*</p> <p><b><u>Three tenured faculty members elected at-large</u></b></p> <p>Terry Hartman, PhD, Professor, EPI          Limin Peng, PhD, Professor, BIOS          P. Barry Ryan, PhD, Professor, EH (Chair)</p> <p><b><u>CRT (non-tenure track) faculty representative elected at-large</u></b></p> <p>Dawn Comeau, PhD, Research Associate Professor, BSHE</p> <p><b><u>Ex Officio</u></b></p> <p>Kimberly Jacob Arriola, MPH, PhD, Executive Associate Dean for Academic Affairs</p> <p>*These individuals are replaced by a full professor from their department when reviewing any promotion cases to full professor.</p>

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**Table A1-1.g: Education Committee Membership**

<p><b>Charge:</b> Review and approve all new courses and academic program offerings at the master's level; assesses, finds agreement on, and recommends policies and procedures pertaining to student academic matters</p>
<p style="text-align: center;"><b>Membership</b></p>
<p><b><u>Department Faculty Representatives</u></b></p> <p>Sarah Blake, PhD, Research Assistant Professor, HPM (Chair)          Howard Chang, PhD, Associate Professor, BIOS          Lauren Christiansen-Lindquist, PhD, Research Assistant Professor, EPI          Dawn Comeau, PhD, Research Associate Professor, BSHE          Dabney Evans, MPH, PhD, Research Associate Professor, HDGH          Laurie Gaydos, PhD, Research Associate Professor, EMPH          Juan Leon, PhD, Associate Professor, HDGH          Jeremy Sarnat, PhD, Associate Professor, EH</p> <p><b><u>Assistant/Associate Directors of Academic Programs (ADAPs)</u></b></p> <p>Angela Guinyard, BIOS          Melissa Sherrer, BIOS          Meghan Sullivan, BSHE          Ariadne Swichtenberg, EH          Nicole Regan, EPI          Theresa Nash, HDGH          Flavia Traven, HDGH          Kathy Wollenzien, HPM          Allyson Bianchi, EMPH          Zelda Ray, EMPH</p> <p><b><u>Student Members</u></b></p> <p>O'Shane Elliott, MPH Student, HPM          Zabi Mulwa, MPH Student, BSHE</p> <p><b><u>Ex-Officio Members</u></b></p> <p>Kimberly Jacob Arriola, PhD, MPH, Executive Associate Dean for Academic Affairs          Jena Black, Director of Academic Affairs and Enrollment Operations          Delia Lang, PhD, MPH, Assistant Dean for Academic Affairs          Kara Robinson, Associate Dean for Admissions and Student Affairs          Harriet Ruskin, Director, International and Joint Degree, Goizueta Business School          Catherine Strate, Director, Registration</p>

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**Table A1-1.h: Research Advisory Committee Membership**

<b>Charge:</b> Assess, find agreement on and recommend actions on policies pertaining to research activity, support for research, research administration and collaborative and/or interdisciplinary research
<b>Membership</b>
<p><b><u>Faculty member from each department</u></b></p> <p>Janet Cummings, PhD, Associate Professor, HPM (Co-chair)          Karen Levy, MPH, PhD, Associate Professor, EH (Co-chair)</p> <p>Dana Barr, PhD, Research Professor, EH (Immediate past co-chair)          Robert Bednarczyk, PhD, Assistant Professor, HDGH          Natalie Crawford, PhD, Assistant Professor, BSHE          Benjamin Druss, MPH, MD, Professor, HPM          Cecile Janssens, PhD, Research Professor, EPI          Amita Manatunga, MA, MSc, PhD, Professor, BIOS          Yang Liu, PhD, Associate Professor, EH          Christine Moe, PhD, Professor, HDGH          Renee Moore, PhD, Research Associate Professor, BIOS          P. Barry Ryan, PhD, Professor, EH and Director, Laboratories          Aaron Siegler, PhD, Associate Professor, BSHE          Yan Sun, PhD, Associate Professor, EPI</p> <p><b><u>Executive Associate Dean for Finance and Administration (ex officio)</u></b></p> <p>Kimberly Maune, MHA, Associate Dean for Administration and Finance</p> <p><b><u>Assistant Dean, Information Services (ex officio)</u></b></p> <p>Mark Conde, BA, Assistant Dean for Information Technology (ex officio)</p> <p><b><u>Associate Dean for Research (ex officio)</u></b></p> <p>TBD, Associate Dean for Research</p> <p><b><u>Trainees (ex officio)</u></b></p> <p>Lindsay Collin, Doctoral Student, EPI          Carmen Ng, Post-Doctoral Fellow, HDGH</p>

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 EPI - Epidemiology  
 HDGH - Hubert Department of Global Health  
 HPM - Health Policy and Management

**Table A1-1.i: Community and Diversity Committee Membership**

<p><b>Charge:</b> Assesses the state of diversity and inclusion among students, faculty, and staff; recommend policies and procedures to strengthen the school's diversity and inclusion; and design or recommend programs to promote those ends</p>
<p style="text-align: center;"><b>Membership</b></p>
<p><b><u>Committee Chair</u></b>            Karen Andes, PhD, Research Associate Professor, HDGH</p> <p><b><u>Faculty Members (1 from each department and EMPH)</u></b>            Karen Andes, PhD, Research Associate Professor, HDGH            Sarah Blake, PhD, Research Assistant Professor, HPM            Laurie Gaydos, PhD, Research Associate Professor, EMPH            Christina Mehta, MSPH, PhD, Research Assistant Professor, BIOS            Aaron Siegler, PhD, Associate Professor, BSHE            Amit Shah, MD, Assistant Professor, EPI            Melissa Smarr, PhD, Assistant Professor, EH</p> <p><b><u>Student-facing staff</u></b>            Cindy Gasaway, Senior Human Resources Associate            Joanne Amposta, Assistant Director of Student Life and Engagement, Office Admission and Student Services            Sam Ramosevac, Education Program Manager, Career Development            Theresa Nash, ADAP, HDGH</p> <p><b><u>Student representatives</u></b>            Shawnee Bernstein – Students for Social Justice and Health Organization for Latin America            Briana Boykin – Association of Black Public Health Students            Alifiya Bukhari – Rollins Association for South Asian Health            Robert Fairman – Queer/Trans* Collaborative at Rollins            Taylor German – Student Government Association            Jessica Woodard – Rollins Latinx Alianza</p> <p><b><u>At large</u></b>            Rebecca Barrett, master's student and member of the Diversity and Inclusion subcommittee of the Student Government Association            Dawn Comeau, BSHE faculty and member of the Clinical and Research Track Faculty Subcommittee            Whitney Rice, BSHE faculty and member of the Reproductive Health Research in the Southeast Center</p> <p><b><u>Ex Officio</u></b>            Kimberly Jacob Arriola, MPH, PhD, Executive Associate Dean for Academic Affairs</p>

BIOS - Biostatistics and Bioinformatics  
 BSHE - Behavioral Sciences and Health Education  
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 EMPH - Executive MPH Program  
 EPI - Epidemiology  
 HDGH - Hubert Department of Global Health  
 HPM - Health Policy and Management  
 ADAP – Assistant/Associate Director of Academic Programs

**Table A1-1.j: Academic Standards Committee Membership**

<p><b>Charge:</b> Advise the associate dean for academic affairs on appeals by students of decisions on dismissal from the program because of academic performance</p>
<p style="text-align: center;"><b>Membership</b></p>
<p><b><u>Faculty member from each department (those sitting on the Education Committee)</u></b></p> <p>Sarah Blake, PhD, Research Assistant Professor, HPM          Howard Chang, PhD, Associate Professor, BIOS          Lauren Christiansen-Lindquist, PhD, Research Assistant Professor, EPI          Dabney Evans, MPH, PhD, Research Associate Professor, HDGH          Laurie Gaydos, PhD, Research Associate Professor, HPM (EMPH)          Juan Leon, PhD, Associate Professor, HDGH          Jeremy Sarnat, PhD, Associate Professor, EH</p> <p><b><u>Ex Officio</u></b></p> <p>Delia Lang, MPH, PhD, Assistant Dean for Academic Affairs          Kimberly Jacob Arriola, MPH, PhD, Executive Associate Dean for Academic Affairs</p>

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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:

*MPH/MSPH degrees:*

- Oversight of the curriculum and degree requirements is provided by the executive associate/assistant deans for academic affairs.
- Degree requirements for the MPH and MSPH degrees (including dual degrees) are established by each academic department or program with the oversight of the Education Committee.
- The Education Committee is responsible for monitoring the core curriculum at the master's level. Recommendations on changing the core curriculum are made by the Education Committee to the leadership group that advises the dean.
- The director for enrollment services oversees the awarding of degrees. The ADAPs in each department assess the progress of students toward the completion of degree requirements. The director of enrollment services reviews the academic records and approves students for graduation when all requirements have been met.

*Doctoral Degrees:*

- The LGS awards doctoral degrees in Biostatistics, Epidemiology, Behavioral Sciences and Health Education, Health Services Research and Health Policy, Environmental Health Sciences, and Nutrition and Health Sciences.
- Requirements for the PhD program are determined by the department administering the program (and the Executive Committee in the case of the Nutrition and Health Sciences doctoral program, which is interdepartmental) with the approval of the LGS Executive Council.
- Faculty members who serve as DGS in the departments offering doctoral programs oversee students' academic progress, administer the student recruitment and admissions activities, and are accountable to LGS on student progress and program quality.
- DGSs interact with (and may serve on) the Executive Council of the LGS and RSPH in establishing policy, reviewing curricula and evaluating programs.
- All tenure-track faculty members with doctoral degrees in departments offering the PhD are considered to be faculty members of the LGS as are a subset of CRT faculty who make substantial contributions to doctoral education (termed "Graduate Faculty").
- All graduate faculty are eligible to vote in elections of members of the graduate school's Executive Council.

b. Curriculum Design:

- Faculty in departments or programs offering MPH, MSPH, or PhD academic programs are responsible for curriculum design.
- Departmental curriculum committees (or the department faculty as a whole) review new offerings or revisions in academic courses or programs.
- New courses or significant changes in the MPH/MSPH curriculum are reviewed and approved by the school's Education Committee.
- The LGS Executive Council reviews and approves curriculum changes to the doctoral programs.
- New degree programs and certain substantive changes in the school's curriculum must be approved by the University's board of trustees. In some cases, new programs or other substantive changes in the curriculum must be reviewed and approved by the Southern Association of Colleges and Schools (SACS), the university's accrediting agency. Emory University appoints an internal liaison to SACS within the Office of the Provost. The school also reports such changes to CEPH.

**c. Student Assessment Policies and Processes:**

- Faculty determine methods of assessment and grading rubrics for their courses.
- Academic standards, policies and processes are determined by the school's Education Committee.
- Departments may have additional policies and procedures pertaining to their MPH or MSPH programs.
- Doctoral programs establish policies and processes consistent with the policies and procedures of the LGS and are overseen by its Executive Council. This is communicated to students via the program handbooks.

**d. Admissions Policies and/or Decisions:**

*Recruitment:*

- MPH/MSPH student recruitment is overseen by the associate dean for admissions and student affairs and the assistant dean for enrollment management and communications in the Office of Admissions and Student Services.
- Recruitment includes outreach to students at universities and in the public health workforce, as well as campus-based events such as the annual *Visit Emory* Program each spring. Each fall, the school sponsors a program on public health as a profession, *Destination Public Health*, which is open to prospective students.
- Additional recruitment program activities are organized by the Executive MPH Program.
- The doctoral programs conduct their own recruitment activities throughout the academic year, which culminates in an on-campus prospective student visit that is coordinated with LGS and the RSPH Office of Academic Affairs. This visit typically occurs in early February.
- Faculty frequently meet with prospective students individually and participate in the recruitment activities described above in order to support recruitment of master's and doctoral students.

*Admissions:*

- The school's admissions process for MPH/MSPH students is managed by the associate dean for admissions and student affairs and assistant dean for enrollment management and communications makes use of the centralized Schools of Public Health Application Service (SOPHAS) application process.
- For doctoral programs, admissions decisions are made by program faculty and overseen by each program's DGS. Policies are developed by each program and are consistent with general policies of the LGS.
- Across all degrees, decisions to admit students are made by faculty members in each department, sometimes meeting as committees, who consider standard criteria such as GRE scores, grades, applied public health experience, diversity, etc.
- Each department has guidelines for admission decisions (published in the school catalog and posted on the website).
- The school's Leadership Group establishes general policies concerning admissions and (with the participation of department chairs who are part of the Leadership Group) annually sets master's student target enrollments both for the school and for each department. Doctoral student enrollment targets are negotiated between the school, six programs, and LGS.

#### **e. Faculty Recruitment and Promotion:**

##### *Recruitment:*

- Departments, with the permission of the dean, recruit faculty members in accord with standard University procedures described in the *RSPH APT Guidelines* and posted on the web. Departments oftentimes work collaboratively to recruit faculty who are ultimately jointly appointed across multiple departments.
- Faculty searches require the approval of the University's Office of Equity and Inclusion (OEI). The hiring department must submit, for OEI approval, a search activity request form that includes a job description, plan for recruitment, and search committee composition. The search commences following OEI approval. The OEI assesses characteristics of the applicant pool and adherence to University policies and procedures.
- Faculty play a strong role in recruitment by serving on search committees, identifying strong candidates, and networking with potential candidates at professional meetings.

##### *Appointments:*

- Once a desirable candidate for the faculty position has been recruited, a report is filed with the OEI.
- Assuming appropriate procedures are followed, a recommendation is made to the dean, who approves the faculty appointment.
- The school's APT Committee reviews and recommends to the dean for faculty appointments when tenure is to be offered.
- Appointments with tenure follow the same procedure as promotions with an award of tenure.

##### *Promotions:*

- The tenured members of academic departments initially review and recommend faculty for promotion and tenure. Full professors make recommendations for those being considered for promotion to that rank. Faculty at the rank of associate professor and above make recommendations on the promotion of faculty at that rank or below.
- The department chair transmits the faculty's recommendation for promotion to the dean, who asks the APT Committee for its assessment and recommendation.
- The APT Committee transmits its recommendation to the dean and, if accepted, the dean makes a recommendation to the University provost and president through the executive vice president for health affairs.
- The president and provost are advised by the University-wide Tenure and Promotion Advisory Committee (TPAC) that includes faculty representatives from all schools.
- Considering the advice of the TPAC, the president and provost make their recommendation to the Emory University Board of Trustees. The trustees give final approval to the promotion and/or award of tenure.
- Promotions among CRT faculty follow a similar process involving the department faculty, school APT Committee and dean. However, their promotions do not require further review by the University.

#### **f. Research and Service Activities:**

##### *Research:*

- The associate dean for research facilitates and enhances the school's research program by increasing faculty opportunities and capacities. He/she also participates in overseeing research administration and represents the school in committees, Woodruff Health Sciences Center (WHSC) and Emory.
- In keeping with the mission of the school, all tenure-track faculty members are expected to engage in scholarship. The areas of investigation reflect individual programs of research or interests of tenure-track faculty. The vast majority of CRT faculty are also research engaged.

- Faculty members often engage in collaboration on common research efforts (e.g., center grants), and the associate dean for research may help facilitate interdisciplinary collaborations.
- RSPH *APT Guidelines* describe how achievements in research are evaluated.

*Service:*

- The associate dean for public health practice oversees public health practice programs or service to the public health community and workforce, and represents the school with local, state, and national public health agencies. With the current vacancy, the other associate deans work collaboratively to assume this function.
- All tenure-track faculty members are expected to engage in service. The area of service or practice reflects the individual's interests or expertise.
- CRT faculty members are recruited to work in specific areas that may include research, teaching, and service.
- RSPH *APT Guidelines* describe how achievements in service (or public health practice) are evaluated.

**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 school.**

Bylaws for the following committees are available in the ERF A1-3:

- APT Guidelines, which include the Bylaws in Section XV
- Community and Diversity Committee
- Education Committee
- Faculty Council
- Research Advisory Committee
- Student Government Association

**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.**

RSPH faculty and staff members are engaged with collaborating schools or programs within the University and serve on university-wide committees. A sample of these committees, along with RSPH faculty members for the 2019-2020 academic year is below, although there are other university-level committees in which faculty participate.

**Emory University Senate & Faculty Council:**

- Kelli Stidham-Hall, Assistant Professor

**Emory University Senate Standing Committees:**

- Yang Liu, Associate Professor, *Environment*
- David Howard, Professor, *Honorary Degrees*
- Brad Pearce, Research Associate Professor, *Library Policy*
- Jessica Sales, Associate Professor, *Prevention of Sexual Violence* (Chair)
- Dabney Evans, Research Associate Professor, *Open Expression*
- Karen Levy, Associate Professor and Amy Webb Girard, Research Associate Professor, *Sustainable Food Committee*

**Emory University Faculty Council:**

- Aryeh Stein, Professor, *Hearing Committee* (Chair)

**Emory University Tenure and Promotion Advisory Committee:**

- Carey Drews-Botsch, Professor

**Emory University Institutional Review Board:**

- Aryeh Stein, Professor
- Thomas Clasen, Professor

**Emory University Office of Provost Master Planning Committee:**

- Cam Escoffery, Associate Professor

**Emory University Office of Research Task Force for Global Health Contracts and Grants:**

- K.M. Venkat Narayan, Professor (Chair)
- Carlos del Rio, Professor and Department Chair

**Emory University Information Technology Steering Committee:**

- Benjamin Druss, Professor

**Emory University Learning Outcomes Committee:**

- Cam Escoffery, Associate Professor

**Emory University Digital Scholarship and Pedagogy Committee:**

- Melissa (Moose) Alperin, Research Assistant Professor

**Emory University Center for Ethics:**

- James Lavery, Professor

**Fox Center for Humanistic Inquiry Executive Committee:**

- Kate Winskell, Associate Professor

**Halle Institute Advisory Board:**

- Mohammed Ali, Associate Professor
- Matthew Freeman, Associate Professor

**Laney Graduate School Woodruff Scholars Selection Committee:**

- Kathryn Yount, Professor

**Laney Graduate School Executive Council:**

- Penelope Howards, Associate Professor
- Ellen Idler, Professor
- Kathryn Yount, Professor

**Laney Graduate School Appointments Committee:**

- Christine Moe, Professor

**Religion and Health Executive Committee:**

- Ellen Idler, Professor (Chair)
- Mimi Kiser, Research Assistant Professor
- John Blevins, Research Associate Professor

**Winship Cancer Institute:**

**Interventional Development Dissemination and Implementation Committee:**

Michelle Kegler, Professor

**Membership and Mentorship Committee:**

Timothy Lash, Professor and Department Chair

**Scientific Research Council:**

Timothy Lash, Professor and Department Chair (Program Leader)

**Woodruff Health Educators Academy:**

- Jodie Guest, Research Professor

**Woodruff Health Sciences Center Research Advisory Committee:**

- Lance Waller, Professor
- Colleen McBride, Professor and Department Chair
- Robert Breiman, Professor

**Woodruff Health Sciences Center Technology Steering Committee:**

- Lance Waller, Professor, Chair, Research Subcommittee

**Woodruff Health Sciences Center Interprofessional Educational Collaborative Practice Council:**

- Jodie Guest, Research Professor

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

- Faculty regularly interact with colleagues as they conduct teaching, research, and service. They also interact with colleagues on thesis or dissertation committees.
- At the departmental level, faculty participate on committees (e.g., departmental curriculum committees, search committees, and workshops) and attend regularly scheduled faculty meetings.
- At the school level, faculty serve on and chair standing or other committees as part of governance. New faculty also interact with each other at the new faculty orientation session organized by the Office of Academic Affairs.
- Events fostering faculty interaction include:
  - a. Public Health Grand Rounds
  - b. Annual Faculty Retreat
  - c. Strategic Planning and Accreditation Self-Study Process
  - d. Faculty Career Development Seminars
  - e. On-Campus Student Recruitment Events, Lectures, etc.
  - f. Subject matter working groups (e.g., the Implementation Sciences working group)
- New adjunct faculty who are teaching for the first time are assigned a department faculty member to orient and oversee their classroom performance. Adjunct faculty serving on student thesis or dissertation committees are joined by department faculty members in similar roles.
- The Faculty Council includes representatives with tenure-track or non-tenure track appointments as well as an adjunct faculty member.
- Notes, minutes, and sign-in sheets from standing and governance committees, documenting faculty participation, are in ERF A1-5.
- The 2018 Faculty Climate Survey indicates that 80% of the faculty are satisfied with the collegial interaction and 70% are satisfied with the sense of community among faculty. Half (50%) agree that "faculty share in important decisions."

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

*Strengths:*

- Faculty are largely responsible for decisions pertaining to student degree requirements, assessment, and curricula as well as faculty recruitment, promotion, and standards for evaluating teaching, research, and service.
- Faculty serve on and chair standing and ad hoc governance committees. Committee chairs receive a small portion of FTE for this service.

- Students serve on appropriate school committees and both master's and doctoral students are represented on the school's Leadership Group.
- There are multiple opportunities for faculty engagement amongst each other. RSPH faculty are highly collegial and have strong professional relationships.

*Weaknesses and Plans for Improvement:*

- Faculty are very engaged in other University-level committees that may not be reflected in the sample of reported school-wide activities.
- Broad faculty engagement is not perfect, but it is improving over time. Faculty are extremely busy and travel quite frequently, which poses a challenge to the desire for regular interaction with colleagues.

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**A2. Multi-Partner Schools**

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Not Applicable

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### A3. Student Engagement

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

- 1) Describe student participation in policy making and decision making at the school level, including identification of all student members of school or program committees over the last three years, and student organizations involved in school or program governance. Schools should focus this discussion on students in public health degree programs.

#### *Committee Representation*

In addition to student organizations and the RSGA, students are represented on department and school-wide committees (except at discussions of certain personnel matters). Departments vary but normally have students involved with regular faculty meetings, faculty search committees, student recruitment, curriculum committees, and doctoral program advisory groups.

*Ad Hoc Honor Code Panels* include two students who are part of a volunteer pool and not from the subject's home department. *Rollins Ambassadors* are student volunteers who host prospective students and other visitors interested in the school.

Students are represented on the following school-wide committees:

#### **Leadership Group (Presidents of Student Government Association):**

- 2016-17: Tina Mensa-Kwao
- 2017-18: Rosa Abraha
- 2018-19: Taylor German

#### **Education Committee:**

- 2016-17: Hallie Udelson, Emily Maier
- 2017-18: Madhu Govindu, Brittany McDermott, Steven Sola
- 2018-19: O'Shane Elliott, Zabi Mulwa

#### **Community and Diversity Committee:**

- 2016-17: Yonah Etshalom, Laura Anne Kissock, Matthew Donaven, LaTasha Barnwell
- 2017-18: William West, Salah Shaikh, Courtni Andrews, Shaletta Hicks, Danny Balcazar, Casey Hall, Merete Tshokert, Elizabeth Odunaiya, George Batayah
- 2018-19: Mahanoor Mahmood, Theresa Bailey, Ailfiya Bukhari, Czarina Cooper, Nchedochukwu Ezeokoli, Robert Fairman, Miriam Gulaid, Rosa Abraha

#### **Accreditation Self-Study Committee (2018-19):**

- Emily Judson, master's student, EPI
- Theresa Bailey, master's student, HDGH
- Vrinda Kalia, doctoral student, EH
- La'Mont Sutton, doctoral student, HSRHP

#### **Doctoral Student Advisory Board, Public Health Sciences Liaison:**

- Ghenet Besera, doctoral student, BSHE

#### *Student Organizations*

The Rollins Student Government Association: RSGA is the governing student assembly of the RSPH and its mission is to advocate for students and enrich the experience of their time at RSPH. They support a range of academic and social activities and include representation from students in all departments. The RSGA president sits on the school's Leadership Group. It receives a budget from student fees collected by the central university. In the past five years, students have chartered seven new organizations, bringing the total to 19:

- Association of Black Public Health Students
- Emory Global Health Organization
- Emory Mental Health Alliance
- Emory Reproductive Health Association
- Emory Students for One Health
- Georgia Public Health Association
- Health Organization for Latin America
- Humanitarian Emergency Response Team
- Jewish Students in Public Health
- Queer/Trans\* Collaborative at Rollins
- Rollins Association for Cancer Prevention and Control
- Rollins Association for South Asian Health
- Rollins Environmental Health Action Coalition
- Rollins Latinx Alianza
- Rollins mHealth Collaboration
- Rollins Peace Corps Community
- Students for Social Justice
- Student Outreach and Response Team
- WASH Action, Research, and Practice
- 

**Meetings and Town Halls:**

Informal interaction between school leadership and students is provided with regular (i.e., monthly) “Lunch with the dean” sessions organized by the Student Government Association. Groups of 10-12 students join the dean and some associate deans for lunch where topics of discussion are determined by the attending students. Students are also regularly involved in Dean’s Council meetings (described above in Section A1-1) to the extent in which they are conducting work that is relevant to the topic.

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

*Strengths:*

- Both MPH/MSPH and doctoral students are engaged in policy-making bodies that affect student life.
- Many student organizations engage students in social and intellectual activities and in public health advocacy.
- Although doctoral students are represented in the LGS, RSPH has a Doctoral Student Advisory Board consisting of pre-candidacy and post-candidacy doctoral students across all six programs. The goal of this board is to promote policies and programs advancing the professional development and improving the training of doctoral students in the school.

*Weaknesses and Plans for Improvement:*

- Students are often engaged in additional activities in their home departments that are not reflected in this section and not easily documented.

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#### **A4. Autonomy for Schools of Public Health**

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**A school of public health operates at the highest level of organizational status and independence available within the university context. If there are other professional schools in the same university (e.g., medicine, nursing, law, etc.), the school of public health shall have the same degree of independence accorded to those professional schools. Independence and status are viewed within the context of institutional policies, procedures and practices.**

- 1) Briefly describe the school's reporting lines up to the institution's chief executive officer. The response may refer to the organizational chart provided in the introduction.**

The organization charts in *Introduction (section 2)* describe the reporting lines. The school's dean, like all other deans in the WHSC, reports to both the Executive Vice President for Health Affairs and, like all other deans in the University, reports to the University Provost/Vice President for Academic Affairs. The dean regularly meets with both the Provost and the Executive Vice President for Health Affairs in both individual meetings and meetings with the other deans (Council of Deans and WHSC Executive Committee).

- 2) Describe the reporting lines and levels of autonomy of other professional schools located in the same institution and identify any differences between the school of public health's reporting lines/level of autonomy and those of other units.**

The organization charts in *Introduction (section 2)* describe the reporting lines and levels of autonomy for the three schools that comprise the WHSC Center: Rollins School of Public Health, Nell Hodgson Woodruff School of Nursing, and the School of Medicine. The reporting lines and levels of autonomy are identical.

The deans of other Emory University Schools (Emory College, LGS, Candler School of Theology, School of Law, etc.) report to the University Provost and have comparable levels of autonomy.

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

*Strengths:*

- The school has the same autonomy or independence as other professional schools at Emory University.
- The RSPH dean shares the same status as the deans of Medicine and Nursing, the three schools within the WHSC.

*Weaknesses and Plans for Improvement:*

- None noted

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## **A5. Degree Offerings in Schools of Public Health**

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**A school of public health offers a professional public health master's degree (e.g., MPH) in at least three distinct concentrations (as defined by competencies in Criterion D4) and public health doctoral degree programs (academic or professional) in at least two concentrations (as defined by competencies in Criterion D4). A school may offer more degrees or concentrations at either degree level.**

- 1) Affirm that the school offers professional public health master's degree concentrations in at least three areas and public health doctoral degree programs of study in at least two areas. Template Intro-1 may be referenced for this purpose.**

As indicated in Template Intro-1, the school offers:

- 13 traditional day master's degree programs (11 MPH and 4 MSPH concentrations)
- 1 Executive MPH program (3 MPH concentrations)
- 3 Interdepartmental joint degree programs (2 MPH and 2 MSPH concentrations)
- 6 doctoral degree programs
- 10 dual degree programs (including 11 concentrations with schools internal to the university and 1 dual degree program that accommodates multiple degree options with institutions that are external to Emory)
- 2 5-year bachelor/master's programs (1 BA and 2 BS concentrations)

- 2) An official catalog or bulletin that lists the degrees offered by the school.**

The 2019-2020 Course Catalog can be found here and in ERF A5-2:

[https://www.sph.emory.edu/academics/documents/Catalog\\_2020.pdf](https://www.sph.emory.edu/academics/documents/Catalog_2020.pdf)

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**B1. Guiding Statements**


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

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

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

The school 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 school's vision, mission, goals and values.**

The RSPH guiding statements are re-evaluated on a regular basis to ensure relevance, currency, and maximal impact. To that end, the RSPH faculty dedicated substantial time at the August 14, 2017, faculty retreat to revise its previous guiding statements. The new drafts were then circulated for review and revision by faculty, administrators, and the Re-Accreditation Steering Committee over a period of six months. All comments were collected by the executive associate dean for academic affairs who incorporated this feedback into subsequent drafts. On March 21, 2018, these drafts were presented to the Re-Accreditation Self-Study Committee comprising representatives from the faculty, staff, students, and community. The resulting statements were reviewed again and finalized by the Re-Accreditation Steering Committee at its May 9, 2018 meeting. The final revisions by this committee were reviewed and approved by the RSPH Leadership Group on August 16, 2018.

The final guiding statements directly address instruction, scholarship and service and serve to both advance the field of public health and promote student success. They align with the guiding statements for the university but were developed based on our public health-related aspirations. They were developed to be broad, but sufficiently specific to allow us to allocate resources and guide the evaluation of outcomes as described in section B5. The current guiding statements are as follows:

*RSPH Vision Statement:*

Ethically engage with domestic and global communities to achieve optimal population health, quality of life, and social justice.

*RSPH Mission Statement:*

The Rollins School of Public Health of Emory University impacts health and well-being through excellence in teaching, research, and the application of knowledge in partnership with domestic and global communities.

*RSPH Goals:*

- Goal 1: Educate individuals to become skilled professionals to advance the health and well-being of all communities
- Goal 2: Discover, disseminate, and apply public health science
- Goal 3: Build capacity for public health practice
- Goal 4: Sustain an inclusive, diverse academic community that fosters excellence in instruction, research, and public health practice

*RSPH Values:*

In a quest for social justice and health equity, the Rollins School of Public Health values:

- Innovative scholarship that advances health and well-being
- Cultural humility and inquiry-driven practice, and
- Ethical engagement with domestic and global communities

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

The 2017 RSPH Strategic Plan is located in the ERF B1-2 (RSPH strategic plan).

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

*Strengths:*

- RSPH engaged in an inclusive process of revising the guiding statements and developing the strategic plan. Faculty, staff, students, and external stakeholders were involved in both processes.
- Developing the Strategic Plan entailed extensive efforts to find a consensus on priorities with a broad group of stakeholders both within and outside of the school. However, the school's plan grew out of the individual departmental plans and represents the greatest overlapping priorities between the departments. The strategic planning process is described in the document itself.

*Weaknesses and Plans for Improvement:*

- Full funding for implementation of all priorities was not available when the Strategic Plan was adopted so some proposed actions will require the acquisition of additional resources. The school continues to work on identifying ways to support implementation of strategic priorities by re-allocating existing resources (e.g., a portion of an existing staff member has been devoted to support continuing education efforts) and exploring additional opportunities for funding.

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## **B2. Graduation Rates**

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**The school collects and analyzes graduation rate data for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).**

**The school 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 public health degree.**

Templates B2-1a, B2-1b, and B2-1c present graduation rates for MPH, MSPH, and PhD students, respectively. The maximum time to degree is five years for the master's programs and eight years for the doctoral programs. The templates demonstrate that graduation rates exceed 90% for students in the master's programs (i.e., 98% and 94% for MPH and MSPH students, respectively). Moreover, the graduation rate for doctoral students is 91%.

Template B2-1							Template B2-1b						
Template B2-1a (Maximum time to graduate=5 years)							Template B2-1b (Maximum time to graduate=5 years)						
Students in MPH Degree, by Cohorts Entering Between 2014-15 and 2018-19							Students in MSPH Degree, by Cohorts Entering Between 2014-15 and 2018-19						
	Cohort of Students	2014-15	2015-16	2016-17	2017-18	2018-19		Cohort of Students	2014-15	2015-16	2016-17	2017-18	2018-19
2014-15	# Students entered	492					2014-15	# Students entered	47				
	# Students withdrew, dropped, etc.	7						# Students withdrew, dropped, etc.	0				
	# Students graduated	16						# Students graduated	1				
	Cumulative graduation rate	3%						Cumulative graduation rate	2%				
2015-16	# Students entered	469	478				2015-16	# Students entered	46	43			
	# Students withdrew, dropped, etc.	0	6					# Students withdrew, dropped, etc.	1	0			
	# Students graduated	399	15					# Students graduated	38	1			
	Cumulative graduation rate	84%	3%					Cumulative graduation rate	83%	2%			
2016 - 17	# Students continuing at beginning of this school year (or # entering for newest cohort)	70	457	504			2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	42	39		
	# Students withdrew, dropped, etc.	1	0	18				# Students withdrew, dropped, etc.	0	0	0		
	# Students graduated	36	371	16				# Students graduated	3	40	2		
	Cumulative graduation rate	92%	81%	3%				Cumulative graduation rate	89%	95%	5%		
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	33	86	470	508		2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	4	2	37	51	
	# Students withdrew, dropped, etc.	1	3	5	6			# Students withdrew, dropped, etc.	0	0	0	0	
	# Students graduated	22	52	419	10			# Students graduated	1	0	36	2	
	Cumulative graduation rate	96%	92%	86%	2%			Cumulative graduation rate	91%	95%	100%	4%	
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	10	31	46	492	485	2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	2	1	49	63
	# Students withdrew, dropped, etc.	3	1	1	2	13		# Students withdrew, dropped, etc.	2	0	0	0	0
	# Students graduated	7	16	30	441	17		# Students graduated	1	0	1	47	1
	Cumulative graduation rate	98%	95%	92%	89%	4%		Cumulative graduation rate	94%	95%	100%	96%	2%

Template B2-1c (Maximum time to graduate=8 years)									
Students in PhD Degree, by Cohorts Entering Between 2011-12 and 2018-19									
	Cohort of Students	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
2011-12	# Students entered	33							
	# Students withdrew, dropped, etc.	1							
	# Students graduated	0							
	Cumulative graduation rate	0%							
2012-13	# Students entered	32	34						
	# Students withdrew, dropped, etc.	0	0						
	# Students graduated	0	0						
	Cumulative graduation rate	0%	0%						
2013-14	# Students continuing at beginning of this school year (or # entering for newest cohort)	32	34	31					
	# Students withdrew, dropped, etc.	1	1	0					
	# Students graduated	1	0	0					
	Cumulative graduation rate	3%	0%	0%					
2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)	30	33	31	28				
	# Students withdrew, dropped, etc.	0	0	0	0				
	# Students graduated	6	3	0	0				
	Cumulative graduation rate	30%	9%	0%	0%				
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	24	30	31	28	44			
	# Students withdrew, dropped, etc.	0	1	0	0	0			
	# Students graduated	12	6	1	0	0			
	Cumulative graduation rate	67%	26%	3%	0%	0%			
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	12	23	30	28	44	36		
	# Students withdrew, dropped, etc.	0	0	1	1	2	0		
	# Students graduated	7	14	4	0	0	0		
	Cumulative graduation rate	79%	68%	16%	0%	0%	0%		
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	5	9	25	27	42	36	38	
	# Students withdrew, dropped, etc.	0	0	0	0	1	1	0	
	# Students graduated	3	7	15	10	1	0	0	
	Cumulative graduation rate	88%	88%	65%	36%	2%	0%	0%	
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	2	10	17	40	35	38	36
	# Students withdrew, dropped, etc.	1	0	0	0	1	0	0	0
	# Students graduated	1	1	5	6	7	0	0	0
	Cumulative graduation rate	91%	91%	81%	57%	18%	0%	0%	0%

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

Template B2-2 lists, for each concentration, the number of doctoral students at major milestones in their doctoral education.

**Template B2-2: Doctoral Student Data by Concentration**

Milestone by Academic Year	BIOS	BSHE	EHS	EPI	HSRHP	NHS
# newly admitted in 2019	8	5	4	7	5	6
# currently enrolled (total) in 2019	35	25	28	59	8	24
# completed coursework during 2018-2019	6	4	5	15	1	7
# in candidacy status (cumulative) during 2018-2019	11	7	8	23	3	15
# graduated in 2018-2019	4	5	8	6	1	0

Source: Online Pathway to University Students (OPUS) portal

BIOS – Biostatistics  
 BSHE – Behavioral Sciences and Health Education  
 EHS – Environmental Health Sciences  
 EPI –Epidemiology  
 HSRHP – Health Services Research and Health Policy  
 NHS – Nutrition and Health Sciences

**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.**

The graduation rate for the MPH and MSPH programs are strong. Students are expected to graduate within four semesters although there are some programs where a student may reach completion in less time (e.g., two or three semesters). There are also a number of students each year who are pursuing dual degrees. Those students are typically in residence at RSPH for two semesters, although there are some programs (e.g., Business) where students may be completing public health coursework simultaneously with coursework in their home school. Dual or joint degree students officially graduate when all degree requirements are satisfied by both schools. The Executive MPH (EMPH) Program’s format is designed for students to complete in either six or nine semesters, and the graduation rates reflect that variation. The EMPH Program is comprised of working professionals who are prone to experience more interruptions to their studies due to family matters or work obligations when compared with on-campus students.

Graduation rates are high for the six doctoral programs as well. Our data indicate a 91% graduation rate based on an 8-year maximum time to degree (which is a policy of LGS). The six programs work closely with students to ensure that they have what they need to thrive during the time in their respective programs (e.g., close advisement by a faculty member, professional development support, monitoring of the achievement of major milestones, other career development opportunities).

Template B2-2 documents that we have 35 newly admitted doctoral students in 2019 across the six programs. We also had 24 graduates this past year. Moreover, 38 students advanced to candidacy this past year (i.e., completed coursework and defended their dissertation proposal), which represents a major milestone in their graduate careers. Doctoral students are generally progressing through the doctoral programs as expected.

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

*Strengths:*

- Graduation rates at both the MPH/MSPH and doctoral levels are high.
- Graduation rates suggest that the school is providing the support necessary to ensure successful student outcomes.
- RSPH continues to monitor student responses to exit and alumni surveys to improve support services where need is indicated.
- The LGS provides strong financial support for the doctoral programs, including covering a portion of student stipends, full tuition scholarships, and health insurance subsidies. This aids our ability to recruit the strongest doctoral students in the country and retain them in our programs.

*Weaknesses and Plans for Improvement:*

- As a school, RSPH continues to strive for a 100% graduation rate. However, we recognize that individual student circumstances sometimes make graduation an impossibility. We will continue to explore ways to provide maximal support for students to ensure that we have done our best to support the increasingly complex student needs that arise (e.g., related to mental health needs, financial needs, social support, etc.).

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### B3. Post-Graduation Outcomes

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

The school 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 public health degree.**

See Templates B3-1.a, B3-1.b, and B3-1.c for 12-month post-graduation outcome data for MPH, MSPH, and doctoral program graduates, respectively.

#### Template B3-1.a: MPH Post-Graduation Outcomes

Post-Graduation Outcomes	2016 Graduates N (%)	2017 Graduates N (%)	2018 Graduates N (%)
Employed	398 (81)	357 (78)	383 (75)
Continuing education/training (not employed)	27 (6)	31 (7)	35 (7)
Not seeking employment or not seeking additional education by choice	3 (1)	11 (2)	12 (2)
Actively seeking employment or enrollment in further education	59 (12)	52 (11)	71 (14)
Unknown	2 (0)	7 (2)	8 (2)
<b>Total graduates (known + unknown)</b>	<b>489 (100)</b>	<b>458 (100)</b>	<b>509 (100)</b>

Source: OCD Graduate Outcomes Exit Survey

#### Template B3-1.b: MSPH Post-Graduation Outcomes

Post-Graduation Outcomes	2016 Graduates N (%)	2017 Graduates N (%)	2018 Graduates N (%)
Employed	29 (74)	30 (64)	23 (74)
Continuing education/training (not employed)	9 (23)	12 (26)	5 (16)
Not seeking employment or not seeking additional education by choice	0 (0)	1 (2)	0 (0)
Actively seeking employment or enrollment in further education	1 (3)	3 (6)	3 (10)
Unknown	0 (0)	1 (2)	0 (0)
<b>Total graduates (known + unknown)</b>	<b>39 (100)</b>	<b>47 (100)</b>	<b>31 (100)</b>

Source: OCD Graduate Outcomes Exit Survey

### Template B3-1.c: PhD Post-Graduation Outcomes

Post-Graduation Outcomes	2016 Graduates N (%)	2017 Graduates N (%)	2018 Graduates N (%)
Employed	17 (74)	24 (80)	26 (74)
Continuing education/training (not employed)	6 (26)	6 (20)	5 (14)
Not seeking employment or not seeking additional education by choice	0 (0)	0 (0)	0 (0)
Actively seeking employment or enrollment in further education	0 (0)	0 (0)	0 (0)
Unknown	0 (0)	0 (0)	4 (11)
<b>Total graduates (known + unknown)</b>	<b>23 (100)</b>	<b>30 (100)</b>	<b>35 (100)</b>

Source: LGS data request

**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.**

Templates B3-1.a, b, and c provide graduate outcome data for the MPH, MSPH, and PhD programs, respectively. The data demonstrate that at least 82%, 90%, and 88% of MPH, MSPH, and doctoral students, respectively over the three years that were assessed are employed or continuing their education at 1-year post graduation. All degree levels exceed the 80% or greater employment or enrollment in further education rate.

The Office of Career Development (OCD) distributes, collects, analyzes, and reports RSPH graduate outcome data within one year of graduation. Prior to spring 2018, data on graduate outcomes and the student experience were collected via an online platform created by an in-house IT database team. In the spring of 2018, RSPH upgraded the data collection mechanism to a customized, online platform powered by *12Twenty*, an outcome data and analytics online platform that allows schools to survey, track, and report student outcomes. The OCD collaborates with Enrollment Services to determine a survey dissemination date each semester based on graduation clearances, which is typically 2-weeks prior to the end of the semester (fall and summer graduates)/graduation (spring graduates). All semester graduates are uploaded into the survey platform and an email notification is sent approximately two weeks prior to the end of the semester/graduation. Graduates are asked to log into the platform and report information on their graduate outcomes as well as to provide feedback on their experience while enrolled at RSPH.

During the first 4-6 weeks of survey dissemination, graduates receive reminders 2-3 times per week to log into the platform to complete reporting. Subsequently, follow-up reminders are reduced to once per month up to twelve months post-graduation and are only sent to those graduates that have not responded (Unknown), previously reported actively seeking employment or enrollment in further education, and previously reported not seeking employment or additional education. Once graduates report that they have either secured employment or are enrolled in a continuing education program, they no longer receive follow-up emails. At the time of reporting 12-months post-graduation, the last known outcome status for each graduate is reported in aggregate form.

Reporting systems for doctoral student outcomes are established by LGS. Each summer, the six doctoral programs report to LGS on a range of program characteristics including student post-graduation outcomes, which are summarized for the relevant years based on a combination of self-report and information gleaned from dissertation advisors. LGS then reports that information back to the school aggregated across the six programs.

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

*Strengths:*

- The post-graduation outcome data indicates that up to 12 months post-graduation, 82-97% of master's level graduates report being employed or enrolled in further education.
- The post-graduation outcome data for doctoral students also indicates that at least 88% of graduates are employed or completing a post-doctoral fellowship at 12-months post-graduation.
- With an aggressive data collection protocol, the response rate for the MPH/MSPH graduates and the doctoral students are extremely high.
- The data collected from recent graduates is synthesized into a report prepared by the OCD. PDF versions of the reports for each year are available online (<https://www.sph.emory.edu/careers/employment-status/index.html>).

*Weaknesses and Plans for Improvement:*

- The OCD currently surveys only the master's student graduates. However, measures are being put into place to expand their capabilities to allow them to solicit post-graduation outcomes from doctoral students approximately one year after graduation. This effort would complement, not replace, existing data that are collected and reported to LGS.

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#### **B4. Alumni Perceptions of Curricular Effectiveness**

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For each public health degree offered, the school 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 school 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.**

RSPH conducts alumni surveys to collect employment information and to assess graduates' perceived impact of the education they received at RSPH on their careers at 3- and 5-years post-graduation. We regularly examine the data collection methodology to ensure that the response rate is maximized and that the questions are relevant (e.g., they reflect the latest competencies). We also ensure that the platform used offers the best capabilities. This examination occurs among staff of the OCD and the executive associate/assistant deans for academic affairs.

The last wave of data collection at 3- and 5-year post graduation was completed over a three-week period in November 2018 by OCD. The survey yielded a 24% response rate from graduates from the 2013 and 2015 cohorts. See Table B4-1.a.

**Table B4-1.a: Distribution of Alumni Survey Respondents from 2013 and 2015 Graduates**

<b>Cohort</b>	<b># of Graduates</b>	<b># of Survey Respondents</b>	<b>Response Rate</b>
2013	430	104	24%
2015	494	121	24%
Total	924	225	24%

Source: OCD Alumni Survey

Alumni were asked to self-report their perceived attainment of Council on Education for Public Health (CEPH) foundational competencies and their ability to apply these in a work setting. Specifically, alumni responded to the statement, *"I have attained and had the ability to apply the following 10 competencies post-graduation in a past/current job"* using a Likert scale ranging from 1 (completely disagree) to 5 (completely agree). The list of 10 CEPH competencies guiding the MPH/MSPH curriculum at the time the students completed their degrees is included below. Table B4-1.b below includes the proportion of total respondents (N=199 of the 225 surveys completed across both cohorts) who endorsed each answer option as well as the average Likert score for each item. CEPH Foundational Competencies applicable to graduating cohorts 2013 and 2015 are as follows:

1. Use analytic reasoning and quantitative methods to address questions in public health and population-based research.
2. Describe environmental conditions, including biological, physical, and chemical factors that affect the health of individuals, communities, and populations.
3. Describe the use of epidemiology methods to study the etiology and control of disease and injury in populations.
4. Discuss how health policy and finance affect the delivery, quality, access, and costs of health care for individuals, communities, and populations.
5. Describe behavioral, social, and cultural factors that contribute to the health and well-being of individuals, communities, and populations.
6. Assess the global forces that influence the health of culturally diverse populations around the world.
7. Apply skills and knowledge in public health setting(s) through planned and supervised

- experience(s) related to professional career objectives.
8. Integrate the broad base of public health knowledge and skills acquired from coursework, a practicum, and other learning activities into a culminating experience (thesis, special studies project, and/or capstone).
  9. Develop the capacity for lifelong learning in public health.
  10. Apply principles of ethical conduct to public health practice.

**Table B4-1.b: Master’s-Level Alumni Perceptions of Competency Attainment**

CEPH Competencies	Completely Agree		Agree		Not Sure		Disagree		Completely Disagree		Average Likert Ratings
	N	%	N	%	N	%	N	%	N	%	
1	109	55	63	32	8	4	14	7	4	2	4.31
2	55	28	91	46	23	12	23	12	7	4	3.82
3	68	34	75	38	17	9	23	12	16	8	3.78
4	58	29	82	41	29	15	23	12	7	4	3.81
5	99	50	74	37	15	8	5	3	6	3	4.28
6	47	24	86	43	25	13	29	15	12	6	3.64
7	87	44	80	40	20	10	5	3	6	3	4.20
8	80	40	87	44	18	9	7	4	6	3	4.15
9	113	57	69	35	10	5	4	2	2	1	4.45
10	109	55	69	35	14	7	4	2	2	1	4.41

Source: OCD Alumni Survey

Using a Likert scale ranging from 1 (not important) to 5 (very important), alumni were also asked to reflect on specific skill sets and to respond to the following question: “*Reflecting on your experience, how important are each of the following skills for job readiness as a public health professional?*” The list of eight public health practice and research skills assessed is included below. Table B4.1.c below includes the proportion of total number of respondents (N=199) who endorsed each answer option as well as the average Likert score for each item.

Public Health Practice and Research Skills:

1. Evidence-based approaches to public health
2. Public health and health care systems
3. Planning and management to promote health
4. Policy in public health
5. Leadership
6. Communication
7. Interprofessional practice
8. Systems thinking

**Table B4-1.c: Master's-Level Alumni Perceptions of Importance of Skills for Job Readiness as a Public Health Professional**

Skills	Very Important		Moderately Important		Neutral		Slightly Important		Not Important		Average Likert Ratings
	N	%	N	%	N	%	N	%	N	%	
1	155	78	29	15	13	7	1	0	1	0	4.69
2	125	63	54	27	14	7	2	1	3	2	4.49
3	113	57	65	33	13	7	5	3	2	1	4.42
4	94	47	74	37	24	12	6	3	0	0	4.29
5	131	66	59	30	6	3	1	0	1	0	4.61
6	178	89	20	10	1	0	0	0	0	0	4.89
7	136	69	48	24	12	6	1	0	1	0	4.60
8	126	63	57	29	14	7	1	0	1	0	4.54

Source: OCD Alumni Survey

Additionally, in 2016, the one-time alumni survey was disseminated to all RSPH alumni for whom contact information was available. Table B4-1.d outlines the proportion of respondents who agreed/disagreed that they had mastered the 10 public health core competencies outlined by CEPH at that time. Overall, over two-thirds of respondents reported that they mastered eight out of the 10 competencies. Two competencies received scores suggesting uncertainty and/or disagreement regarding alumni's level of mastery: a) discuss how health policy and finance affect the delivery, quality, access, and costs of health care for individuals, communities, and populations and b) assess the global forces that influence the health of culturally diverse populations around the world.

**Table B4-1.d: Perceived Mastery of Public Health Competency**

Competency	Completely Agree	Agree	Not Sure	Disagree	Completely Disagree
Use analytic reasoning and quantitative methods to address questions in public health and population-based research.	48%	40%	5%	6%	1%
Describe environmental conditions, including biological, physical and chemical factors that affect the health of individuals, communities, and populations.	26%	41%	11%	16%	6%
Describe the use of epidemiology methods to study the etiology and control of disease and injury in populations.	31%	37%	12%	15%	5%
Discuss how health policy and finance affect the delivery, quality, access, and costs of health care for individuals, communities, and populations.	26%	37%	14%	17%	6%
Describe behavioral, social and cultural factors that contribute to the health and well-being of individuals, communities, and populations.	41%	44%	8%	4%	3%
Assess the global forces that influence the health of culturally diverse populations around the world.	20%	39%	14%	19%	8%

Apply skills and knowledge in public health setting(s) through planned and supervised experience(s) related to professional career objectives.	38%	43%	14%	4%	1%
Integrate the broad base of public health knowledge and skills acquired from coursework, practicum, and other learning activities into a culminating experience (thesis, special studies project, capstone).	39%	45%	10%	3%	3%
Develop the capacity for lifelong learning in public health.	48%	42%	7%	2%	1%
Apply principles of ethical conduct to public health practice.	46%	43%	7%	3%	1%

Source: 2016 Alumni Survey

Table B4-1.e below includes doctoral student ratings of perceived curricular effectiveness. It demonstrates that the majority of students rated the curriculum in the range of very good to excellent for all of the program components that were assessed.

**Table B4-1.e: Doctoral Student Alumni Perceptions of Curricular Effectiveness**

Doctoral Program Components	Excellent		Very Good		Good		Fair		Poor	
	N	%	N	%	N	%	N	%	N	%
a. Quality of the curriculum	63	38	64	38	24	14	13	8	3	2
b. Quality of the graduate level teaching by faculty	68	41	61	37	15	9	21	12	2	1
c. Quality of academic advising and guidance	76	45	39	23	31	19	15	9	6	4
d. Preparation for candidacy	67	40	56	34	25	15	14	9	4	2
e. Preparation for comprehensive exams	65	39	48	29	36	21	14	9	4	2
f. The opportunity to collaborate across disciplines	73	44	35	21	34	21	17	10	7	4
g. Assistance in finding employment	47	29	40	24	45	27	23	14	10	6
h. Overall program quality	70	42	67	40	17	10	10	6	3	2

Source: LGS PhD Graduate Education Exit Survey

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

RSPH conducts alumni surveys to collect employment information and to assess graduates' perceived impact of the education they received at RSPH on their careers at 3- and 5-years post-graduation. The last wave of data collection at 3- and 5-years post-graduation was completed over a three-week period in November 2018 by OCD. A reminder was sent to alumni eligible for the survey three days prior to the survey closing. The survey yielded a 24% response rate from graduates from the 2013 and 2015 cohorts.

A copy of the 3- and 5-year Post-Graduation Survey, as well as a full report based on data collected in 2018, is available in ERF B4-2 (Methodology and findings from alumni data collection). Regarding the one-time alumni survey that was disseminated in 2016, the survey was disseminated by the OCD in collaboration with RSPH Alumni Association as well as through social media and newsletters. A total of 722 alumni responded.

The LGS administers the PhD Graduate Education Exit Survey, which captures basic information about overall satisfaction with the program, research skills and abilities, teaching skills and abilities, professional skills and abilities, support, faculty mentoring, professional networks/development, and career planning. All students are required to complete this online survey and print their certificate of completion for the LGS as part of the process for graduation clearance. A link to the PhD Graduate Education Exit Survey (with a link to the Survey of Earned Doctorates at the end) is available here:

[https://emoryir.az1.qualtrics.com/jfe/form/SV\\_cBDRPLqft3bOn7D](https://emoryir.az1.qualtrics.com/jfe/form/SV_cBDRPLqft3bOn7D)

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

*Strengths:*

- OCD collaborates with the dean's office and other departments on the development of survey questions and data collection efforts to assess Master's level alumni.
- The LGS has a robust and comprehensive methodology for surveying graduates of the university's doctoral programs (i.e., the PhD Graduate Education Exit Survey and the Survey of Earned Doctorates).
- Graduates of the six doctoral programs report a high level of satisfaction with curricular effectiveness.
- The vast majority of Master's level alumni responding to the survey completely agreed/agreed that they attained and had the ability to apply the previous 10 foundational competencies. They also completely agreed/agreed that the skills related to the new foundational competencies are important skills for job readiness as a public health professional.

*Weaknesses and Plans for Improvement:*

- No data are yet available on the new competencies as we have not yet graduated a class of students trained under them. However, we will start utilizing the new competencies starting with the May 2019 Graduate Outcomes Exit Survey of RSPH master's level alumni.
- The response rate for the master's graduates is still very low, which impacts the representativeness of the responses. We will continue to explore methods to improve response rate. Such measures include collaborating with the RSPH Alumni Association and academic departments to disseminate and increase awareness of future surveys and utilizing social media more effectively.
- The doctoral programs vary in terms of whether they survey graduates of their program, separately from the LGS survey. The OCD is working with the dean's office to explore the feasibility and utility of administering a school-level survey of graduates of the doctoral program. This would require creating processes to tailor each survey to the competencies of each of the six programs. We expect that this survey will be in place by May 2020.

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## **B5. Defining Evaluation Practices**

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**The school defines appropriate evaluation methods and measures that allow the school 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 school'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 school's evaluation measures, methods and parties responsible for review. See Template B5-1.**

Template B5-1 below presents the schools evaluation methods and measures that allow for the determination of effectiveness in advancing its mission and goals. RSPH has four goals that align with its overall mission and the need to track the school's progress in advancing the field of public health (addressing instruction, scholarship, and service) and promoting student success:

- Educate individuals to become skilled professionals to advance the health and well-being of all communities (instruction and promoting student success);
- Discover, disseminate, and apply public health science (scholarship);
- Build capacity for public health practice (service);
- Sustain an inclusive, diverse academic community that fosters excellence in instruction, research, and public health practice (promoting student success).

Template B5-1 demonstrates that the school has an evaluation plan that is ongoing, systematic, and well-documented. This template presents all four of the school goals stated above along with relevant indicators and documents their alignment with the criteria above. Note, however that Template B5-1 presents 17 of our highest level indicators of effectiveness and that our more robust assessment consists of the 96 operational indicators presented in the RSPH "dashboard" that is presented in ERF B5-1.

Collecting data across all measures and objectives identified in the Template B5-1 evaluation plan, and planning and initiating changes within the school, occurs through several ongoing, cyclical processes including the following:

- School governance groups and standing committees make recommendations to chairs and deans as issues arise.
- Deans, administrators, and committee members solicit and interpret recommendations from health sciences, university, and community constituents, such as strategic planning groups and members of the CAB.
- Chair of Faculty Council and presidents of the RSGA and Alumni Board solicit input from constituents
- Executive associate dean for academic affairs leads review of evaluation data with Administrative Staff and Leadership Group
- Administrators, Department Chairs, and others implement actions resulting from evaluation and survey data collected by various service units including:
  - OCD collects student, alumni, and employer surveys (typically in May)
  - Faculty complete individual annual performance reports that are summarized by departments (typically in June)
  - Office of Admissions and Student Services regularly reviews admissions, matriculation, and outcomes data and shares this information with relevant offices
  - Office of Administration and Finance regularly gathers and reviews administrative performance data (e.g. proposal submission data, award data) to inform service delivery and process improvements.

**Template B5-1**

<b>Evaluation measures</b>	<b>Identify data source(s) and describe how raw data are analyzed and presented for decision making (Cells with italicized text have reports in the ERF, provided as examples)</b>	<b>Responsibility for review</b>
<b>Goal 1: Educate individuals to become skilled professionals to advance the health and well-being of all communities (Instruction and Promoting Student Success)</b>		
Applied Practice Experience (APE) employer and student evaluations of mastery of APE competencies	Field Supervisors and students receive an evaluation at the conclusion of the APE based on the experience end date entered into the system. The students and Field Supervisors assess the student's professional skills and abilities in the areas of communication, analytical assessment, financial planning, cultural competency, community involvement, basic public health sciences skills, policy development/program planning, and leadership and systems thinking skills for attainment of the related competencies. Applied Practice Experience Advisors review the results of the evaluation to assist with determining successful completion of the APE requirement.	APE faculty advisor
Proportion of students graduating within three years	The registrar's office generates these data using the PeopleSoft Student Information System, which are then shared with the Office of Admission and Student Services (OASS). These data are then shared with the associate deans and academic department chairs/directors of master's programs to inform decisions about curricular revisions and student support services as part of an annual review of school indicators represented on the dashboard.	RSPH Leadership Group, MPH Program Directors
Employment rates of recent master's and doctoral graduates	Master's graduates receive a Graduate Outcomes and Exit Survey to provide information on their employment status through first 12-months post-graduation. Annually, results are analyzed and compiled into an aggregate school-level report that is disseminated to the RSPH Leadership Group and Education Committee for consideration in decision making. Additionally, departmental reports are developed and shared with departmental leadership to inform decision-making. All of these reports are generated under the leadership of the assistant dean for career development. Employment rates of doctoral graduates are reviewed annually by the six doctoral programs. They are required to submit these data as part of their annual reporting to LGS. Programs vary greatly, but this oftentimes involves the DGS sharing the findings with the program level committee that oversees the doctoral program to consider in the context of curricular decisions.	RSPH Leadership Group, Education Committee, MPH Program Directors, 6 Directors of Graduate Studies
Alumni self-assessment of competencies achieved	The RSPH OCD conducts the graduate outcomes and exit survey to obtain employment information and assess alumni perceived impact of the education they received at the RSPH on their careers at 3- and 5-years post-graduation. Alumni are asked to assess their attainment and ability to apply public health competencies on the job. The	Department Chairs, Executive Associate Dean for Academic Affairs, Assistant Dean for Academic Affairs, Education Committee

	results from this question and others on the survey are compiled into an annual alumni survey report disseminated to the RSPH Leadership Group and the Education Committee for consideration in making decisions about curricular changes.	
<b>Goal 2: Discover, disseminate and apply public health science (Scholarship)</b>		
Amount and increase of federally sponsored awards (including NIH and other federal agencies)	Regular reports and presentations are generated by the Research Administration Services unit within the school and at the WHSC level that monitor federally sponsored awards. These data are shared at quarterly "Mission-Metrics meetings" of the WHSC, at regular meetings of the RSPH associate deans, and within the RSPH Research Advisory Committee. These data are used to inform recruitment efforts, investments in research, at RSPH Leadership Group meetings (largely consisting of department chairs and administrators) and decisions about how to enhance faculty support to conduct research.	Associate Dean for Research, Associate Dean for Finance and Administration
Amount and increase of foundations and other non-federal awards	The Emory University Office of Advancement and Alumni Engagement (AAE) generates monthly reports that describe philanthropic contributions to the specific unit and the university as a whole. These data are reviewed by RSPH AAE staff to benchmark progress towards goals. Additionally, Research Administration Services generates reports of non-federal research awards that are reviewed by the Research Advisory Committee and associate deans.	Associate Dean for Research, Associate Dean for Finance and Administration, Senior Associate Dean for Advancement and Alumni Engagement
Total/per capita faculty publications	By June 15 of each year, faculty are expected to submit their annual evaluation report to their department chair, which summarizes their accomplishments in research, teaching, and service over the past year. From these individual reports, reports are generated at the department level that summarize accomplishments across all of their faculty along these same dimensions. The executive associate dean for academic affairs reviews these departmental reports with the associate deans on an annual basis and combines this measure along with others onto the RSPH "Dashboard" that is shared with the RSPH Leadership Group at one of the September meetings.	Executive Associate Dean for Academic Affairs
Mean h-index for faculty by rank	This measure is used as an indicator of dissemination and is examined in multiple contexts. For example, at the individual-level, it is used in the context of evaluating cases for promotion and tenure. At the group level, the mean h-index is examined at the "Mission-Metrics" meetings of the associate deans for research. It is also examined by the RSPH Leadership Group in the context of reviewing the RSPH Dashboard at the September Leadership Group meeting.	Associate Dean for Research, Executive Associate Dean for Academic Affairs
Percent of faculty participation in consultation and service to the profession	Also drawn from the annual evaluation report submitted by the faculty in June and the departmental summary reports that are compiled	Executive Associate Dean for Academic Affairs

	based on the individual reports, the executive associate dean for academic affairs shares these data with the RSPH Leadership Group at the September meeting.	
<b>Goal 3: Build capacity for public health practice (Service)</b>		
Number of alumni of the MPH/MSPH programs	Alumni information is collected in a database called Advance Web Access. The collected biographical and employment data are reviewed by the Office of Alumni Engagement and the Alumni Board. This information is used to develop programs that provide alumni with opportunities to continue to grow professionally, mentor current students, assist in recruitment efforts, and maintain connections with faculty and fellow alumni. Data demonstrating alumni employment at specific agencies that are key partners for the school (e.g., the number of RSPH alumni employed by CDC, or Deloitte) are regularly reviewed by associate deans, the OCD, and the OASS to help inform decisions about how to engage these partners in the educational experience of current students .	Senior Director for Alumni Engagement, Associate Dean for Public Health Practice, Assistant Dean of Career Development, Associate Dean for Admission and Student Services
Number of continuing education programs and enrollment student and workforce development across the sector	Director of Continuing Professional Education (CPE) prepares an annual report that details all CPE activities for the previous year. This report is reviewed by the RSPH Deans to inform decisions about what areas to emphasize and/or deemphasize for subsequent CPE planning. It is also reviewed by a small committee of faculty who is working with the school to expand existing efforts around CPE.	Executive Associate Dean for Academic Affairs, Associate Dean for Public Health Practice, Faculty Working Group on CPE
Mean number of hours students engage in the APE	Department APE advisers review and approve the hours students engage in APE through the Practicum Portal to ensure they meet minimum requirements . The minimum number of hours is 200 per student. The associate directors of academic programs (ADAPs) review the total number of hours of APE engagement in the practicum portal to clear students for graduation.	Associate Directors of Academic Programs
Number of partnerships with outside agencies to support student engagement in public health practice (in service to APE and the Rollins Earn and Lean [REAL] Program)	APE partner sites are tracked in the practicum portal and reported to the associate dean for public health practice and to department APE adviser/ADAPs used for partnership cultivation and outreach. Database of active MOU's are tracked by the senior director of student engagement and used for partnership development and program evaluation for the REAL program.	Senior Director of Student Engagement
<b>Goal 4: Sustain an inclusive, diverse academic community that fosters excellence in instruction, research and public health practice (Promoting Student Success)</b>		
Proportion of faculty by gender and racial/ethnic background	An availability analysis report is generated by the Provost's office and shared with all faculty search committees upon commencement of a search. It is also shared with the dean, executive associate dean for academic affairs, and department chairs on an annual basis to inform hiring priorities. This report is generated by the Provost's office and updated regularly.	Executive Associate Dean for Academic Affairs, Assistant Dean for Academic Affairs, faculty search committees, Department Chairs

Faculty satisfaction with work environment	A faculty climate survey was conducted in 2014 and 2018 by the RSPH Faculty Council to assess faculty satisfaction with the work environment at RSPH. The results are reviewed by the deans, department chairs, and faculty. Results of the most recent 2018 survey were shared with faculty at the annual retreat, with additional analyses still planned. The Faculty Council is currently planning additional analyses and will use these findings to establish their priorities for the upcoming academic year.	Executive Associate Dean for Academic Affairs, Assistant Dean for Academic Affairs, RSPH Faculty Council
Proportion of students by racial/ethnic background	A weekly admissions report including data on % minority is shared with the academic department chair, director of Master's program and/or department admissions committee and the ADAPs for each department to track rates of enrollment throughout the admissions cycle of these groups.	Associate Dean of Admission and Student Affairs
Mean score on course evaluations reflecting student perceptions of the classroom climate	The executive associate dean for academic affairs reviews the raw course evaluation data each semester and prepares a summary assessment of her findings. She sends an overall summary to the entire faculty, but sends department-specific summaries to the department chairs with recommendations about specific areas of concern that may warrant attention. Department chairs then discuss the findings with specific faculty, as needed, in order to inform revisions to the future implementation of relevant courses.	Executive Associate Dean for Academic Affairs, Assistant Dean for Academic Affairs, Department Chairs

\* Provide evidence of implementation of the methods (eg, reports, data summaries, meeting minutes) in the ERF in response to documentation request B5.3.

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

The school is motivated by a desire to achieve the four goals stated above. Collectively, these goals exist in service of the desire to advance the field of public health and promote student success. Goals 1, 2, and 3, directly align with instruction, scholarship, and service, respectively. Moreover, the school-level dashboard presented in ERF B5-1 documents how we track the school's progress over time among a more expanded list of indicators of the four goals stated above.

The methods and measures that we use to track progress are iterative and dynamic in nature. They recognize the value of multiple types of data (e.g., both qualitative and quantitative data), the importance of ensuring the accuracy of the data, and the need for data triangulation when possible (i.e., looking at an issue with data that reflects multiple perspectives). We re-examine data at multiple points in time to track trends over time. We regularly benchmark with our peers with hopes of understanding ways to improve as a school. To the extent possible, we use data to drive administrative decision-making. Our methods are nimble enough to adapt to emerging needs, and we constantly strive for transparency in terms of the data that exist and how it is used. Data are widely shared among constituents within the school; some data are also shared with stakeholders at the university level and beyond the university.

The specific indicators chosen (both for the more succinct list in Template B5-1 and the more expanded list in the RSPH Dashboard in ERF B5-1) were determined to be a reasonable way to operationalize what "advancing the field of public health and promoting student success" would look like in our specific context. Our specific context is shaped by our mission, values, and goals as a school; university level resources and expectations; and the school's historical context. For example, because we value ethical engagement with both global and local communities, one indicator used to track school success is based on the number of returned Peace Corps volunteers who enroll into our programs. As another example, because we value

innovative scholarship that is of significant importance to the health and well-being of populations, we track the number of faculty who have published one or more papers throughout their careers that have generated 1,000 or more citations. Below, we provide more detail about how our methods and measures track progress in advancing the field of public health and promoting student success separately by goal.

*Goal 1: Educate individuals to become skilled professionals to advance the health and well-being of all communities (instruction and promoting student success):* The methods that we use to assess goal 1 include surveying students, APE supervisors, and alumni at multiple points in time. Students provide valuable information about their experiences acquiring skills (as students) and utilizing those skills (as alumni) once they enter the workforce. The administrative data (measures) are taken from graduation records and student reports of their graduate outcomes, which provides a good mix of both objective and subjective data. The objective data only tell part of the story, as student perceptions are integral to understanding whether we achieve student success. The doctoral programs collect data on their graduates to inform thinking about how to revise their curriculum to ensure its effectiveness. They collect these data by contacting students and/or advisors to gather information on employment. They submit these data to LGS through the annual reporting process.

*Goal 2: Discover, disseminate, and apply public health science (scholarship):* These data are based on administrative records of research productivity and are examined at multiple points in time throughout the academic year. These data are also generated by the faculty who submit their annual reports documenting their productivity to their departments each year. The executive associate dean for academic affairs reviews the departmental annual reports (which is a compilation of the individual faculty reports) while also reporting some of this information to the Provost's office in the context of the school-level annual reports. Our ability to track progress towards advancing the field of public health relies heavily on the ability of our faculty to engage in highly impactful scholarship. There is no perfect measure of this; thus, we use multiple imperfect measures (e.g., *h*-index, per capita publications, impact on the profession through consultations) and examine them over time. Importantly, these measures of scholarly productivity shed light on individual-level faculty productivity (in the context of tenure and promotion), department-level productivity (in the context of their annual reports), and school-level productivity when we examine the data in aggregate. As a result, these data inform decisions that are made at these various levels.

*Goal 3: Build capacity for public health practice (service):* Our methods to assess this goal center on alumni surveys and the use of administrative data. The OCD continues to refine data collection procedures to ensure the highest possible response rate (e.g., now working with departments to ensure completion of the alumni surveys by its former students). The alumni surveys have been revised to reflect the latest competencies. It will take time for students to experience our curriculum in a way that most fully reflect these competencies, but we are moving in this direction with the curricular changes that were made by 12/31/18. The administrative data documenting hours of student engagement in the APE are a critical component of the process used to ensure that students meet graduation requirements and are reviewed by the associate directors of academic programs. The APE Portal is a newly developed system that facilitates collection of the highest quality data from students and field supervisors in a timely manner regarding all aspects of the APE.

*Goal 4: Sustain an inclusive, diverse academic community that fosters excellence in instruction, research, and public health practice (promoting student success):* Like many schools, we have better quality data related to our diversity than our inclusivity. The Office of Human Resources provides administrative data on the diversity of faculty and staff; the Office of Admissions and Student Services regularly brings reports of student demographics to weekly staff meetings, particularly during the recruitment/admissions season spanning February-August of each academic year. These data are generated by university systems that pull from the SOPHAS applications that students submit themselves. We collect quantitative data on student and faculty perceptions of the inclusivity of our environment via regular surveys (e.g., course evaluations that are conducted every semester, faculty climate surveys). We then share these data (in aggregate form) with faculty through email and other forms. It is notable that students can access course evaluation data if a class meets the threshold of a 66% response rate, which helps them make choices about what sections of what courses to select. This threshold was selected to offer a reasonable level of representativeness in the responses and to incentivize students to complete the surveys. Department Chairs and school administrators use these data to make decisions about how to improve curricular effectiveness and ultimately promote student success.

There are other ways that the school embraces evaluation that are missing from the Template. For example, it is also notable that in 2016-2017, RSPH underwent a 5-year review. Periodic reviews of units occur on a 5-7 year cycle at Emory. They follow the charge of the Provost and are mission and data-driven and comprehensive in scope, reviewing past accomplishments and challenges, as well as forward-looking, guiding the unit's development in the next 5-7 years. The review generated an evaluation report for the Provost on behalf of the external review team who both read the self-study document and attended a four-day site visit. Although the full report was not shared with the school, the self-study process provided a valuable time to reflect on where the school had been and where it was going in relation to its mission, values, and goals.

**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.**

More detailed documentation of implementation of the B5-1 evaluation plan is included in ERF B5-3, including reports of various surveys, communications from the executive associate/assistant deans for academic affairs regarding student course evaluations, and PowerPoint presentations in which data are shared at relevant retreats and committee meetings. Taken together, this evidence documents that relevant parties participated in the examination of progress and impact on both public health as a field and student success.

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

*Strengths:*

- The school tracks its objectives with a comprehensive set of measures and indicators.
- The feedback provided by these measures is disseminated to the school leadership and serves as the basis for planning and quality improvement.
- Meeting minutes for key committees (i.e., the RSPH Leadership Group and the Faculty Council) are distributed to all faculty in the school in order to enhance communication and transparency regarding the use of evaluation data.

*Weaknesses and Plans for Improvement:*

- None noted

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## **B6. Use of Evaluation Data**

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

The school 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.

The executive associate/assistant deans for academic affairs compile the evaluation data on the relevant indicators, which are submitted by the various service units, to create the “dashboard.” This comprehensive dashboard is made available to the school’s administrative staff (deans and directors of service units) and the Leadership Group (department chairs and deans) annually, but specific data elements are also made available to this group throughout the year as it relates to specific agenda items. Strategic feedback loops allow administrative staff and the Leadership Group to engage appropriate school units or standing committees to address identified issues or shortcomings. An overall annual review of the dashboard data occurs at the beginning of the academic year to assess progress toward the stated targets and to adjustment targets when warranted. The administrative staff and the Leadership Group also hold regular meetings and review issues that arise on an ongoing basis engaging the appropriate units and committees as needed. Broader issues requiring input from the school’s faculty are also presented to the faculty at its annual retreat for discussion and suggestions for action. Below, we describe three specific examples of programmatic changes that were implemented over the past three years as a result of evaluation results: a) faculty mentoring, b) status of Clinical and Research Track (CRT) faculty, and c) online sections of core courses.

### **Faculty Mentoring**

#### *Evaluation:*

- *Faculty Climate Surveys* were conducted in 2014 and 2018. The 2014 survey indicated that a proportion of junior faculty perceived they lacked adequate support for professional development. Closed and open-ended questions asked faculty about the extent to which they were advised or supported in research, teaching, and related activities. The proportion indicating a lack of mentoring was particularly high among CRT faculty and some at the rank of associate professor.

#### *Action:*

- A formal mentoring plan that included tenure-track and CRT faculty was formulated by the executive associate dean for academic affairs in concert with the RSPH Faculty Council and adopted by the school’s Leadership Group in 2016-17. The plan includes minimum requirements for mentoring and annual reviews by department chairs that include input from mentors. This plan was updated in the Fall of 2018 to attend more carefully to the mentoring needs of CRT faculty. In addition, the executive associate dean for academic affairs established a series of Faculty Development Seminars (seven per academic year) on various topics that are open to all faculty. This also provides an opportunity for peer mentoring to occur both during and after these sessions.

### **Status of Clinical and Research Track Faculty**

#### *Evaluation:*

- The *Faculty Climate Surveys* in 2014 and 2018 indicated discontent among CRT faculty regarding recognition and awards. The survey included a number of closed and open-ended questions on faculty

experiences within the school. As a result, a small subcommittee of CRT faculty was tasked with conducting focus groups with other CRT faculty across the school to gain a better understanding of experiences of CRT faculty at RSPH.

*Action:*

- The Faculty Council initiated a discussion of the findings at the school's annual faculty retreats in 2016 and 2017 and remedies were suggested. The Faculty Council was directed to consider faculty suggestions and make recommendations for responding to the concerns. In 2017, a subcommittee of CRT faculty was initiated that proposed changes in promotion and tenure policies and procedures, revisions to the school's mentoring guidelines, increasing the availability of discretionary funds to support professional activities, and the use of multi-year appointments rather than annually renewable positions that are currently the norm. Collectively, these activities were deemed to provide greater recognition for the work of CRT faculty. These recommendations were adopted by the Leadership Group and implemented by department chairs and school administrators over the course of 2018.

### **Online Sections of Core Courses**

*Evaluation:*

- The *Strategic Planning* process in 2017 found that faculty in several departments believed the school should offer regularly enrolled MPH or MSPH students the option of online core or foundational courses. This was adopted as a priority for the school in its strategic plan. Some students had suggested the same in responses to open-ended questions regarding strengthening the program on exit surveys in 2016 and 2017. The Education Committee, including students, faculty, and staff, endorsed this idea. Our evaluation of the online vs. face-to-face sections of the courses reveal that they were evaluated similarly. Students appeared equally satisfied with the online sections, perhaps because some students simply prefer one format over the other due to different learning styles. See a PPT presentation of the findings in ERF B6, which was presented to the RSPH Leadership Group to inform decisions about how to implement the Fall 2019 courses.

*Action:*

- Online sections of two core courses were offered in fall 2018, with two additional courses offering online sections in spring 2019, and plans to implement the last two core courses online in fall 2019.

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

*Strengths:*

- The school applies feedback from evaluation data to improve quality of services and functions to faculty, staff, and students. We rely on a robust data collection effort that draws from multiple sources on an ongoing basis.

*Weaknesses and Plans for Improvement:*

- The platform used to collect course evaluation data is undergoing modification. We expect that this new platform will serve to improve response rates, obtain more nuanced feedback, and generate reports that more efficiently summarize the findings thereby facilitating action. In the spring of 2020, we expect to transition from our existing in-house platform to *EvaluationKit*, which is a university-wide platform for course evaluations that is in the process of being deployed to the different units throughout the university.

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**C1. Fiscal Resources**


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**The school 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 school's budget processes, including all sources of funding.**

The school's budget is developed each year by the dean in consultation with the executive associate/associate deans for administration and finance. The budget process includes the school's five-year estimates for revenue and expenses. Plans for growth are coordinated with the school's strategic plan and departments. The budget includes projected salary increases, faculty additions, MPH/MSPH enrollment targets, anticipated grant awards and expenditures, and proposed tuition changes. This budget is presented to a subset of the University Ways and Means Committee, which consists of the vice president for health affairs, the provost, and the vice president for finance.

Following this presentation, the vice president for health affairs reviews the school's budget with the full University Ways and Means Committee. The Emory Board of Trustees approves the final budget in the spring. This annual budget review and approval process is consistent throughout all schools and units within the University. Once the budget is approved, a formal budget presentation is given at the annual faculty retreat.

RSPH has four main sources of operating revenue:

- Tuition from MPH/MSPH enrollment
- Facility and administrative costs (indirect cost recovery) from extramural funding
- Endowment and gifts held by the school as well as discretionary funds by faculty
- Other Emory University support (e.g., Woodruff scholarships for outstanding MPH/MSPH students)

The University returns all tuition generated by the school to the school. Likewise, all indirect costs generated from sponsored projects flow directly to the school. It is Emory's policy to share indirect costs from collaborative projects that involve more than one school. The basic concept is that facility and administrative (F & A) costs follow the direct costs. For example, if school faculty and staff salaries are charged to a grant housed in the School of Medicine, the indirect costs associated with those expenses flow back to RSPH. Although all tuition and F & A cost revenue generated by the school flow to the school, the school is allocated a portion of central Emory costs to cover facilities and central administrative units. In a sense, these are "taxes" paid to central Emory. The internal cost allocation paid to the university including utilities for fiscal year 2019 was \$15,713,789.

Academic department budgets are based on the amount of MPH/MSPH tuition and F & A cost generated by that department during the previous fiscal year. If significant changes are anticipated for the coming year, the budgets are adjusted accordingly. For example, if a department enrolls 20% fewer MPH/MSPH students, that is reflected in the departmental budget allocation. Annually, the assistant dean for admissions and student services and the senior director for admissions and recruitment of the Office of Admissions and Student Services (OASS) reach out to every academic department and the EMPH program to initiate a discussion around setting the enrollment targets. The admissions leadership of OASS offers the departments/programs the following information prior to discussions:

- School/program comparative data from the Association of Schools & Programs of Public Health (ASPPH) data center
- Matriculation reports from the ASPPH data center (competitive analysis)
- Latest RSPH enrollment numbers (from the RSPH weekly admissions report)

Based on this data and the landscape of the graduate school pipeline, the admissions leadership of OASS make enrollment recommendations which are shared with the departments/programs as well as with the

executive associate/associate deans for administration and finance. Once all parties agree, the final enrollment targets are communicated and the admissions leadership of OASS works closely with every department/program to offer support in helping them all meet their projections.

Each academic department also receives an allocation of endowment funds to support doctoral training. These three revenue streams make up the annual departmental budget. Because the EMPH program only has a master's tuition stream, that budget is only based on the anticipated tuition.

- a) Briefly describe how the school pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples.**

*Tenure-Track Faculty:*

All faculty are expected to raise funds to support salaries. However, salaries of tenure-track faculty are fully guaranteed. Following the first 2-3 years of an appointment, faculty are expected to generate roughly two-thirds of their annual salary from extramural funding for research or service activities. Faculty normally receive 5% of their annual salary for each semester hour of teaching with an additional 5% of internal funding for service or preparation of proposals. Should faculty fail to cover 95% of effort with extramural funding and teaching, the department contributes the balance so that faculty receive the full amount of their salary. Faculty hold 12-month appointments. Untenured faculty (assistant professor and some associate professors) are on limited, annually renewable appointments.

*Clinical/Research Track Faculty:*

Clinical or Research Track faculty may contribute to programs on research, teaching, and service. They are typically paid by extramural funding sources associated with projects on which they work. When CRT faculty contribute to the teaching program, they normally receive 5% of their annual salary per semester credit hour taught. CRT faculty commonly receive an additional 3% of internal funding for service or preparation of proposals. CRT faculty hold 12-month appointments that are annually renewable. The extent to which their salary is guaranteed depends on the length of their appointments. In 2018, the school created guidelines for offering CRT faculty variable appointments (typically of three to five years' duration depending on the availability of financial support).

- b) Briefly describe how the school 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.**

Departments request permission from the dean's office to conduct searches for all new faculty. Approval requires a business plan for how new faculty members will be supported. The most common source of support comes from new department chairs who receive a startup or renewal "package" of funding that includes support for the recruitment of new faculty members. Regarding tenure-track searches, the school uses departmental hiring priorities to create a school-level strategic hiring plan that is then submitted to the Provost's office for approval. The Provost's Office requests multi-year strategic hiring plans to authorize tenure-track searches. On July 2, 2019 we received tenure-track faculty search authorization from the Provost's office for AY 2019-2020 based on the strategic hiring plan that was submitted earlier that summer.

Funds to recruit and hire new faculty members are generated from the four sources of funding for the school indicated in Template C1-1. Occasionally, the WHSC or the Office of the Provost allocates funding to support the recruitment of faculty in high priority areas.

- c) Describe how the school funds the following:**

- a. Operational costs (schools define "operational" in their own contexts; definition must be included in response)**

Operational costs include facilities and maintenance, information technology, administrative services (e.g., human resources, grants management), student services, and career development. Funds to cover these operational costs are generated from the four sources of funding for the school indicated in Template C1-

1. Research-related costs derive primarily from facility and administrative costs (indirect cost recovery). Support for students and the educational program derive primarily from tuition revenue.

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

Endowment accounts support a number of student merit scholarships and the Global Field Experience Financial Award. Personnel providing student support services (e.g. Student Services, Career Development, IT) are financed by tuition revenue. Students are charged an activity fee by the University, which is then allocated to chartered student organizations through the RSGA. On occasion, the dean's office contributes to student organizations out of administrative budgets generated by revenue also from tuition and endowments.

The RSGA provides some support to assist students traveling to professional meetings. Students collaborating on research projects may have travel to professional meetings paid for by grants. Additionally, the Office of Academic Affairs supports one student to attend the American Public Health Association annual meeting each year. Finally, LGS has funds to support PhD students traveling to participate in professional meetings and provides some support for dissertation research (professional development funds are described here: <http://gs.emory.edu/professional-development/pds/index.html>). The LGS handbook for professional development is available in ERF C1-1.

The school allocates revenue from tuition to cover the school's cost of the Rollins Earn and Learn program (public health work opportunity for students in which the school shares the cost with community agencies and organizations).

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

Tenure-track faculty (and now CRT faculty as well) are provided with start-up funds to cover professionally-related expenses pertaining to their programs of research. Most tenure-track faculty investigators and many CRT faculty collaborating on research projects receive support for research-related expenses including travel to professional meetings from extramural funding.

Departments cover 3-5% of the annual salaries of research-active faculty members for time spent on school-related activities and grant preparation. Additionally, there are school-level guidelines that require departments to allocate at least \$1,000 toward professional development funds for each full-time faculty member (with some discretion by the department chairs). This funding is intended to cover expenses such as travel to professional conferences and publication costs for all full-time faculty, regardless of track.

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

The school derives funds from the four sources listed in Template C1-1. At times, the central University (e.g., Office of the Provost) or WHSC make funding available for certain priorities such as faculty retention.

The Emory University Center for Faculty Development and Excellence (CFDE) sponsors a number of faculty development programs pertaining to teaching and scholarship. This center also provides grants for innovations in teaching ranging from \$300 "mini grants" to \$3,000. The University Research Committee provides grants up to \$30,000 or \$40,000 for collaborative applications from principal investigators from two or more departments. These grants are typically used as seed funds for the development of new lines of study or pilot projects. The WHSC awards Synergy Funds of up to \$100,000 annually to support eight proposals from investigators from two or more schools within the WHSC. Finally, in the fall of 2018, through the RSPH Office of Research, pilot funds were also awarded to assist junior faculty develop fundable programs of research. Additional pilot awards are competitively available through the Center for AIDS Research, the Georgia Clinical and Translational Science Alliance, the Winship Cancer Institute, and the Diabetes Research Center.

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

The school receives all tuition revenue generated by students enrolled in its master's level degree programs. Historically, academic departments receive approximately 38% of the anticipated tuition revenue generated from courses taught by faculty in that department. The school is annually assessed by the central University administration for the costs of facilities and services supporting educational programs (e.g., library, information technology, central services for student support, etc.) based, in part, on the school's enrollment.

Students enrolling in doctoral programs offered through LGS are not charged tuition and receive an annual stipend for the first two years of their doctoral program that has been increased to \$31,000 effective in AY 2019-2020. This stipend increase is part of the University's Strategic Plan (termed "OneEmory") and helps fill the desire to make Emory the academic community of choice. The RSPH shares the cost of stipends with LGS for students' first two years of the program. Nevertheless, students are guaranteed stipend support throughout all years of the program as long as they remain in good standing. For the outyears (beyond year 2), student stipends come from faculty research grants, their own dissertation awards, internal fellowships, teaching, and departmental funds if need be.

Students enrolled in other schools at Emory (undergraduate, other professional schools, or graduate programs) may enroll in RSPH courses on a space-available basis and with permission of the instructor or department. The RSPH does not collect tuition from those students, i.e., the tuition remains in the home school.

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

The school receives all indirect cost expenditures (F & A costs) associated with sponsored project expenditures. A portion of that return covers costs associated with research administration within the school. Approximately 20% of the anticipated F & A costs generated is returned to departments. The school is also annually assessed by the central administration for the costs of facilities and services supporting both research programs and instruction.

Facility and administrative costs are distributed to departments based on the proportion generated by department faculty. Those funds generally cover the costs of departmental administration. In all departments, principal investigators receive a portion of the indirect costs returned to the department. These funds can be used at the investigators' discretion for research-related activities or professional development.

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

**Template C1-1: Sources of Funds and Expenditures by Major Category, 2014 to 2019**

	Year 1 2014-2015	Year 2 2015-2016	Year 3 2016-2017	Year 4 2017-2018	Year 5 2018-2019
<b>Source of Funds</b>					
Tuition & Fees	29,578,205.00	33,688,465.00	34,065,820.00	35,751,942.00	37,410,365.00
University Funds	831,665.00	830,623.00	872,341.00	882,308.00	889,461.00
Grants/Contracts	46,748,973.00	51,580,029.00	63,493,704.00	75,245,337.00	87,144,410.00
Indirect Cost Recovery	13,268,086.00	13,141,434.00	13,814,936.00	16,081,402.00	18,491,668.00
Endowment (Payout)	2,193,960.25	2,740,299.03	3,176,896.20	3,548,099.04	3,783,773.63
Gifts	635,242.00	675,715.00	612,097.00	655,455.30	904,851.00
Other (explain) continuing ed	651,999.00	611,451.00	837,941.00	804,163.00	200,395.00
Other (explain) restricted	6,930,571.00	7,187,599.00	8,143,801.00	7,748,130.00	8,970,327.00
Other (explain) unrestricted	769,099.00	725,580.00	739,899.00	759,662.00	757,386.00
<b>Total</b>	<b>101,607,800.25</b>	<b>111,181,195.03</b>	<b>125,757,435.20</b>	<b>141,476,498.34</b>	<b>158,552,636.63</b>
<b>Expenditures</b>					
Faculty Salaries	22,711,365.00	23,615,505.00	24,607,995.00	26,745,310.00	27,854,553.00
Staff Salaries	20,845,383.00	20,921,037.00	21,608,774.00	24,733,926.00	26,287,137.00
Faculty and Staff Benefits*	10,952,651.00	11,212,075.00	11,585,036.00	13,457,575.00	14,767,532.00
Operations	19,051,485.00	24,549,363.00	35,850,144.00	43,046,655.75	54,346,351.00
Travel	2,525,308.00	3,171,346.00	3,516,546.00	3,700,845.00	3,723,510.00
Student Support	7,640,528.00	8,240,517.00	8,708,031.00	8,752,962.00	8,469,883.00
University Tax	13,323,588.00	13,616,232.00	14,313,146.00	14,814,108.00	15,258,528.00
<b>Total</b>	<b>97,050,308.00</b>	<b>105,326,075.00</b>	<b>120,189,672.00</b>	<b>135,251,381.75</b>	<b>150,707,494.00</b>

Source: Office of Finance and Administration Administrative Records

\*Emory's financial reporting system does not separate faculty and staff benefits

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

*Strengths:*

- RSPH is on strong financial footing and has experienced substantial financial growth over the past five years.
- The RSPH budget is presented at the annual faculty retreat that provides clear information about sources of support and how funds are spent each year, which enhances transparency of the budgeting process.
- Faculty receive modest financial support to engage in activities that support their professional development.

*Weaknesses and Plans for Improvement:*

- Among faculty there is often misunderstanding about how finances work in the school. For example, many faculty believe that indirect costs are awarded upfront when a grant is received instead of after the direct costs have been spent. The executive associate/associate deans for administration and finance will continue the practice of meeting individually with new faculty to explain the funds flow within the school as well as other administrative support available. We seek to ensure transparency and open communication with faculty to ensure that they fully understand available resources.

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## **C2. Faculty Resources**

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The school 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 school's instructional faculty resources in the format of Template C2-1.

## Template C2-1: Instructional Faculty Resources

CONCENTRATION	MASTER'S			DOCTORAL	ADDITIONAL FACULTY*
	PIF 1*	PIF 2*	FACULTY 3^	PIF 4*	
Behavioral Sciences and Health Education	Colleen McBride 1.0	Eric Nehl 1.0	Dawn Comeau 1.0	Kelli Komro 1.0	PIF: 23 Non-PIF: 13
MPH					
PhD					
Biostatistics	Howard Chang 1.0	Yi-An Ko 1.0	Michael Haber 1.0	Suprateek Kundu 1.0	PIF: 32 Non-PIF: 9
MPH					
MSPH					
PhD					
Environmental Health	P. Barry Ryan 1.0	Mike Caudle 1.0	Tom Clasen .95	N/A	PIF: 19 Non-PIF: 6
MPH					
Global Environmental Health	Jeremy Samat 1.0	Joanne McGriff 1.0	Tom Clasen .95	N/A	PIF: 54 Non-PIF: 16
MPH					
Environmental Health Sciences	Robert Lyles 1.0	Mike Caudle 1.0	P. Barry Ryan 1.0	N/A	PIF: 53 Non-PIF: 1
PhD					
Environmental Health & Epidemiology	Ahzar Nizam 1.0	Vijaya Kancherla 1.0	Penny Howard 1.0	N/A	PIF: 16 Non-PIF: 1
MSPH					
Epidemiology	Anne Spalding 1.0	Lauren Christiansen-Lindquist 1.0	Cynthia Jorgensen .15	William Flanders 1.0	PIF: 31 Non-PIF: 13
MPH					
MSPH					
PhD					
Global Epidemiology	Juan Leon 1.0	Ahzar Nizam 1.0	Ameeta Kalokhe .15	N/A	PIF: 69 Non-PIF: 24
MPH					
MSPH					
Health Care Management	Steven Culler 1.0	Adam Wilk 1.0	Victoria Phillips 1.0	N/A	PIF: 15 Non-PIF: 15
MPH					
Health Policy	Victoria Phillips 1.0	Kathleen Adams 1.0	David Howard 1.0	N/A	PIF: 15 Non-PIF: 10
MPH					
Health Services Research	Silke von Esenwein 1.0	Peter Joski 1.0	Jason Hockenberry 1.0	N/A	PIF: 15 Non-PIF: 10
MSPH					
Health Services Research & Policy	Janet Cummings 1.0	Lauren McCullough 1.0	Jason Hockenberry 1.0	N/A	PIF: 14 Non-PIF: 2
PhD					
Global Health (Accelerated)	Jeremy Samat 1.0	Joanne McGriff 1.0	Juan Leon 1.0	N/A	PIF: 34 Non-PIF: 10
MPH					
Global Health in Infectious Disease	Carlos del Rio 1.0	Renee Moore 1.0	Scott McNabb .85	N/A	PIF: 34 Non-PIF: 10
MPH					
Global Health in Public Health Nutrition	Usha Ramakrishnan 1.0	Renee Moore 1.0	Robert Merritt .15	N/A	PIF: 35 Non-PIF: 17
MPH					
Global Health in Sexual Health, Reproductive Health, and Population Studies	Colin Talley 1.0	Linelle Blais 1.0	Robert Merritt .15	N/A	PIF: 35 Non-PIF: 11
MPH					
Global Health in Community Health and Development	Matt Freeman 1.0	Jeb Jones 1.0	Deborah McFarland .75	N/A	PIF: 35 Non-PIF: 14
MPH					
Applied Epidemiology Track (EMPH)	Jose Binongo 1.0	Vijaya Kancherla 1.0	A.D. McNaughten .15	N/A	PIF: 5 Non-PIF: 7
MPH					
Applied Public Health Informatics Track (EMPH)	Cari Jo Clark 1.0	Jose Binongo 1.0	A.D. McNaughten .15	N/A	PIF: 4 Non-PIF: 10
MPH					
Prevention Science Track (EMPH)	Moose Alperin 1.0	Linelle Blais 1.0	Cari Jo Clark 1.0	N/A	PIF: 5 Non-PIF: 15
MPH					
Nutrition and Health Sciences	Usha Ramakrishnan 1.0	Jeb Jones 1.0	Lauren McCullough 1.0	N/A	PIF: 4 Non-PIF: 20
PhD					
<b>TOTALS:</b>	Named PIF	40			
	Total PIF	173			
	Non-PIF	124			

**2) All primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1.**

All faculty FTEs are drawn from Human Resources records as of August 1, 2019. The Human Resources data document that those faculty categorized as primary instructional faculty are 1.0 FTE (n=173 excluding Dean Curran). Non-primary instructional faculty include those individuals with a regular responsibility for instruction in the school’s public health degree programs but with less than 1.0 FTE (n=124). The reasons for the non-primary instructional faculty having less than 1.0 FTE vary but include: partial retirement, their work is partially supported by another public health-related organization, they have a joint appointment in another school within Emory, and personal reasons. In all circumstances, their stated FTE is drawn from relevant HR records as of August 1, though FTEs may have changed slightly since that time.

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

The school has 27 degree concentrations offering MPH, MSPH, and PhD degrees (excluding the temporarily suspended Public Health Informatics concentration), and Template C2-1 documents that there are ample primary instructional faculty and non-primary instructional faculty to support these programs. All students in the school are assigned a faculty advisor. At both the master’s and doctoral levels, these individuals are responsible for providing general career advice, recommendations on how to enhance students’ educational experience at RSPH, letters of recommendation, information about employment opportunities, research experiences, mentorship, and other activities that contribute to the students’ professionalization.

Note that for doctoral students, general advising is an important component of what dissertation committee chairs do to support their students. These students are on the cusp of transitioning to their first position out of graduate school, making this type of career advisement particularly important. But, for the sake of simplicity, we considered general advisement/career counseling to occur pre-candidacy (i.e., the top box of Template C2-2) and dissertation advisement to occur post-candidacy (i.e., the bottom box of Template C2-2) to allow for clear delineation of the data. See the Template C2-2 backup documentation spreadsheet in the ERF C2-2 for all of the master’s and doctoral student advisement data by faculty member.

Additional resources that are not represented in the data are the assistant and associate directors of academic programs (ADAPs) and program administrators (PAs). These are staff who support master’s students (ADAPs) and doctoral students (PAs). Their role is to support the students throughout their matriculation, including helping students register for courses, documenting completion of degree requirements, and helping students secure additional educational resources as needed. Each department and the EMPH program have one to two ADAPs (depending on the size of the student body) and one PA (for those departments that have doctoral programs). The ADAPs are funded by the Office of Admissions and Student Services, although they are managed, supported, and physically located in the departments.

**4) Data on the following for the most recent year in the format of Template C2-2.**

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

General advising & career counseling			
Degree level	Average	Min	Max
Master’s	7	1	106
Doctoral	2	1	5

Advising in MPH integrative experience		
Average	Min	Max
5	1	41

<b>Mentoring/primary advising on thesis and dissertation</b>			
<b>Degree</b>	<b>Average</b>	<b>Min</b>	<b>Max</b>
MSPH	2	1	7
PhD	1	1	4

Source: See C2-2 Backup Documentation in ERF C

The data presented in Template C2-2 are based on August 30, 2019 as a point in time estimate. However, because this kind of fall estimate excludes those who teach spring capstone courses and those who have yet to be assigned a thesis advisor for certain departments, historical data from spring 2019 were also considered in the department level calculations.

A few other caveats relate to the data presented in C2-2. First, the EMPH program assigns incoming students to their track advisor for general advising and career counseling. This explains why there is a faculty member with as many as 106 advisees (in this case it is a faculty member who is track advisor for the students in the Prevention Sciences Track). The mean of seven for master's student advisement demonstrates that this type of advisement process is rare and reflects the nature of the EMPH program, which focuses on mid-career professional students. Nevertheless, those EMPH students who go on to write a thesis also receive advisement from a thesis advisor and a field advisor as well.

For advising the MPH/MSPH Integrative Learning Experience (ILE), almost all departments and the EMPH offer the choice of either a capstone or thesis option for MPH students. So, the ILE advising data are largely driven by the departmental policies on what the ILE must entail. Additionally, the data on ILE advising (the middle box) combines the students in a capstone course (e.g., 41 students in the course) with students receiving individual thesis guidance from their committee chair and larger thesis committee. Finally, regarding doctoral student advising, departments have policies that generally limit advising of doctoral students to tenure-track faculty, which impacts the level of involvement for CRT faculty in serving as dissertation chairs.

**5) Quantitative data on student perceptions of the following for the most recent year. Schools should only present data on public health degrees and concentrations.**

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

The OCD conducted a survey of 2019 graduates. Of 573 graduates, 379 responded to the survey (indicating a 66% response rate) as of June 5, 2019 (note that data will still be collected through May 2020). The survey included a question: "Reflecting on my departmental program/concentration: In general, the class sizes were conducive to my learning." Results indicate that 85% of respondents strongly agree or agree with this statement.

- Strongly agree: 38%
- Agree: 47%
- Neither agree or disagree: 5%
- Disagree: 7%
- Strongly disagree: 3%

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

Taken from the same survey of 2019 graduates, alumni were also asked to respond to the following question on a scale of strongly agree to strongly disagree: "In general, the faculty provided adequate support and were available." Ninety-two percent of respondents agreed or strongly agreed with this statement.

- Strongly agree: 49%
- Agree: 43%
- Neither agree or disagree: 5%
- Disagree: 2%
- Strongly disagree: 1%

**6) Qualitative data on student perceptions of class size and availability of faculty. Only present data on public health degrees and concentrations.**

We do not have qualitative data that explicitly asks questions about perceptions of class size and availability of faculty. However, there is an open-ended question on the Graduate Outcome Exit Survey (again, with 379 respondents as of June 5, 2019; full survey results available in ERF C2-6) that asks about strengths and weaknesses of RSPH. We reviewed each response looking for concerns related to perceptions of class size and availability of faculty. Table C2-6 below documents the free responses that pertain to this criterion. Perhaps not surprisingly, the data reflect varied student experiences from satisfaction with class size and faculty availability to dissatisfaction.

**Table C2-6: Open-ended responses related to class size and faculty availability - 2019 Survey**

<b>Strengths of the School</b>	
Faculty involvement	The faculty, staff, and students of RSPH are extremely supportive
Faculty and staff were very eager to help students with career aspirations	Amazing and approachable faculty
Professor/faculty engagement with students	Faculty commitment to student success
Faculty members are invested in student connections	Faculty are very helpful
Instructors always ready to aid students	Accessible and engaged faculty, collaborative environment
The support of faculty (4 times)	Faculty engagement
Diverse, challenging, supportive faculty	Willingness of faculty and staff to help and find you the answer
Accessible faculty	Network, name, class size
The small class size	All staff and faculty are very supportive
BSHE department professors, mentors, and ADAPs are super supportive	Professors were excellent and extremely supportive of students
The faculty! Very helpful, willing to mentor students & collaborate with us	The size of my major track is small, which is good since we have intimate contact with professors
Accessibility of faculty (2 times)	Good size of the cohort, faculty support of students

<b>Weaknesses of the School</b>	
Professors often seemed too busy to make time for students. Didn't feel approachable in the ways that maybe I wanted	Some of the classes were far too large for a graduate program (i.e., Environmental Health 150 students in the class)
Class size (2 times)	BIOS and EPI were too large of a class size
The room size did not fit the number of students in the classes	Large class sizes for core courses (2 times)
I fear that increasing class sizes will test the ability of Rollins to have enough community connections for internships	Faculty availability, class sizes
Too many students and not enough resources	Too many students
Large class sizes (5 times), some inability to access professors	I felt the class size of HPM intro classes were not the most conducive to learning
Unavailability of faculty to support students	Faculty support
There are too many students at RSPH	Could be more supportive
MPH program is a cash cow (too expensive, too many students)	More support from professors
More and more students but limited places and resources for study or research	The classes were too big
Inconsistent availability and responsiveness of professors	Instructor engagement

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

*Strengths:*

- RSPH has a large faculty with ample expertise to support the school's mission and goals. This support offers both great depth and breadth of expertise to sustain all core functions, including offering coursework and advising students (alongside the ADAPs).
- Aside from the resources described, the RSPH has strong relationships with the CDC and state and local health departments, which offers additional expertise via adjunct faculty appointments. There are over 160 adjunct faculty affiliated with the school that engage in a range of activities including teaching, serving as preceptors for the Applied Practice Experience, thesis committee members, research supervisors, etc.
- Student perceptions of class size and faculty availability are overwhelmingly positive. Faculty are highly engaged in the process of advising both master's and doctoral students, and they work collaboratively with the ADAPs and PAs to provide maximum support for students.

*Weaknesses and Plans for Improvement:*

- The school continues to seek ways to reduce class size, which may include adding additional sections of existing courses. We have also started offering students the ability to take core courses either online or face-to-face (based on their own preference) in order to address the ongoing challenges of class size.
- The school is aware of the need to continue to support faculty in their ability to provide effective mentoring, career development, and teaching support to students. Other student-related concerns are also on the radar of the RSPH administration, including the diversity of the faculty and the need to build a stronger sense of community among faculty, staff, and students throughout the school.

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### C3. Staff and Other Personnel Resources

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

**Template C3-1: Staff Support as of 9/23/2019**

<b>Role/function (Headcount)</b>	<b>FTE</b>
Administrative Support (51)	49.93
Career Development (6)	6
Advancement and Alumni Engagement (7)	7
Financial Administration (14)	14
Fulfillment Services (9)	9
Human Resources (6)	5.6
Information Technology (37)	37
Marketing and Communications (6)	5.5
Research (219)	214.08
Public Health Practice (10)	9.75
Research Post-Award (19)	18.1
Research Pre-Award (10)	10
Student Affairs (23)	22.5
<b>Total (417)</b>	<b>408.46</b>

Source: Human Resources Administrative Data

Note: Job Categories are grouped by function/role rather than specific job titles.  
Two Research Pre-Awards are shared resources with School of Nursing.

RSPH has a strong complement of staff that is ample to meet its needs. A description of relevant roles and functions by category is below:

- **Administrative Support:** Handles key administrative tasks for the departments and includes administrative assistants, program coordinators, and office managers.
- **Career Development:** Provides school-wide support for the development of master's and doctoral students' careers.
- **Advancement and Alumni Engagement:** Supports philanthropy related to scholarships, research, and faculty
- **Financial Administration:** Handles departmental and school-wide budgets and finances; includes accountants, financial analysts, and financial or accounting support staff.
- **Fulfillment Services:** Handles school-wide services related to space management and scheduling, special events, courier and mail services, office supplies, and other support services.
- **Human Resources:** Handles school-wide hiring and serves as resource in the management of the organization and its employees.
- **Information Technology:** Maintains the computing environment, applications development, and all other information technology services for the school.
- **Marketing & Communications:** Handles key and strategic communications for the school (including recruitment materials, press releases, and website content) and marketing campaigns.

- Research: Conducts sponsored research.
- Public Health Practice: Applies public health knowledge and skills to practice settings by collaborating with and providing continuing education for public health practitioners.
- Research Post-Award: Ensures expenses charged to the project meet standards set forth by the funding entity and assists in submitting progress and deliverable reports. Closes out projects in accordance with the terms of the award.
- Research Pre-Award: Works with principal investigators to determine their budgetary needs, submits proposals, and ensures compliance requirements are satisfied.
- Student Affairs: Provides school-wide support for students including admissions, enrollment, and other student-related functions. The school also employs staff in each academic department to assist with admissions, class scheduling, and other student needs.

One indicator that staffing levels are sufficient is whether voluntary turnover rates are in line with University and benchmarking statistics. Over the past three years, the voluntary turnover rates of full- and part-time RSPH staff have been commensurate with those of the University, with the school's voluntary turnover rates ranging from 9.9% to 11.3% compared to University rates of 9.5% to 10.6%. 2018 benchmarking statistics from the College and University Professional Association reflect somewhat higher voluntary turnover rates at 12% for full-time salaried staff and 14% for full-time non-exempt staff. When including part-time staff, benchmark rates are 5-6% higher.

Another possible indicator that staffing levels are sufficient would be modest overtime expense, assuming that insufficient staffing would result in existing staff working significant overtime. While overtime hours worked have increased from 2,667 in FY16 to 4,805 hours for FY18, total overtime expense incurred for FY18 was \$141K, an insignificant 0.24% of the school's total \$58M payroll.

Another possible indicator of sufficient staffing levels is staff voluntary retention rates. Despite the significant portion of RSPH staff jobs that are grant-funded, the voluntary retention rates of RSPH staff are significantly higher for the past academic/fiscal year for staff at all levels of service compared to those of the University as a whole, indicating a more stable workforce (see Table C3-1 below).

**Table C3-1: Voluntary Retention Rates**

Years of Service	Emory University	Rollins School of Public Health
< 1 Year	80.9%	90.0%
1 - 2 Years	79.5%	85.7%
2 - 3 Years	84.1%	91.5%
3 - 5 Years	81.3%	84.3%
5 - 7 Years	85.1%	91.2%
7 - 10 Years	90.2%	95.2%
More than 10+ Years	94.5%	96.8%
<b>Total / Overall</b>	<b>88.0%</b>	<b>92.4%</b>

Source: Human Resources Administrative Data

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

RSPH employs hundreds of our own graduate students as teaching and research assistants each year who play a vital role in supporting the school's instructional and research missions. For the past three years, RSPH has consistently employed approximately 450-500 students in these capacities.

Those hired as research assistants coordinate or work on research projects led by our faculty. They often assist with the initial part of the project by conducting searches for scholarly literature relevant to the project, performing observations, hosting feedback panels, and creating and disseminating surveys. For some projects, they may help identify a pool of study participants or develop data collection plans and processes. Our graduate research assistants play a critical role in collecting and analyzing data. Some conduct interviews, administer surveys, or coordinate focus groups. They may also be involved in coding and entering collected data and in performing statistical analysis of quantitative or qualitative data. They often use statistical, database, or spreadsheet software to develop charts, graphs, and tables to highlight key research results. They are also frequently involved in writing reports to be included in published public health professional or academic journals and publications or in creating presentations and posters to present at professional conferences.

Graduate students hired to function as teaching assistants work closely with our professors to help in developing learning materials for courses such as classroom assignments or exams and quizzes to meet the objectives of the course. Some lead classroom activities to help students gain an understanding of the material. They often assist in grading papers or other assignments. Other key responsibilities are to answer student questions, possibly provide some tutorial assistance on the subject content, and to handle or resolve any other class-related issues or problems.

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

*Academic Support for Students:*

The academic support staff is sufficient for managing the advisement of master's degree students, as reflected in student responses to questions on the 2017 exit survey. Approximately 83% of students responding to the survey agreed that their ADAPs provided adequate support and academic advising. Over 71% of respondents also agreed that they received adequate support and services from other support services units, including Career Development, Student Services, and Information Technology.

*Staff Support for Faculty:*

A significant portion (approximately 55-60%) of RSPH's staff are funded from external sponsors. Research faculty determine their staffing needs based primarily on the funding available and through discussions with more experienced researchers about their historical staffing of projects. RSPH staffing has increased significantly to support growth in faculty research activity and funding support. From FY16 to FY18, the number of annual proposals submitted grew from 549 to 593, an 8% increase, and the number of proposals awarded increased from 382 (\$94.9M awarded) to 394 (\$131.5M awarded), a 3% increase.

In tandem with the significant increase in funding awarded over the past two years, the combined pre- and post-award staff has grown by 13%, from a total of 23.6 FTEs to 26.6 FTEs; these staff support faculty grant preparation and management. Research staff comprise the largest category of all staff employed by RSPH. While the proportion of research staff to total school staff has remained steady at around 55%, the number of research staff have increased by approximately 30% from 166.4 FTEs (180 headcount) to 217 FTEs (225 headcount.) Administrative support staff, the next most significant category of staff at RSPH, have grown similarly by 24% from 37.1 FTEs (38 headcount) to 45.8 FTEs (46 headcount).

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

*Strengths:*

- As faculty research has grown, additional staff have been hired in key support areas such as research, pre- and post-award administration, and administrative support to handle the increased work demands.
- Even when it is necessary to notify grant-funded staff of a potential reduction in force due to the exhaustion of their funding or because the grant has ended, central recruitment is often able to assist these employees by referring them for open positions in which they are interested and for which they are qualified, enhancing the chances of their retention within the University.

*Weaknesses and Plans for Improvement:*

- None noted

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## C4. Physical Resources

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

### Required Documentation:

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

The RSPH is located primarily in two buildings connected by a bridge at the first-floor levels: the Grace Crum Rollins (GCR) building that opened in 1995 and was renovated in 2010 and the Claudia Nance Rollins (CNR) building that opened in 2010. The GCR building holds classrooms and office space. The CNR building also holds classrooms, offices, and three floors of laboratory space with adjacent office space for faculty and staff who access the labs. Both buildings provide formal and informal study and meeting space for students.

- **Faculty office space**

All full-time faculty have private offices; some part-time faculty may share an office depending on how much time they spend on campus. Each has 24-hour, seven-days-a-week security card access to the public areas of both buildings and key access to individual offices. In the CNR building, additional card access controls entry into departmental spaces. Faculty and staff working in laboratories have additional security clearance to enter those more restrictive spaces.

- **Staff office space**

Staff across RSPH departmental and support units have assigned office space in the GCR or CNR buildings. Work space is a combination of private and open spaces. There are several support units that have implemented the concept of hoteling (i.e., staff alternating in the use of shared office space and working from home two or three days a week). Research Administration Services was the first to pilot the model in July 2017. It was extremely well-received by staff and was later expanded to additional units: Accounts Payable, Human Resources, Finance, and Information Technology. In general, staff teleworking do not have assigned workspace but do have access to private lockers to keep personal items. This model has not only increased employee satisfaction; it has allowed units to increase personnel without needing additional office space.

The school has also leased five additional off-site spaces for research staff. These are typically occupied by staff working on faculty research projects that involve close collaboration with community partners and participants. Therefore, they are often located near major public transportation hubs to facilitate participants' access to study sites.

- **Classrooms**

The addition of the CNR building provided a 79% increase in the amount of total conference and classroom space. The RSPH maintains 19 classrooms, ranging in capacity from 12 to 126, as well as two auditoriums: the Alperin Auditorium located across Clifton Road (capacity 102), and the Rollins Auditorium (capacity 250). All classrooms and the auditoriums have identical audio-visual equipment, which facilitates the ability for faculty and students to easily work across different spaces. Each classroom has capture capabilities that allow faculty to post lectures online after the class for students who want to review information or who may have missed the class.

- **Shared student space**

The design of the CNR building and the renovation of the GCR building included collaborative spaces that foster community throughout the school. All students have 24-hour, seven days a week security card access to the public areas of both buildings. Student-designated spaces include: small group study rooms with AV access, a video conference room, quiet study rooms, as well as impromptu study and meeting space

throughout the first floor of both buildings. The lower level of the GCR building has 60 computers for students to use while they are on campus.

Doctoral students are assigned space with storage areas proximate to the location of faculty in their respective programs. Beginning in fall 2016, each incoming PhD student was given a laptop with a docking station at their assigned space. The laptop is owned by the RSPH and is available until the students complete the program.

Students share a 121-seat café and Starbucks with faculty and staff. An additional 160 seats are outside. The bridge connecting the two buildings is more than simply a pass-through; it is a place to meet, study, or host receptions. All of the public spaces are designed to encourage interaction among faculty, staff, and students.

- **Laboratories**

The CNR building also contains three floors of wet lab/bench space with adjacent offices that have allowed the school to develop and maintain a robust laboratory program of research. With the addition of the CNR building, space for laboratory research facilities increased by 800%. The laboratories on the 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> floors of the CNR building contain over 180 work stations (approximately six per bench); several large fume hoods; instrumentation rooms; tissue culture rooms; and adequate water, gas, electrical, and other services to ensure proper laboratory practice.

Notable equipment includes seven new mass spectrometers (GC-MS/MS (1), HPLC-MS/MS (3), GC-MS (2), LC-MS(1), and ICP-MS (1)) that enable the analysis of the entire array of environmental toxicants from metals to proteins. All instrumentation is equipped with appropriate software necessary for sample quantification. All instruments are networked to the RSPH and Emory University network systems affording rapid and secure data transfer to locations within the Emory system. Collectively, the RSPH laboratories also maintains two (2) MESO MSD QuickPlex high-performance electrochemiluminescence immunoassay instruments affording rapid multiplexed assays of proteins and hormones and a Dionex™ ASE™ 350 Accelerated Solvent Extraction System affording high-efficiency extraction of solid-phase samples including soil, biological tissues, and food items.

RSPH also maintains multiple cold-room storage facilities, (-10 °C), warm room facilities (37 °C), isotope counting rooms, several spectrophotometers using both visible and UV light, autoclaves, and automated dish dishwashers. The laboratory maintains multiple distilled-deionized water systems coupled with Milli-Q 18 MΩ ion-free water supplies in common-area facilities.

Additionally, RSPH investigators have access to several important University cores including the Emory Integrated Genomics Core, which includes automated DNA extraction, sequencing, and polymerase chain reaction (PCR). The facility for this core can provide pyrosequencing and microarray (Illumina and Affymetrix) processing. There is also a Mass Spectrometry Center in the Department of Chemistry that houses a Thermo Finnigan LTQ FT Ultra mass spectrometer, which RSPH owns. This instrument combines the most advanced ion trap and fourier transform ion cyclotron resonance technologies into a single instrument. This instrument makes available three ionization sources to researchers, which are electrospray ionization, atmospheric pressure chemical ionization, and nanospray ionization.

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

In the spring of 2018, the WHSC hired Sasaki Associates to develop a space master plan. During that process, it was determined that the RSPH needed larger classrooms, conference rooms, offices, and dry research space. The report also recommended that a new building be constructed on the site next to the existing GCR building.

In the spring of 2018, the RSPH commissioned a feasibility study from the architecture firm, Cooper Carry. That report confirmed that the school needed at least an additional 120,000 square feet. The location recommended by Sasaki could accommodate a building of that size. Both of these reviews involved multiple focus groups, town halls, and surveys to determine space needs of the RSPH community.

Currently, the school is in the programming and schematic design phase for the 180,000-square-foot R. Randall Rollins building. Groundbreaking is scheduled for spring 2020, with a tentative completion date projected for spring 2022.

The gross square footage of existing space by function and assignment is shown in asTable C4-2 below. Laboratory space is sufficient for current and anticipated 10-year growth of investigator needs. The school is at capacity for classroom and office space for faculty, staff, and the school’s research program as documented in two utilization and feasibility studies.

**Table C4-2: RSPH Space Availability: Gross Square Feet Functionality and Assignment**

	<b>Grace Crum Rollins (GCR)</b>	<b>Claudia Nance Rollins (CNR)</b>	<b>1525 Clifton</b>	<b>Total</b>
<b>Conference/Classroom</b>	31,536	52,800	1,296	85,632
<b>Common Area</b>	15,624	17,550		33,174
<b>Laboratory</b>		46,200		46,200
<b>Departments</b>	74,864	81,800		156,664
<b>Service Unit Office Space</b>	22,976	6,650		29,626
<b>Total</b>	<b>145,000</b>	<b>205,000</b>	<b>1,296</b>	<b>351,296</b>

Source: Office of Finance and Administration Administrative Data

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

*Strengths:*

- Given that the school is at capacity for classroom and office space, a pledge of \$65 million was secured from the O. Wayne Rollins Foundation to begin construction on the 3<sup>rd</sup> building, to be named the R. Randall Rollins building, which will be adjacent to the existing RSPH buildings. This additional building will increase the classroom and conference room space by 52%. Groundbreaking is tentatively set for January 2020 as described in this announcement: <https://sph.emory.edu/news/news-release/2019/02/new-building.html>
- The RSPH has resources to renovate existing office and classroom space to better meet current needs. These renovations are needed even with a third building opening in 2022.
- The school has its own furniture movers and staff who can configure existing furniture to support the changing needs of research faculty and staff.
- Even though the school is leasing five off-campus locations, we have not housed any faculty off campus. Instead, faculty make regular visits to those locations. This allows faculty to continue to be part of the academic community with their departments and the school.

*Weaknesses and Plans for Improvement:*

- Some of the existing classrooms are not optimal for learning, and some existing space is not ideal for active learning. Several of the rooms will be renovated or taken off-line when the new building opens in 2022.
- Many staff perceive that the current open-office concept is not ideal. There continues to be a need for private offices, particularly for research staff who need privacy when collecting data from participants. We are working with architects to develop innovative modifications that would inform the design of the new building and mitigate the concerns expressed in focus groups and surveys.

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## C5. Information and Technology Resources

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The school 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**

Emory provides an extensive library and tools for personal training, research, and teaching. Below is a quick overview of some of the information resources available to students and faculty.

- Course Reserves

This is a library service that allows instructors to make course materials available to students in the library and/or online. This service manages both physical and electronic items. Course materials can be organized according to timeframe, subject matter, or any other designation. All Course Reserves materials are automatically accessible through Canvas, the University-supported learning management system.

- Emory Center for Digital Scholarship

This center works with faculty, students, and staff from across the University to provide expertise, consultation, and technical assistance in the creation of digital projects and publications. The Center for Digital Scholarship is also a source of training on a wide range of topics and provides training subscriptions through platforms such as lynda.com.

- discoverE

This is an online portal that provides a way to search for electronic resources. It includes multiple sources such as databases of journal articles, eJournals, Emory Theses and Dissertations, and many other tools. Provides a global library search tool.

- eJournals

Emory has an extensive electronic journal library and subscription access. The eJournal system uses discoverE to locate resources.

- Emory Theses and Dissertations

This repository holds theses and dissertations from LGS, RSPH, and the Candler School of Theology, as well as undergraduate honors papers from Emory College of Arts and Sciences.

- Emory Finding Aids

This is a database that provides centralized access to detailed descriptions of archival and manuscript collections held in various repositories at Emory. Finding aids describe our unique primary resources and help researchers determine if collections contain material of interest to them and exactly where that material is located. The database includes finding aids for both processed and unprocessed collections.

- Iliad

This is Emory's Interlibrary Loan and Document Delivery System, which provides Emory researchers in-house and direct borrowing privileges at libraries across North America.

- OpenEmory

This open-access repository of Emory faculty works is a service of Emory Libraries and Information Technology. It was created in response to the [Emory Open Access Policy](#) passed by Faculty Council in March 2011. OpenEmory preserves Emory faculty works and makes them freely accessible, increasing the visibility of faculty scholarship and furthering the intellectual community at Emory University.

- **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 or other technology required for instructional programs)**

Virtually the same resources are available to both students and faculty, so they are both described below. Areas in which they differ are noted.

Information technology (IT) and related services are provided through specific RSPH resources in concert with central Emory IT and shared resources across Emory University. These services are generally available for faculty, staff, and students. Some systems are designed for student and teaching support. Most resources that are RSPH specific are designed for the endeavors of public health research and teaching and are subsidized by the RSPH IT department. Some of the central IT and Emory Integrated Computational Core services are fee based. The central IT organization provides critical infrastructure services such as the networks, finance systems, and learning management system platforms as well as many others.

Additionally, RSPH IT is attentive to the needs of clients with disabilities by working with them to design specialty technology deployments if needed. This may include technology related environmental designs or specialty equipment. The rooms we support are designed to meet ADA standards for the technology access and use. The programming and media standards are designed to meet section 508 compliance where relevant. Below is a description of eight key categories of IT systems available to RSPH faculty, students, and staff.

### **RSPH High Performance Computing Services (HPC)**

The high-performance computing requirements for research span services that run from the desktop through on-premise systems out to the cloud at Emory. RSPH platforms are designed to provide a hybridized availability that is used throughout all levels.

- RSPH HPC Cluster Systems

RSPH is host to a Beowulf-style HPC cluster. In total, this cluster has 664 cores (providing over 1,300 threads) with over 4TB of aggregated system memory. Users of the cluster access Emory Isilon high-speed storage partitions over direct-connected fiber links. The cluster runs on 64-bit Red Hat Enterprise Linux and utilizes the Grid Engine distributed resource manager for allocating runtime and memory consumption on the system. Licensed software such as SAS and MATLAB are installed for general use on the cluster, as well as a large number of open-source software packages and programming environments, including R, Python, Fortran, and C/C++. Environment autonomy for specific and reproducible execution on nodes is supported through Anaconda. Shared code interaction is supported through Jupiter Notebook.

The Emory Integrated Computational Core, is one of the Emory Integrated Core Facilities, and provides computational and bioinformatics computational and programming services to Emory investigators and is the digital hub for the Emory Integrated Core Facilities. The Integrated Computational Core

infrastructure and services include comprehensive computational services and bioinformatics pipelines for the analysis of -omics data. The Integrated Computational Core provides access to a number of specialized HPC cluster systems. Standard analysis pipelines using other open-source software packages are implemented for DNA/RNA-seq/ChIP-seq/16S microbiome sequencing projects for human, animal, and microbial genomes as well as QIIME 1.8.0 pipelines for microbiome data analyses.

- Emory Amazon Web Services (AWS) – On-Demand Compute Services

To meet larger and on-demand computational needs, Emory has partnered with AWS for both storage and compute capabilities, providing these services at significant cost savings over standard AWS rates. Central Emory IT partnered with RSPH IT to support AWS services for researchers and provides tier-1 customer support and assistance to Emory investigators using the platform. The Emory instance of AWS is designed for high-speed data transfers via a dedicated network connection. It is HIPPA-compliant and designed to simplify the billing processes for users. The Emory AWS services are designed to work in a hybrid infrastructure with on-premise storage and computing systems.

Students are supported using the AWS Educate modules and services for classroom and curricula interactions. Specific, on-demand cloud services are individually supported for student research as a hybrid to our on-premise resources.

Further experimentation with other cloud services (Azure, IBM, Google) is being investigated and will be brought into service and supported in time as well.

## **RSPH Server Services**

RSPH and Emory have moved away from single-purpose physical services for almost all of the needed server services. This has had a huge impact on energy and environmental costs and has considerably sped up server resource deployments.

- Virtual Server Services

RSPH server platforms are provided by both standalone systems and virtual servers through a VMware system. The RSPH VM platforms provide over 100 virtual servers that are used for administrative, teaching, database, and research needs. RSPH IT deploys both Windows and UNIX environments. Cloud server services are growing as part of the infrastructure as well, spanning SAAS, PAAS, and IAAS systems hybridized back to the campus and local systems. These servers are divided to be open or highly secure to comply with Health Insurance Portability and Accountability Act (HIPAA) and Federal Information Security Management Act (FISMA) Moderate-defined controls.

Some specific physical server platforms are deployed for performance and compatibility requirements for some application systems. An example is our database platform.

- RSPH Internet/Web Services

RSPH uses a central IT services resource, Microsoft Office365, for our email and is a secured, sensitive data system.

RSPH uses the Cascade content management system to update and generate content for our main school website. All Rollins web content is served up through local RSPH web servers, which also support center, program, administrative, and personal faculty research websites. RSPH IT offers a number of application environments to support administrative and research endeavors such as Cold Fusion development and support for JAVA-based applications.

RSPH has an intranet system that focuses on providing online information and access to the various services at RSPH. This is done through a dedicated platform using the product Noodle.

- **Data Storage**

Data storage is provided across a number of layers and services that use local network accessed systems, central IT network storage systems, and cloud-based storage. We provide over a petabyte of central IT storage for research needs and back-up services. Additional on-demand storage for research or server systems support can be acquired through central IT. All storage services are HIPAA secure.

Collaborative storage areas for file sharing are provided through products like Box and OneDrive. These storage areas are HIPAA secure and can be set up for external collaborations.

- **Database Services**

RSPH IT provides primary secure database services utilizing Microsoft SQL Server. These databases are used for application systems across our administrative and research needs. Database accounts are available to faculty members upon request.

### **Network Environments**

The RSPH network is connected to the Emory Campus backbone via a 10 Gigabit Ethernet connection, making campus services and wide area network services readily available. RSPH also has an extensive wireless network providing “N” class connections and speeds that cover all of the school’s buildings and nearby external areas. This network offers guest services as well as secure services for students, faculty and staff. All of the secured services inside the school’s firewalls—including network storage and other services—can be access through the Emory VPN using two-factor authentication.

Integrated printing, faxing, and scanning services are provided throughout RSPH buildings and are integrated with our network storage systems.

### **Applications, Informatics, and Application Development Systems**

Over 40 applications, statistical platforms (SAS, R, STATA, SPSS), and various programming and research analytics (quantitative and qualitative) applications are provided to integrate full lifecycle research informatics needs. Examples of these are survey instruments such as Redcap and Qualtrics and various form-based data entry systems. Laboratory informatics support is available through a Thermo Laboratory Information Management system and specimen tracking system, Open Specimen. Integration with external mail and Customer Relationship Management systems such as Mailchimp and Salesforce are provided. Cloud-based services for potential student interaction are provided through systems such as Slate. HIPAA secured data visualization and dimensional manipulation platforms include Tableau, PowerBI, and Business Objects. GIS application platforms such as ARCGIS are supplied on an enterprise license. Application development platforms provided include: Rstudio, Cold Fusion, database management tools, and others. Many of these general application systems are centrally funded through RSPH IT and supported. Specific applications that a researcher may need are supported and installed upon request. The Central IT Research IT group provides a number of tools such as the data warehouse I2B2, which lets you query Emory Healthcare electronic health record data for patient counts and aggregate information.

### **End-Node Computing**

- **Desktop Computing**

RSPH provides a set of standard laptop and desktop systems to choose from for our faculty and staff. Recommendations for standard computing configurations for student computing success is provided. The higher-end analytic systems have at least a I7 CPU configuration with a minimum of 16GB of RAM memory, 21 inches or higher flat panel monitors standard with 500 gigs local disk space, and 64 bit Windows. RSPH's Apple environments are generally iMac configurations or MacBook laptops with at least 16 gigs of memory. In many cases, multiple monitors are deployed well. A number of our researchers have expanded the computational desktop resources for their systems to drive high performance computation with extensive memory, speciality CPU/GPUs, and extended local storage.

Many RSPH staff and faculty have multiple systems that include docking laptops and other mobile devices such as tablets. All of our desktop and laptop systems are connected to our network storage that provides both highly secure and access controlled, sharable folders. RSPH provides support for all types of mobile devices such as tablets and smartphones. These mobile devices are often used in RSPH research as field data collection devices.

- Virtual Desktop Computing

Our virtual computing environments for students, staff, and faculty are provided through our RSPH Citrix environment. This virtual desktop environment provides more than 40 applications and is accessible from any place one can get on a network and open a browser. The Citrix environment is also set up to be a highly secure environment where data does not leave the Emory systems. These virtual desktops are integrated into all the other services such as the shared storage systems. The current platform is designed to extend the on-premise capacity through virtual desktop provisions on cloud services such as AWS.

- Computer Classroom Laboratories

We have two dedicated labs for computer instruction. The traditional-style, front-facing room has a capacity for 42 seats. The second lab deploys 56 PCs and the layout is conducive for group collaboration and mobile instruction since the work stations are arranged in groups of six and eight pods around the room. Each pod grouping has a dedicated LCD to show what the instructor is presenting or can be locally connected to any system in the pod or a computer brought into the classroom. The screen-sharing technology is both physical (HDMI) or wireless through Mersive Solstice interfaces. Integrated sound (speakers and microphones) is incorporated throughout the room as well as a PTZ camera for lecture capture video.

- Student Kiosk Computing

Students have access to 62 additional computers in an open lab area so they can get to their email, the RSPH Citrix system, Microsoft Office products, and other campus computing resources. These computers and the lab computers are all connected to a student printing system that they can use for printing their documents. The printers are business hubs providing scanning, copying, and printing and are located across various floors and in both buildings and through the wireless network.

## **Conference and Classroom Technology**

The CNR and GCR buildings have conference rooms with easy computer hookups to allow for screen sharing on a large LCD or a projected screen. Audio conferencing is provided where no external sound units are required to hold a conference call. Each conference room is equipped with a local PC that can provide access to any Emory resource and virtual collaboration systems such as Zoom. The integrated audio and video is also available for any PC hooked up to the system so media can be captured in the room.

Classroom technologies are designed to interact easily with the people in the room and virtually. The classroom standing or sitting surface “work stations” provide AV systems controls for audio conferencing, projector/screen control, and audio enhancement systems. Each work station has a touch screen-based PC to provide content on the projected image and sound systems in the room. Microphones throughout the room pick up sounds not only from the faculty member, but from the students and is piped back to the PC for any application to use. The rooms have wireless, fixed microphone, and panel microphone interfaces.

The camera system is also available for lecture capture in the room using the Panopto system for streaming or replay through a browser. Each work station has a document camera that can also serve as a web camera pointing back into the room. Any of the sound, video, or PC interaction can be shared externally or captured in a lecture capture session.

The touch screen integrates with an annotation tool on the PC that provides unlimited virtual white boards or annotation over any PC content. The work station screens are on articulating arms to provide access to a person in a sitting or standing position.

Virtual classrooms can be created by using the collaboration system Zoom to build a hybrid local and remote classroom. This application can even create virtual breakout rooms and video of all the participants can be shared as well as a chat area. Zoom supports sharing of any content on the PC including the touch screen interaction.

Capture of the white boards can be done either by the cameras in the room or by a wall mounted ebeam system. The ebeam can capture anything drawn on the board in a snapshot format or a full flowing video and shared.

Classrooms with multiple projection areas or LCDs can display separate channels of information such as the local PC and a laptop plugged into the system. Interfaces for personal computers that are brought in can be plugged into the work station directly or through an appropriate adaptor.

### **Information Security**

RSPH's IT environment is a HIPAA-covered entity and complies with HIPAA and Emory information security and privacy policies and practices.

In compliance with these policies and practices, RSPH aligns with the National Institute of Standards and Technology special publications (800 series) for identifying, assessing, and managing information security risk within a technology environment. Drawing on federal and industry best practices, RSPH has implemented a series of multi-layered security controls to protect the integrity, reliability, and confidentiality of data. All systems that access our infrastructure are scanned for vulnerabilities, and any identified vulnerabilities are assessed and managed.

Security policies are created and reviewed through the WHSC Center HIPAA committee, the Emory University Technology Infrastructure and Policy committee, and local policies through the Rollins Information Technology Advisory committee.

### **Communication Services**

RSPH provides media and digital information through a Visix-based digital signage system throughout both buildings. These displays are used to educate public health concepts, communicate events, and provide warnings on emergency conditions if needed.

- **Technical assistance available for students and faculty**

Technical assistance is available through our ticket system (Service Now) to request all types of help, advice, or services. For our end-node services we also have telephone and a "walk-up" service bar area to work with one of our specialists. The specialists also travel to our various locations for local support requirements. While the normal business hours are from 8am-5pm, RSPH IT supports activities outside of these times through the 24x7 emergency response services as needed. Classroom and AV systems support is also provided at any time RSPH rooms are engaged. Application development guidance, server infrastructure deployment, and media development services are also provided.

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

- The information and technology resources are sufficient to meet current faculty, student, staff, and administrative needs. The RSPH IT department is innovative in finding solutions to meet the needs of faculty, staff, and students. The current system architectures are designed to expand both capacity and capability easily, which helps with capacity needs. RSPH IT has close partnerships with central IT groups and other schools, which has helped in resolving technology solutions and needs as they arise.

- RSPH-IT maintains a high degree of HIPAA and FISMA security knowledge and support from campus-wide involvement and specialization in the systems group.
- RSPH IT supports all types of end-node computing including desktops, tablets, phones, and virtual systems for local and field applications.
- The media services work closely with our faculty, staff, and communications people to provide digital and print media for applications across the school. RSPH has a studio for recording and photography support.
- RSPH IT often works with other Emory schools and central IT to migrate to enterprise licensing for software and services to continually evolve lower costs and increase services and capabilities.
- The systems team is specific to RSPH so the ability to bring up server services and systems is rapidly available for both production and experimental systems for our faculty and staff.
- The applications development group follows Agile methods, which ensures a close, full life-cycle, partnership with the RSPH clients when software is developed.

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

*Strengths:*

- The IT teams are flexible so we can provide continuous coverage that spans seven days of service support as needed.
- RSPH has its own HPC computer system and hybridizes it with on-campus and external resources to meet capacities.
- Close partnerships with Emory central IT services provides stable and commodity systems at a reasonable cost. Examples are Office 365, networks, financial systems, enterprise applications licenses, etc.
- RSPH IT has significant support in its budget to provide many school-wide software licenses and base technology resources such as storage for all faculty, staff, and students.
- The IT group includes several employees who have direct public health expertise and experience, particularly in public health Informatics and laboratories.

*Weaknesses and Plans for Improvement and Technology Opportunity Actions:*

- RSPH IT needs to help expand the systems/operational support for faculty to take advantage of this capacity. RSPH IT has been adjusting how the technical staff can learn and apply more of their skills to coach and provide direct services to the faculty at a deeper level. This redesign of the skills delivery is coupled with some FTE expansion, but more staff is not the total answer.
- With the hybridized design of computing from the desktop through on-premise systems, and into the cloud and back, IT is able to provide very fast deployment of high-performance computing and massive storage capability. There is a shift in how one thinks about the architecture using this and how to pay for these services with an on-demand design. RSPH IT will be doing more to train faculty and staff on how to use these services and estimate costs to stay as low as possible while providing subsidized cost support where possible.
- To continue to increase capacity to meet the growth challenges for support of buildings/locations, more clients, and more devices, a redesign in the approaches taken with client services is being investigated. RSPH IT will be examining more ways to give the clients effective self-help tools. Automation of many processes are going to evolve and be driven to be more effective.
- RSPH IT has been investigating easy-to-use, low-cost, low-code web platforms to support more rapid web presence for our faculty. These platforms are designed to be intuitive and easy to use. A project is in motion to secure a relationship with one of these platform companies with some form of enterprise cost coverage while balancing Emory security concerns.

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**D1. MPH Foundational Public Health Knowledge**


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The school ensures that all MPH graduates are grounded in foundational public health knowledge.

The school validates MPH students' foundational public health knowledge through appropriate methods.

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

RSPH students complete a rigorous MPH or MSPH curriculum in one of two programs: 1) the traditional, on-campus program where students enroll in one of 19 different concentrations; or 2) the Executive MPH (EMPH) distance-education program, designed for working professionals, where students may enroll in one of three different concentrations (for a detailed description of the EMPH program see section D20). Additionally, a total of 11 dual-degree concentrations (plus one program that allows people who are external to the university to enroll in a dual degree program) and three five-year Bachelor/Master's concentrations are available to students (see Template Intro-1). Regardless of the type of program students choose to pursue, all students, including those completing dual-degree and five-year Bachelor/Master's programs, are grounded in foundational public health knowledge by successfully completing the following requirements:

1. Students complete a self-paced, self-administered online course (*Introduction to Public Health- PUBH 500*), prior to the start of their first semester. Successful completion of PUBH 500 includes watching four didactic video modules, reading assigned articles, and answering a series of quiz questions embedded in each course module. This requirement meets the following four foundational public health knowledge areas:
  - a) Explain public health history, philosophy, and values.
  - b) Identify the core functions of public health and the 10 Essential Services.
  - c) List major causes and trends of morbidity and mortality in the U.S. or other community relevant to the school or program.
  - d) Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.
2. Students acquire the remaining eight foundational public health knowledge objectives through a series of core course requirements that align with the traditional public health core disciplines and the academic departments at RSPH (i.e. Behavioral Sciences and Health Education, Biostatistics and Bioinformatics, Environmental Health, Epidemiology, Health Policy and Management, and Global Health). These courses are designed for non-majors; thus, each department is responsible for developing and teaching a foundational course in their discipline that is offered to all students outside their department (see Template D1-1).
3. Within each major, students achieve the remaining eight foundational knowledge objectives associated with their own discipline through core course requirements within their concentration curriculum (see Template D1-1).

All courses listed in Template D1-1 are necessary to ensure that all students, regardless of major, achieve the required foundational knowledge. Under each course name and number, we specify whether it is required of majors, non-majors, all students, or whether it is a selective course. In the case of selective courses (e.g., EPI 504, EPI 530), all possible course selections are listed.

The traditional and distance-education programs administer their curricula separately. Therefore, we provide two separate templates: *Template D1-1. Foundational Knowledge in Traditional MPH/MSPH Programs* and *Template D1-1. Foundational Knowledge in the EMPH Program*. Both templates outline the minimum number of courses required across concentrations to ensure that all students meet the 12 foundational knowledge objectives.

### Template D1-1. Foundational Knowledge in Traditional MPH/MSPH Programs

Content Coverage for MPH/MSPH in All Traditional MPH/MSPH Programs	
Content	Course number(s) & name(s) or other educational requirements
1. Explain public health history, philosophy and values	<b>PUBH 500:</b> Introduction to Public Health <i>[all majors]</i>
2. Identify the core functions of public health and the 10 Essential Services	<b>PUBH 500:</b> Introduction to Public Health <i>[all majors]</i>
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	<b>Quantitative Methods:</b>
	<b>BIOS 500:</b> Statistical Methods I <i>[all non-BIOS majors except MSPH HPM]</i>
	<b>BIOS 506:</b> Biostatistical Methods I <i>[MPH BIOS majors only]</i>
	<b>BIOS 508:</b> Biostatistical Methods I <i>[MSPH BIOS majors only]</i>
	<b>HPM 585:</b> Quantitative Methods Using SAS I <i>[MSPH HPM majors only]</i>
	<b>Qualitative Methods:</b>
	<b>BSHE 500:</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i>
	<b>BSHE 500 (online):</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i>
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	<b>PUBH 500:</b> Introduction to Public Health <i>[all majors]</i>
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	<b>PUBH 500:</b> Introduction to Public Health <i>[all majors]</i>
6. Explain the critical importance of evidence in advancing public health knowledge	<b>EPI 530:</b> Epidemiologic Methods I <i>[required of BIOS, EH, EPI and GH majors; BSHE and HPM majors may choose EPI 530 or EPI 504]</i>
	<b>EPI 504:</b> Fundamentals of Epidemiology <i>[BSHE and HPM majors may choose EPI 530 or EPI 504]</i>
	<b>EPI 504 (online):</b> Fundamentals of Epidemiology <i>[BSHE and HPM majors may choose EPI 530 or EPI 504]</i>
7. Explain effects of environmental factors on a population's health	<b>EH 500:</b> Perspectives in Environmental Health <i>[all non-EH majors]</i>
	<b>EH 500 (online):</b> Perspectives in Environmental Health <i>[all non-EH majors]</i>

	<b>EH 501:</b> Introduction to Environmental Health <i>[EH majors]</i>
8. Explain biological and genetic factors that affect a population's health	<b>EH 500:</b> Perspectives in Environmental Health <i>[all non-EH majors]</i>
	<b>EH 500 (online):</b> Perspectives in Environmental Health <i>[all non-EH majors]</i>
	<b>EH 501:</b> Introduction to Environmental Health <i>[EH majors]</i>
9. Explain behavioral and psychological factors that affect a population's health	<b>BSHE 500:</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i>
	<b>BSHE 500 (online):</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i>
	<b>BSHE 520:</b> Theory Driven Research and Practice <i>[BSHE majors]</i>
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	<b>HPM 500:</b> Introduction to US Health Care System <i>[all non-HPM majors]</i>
	<b>HPM 500 (online):</b> Introduction to US Health Care System <i>[all non-HPM majors]</i>
	<b>HPM 501:</b> Health Policy and Resource Allocation <i>[HPM majors]</i>
11. Explain how globalization affects global burdens of disease	<b>GH 500:</b> Critical Issues in Global Health <i>[all non-GH majors]</i>
	<b>GH 500 (online):</b> Critical Issues in Global Health <i>[all non-GH majors]</i>
	<b>GH 501:</b> Evidence Based Global Health Policies Programs and Research <i>[GH majors]</i>
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	<b>EH 500:</b> Perspectives in Environmental Health <i>[all non-EH majors]</i>
	<b>EH 500 (online):</b> Perspectives in Environmental Health <i>[all non-EH majors]</i>
	<b>EH 501:</b> Introduction to Environmental Health <i>[EH majors]</i>

### Template D1-1. Foundational Knowledge in the Executive MPH Program (EMPH)

Content Coverage for EMPH	
Content	Course number(s) & name(s) or other educational requirements
1. Explain public health history, philosophy and values	<b>PUBH 500:</b> Introduction to Public Health <i>[all traditional and distance-education majors]</i>
2. Identify the core functions of public health and the 10 Essential Services	<b>PUBH 500:</b> Introduction to Public Health <i>[all traditional and distance-education majors]</i>
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	<b>Quantitative Methods:</b>
	<b>AEPI 515D:</b> Introduction to Public Health Surveillance <i>[all distance-education majors]</i>
	<b>Qualitative Methods:</b>
	<b>AEPI 538D:</b> Applied Data Analysis <i>[Applied EPI majors]</i>
	<b>APHI 581D:</b> Applied Data Science and Decision Support Capstone II <i>[Applied Public Health Informatics majors]</i>
<b>PRS 532D:</b> Qualitative Research Methods <i>[Prevention Science majors]</i>	
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	<b>PUBH 500:</b> Introduction to Public Health <i>[all traditional and distance-education majors]</i>
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	<b>PUBH 500:</b> Introduction to Public Health <i>[all traditional and distance-education majors]</i>
6. Explain the critical importance of evidence in advancing public health knowledge	<b>AEPI 515D:</b> Introduction to Public Health Surveillance <i>[Applied EPI majors]</i>
7. Explain effects of environmental factors on a population's health	<b>EH 500D:</b> Perspectives in Environmental Health <i>[all distance-education majors]</i>
8. Explain biological and genetic factors that affect a population's health	<b>EH 500D:</b> Perspectives in Environmental Health <i>[all distance-education majors]</i>
9. Explain behavioral and psychological factors that affect a population's health	<b>BSHE 504D:</b> Social Behavior in Public Health <i>[all distance-education majors]</i>
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	<b>GH 500D:</b> Addressing Key Issues in Global Health <i>[all distance-education majors]</i>
11. Explain how globalization affects global burdens of disease	<b>GH 500D:</b> Addressing Key Issues in Global Health <i>[all distance-education majors]</i>
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	<b>EH 500D:</b> Perspectives in Environmental Health <i>[all distance-education majors]</i>

- 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. (electronic resource file)**

Syllabi of all courses addressing the 12 foundational public health learning objectives are provided in ERF D1-2.

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

*Strengths:*

- By requiring students to complete the PUBH 500 course prior to their first semester, students with a broad wealth of disciplinary perspectives but who lack a public health academic background are able to commence their MPH/MSPH programs with a shared foundational knowledge about key public health principles, the ways in which public health has improved health in the past century, and the work that remains to be done.
- Students then delve into more introductory content that aligns with core courses outside their discipline areas including Behavioral Sciences and Health Education, Biostatistics and Bioinformatics, Environmental Health, Epidemiology, Global Health, and Health Policy and Management. Throughout their tenure at RSPH, students across disciplines are exposed broadly to the various aspects of public health that—along with their chosen area of concentration—work in concert to improve population health.

*Weaknesses and Plans for Improvement:*

- While all students are required to complete the PUBH 500 requirement prior to their first semester, there is flexibility in the order in which students complete the remaining core course requirements outside their discipline. As such, students may achieve the public health foundational knowledge associated with core courses at different stages during their program. A close evaluation of the scheduling and sequencing of core courses may identify areas for better alignment.

## D2. MPH Foundational Competencies

The school 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 school 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 school

- 1) List the coursework and other learning experiences required for the school'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. (self-study document)

Template D2-1: Behavioral Sciences and Health Education (BSHE)

Requirements for MPH degree in BSHE concentration		
Course number	Course name	Credits
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
EH 500	Perspectives in Environmental Health	2
EPI 504 or EPI 530	Fundamentals of Epidemiology or Epidemiologic Methods I	2 4
GH 500	Critical Issues in Global Health	2
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
BSHE 520	Theory Driven Research and Practice	3
BSHE 524	Community Assessment	3
BSHE 526	Program Planning in Health Promotion	3
BSHE 530	Program Evaluation	3
BSHE 532	Quantitative Data Analysis	3
BSHE 538	Qualitative Methods for Research and Evaluation	3
BSHE 539 or BSHE 542	Qualitative Data Analysis or Socio-Behavioral Measurement	3
BSHE 540	Research Methods in Health Promotion	3
BSHE 579	Applied History of Public Health	2
BSHE 595	Applied Practice Experience	0

BSHE 590 or BSHE 591W/599R	Capstone Project or Thesis Mentorship and Thesis Project	4 1 3
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**Template D2-1: Biostatistics and Bioinformatics (BIOS)**

<b>Requirements for MPH degree in BIOS concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
EPI 530	Epidemiologic Methods I	4
GH 500	Critical Issues in Global Health	2
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
BIOS 506	Foundations of Biostatistical Methods	4
BIOS 507	Applied Regression Analysis	4
BIOS 510	Introduction to Probability Theory	4
BIOS 511	Introduction to Statistical Inference	4
BIOS 521	Applied Survival Analysis	2
BIOS 525	Longitudinal and Multilevel Data Analysis	2
BIOS 531	SAS Programming	2
BIOS 580	Statistical Practice I	2
BIOS 595	Applied Practice Experience	0
BIOS 581 or BIOS 599R	Statistical Practice II (Capstone Project) or Thesis Project	2 2
	Electives (any concentration)	4

**Template D2-1: Biostatistics and Bioinformatics (BIOS)**

<b>Requirements for MSPH degree in BIOS concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
EPI 530	Epidemiologic Methods I	4

GH 500	Critical Issues in Global Health	2
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
BIOS 508	Biostatistical Methods I	4
BIOS 509	Applied Linear Models	4
BIOS 512	Probability Theory I	4
BIOS 513	Statistical Inference I	4
BIOS 522	Survival Analysis Methods	2
BIOS 526	Modern Regression Analysis	3
BIOS 531	SAS Programming	2
BIOS 580	Statistical Practice I	2
BIOS 595	Applied Practice Experience	0
BIOS 581 or BIOS 599R	Statistical Practice II (Capstone Project) or Thesis Project	2 2
	Electives (any concentration)	9

#### Template D2-1: Environmental Health (EH)

Requirements for MPH degree in EH concentration		
Course number	Course name	Credits
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EPI 530	Epidemiologic Methods I	4
GH 500	Critical Issues in Global Health	2
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
EH 501	Introduction to Environmental Health	1
EH 510	Foundation of Exposure Science	2
EH 520	Human Toxicology	3
EH 524	Risk Assessment I	2
EH 530 or EHS/EPI 747	Environmental Epidemiology or Advanced Environmental Epidemiology	2 2
EH 570	Environmental Health Law and Policy	2
EH 596 or GH 555	Research Design in Environmental Health or Proposal Development	1 2
EH 595	Applied Practice Experience	0

EH 594 or EH 599R	Capstone Project or Thesis Project	4 4
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**Template D2-1: Global Environmental Health (GEH)**

<b>Requirements for MPH degree in GEH concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EPI 530	Epidemiologic Methods I	4
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
GH 501	Evidence-Based Global Health Policy, Programs and Research	3
EH 501	Introduction to Environmental Health	1
EH 510	Foundation of Exposure Science	2
EH 520	Human Toxicology	3
EH 530 or EHS/EPI 747	Environmental Epidemiology or Advanced Environmental Epidemiology	2 2
EH 571	Global Environmental Health Policy: Power, Science, and Justice	2
EH 596 or GH 555	Research Design in Environmental Health or Proposal Development	1 2
EH 595	Applied Practice Experience	0
EH 594 or EH 599R	Capstone Project or Thesis Project	4 4
<b>Choose ONE of the Following Methods Classes</b>		
GH 502	Survey Research Methods	2
GH 503	Quantitative Data Collection	3
GH 522	Qualitative Research Methods	3
GH 560	Monitoring and Evaluation of Global Health Programs	3
	Electives (from list of approved elective courses)	6

**Template D2-1: Environmental Health and Epidemiology (EH-EPI)**

<b>Requirements for MSPH degree in EH-EPI concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0

PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EPI 530	Epidemiologic Methods I	4
GH 500	Critical Issues in Global Health	2
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
BIOS 591P	Statistical Methods II	3
EH 501	Introduction to Environmental Health	1
EH 510	Foundation of Exposure Science	2
EH 520	Human Toxicology	3
EH 570	Environmental Health Law and Policy	2
EHS/EPI 747	Advanced Environmental Epidemiology	2
EPI 533	Statistical Programming	2
EPI 545	Advanced Epidemiologic Methods II	4
EPI 550	Epidemiologic Methods III	4
EPI 560	Epidemiologic Methods IV	4
EH 595	Applied Practice Experience	0
EH 599R	Thesis Project	4

**Template D2-1: Epidemiology (EPI)**

<b>Requirements for MPH degree in EPI concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
GH 500	Critical Issues in Global Health	2
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
BIOS 591P	Statistical Methods II	3
EPI 530	Epidemiologic Methods I	4
EPI 534	Statistical Programming	2
EPI 535	Designing & Implementing Epidemiologic Studies	2
EPI 540	Epidemiologic Methods II	4

EPI 550	Epidemiologic Methods III	4
EPI 595	Applied Practice Experience	0
EPI 598R/C	Thesis/Capstone Project	4
EPI	Substantive Selectives	2-3
	Electives (any concentration)	4-5

**Template D2-1: Epidemiology (EPI)**

<b>Requirements for MSPH degree in EPI concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
GH 500	Critical Issues in Global Health	2
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
BIOS 591P	Statistical Methods II	3
EPI 530	Epidemiologic Methods I	4
EPI 534	Statistical Programming	2
EPI 535	Designing & Implementing Epidemiologic Studies	2
EPI 545	Advanced Epidemiologic Methods II	4
EPI 550	Epidemiologic Methods III	4
EPI 560	Epidemiologic Methods IV	4
EPI 595	Applied Practice Experience	0
EPI 599R	Thesis Project	4
EPI	Substantive Selectives	2-3
EPI	Methods Selectives	2-3
	Electives (any concentration)	3-5

**Template D2-1: Global Epidemiology (GL-EPI)**

<b>Requirements for MPH degree in GL-EPI concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0

PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
GH 501	Evidence-Based Global Health Policy, Programs and Research	3
BIOS 591P	Statistical Methods II	3
EPI 530	Epidemiologic Methods I	4
EPI 534	Statistical Programming	2
EPI 535	Designing & Implementing Epidemiologic Studies	2
EPI 540	Epidemiologic Methods II	4
EPI 550	Epidemiologic Methods III	4
EPI 595	Applied Practice Experience	0
EPI 598R/C	Thesis/Capstone Project	4
EPI	Substantive Selectives	2-3
GH	Methods Selectives	2-3
	Electives (any concentration)	0-2

**Template D2-1: Global Epidemiology (GL-EPI)**

<b>Requirements for MSPH degree in GL-EPI concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
GH 501	Evidence-Based Global Health Policy, Programs and Research	3
EPI 530	Epidemiologic Methods I	4
BIOS 591P	Statistical Methods II	3
EPI 534	Statistical Programming	2
EPI 535	Designing & Implementing Epidemiologic Studies	2
EPI 545	Advanced Epidemiologic Methods II	4
EPI 550	Epidemiologic Methods III	4
EPI 560	Epidemiologic Methods IV	4

EPI 595	Applied Practice Experience	0
EPI 599R	Thesis Project	4
EPI	Substantive Selectives	2-3
EPI	Methods Selectives	2-3
GH	Methods Selectives	2-3
	Electives (any concentration)	0-2

**Template D2-1: Global Health Accelerated Program (GH-A)**

<b>Requirements for MPH degree in GH-A concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
EPI 530	Epidemiologic Methods I	4
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
GH 501	Evidence-Based Global Health Policy, Programs and Research	3
GH 595	Applied Practice Experience	0
GH 599R	Thesis Project	4
GH	Methods Selectives	9
	Electives	12

**Template D2-1: Global Health - Infectious Disease (GH-ID)**

<b>Requirements for MPH degree in GH-ID concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
EPI 530	Epidemiologic Methods I	4

HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
GH 501	Evidence-Based Global Health Policy, Programs and Research	3
GH 511	International Infectious Diseases	2
GH 515	Transforming Public Health Surveillance	3
GH 595	Applied Practice Experience	0
GH 599R	Thesis/Special Study Project	4
GH	Methods Selectives	9
	Electives	7

**Template D2-1: Global Health - Sexual Reproductive Health and Population Studies (GH-SRPS)**

Requirements for MPH degree in GH-SRPS concentration		
Course number	Course name	Credits
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
EPI 530	Epidemiologic Methods I	4
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
GH 501	Evidence-Based Global Health Policy, Programs and Research	3
GH 595	Applied Practice Experience	0
GH 599R	Thesis Project	4
GH	Methods Selectives	9
GH	Sexual and Reproductive Health and Population Studies Selectives	6
	Electives	6

**Template D2-1: Global Health - Public Health Nutrition (GH-PHN)**

Requirements for MPH degree in GH-PHN concentration		
Course number	Course name	Credits
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4

BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
EPI 530	Epidemiologic Methods I	4
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
GH 501	Evidence-Based Global Health Policy, Programs and Research	3
GH 545	Nutritional Assessment	3
GH 595	Applied Practice Experience	0
GH 599R	Thesis Project	4
GH	Methods Selectives	9
GH	Life Course Nutrition Selectives	2-3
GH	Research/Program Methods Selectives	2-3
	Electives	3-5

**Template D2-1: Global Health - Community Health and Development (GH-CHD)**

Requirements for MPH degree in GH-CHD concentration		
Course number	Course name	Credits
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
EPI 530	Epidemiologic Methods I	4
HPM 500	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
GH 501	Evidence-Based Global Health Policy, Programs and Research	3
GH 521	Program Management	3
GH 560	Monitoring and Evaluating of Global Health Programs	3
GH 595	Applied Practice Experience	0
GH 599R	Thesis Project	4
GH	Methods Selectives	9
GH	Community Interaction Selectives	2-3
	Electives	3-4

**Template D2-1: Health Policy and Management - Health Policy (HPM-HP)**

<b>Requirements for MPH degree in HPM-HP concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
EPI 504 or EPI 530	Fundamentals of Epidemiology or Epidemiologic Methods I	2 4
GH 500	Critical Issues in Global Health	2
<b>Concentration - Core Requirements</b>		
HPM 501	Health Policy and Resource Allocation	3
HPM 502	Introduction to Management	2
HPM 510	Financial and Managerial Accounting	3
HPM 521	Introduction to Health Economics	3
HPM 522	Economic Evaluation of Health Care Programs	4
HPM 523	Public Financing in the Health Care System	3
HPM 561 or HPM 557	Public Health Law or Healthcare Administration Law	2 2
HPM 575	Capstone: Advanced Health Policy Analysis	3
HPM 576	Capstone: Analytical Policy Applications	3
HPM 595	Applied Practice Experience	0
	Electives (any concentration)	6

**Template D2-1: Health Policy and Management - Health Care Management (HPM-HCM)**

<b>Requirements for MPH degree in HPM-HCM concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BIOS 500/ BIOS 500L	Statistical Methods I with Lab	4
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
EPI 504 or EPI 530	Fundamentals of Epidemiology or Epidemiologic Methods I	2 4

GH 500	Critical Issues in Global Health	2
<b>Concentration - Core Requirements</b>		
HPM 501	Health Policy and Resource Allocation	3
HPM 502	Introduction to Management	2
HPM 510	Financial and Managerial Accounting	3
HPM 511	Financial Management for Health Care Organizations	3
HPM 521	Introduction to Health Economics	3
HPM 540	Healthcare Human Resource	2
HPM 545	Health Care Marketing	2
HPM 561 or HPM 557	Public Health Law or Healthcare Administration Law	2 2
HPM 550	Capstone: Operations Management	3
HPM 560	Capstone: Strategic Management	3
HPM 595	Applied Practice Experience	0
	Electives	4

**Template D2-1: Health Policy and Management - Health Services Research (HPM-HSR)**

<b>Requirements for MSPH degree in HPM-HSR concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501	Inter-Professional Team Training	0
PUBH 502	Public Health Professional Development Seminar	0
BSHE 500	Behavioral and Social Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
EPI 504 or EPI 530	Fundamentals of Epidemiology or Epidemiologic Methods I	2 4
GH 500	Critical Issues in Global Health	2
<b>Concentration - Core Requirements</b>		
HPM 501	Health Policy and Resource Allocation	3
HPM 521	Introduction to Health Economics	3
HPM 522	Economic Evaluation of Health Care Programs	4
HPM 523	Public Financing in the Health Care System	3
HPM 581	Research Seminar I	2
HPM 583	Research Seminar III	2
HPM 585	Quantitative Methods I	3
HPM 586	Quantitative Methods II	3
HPM 587	Advanced Research Methods	1
HPM 730	Theory-Based Research Design Seminar II	4
HPM 595	Applied Practice Experience	0

HPM 599R	Thesis Project	4
	Electives	10

**Template D2-1: Executive MPH Program - Applied Epidemiology (EMPH-AEPI)**

<b>Requirements for MPH degree in EMPH-AEPI concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501D	Inter-Professional Education and Training	0
PUBH 502D	Public Health Professional Development	0
BIOS 516D	Applied Biostatistics I	2
BSHE 504D	Social Behavior in Public Health	2
EH 500D	Perspectives in Environmental Health	2
GH 500D	Addressing Key Issues in Global Health	2
HPM 500D	Introduction to the US Health Care System	2
AEPI 530D	Applied Epidemiology I	3
<b>Concentration - Core Requirements</b>		
AEPI 515D	Introduction to Public Health Surveillance	2
AEPI 534D	Applied Epidemiology II	3
AEPI 536D	Epidemiological Modeling	3
AEPI 537D	SAS Programming	2
AEPI 538D	Applied Data Analysis	2
AEPI 540D	Case Studies in Infectious Diseases	2
AEPI 565D	Advanced Modeling	3
AEPI 501D	Applied Public Health Informatics	2
BIOS 517D	Applied Biostatistics II	2
BIOS 518D	Applied Biostatistics III	2
PRS 595R	Applied Practice Experience	2
PRS 502D	Thesis Seminar	0
AEPI 599R	Thesis - Applied Epidemiology	4

**Template D2-1: Executive MPH Program - Applied Public Health Informatics (EMPH-APHI)**

<b>Requirements for MPH degree in EMPH-APHI concentration</b>		
<b>Course number</b>	<b>Course name</b>	<b>Credits</b>
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501D	Inter-Professional Education and Training	0
BIOS 503D	Introduction to Biostatistics	2
BSHE 504D	Social Behavior in Public Health	2

EH 500D	Perspectives in Environmental Health	2
EPI 504D	Fundamentals of Epidemiology	2
GH 500D	Addressing Key Issues in Global Health	2
HPM 500D	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
AEPI 515D	Introduction to Public Health Surveillance	2
APHI 520D	Introduction to Public Health Informatics	2
APHI 525D	Overview of Data Sources, Standards and Information Systems	2
APHI 527D	Public Health Technology Systems and Architectures	3
APHI 535D	Project Management and System Lifecycle	3
APHI 540D	Data Management and Enterprise Architecture	3
APHI 545D	Information Security, Privacy, Legal and Ethical Issues	2
APHI 550D	Business and Communication Aspects of Public Health Informatics	3
APHI 552D	Introduction to Public Health Data Manipulation	2
APHI 580D	Public Health Informatics, Leadership and Strategy Capstone	2
APHI 581D	Advanced Data Sciences and Decision Support Capstone	2
APHI 585D	Informatics Solutions for Public Health Decision Making	2
PRS 595R	Applied Practice Experience	2

**Template D2-1: Executive MPH Program - Prevention Science (EMPH-PRS)**

Requirements for MPH degree in EMPH-PRS concentration		
Course number	Course name	Credits
<b>Rollins School of Public Health - Core Requirements</b>		
PUBH 500	Introduction to Public Health	0
PUBH 501D	Inter-Professional Education and Training	0
BIOS 503D	Introduction to Biostatistics	2
BSHE 504D	Social Behavior in Public Health	2
EH 500D	Perspectives in Environmental Health	2
EPI 504D	Fundamentals of Epidemiology	2
GH 500D	Addressing Key Issues in Global Health	2
HPM 500D	Introduction to the US Health Care System	2
<b>Concentration - Core Requirements</b>		
AEPI 515D	Introduction to Public Health Surveillance	2
APHI 501D	Applied Public Health Informatics	2
PRS 505D	Integrated Communication Strategies	2
PRS 532D	Qualitative Research Methods	2
PRS 533D or PRS 530D	Qualitative Analysis and Mixed Methods or Quantitative Analysis	2 2
PRS 535D	Questionnaire Design and Analysis	2

PRS 538D or PRS 540D	Community Needs Assessment or Conduct of Evaluation Research	3 3
PRS 542D	Curriculum Development for the Public Health Workforce	3
PRS 575D	Planning and Performance Measures for Nonprofits and Other Local Agencies	3
PRS 580D	Research Design and Grant Preparation	3
PRS 561D and PRS 562D or PRS 599R	Public Health Advocacy Capstone and Program Planning Capstone or Thesis Prevention Science	2 + 2 4
PRS 502D	Thesis Seminar (for thesis students only)	2
PRS 595R	Applied Practice Experience	2

The hyperlink below provides access to RSPH webpages that document MPH/MSPH requirements for each concentration, combined degree option, and the EMPH program.

<https://www.sph.emory.edu/academics/competencies/index.html>

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

Our approach to covering foundational competencies mirrors the one described in D1-1 pertaining to foundational public health knowledge. Regardless of the type of program students choose to pursue, all students, including those pursuing dual-degree programs, are grounded in foundational competencies by successfully completing the following requirements:

1. Students acquire 17 of the 22 foundational competencies through a series of core course requirements that align with the traditional public health core disciplines and the academic departments at RSPH (i.e. Behavioral Sciences and Health Education, Biostatistics and Bioinformatics, Environmental Health, Epidemiology, Health Policy and Management, and Global Health). These courses are designed for non-majors; thus, each department is responsible for developing and teaching a foundational course in their discipline that is offered to all students outside their department (see Template D2-2).
2. Within each major, students achieve the same 17 foundational competencies associated with their own discipline through core course requirements within their concentration curriculum (see Template D2-2).
3. To address the foundational competency #21 (Perform effectively on interprofessional teams), students complete an interprofessional education course developed in collaboration with various programs at the WHSC center (*Interprofessional Team Training- PUBH 501*) during their first semester. Successful completion of PUBH 501 includes completing a 2-hour online didactic module and associated quizzes. Upon completion of the online module, RSPH students are assigned to inter-professional teams (e.g. medical, nursing, physical therapy students) that interact around several cases provided by the course instructor. Based on didactic information obtained through the online module focusing on the four IPEC (Interprofessional Education and Practice) competencies (i.e. mutual respect and shared values, professional roles, communication across stakeholders, team dynamics), students engage in case discussion with guidance from trained faculty facilitators per team. A final written assignment requires each student to address the following questions: a) what is unique about the role and perspective of a public health professional when assessing and/or addressing the health care needs of individuals and populations; b) when focusing on promoting health and preventing disease, what insights have you

gained about the importance of collaborating and communicating with other professionals in a climate of mutual respect and shared values, even when perspectives may not align; c) what specific relationship-building principles will you apply in the future when working in inter-professional teams to assess, analyze, plan, deliver, and evaluate population health programs and policies.

4. To address the remaining four foundational competencies associated with Planning and Management to Promote Health, Leadership, and Communication, students complete a hybrid course (*Public Health Professional Development- PUBH 502*) during their second semester. Successful completion of PUBH 502 includes watching four online modules and completing associated quizzes and other written assignments. Students then participate in an on-campus seminar designed to apply the didactic information delivered through the online modules. This course is designed to meet the following foundational competencies:
  - a) Explain basic principles and tools of budget and resource management.
  - b) Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making.
  - c) Apply negotiation and mediation skills to address organizational or community challenges.
  - d) Communicate audience-appropriate public health content, both in writing and through oral presentation.

Thus, with the exception of PUBH 501 and PUBH 502, Template D2-2 lists two or more courses for each foundational competency. All courses listed in Template D2-2 are necessary to ensure that all students, regardless of major, achieve the required foundational knowledge. Under each course name and number, we specify whether it is required of majors, non-majors, all students, or whether it is a selective course. In the case of selective courses (e.g., EPI 504, EPI 530), all possible course selections are listed.

The traditional and distance-education programs administer their curricula separately. Therefore, we provide two separate templates: *Template D2-2. Foundational Competencies in Traditional MPH/MSPH Programs* and *Template D2-2. Foundational Competencies in the EMPH Program*. Both templates outline the minimum number of courses required across concentrations to ensure that all students meet the 22 foundational competencies.

**Template D2-2: Foundational Competencies for Traditional Masters Programs**

<b>Assessment of Competencies for MPH/MSPH (all traditional program concentrations)</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
<b>Evidence-based Approaches to Public Health</b>		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	<b>EPI 530:</b> Epidemiologic Methods I <i>[required of BIOS, EH, EPI and GH majors; BSHE and HPM majors may choose EPI 530 or EPI 504]</i>	<b>EPI 530:</b> Final Exam: Students respond to the following exam questions: 1) A study recruited women with prevalent breast cancer in Israel between 2005-2010 and compared them to women in Israel without breast cancer. What is the study design and what type of bias might be introduced by this method of choosing women for the study? 2) A new screening test for asthma was developed and administered to 500 adolescent volunteers at a large medical clinic. The subjects also underwent a complete lung function test (gold standard). Based on the gold standard, 130 individuals were diagnosed with asthma. A total of 400 individuals were identified as not having asthma with the new screening test; of these 350 were classified as not having asthma via the lung function test. Using these data, students calculate and interpret the sensitivity of the new screening test. Next, they describe a strategy that would result in a higher positive predictive value for the new screening test.
	<b>EPI 504 (all sections including online):</b> Fundamentals of Epidemiology (all sections) <i>[BSHE and HPM majors may choose EPI 530 or EPI 504]</i>	<b>EPI 504 (all sections including online):</b> Midterm Exam: Students respond to the following exam question: A total of 4500 women aged over 50 years were followed for 5 years. No one was lost to follow-up or withdrew from the study during the study period. At the end of 5 years, 80 women developed breast cancer. Students show the formula and calculation to estimate the cumulative incidence of breast cancer in this study population.  Homework 5: Students are provided the following background information: A cross-sectional study sampled 10,540 boys and girls from public schools in New York City and conducted a survey on several factors pertaining to health and lifestyles. One of their study aims was to estimate the prevalence of insomnia. Researchers also collected information on various factors that were previously reported to be associated with sleep disturbances among youth in other studies. Overall, 2010 participants reported having sleep disturbance that met the clinical definition for insomnia. Among those with insomnia, 890 reported high levels of stress. Among students without insomnia, 18% reported that they experienced high stress. Students construct a 2x2 table with appropriate labels to represent the study design. Using their 2X2 table, students estimate the prevalence of insomnia among study participants.

2. Select quantitative and qualitative data collection methods appropriate for a given public health context	<b>Quantitative data collection methods</b>	
	<b>EPI 530:</b> Epidemiologic Methods I <i>[required of BIOS, EH, EPI and GH majors; BSHE and HPM majors may choose EPI 530 or EPI 504]</i>	<b>EPI 530:</b> Midterm: Students are provided with the following background information: Few studies have investigated the comorbid interaction between two chronic diseases in the general population, cardiovascular disease and osteoarthritis, and related health and healthcare outcomes. There is access to data from ten general practices in NYC participating in a research network of adults aged 40 years or older as well as the ability to interview them. Students must select a method to collect data for this research question from the following options and must then defend why this is their choice and describe one concern about this method of data collection: a) active follow-up via interviews; b) active follow-up via questionnaires; c) passive follow-up via use of electronic medical records d) active follow-up with questionnaires combined with collection of data from electronic medical records.
	<b>EPI 504 (all sections including online):</b> Fundamentals of Epidemiology (all sections) <i>[BSHE and HPM majors may choose EPI 530 or EPI 504]</i>	<b>EPI 504 (all sections including online):</b> Homework 4: Students are asked to describe how they would identify both cases and controls for a case-control study to evaluate the association between alcoholism and fatal automobile accidents.
	<b>Qualitative data collection methods</b>	
	<b>BSHE 500:</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i>	<b>BSHE 500:</b> TAPPS exercise #2: An in-class assignment requires students individually to select a qualitative method for investigating a particular topic and state the benefits of applying the qualitative method to the research topic. Specifically, students select, describe, and justify qualitative data methods appropriate for a study of young men's sexual health or a study of the health needs of refugee women.
	<b>BSHE 500 (online section):</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i>	<b>BSHE 500 (online section):</b> Qualitative exercise: this exercise involves a content analysis of three news articles about a hepatitis A outbreak in Florida. Students select basic qualitative research methods in determining how local media coverage is framing this public health issue to the public.
	<b>BSHE 538:</b> Qualitative Methods <i>[BSHE majors]</i>	<b>BSHE 538:</b> Case Study Activity: Students discuss different qualitative data collection methods and when it is appropriate to select a given method. Subsequently, they receive a qualitative case study for review. Using a worksheet, students select the most appropriate data collection method(s) for the study.

3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	<b>Quantitative data analysis</b>	
	<b>BIOS 500:</b> Statistical Methods I <i>[all non-BIOS majors except MSPH HPM]</i>	<b>BIOS 500:</b> Students analyze quantitative data by preparing computer-based programs and code using the SAS software through several homework assignments. In the Summary Statistics homework assignment, students prepare descriptive statistics and graphs by hand and by using SAS. In the Hypothesis Testing homework, students calculate the appropriate test statistic and then make a statistical decision utilizing the rejection region, p-value, or confidence interval approach.
	<b>BIOS 506:</b> Foundations of Biostatistical Methods <i>[BIOS MPH majors]</i>	<b>BIOS 506:</b> Students analyze quantitative data by hand or by using the statistical software R. In the Hypothesis Testing homework, students are given descriptions of the scientific question to be addressed and need to conceptualize the hypothesis to be conducted, select the appropriate test statistic, and compute the rejection region, p-value, or confidence interval.
	<b>BIOS 508:</b> Biostatistical Methods I <i>[BIOS MSPH majors]</i>	<b>BIOS 508:</b> Students analyze quantitative data by hand or by using the statistical software SAS. In the Hypothesis Testing homework, students are given descriptions of the scientific question to be addressed and need to conceptualize the hypothesis to be conducted, select the appropriate test statistic, and compute the rejection region, p-value, or confidence interval.
	<b>HPM 585:</b> Quantitative Methods Using SAS I <i>[MSPH HPM majors only]</i>	<b>HPM 585:</b> Assignment 9: Students analyze publicly available survey data (MEPS) using SAS statistical software to determine if there is a statistically significant relationship between medical expenditures and health insurance status and if there is a statistically significant relationship between race/ethnicity and health insurance status. Analyses output will include descriptive statistics table and appropriate statistical tests used.
	<b>Qualitative data analysis</b>	
	<b>BSHE 500:</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i>	<b>BSHE 500:</b> Take-home assignment, question #2: Using emergent thematic coding of transcribed interviews that address given research questions, students use Microsoft Word to analyze qualitative data. Specifically, students thematically code an interview transcript individually with reference to specific health topics such as bullying or barriers and facilitators for healthcare providers in discussing end-of-life plans with individuals with terminal illnesses.
	<b>BSHE 500 (online section):</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i>	<b>BSHE 500 (online section):</b> Qualitative exercise: this exercise involves a content analysis of three news articles about a hepatitis A outbreak in Florida. Students analyze qualitative data using basic qualitative research analytic techniques such as coding in determining how local media coverage is framing this public health issue to the public. Students use Microsoft Work or Excel to analyze qualitative data.

	<b>BSHE 538:</b> Qualitative Methods <i>[BSHE majors]</i>	<b>BSHE 538:</b> Codebook and Preliminary Assignments: After collecting data, students will develop a codebook and code the transcripts from interviews. Based on their coding, students begin to analyze their data and identify preliminary findings.
4. Interpret results of data analysis for public health research, policy or practice	<b>BIOS 500:</b> Statistical Methods I <i>[all non-BIOS majors except MSPH HPM]</i>	<b>BIOS 500:</b> Students interpret results of data analysis for real-world datasets from public health research, policy, or practice. For example, in the Hypothesis Testing homework, students analyze public health research datasets on sleep apnea and obesity and must interpret SAS results, make a statistical decision, and translate that decision into scientifically meaningful conclusions that can impact public health policy or practice.
	<b>BIOS 506:</b> Foundations of Biostatistical Methods <i>[BIOS MPH majors]</i>	<b>BIOS 506:</b> Students interpret results of data analysis for real-world datasets from public health research, policy, or practice. For example, in the Hypothesis Testing homework, students analyze data and must interpret results obtained by hand or the R software to make a statistical decision, and translate that statistical decision into scientifically meaningful conclusions that can impact public health policy or practice.
	<b>BIOS 508:</b> Biostatistical Methods I <i>[BIOS MSPH majors]</i>	<b>BIOS 508:</b> Students interpret results of data analysis for real-world datasets from public health research, policy, or practice. For example, in the Hypothesis Testing homework, students analyze data and must interpret results obtained by hand or the SAS software to make a statistical decision, and translate that statistical decision into scientifically meaningful conclusions that can impact public health policy or practice.
	<b>HPM 585:</b> Quantitative Methods Using SAS I <i>[MSPH HPM majors only]</i>	<b>HPM 585:</b> Claims Project Part 2: Students interpret the results of claims data analyses of the relationship between race/ethnicity and medical expenditures adjusted for covariates and relationship between race/ethnicity and number of medical visits adjusted for covariates for public health research, policy, or practice.

Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	<b>HPM 500:</b> Introduction to US Health Care System <i>[all non-HPM majors]</i>	<b>HPM 500:</b> "Sick Around the World" assignment: Students compare the ways in which variation in nations' health systems (broadly construed: health care, public health, regulatory) structure and organization shape the potential and limits of different interventions for a given public health problem. For Part 1 of this assignment, students will view two video Case Studies titled "Sick Around America" and "Sick Around the World" in small groups outside of class. After they view the videos, each group will receive a set of discussion prompts for discussing how health care is delivered in the five capitalist democracies in Europe (UK, Germany and Switzerland) and Asia (Japan and Taiwan) compared to the US. Students will explore potential solutions they offer to the crisis surrounding access to affordable health care in the United States from different stakeholder perspectives. Part 2 requires that each student individually complete a stakeholder analysis of the five countries and the US comparing health care system components. They will be asked to detail what lessons the US could learn from the successes and failures of those systems to build coalitions and partnerships for influencing improved public health outcomes.
	<b>HPM 500 (online section):</b> Introduction to US Health Care System <i>[all non-HPM majors]</i>	<b>HPM 500 (online section):</b> Week14 Exam (3): Exam questions (both multiple choice and short answer) will assess students' knowledge of the U.S.' and various international nations' health systems (encompassing health care, public health, and regulatory systems). Students will critically compare and contrast the organization, structure, and function of these diverse systems and describe how variation between them explains different approaches to and outcomes for public health challenges.
	<b>HPM 501:</b> Health Policy and Resource Allocation <i>[HPM majors]</i>	<b>HPM 501:</b> Midterm and Final Exams: In week 7 and after the term (during finals period), students answer multiple choice, short answer, and short essay questions comparing the organization and financing of health care in the U.S. and abroad, and their implications for access, quality, and costs.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	<b>BSHE 500:</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i>	<b>BSHE 500:</b> Week 11 assignment: Based on assigned readings, lectures, and a short film, students discuss and then individually describe and record their responses to the following questions: 1. What are the means by which structural bias, social inequities, and racism undermine health create challenges to achieving health equity at organizational, community, and societal levels? 2. What is the role of public health in addressing structural bias, social inequities, and racism to achieve health equity?

	<p><b>BSHE 500 (online section):</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i></p>	<p><b>BSHE 500 (online section):</b> Article Discussion Group #2: Students watch a video featuring the experiences of refugee women who have been recipients of female circumcision and hear about their challenges with the health care system. Then, each student submits a question for discussion in a synchronous Zoom session, where they deliberate about how structural bias, social inequities and racism affect health care delivery and health equity at organizational, community and societal levels. Students submit a summary of the discussion, and each student identifies their contribution to the summary.</p>
	<p><b>BSHE 579:</b> Applied History of Public Health <i>[BSHE majors]</i></p>	<p><b>BSHE 579:</b> Based on assigned readings, lectures, and a short film, students discuss and then individually describe and record their responses to the following questions: 1. What are the means by which structural bias, social inequities, and racism undermine health create challenges to achieving health equity at organizational, community, and societal levels? 2. What is the role of public health in addressing structural bias, social inequities, and racism to achieve health equity?</p>
<b>Planning &amp; Management to Promote Health</b>		
7. Assess population needs, assets and capacities that affect communities' health	<p><b>BSHE 500:</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i></p>	<p><b>BSHE 500:</b> Week 4 and 6 assignment: Students take turns interviewing each other in a structured, paired activity to conduct an initial needs assessment for a community in which they live or work. Taking the perspective of the interviewer, each student completes a worksheet that describes the target population, identified health needs and other needs, prioritization of identified needs, availability of resources and assets, barriers and identification of other organizations that may help meet the needs or provide resources.</p>
	<p><b>BSHE 500 (online section):</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i></p>	<p><b>BSHE 500 (online section):</b> Article Discussion Group #1: Students listen to two recorded accounts of health care workers trying to control the Ebola resurgence in the Democratic Republic of the Congo. Then, each student submits a question for discussion in a synchronous Zoom session, where they articulate what they need to do in order to assess population needs, assets and capacities that affect controlling the spread of the epidemic. Students submit a summary of the discussion, and each student identifies their contribution to the summary.</p>

	<b>BSHE 524: Community Assessment</b> <i>[BSHE majors except dual-degree students]</i>	<b>BSHE 524: Final Report:</b> Students engage with a community partner throughout the semester. They collect data from community stakeholders through key informant interviews and additional primary data collection. The key informant interviews provide an opportunity to learn about the community's health assets, needs and capacities and to inform the next steps of the community assessment, including additional data collection. The student groups use the findings from these data sources to inform the identification of needs and the recommendations stemming from the community assessment. Each student group will present the key findings through a presentation and a written final report. Individual contributions to the group project will be assessed through confidential peer- and self-evaluations of the group process. Students share the contributions they made to the project through these forms.
	<b>BSHE 530: Program Evaluation</b> <i>[BSHE dual-degree students]</i>	<b>BSHE 530 Community Assessment Paper assignment:</b> Dual degree students are required to complete a short, individual paper on community assessment. The paper is due a week after completing the class session on Formative Evaluations. Students review the three assigned articles on community assessment and analysis. They select one article and write about how the authors describe the community and assess the community's needs, assets and capacities. Students must include the strengths and weaknesses of the assessment and any lessons learned.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	<b>GH 500 (Fall sections 1, 2, 3):</b> Critical Issues in Global Health <i>[all non-Global Health majors]</i>	<b>GH 500 (Fall sections 1, 2, 3):</b> Individual Discussion Board Posts. Post 2: After completing the cultural competence module, students will individually write a post describing how they will apply awareness of cultural values and practices to implement their population-based initiative (program, project or intervention), described in the Letter of Intent assignment.
	<b>GH 500 (Fall section 4 - online):</b> Critical Issues in Global Health <i>[all non-Global Health majors]</i>	<b>GH 500 (Fall section 4 - online):</b> Individual Discussion Board Post: Students will describe in detail one of the cultural worlds they inhabit. Areas to consider include: overarching commitments, values, goals; specific behaviors, rules, rituals, discourses; roles, hierarchies, power dynamics; Intersecting or cross-cutting socioeconomic hierarchies; your own role in this world, ways that you act and are positioned within it; evidence of a shared history, changes over time. Individually, students will then write a reflection on how a public health professional would need to approach this cultural world to apply awareness of cultural values and practices in the design or implementation of a public health intervention or program.

	<p><b>GH 500 (Spring sections 1, 2):</b> Critical Issues in Global Health <i>[all non-Global Health majors]</i></p>	<p><b>GH 500 (Spring sections 1,2):</b> Individual Discussion Board Post: After completing the cultural competence module, the student will apply what they have learned through the module by writing a post on the discussion board on how a public health professional would apply awareness of cultural values and practices to design public health interventions or programs.</p>
	<p><b>GH 501 (sections 1-5):</b> Evidence-Based Global Health Policy, Programs and Research <i>[Global Health majors]</i></p>	<p><b>GH 501 (sections 1-5):</b> Policy Brief: Each student will advocate for a specific political, social, or economic policy benefiting the health of diverse populations. They will craft a short, focused advocacy document, intended for decision-makers, that outlines the rationale for choosing an ethical and culturally competent policy alternative or course of action. Each student will apply content on cultural values and practices and ethical principles, learned from the Culture and Ethics sessions, into the design or implementation of their proposed policy.</p>
9. Design a population-based policy, program, project or intervention	<p><b>GH 500 (Fall sections 1, 2, 3):</b> Critical Issues in Global Health <i>[all non-Global Health majors]</i></p>	<p><b>GH 500 (Fall sections 1, 2, 3):</b> Letter of Intent – Components 1 and 2: In Component 1 (Group), student groups will design a population-based health initiative (program, project, or intervention) that addresses a key health issue in their selected country. The health initiative must be tailored to the socioeconomic/development context of the country and must demonstrate a consideration of cultural values and practices. In Component 2 (Individual), each student will design a sustainability program to ensure that the proposed initiative remains operational beyond the funding period and has a lasting health impact on the long term.</p>
	<p><b>GH 500 (Fall section 4 - online):</b> Critical Issues in Global Health <i>[all non-Global Health majors]</i></p>	<p><b>GH 500 (Fall section 4 - online):</b> Letter of Intent (Group Assignment): In this brief proposal, your group will identify a priority health issue in your country and design a population-based health intervention to address that issue over a two-year period. You will also propose a complementary development initiative that will further support your health intervention. Individually, each student will design a specific component of the intervention targeting a sub-population of interest.</p>
	<p><b>GH 500 (Spring sections 1, 2):</b> Critical Issues in Global Health <i>[all non-Global Health majors]</i></p>	<p><b>GH 500 (Spring sections 1,2):</b> Letter of intent. For the midterm assignment, student groups will design a population-based initiative (program, project, or intervention) that addresses a key health issue in their selected country. The health initiative must be tailored to the socioeconomic/development context of the country and must demonstrate a consideration of cultural values and practices. Individually, each student will design a sustainability program to ensure that the proposed initiative remains operational beyond the funding period and has a lasting health impact on the long term.</p>

	<b>GH 501 (sections 1-5):</b> Evidence-Based Global Health Policy, Programs and Research <i>[Global Health majors]</i>	<b>GH 501 (sections 1-5):</b> Global Innovation Fund Grant Proposal: Students will identify appropriate intervention points, advocate for funding, and work in teams assigned by instructors to respond to a call for grant proposals. Students will design an ethical and culturally competent population-based policy, program, project, intervention or research that describes and addresses health inequity and improves the health status of diverse global individuals, communities, or populations. Individually, students will append, to the final group proposal, their individual design of the population-based policy, program, project, intervention or research.
10. Explain basic principles and tools of budget and resource management	<b>PUBH 502:</b> Public Health Professional Development Seminar <i>[all majors]</i>	<b>PUBH 502:</b> Case Study: Students receive didactic content through an online module addressing examples of public health resources, how to decide on programmatic and budgetary priorities, and how best to align resources to meet public health demands. During the in-class workshop, students work in pairs on an opioid outbreak case that requires them to choose staff skills, align resources to needs, and make difficult decisions regarding how to manage budgetary and staffing constraints to achieve resolution of the outbreak. Students individually contribute to a summary description of resource allocation relevant to the case.
11. Select methods to evaluate public health programs	<b>BSHE 500:</b> Behavioral and Social Sciences in Public Health <i>[all non-BSHE majors]</i>	<b>BSHE 500:</b> Evaluation Activity: Based on assigned readings and lecture, students evaluate a program event individually using a program evaluation worksheet. They choose to evaluate either “The Good Guise Alliance” or a “Symposium and Film Showing Designed to Stop Modern Slavery.” Students individually conduct a stakeholders’ analysis and then select and justify the method they selected to evaluate the program.
	<b>BSHE 500 (online section):</b> Article Discussion Group #2:	<b>BSHE 500 (online section):</b> Article Discussion Group #3: Students review the detailed description of the state of North Carolina’s plan to address obesity. Then, each student submits a question for discussion in a synchronous Zoom session, where they analyze the evidence behind in support of the intervention strategies and select various evaluation methods that could be used to evaluate achievement of program goals.

	<b>BSHE 530:</b> Program Evaluation <i>[BSHE majors]</i>	<b>BSHE 530:</b> Evaluation Report (Methods Section). As a group, students develop and implement an evaluation plan, as well as reporting their results. In the Methods section of the evaluation plan, students describe the selection of methods to evaluate the program such as data collection methods including a data collection cross-walk, recruitment and sampling procedures, and instruments/measures. The plan also describes the data analysis plans. Individual contributions to the group project will be assessed through confidential peer- and self-evaluations of the group process. Students share the contributions they made to the project through these forms.
<b>Policy in Public Health</b>		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	<b>HPM 500:</b> Introduction to US Health Care System <i>[all non-HPM majors]</i>	<b>HPM 500:</b> Exercise 3, "Cost Control Quality," the assignment examines the "iron triangle" of health care: quality, cost and access. From a policy-making standpoint, these multiple dimensions of policy-making are essential and are in competition with each other. Students receive current data reports related to these components and a set of question prompts for analysis and discussion that focus on the policy-making process with its difficult ethical and evidential challenges. Students write individual responses proposing policy strategies and possible solutions. They prepare a Statement Analysis of the process by which a proposed policy was formulated; includes how the process considered values, ethics, the evidence base, health impact, and health equity.
	<b>HPM 500 (online section):</b> Introduction to US Health Care System <i>[all non-HPM majors]</i>	<b>HPM 500 (online section):</b> Week 15 Part 2 of the Case Study Assignment: In groups, students will apply course concepts related to the multiple dimensions of the policy-making process to their specific case, describing the relevant issues in a policy memo and making recommendations for how to navigate these (potentially conflicting) considerations, with special focus on the roles of ethics and evidence in policy decision-making. Following completion of the group project, each member of the group will complete an evaluation of her own and her group members' contributions to the project. Based on these evaluations, each student will receive up to 3 points, representing his/her individual effort toward this assignment.
	<b>HPM 501:</b> Health Policy and Resource Allocation <i>[HPM majors]</i>	<b>HPM 501:</b> Policy Memo: For week 4, students individually prepare a brief proposal for a health policy that could be considered for enactment at the national, state or local level by a stakeholder engaged in the formulation and implementation of health policy today As part of this assignment, students must use evidence and ethical considerations to characterize a health policy problem precisely and justify their recommendation for a particular intervention to address it. They must also identify and discuss the most salient viewpoints

		(agreement or concerns) of the other key stakeholders in the context of their policy proposal, reflecting key deliberations in the course of a policy proposal's refinement or mark-up. Students also participate in policy memo workshops that guide them through the preparation of policy memos and require that they practice identifying and addressing the viewpoints of relevant stakeholders in the context of their peers' policy memos and employing evidence to effectively represent and support their proposals.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	<b>HPM 500:</b> Introduction to US Health Care System <i>[all non-HPM majors]</i>	<b>HPM 500:</b> Public Managed Care in Easternville: In this case of opportunities assignment, students read, analyze and discuss the Easternville case study. They receive a set of question prompts that focus on the ability of people to obtain health services when needed. After group analysis and discussion, students individually propose strategies to identify stakeholders and build coalitions and partnerships for influencing this public health problem.
	<b>HPM 500 (online section):</b> Introduction to US Health Care System <i>[all non-HPM majors]</i>	<b>HPM 500 (online section):</b> Case Study Group Exercise, Alameda Health System: Students work in groups to conduct a health policy-related case study. This case study forms the basis of a 3 to 5-page case study response that describes the relevant issues addressed in the case study, the key stakeholders involved, the criteria used to evaluate the issues in the case study and the potential solutions that could resolve the issues. Groups members conduct their own review of relevant literature and gather data and statistics to support their conclusions. Each group presents the details of their case study response in a 12 to 15-minute presentation. Subsequently, each member of the group completes an evaluation of their own and their group members' contributions to the project. Based on these evaluations, each student will receive up to 3 points, representing his/her individual effort toward this assignment.
	<b>HPM 501:</b> Health Policy and Resource Allocation <i>[HPM majors]</i>	<b>HPM 501:</b> Midterm and Final Exams. Students complete a midterm exam and a final exam. In these exams, students must propose strategies for identifying key stakeholders and health care organizations/partners that influence public health outcomes, such as morbidity and quality of life, use of health care services (inpatient hospital, physician services, prescription drugs, imaging and lab tests), patient satisfaction, and per capita health care costs. Exam questions require students to propose such strategies as they relate to the organization, structure, and function of health care, public health, and regulatory systems. Students must identify stakeholders and accurately represent their perspectives on key health systems organizations and structures.

14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	<b>GH 500 (Fall sections 1, 2, 3):</b> Critical Issues in Global Health <i>[all non-Global Health majors]</i>	<b>GH 500 (Fall sections 1, 2, 3):</b> Health Initiative Pitch: Students will individually develop a video pitch, for a lay audience, that advocates for a political, social, or economic policy or program that would support the goals of the population-based health initiative (program, project, or intervention) described in the Letter of Intent assignment.
	<b>GH 500 (Fall section 4 - online):</b> Critical Issues in Global Health <i>[all non-Global Health majors]</i>	<b>GH 500 (Fall section 4 - online):</b> Urban Health Policy Brief (Group Assignment) Part 1: In this assignment, the group will select (and justify) a specific urban health issue related to the triple burden of non-communicable diseases, infectious diseases or injury in the country. The group will prepare a policy brief for lay audiences that outlines the problem and advocates for political, social or economic programs or policies to improve health. Individually, students will submit an Instagram post that could be used to advocate for the political, social or economic policy recommendations to improve health for a specific target audience.
	<b>GH 500 (Spring sections 1, 2):</b> Critical Issues in Global Health <i>[all non-Global Health majors]</i>	<b>GH 500 (Spring sections 1,2):</b> Urban Health Policy Brief: In this assignment, student groups will select (and justify) a specific urban health issue related to either non-communicable diseases, infectious diseases or injury in their country. Groups will develop a policy brief for lay audiences that outlines the problem and advocates for political, social or economic programs or policies to improve health in diverse populations of an urban setting. Individually, each, student will submit a communications bulletin that could be used to advocate for the political, social or economic policy recommendations to improve health for a specific target audience.
	<b>GH 501 (sections 1-5):</b> Evidence-Based Global Health Policy, Programs and Research <i>[Global Health majors]</i>	<b>GH 501 (sections 1-5):</b> Policy Brief: Each student will advocate for a specific political, social, or economic policy benefiting the health of diverse populations. They will craft a short, focused advocacy document, intended for decision-makers, that outlines the rationale for choosing an ethical and culturally competent policy alternative or course of action.
15. Evaluate policies for their impact on public health and health equity	<b>EH 500 (all sections including online):</b> Perspectives in Environmental Health <i>[all non-EH majors]</i>	<b>EH 500 (all sections including online):</b> Midterm and Final: Students evaluate environmental policies and their impact on public health and health equity including the European Commission's decision banning neonicotinoid pesticides; the 1990 amendments to the Clean Air Acts, its costs and resulting health benefits; and the Kyoto Protocol and Paris Accord and corresponding Climate Change related health impacts. The policies are evaluated from the standpoint of their intended and unintended consequences with a specific focus on global impacts, exemplified by a case-study involving exposures among Nicaraguan agricultural workers to the US-banned pesticide Nemagon. Environmental health disparity is also covered in

		<p>dedicated lectures on Environmental Justice and Environmental Health Policy. In these sessions, the class reviews examples such as the Love Canal, Flint, MI, and Pascagoula, MS. Students describe how environmental policy relates to enhanced exposures to environmental stressors, exploits or social vulnerabilities, and addresses biological susceptibility. Students are assessed via short-answer questions on the midterm and final exams designed to have students provide examples of specific policies covered during the semester, the values underlying the policies, and the health impacts associated with their promulgation.</p>
	<p><b>EH 570:</b> Environmental Health Law and Policy <i>[EH and EH-EPI majors]</i></p>	<p><b>EH 570:</b> Midterm assignment: Students prepare a five-page evaluation of one of the main US environmental health laws (those covered in class or otherwise approved by the course instructor in advance). The paper must address its origin and important history, its scope and application, and the principles involved. It concludes with students' judgment about the major strengths and weaknesses of the law in actual practice.</p> <p>Policy analysis: Students prepare a 10-15 page policy analysis of selected environmental health issues using the policy framework developed during the course. Students select their role and identify their audience for paper, either a neutral analysis from an outside consulting firm or an advocacy piece or position paper from inside an organization. The analysis begins with a detailed problem statement, including a summary and evaluation of the relevant laws, regulations and judicial decisions. It includes a stakeholder analysis, mapping out the actors involved and the interests they are pursuing; their sources and base of power and influence; their aims, strategies and tactics; the alliances that emerge or fail. The analysis includes a detailed evaluation of policy initiatives and concludes by recommending and defending a way forward.</p>

	<p><b>EH 571:</b> Global Environmental Health Policy: Power, Science &amp; Justice  <i>[GEH majors]</i></p>	<p><b>EH 571:</b> Analytical Summary: Students submit a 3-5-page summary of the major themes of power, science and justice, that will be used as the basis for evaluating case studies throughout the course. The summary describes the major aspects of the themes and demonstrates their application using an example.</p> <p>Policy analysis: Students prepare a 10-15 page policy analysis of a selected environmental health issue using the policy framework developed during the course. Students select their role and the audience for paper, either a neutral analysis from an outside consulting firm or an advocacy piece or position paper from inside an organization. The analysis begins with a detailed problem statement, including a summary and evaluation of the relevant legal and economic context. The evaluation includes mapping out the actors involved and the interests they are pursuing; their sources and base of power and influence; their aims, strategies and tactics; the alliances that emerge or fail. It also includes summarizing the relevant evidence and its strength. Finally, it will address the equity/justice issues presented.</p>
<b>Leadership</b>		
<p>16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making</p>	<p><b>PUBH 502:</b> Public Health Professional Development Seminar  <i>[all majors]</i></p>	<p><b>PUBH 502:</b> Leadership and Negotiation Activity - Students receive didactic content through an online module addressing leadership principles in public health. They are exposed to examples of different leadership styles including strengths and limitations. During the in-class workshop portion of the course, students utilize an opioid outbreak case study and work in teams on an organizational challenge task. Successfully navigating the assignment requires assuming different types of the leadership roles. In these various roles, students must be able to impart their vision for the task, empower their team members to complete the task, foster collaboration (the team members also had to collaborate with one another to accomplish the task), and guide decision making. Team members individually complete a work sheet describing the impact of the various leadership and negotiation styles on the task as well as their unique contribution to the completion of the task.</p>

<p>17. Apply negotiation and mediation skills to address organizational or community challenges</p>	<p><b>PUBH 502:</b> Public Health Professional Development Seminar <i>[all majors]</i></p>	<p><b>PUBH 502:</b> Leadership and Negotiation Activity – As described above, students receive didactic content through an online module addressing key negotiation and mediation skills including having difficult conversations. During the in-class workshop portion of the course, students work in teams to address an organizational challenge related to staffing and resource allocation provided through the opioid outbreak case study. Successfully navigating the assignment requires members to apply their negotiation and mediation skills to ensure the resolution of the case. Team members individually complete a work sheet describing the team's approach to negotiation and mediation given the case provided as well as their unique contribution to the activity.</p>
<p><b>Communication</b></p>		
<p>18. Select communication strategies for different audiences and sectors</p>	<p><b>EH 500 (all sections including online):</b> Perspectives in Environmental Health <i>[all non-EH majors]</i></p>	<p><b>EH 500 (all sections including online):</b> Risk Assessment and Risk Communication (Module 5): Students read the Covello and Sandman (2001) article on Risk Communication. Students work in groups to select communication strategies and to prepare a targeted message for citizens of a community impacted by an environmental health issue. Messages would be specifically selected to inform citizens from different demographics of the community, including local politicians, business owners, or general citizens, based on the needs and practices of each target audience.</p>
	<p><b>EH 570:</b> Environmental Health Law and Policy <i>[EH and EH-EPI majors]</i></p>	<p><b>EH 570:</b> Mock public meetings: Students are assigned to represent a particular constituency (e.g. politicians, industry, high tech, health, community activists) during in-class advocacy and negotiation sessions for a series of environmental or occupational health policy initiatives. Working in groups, students research applicable laws and regulations and select communication strategies to advocate for initiatives representing their perspective. At the same time, they endeavor to work with representatives of other perspectives in an effort to reach the best possible outcome for their constituency. Each group presents and advocates for its proposed initiatives (Session 12) and then negotiates during the mock meeting (Session 13). Individual student performance is assessed during the mock meeting.</p> <p>Policy analysis: Students prepare a 10 to 15-page policy analysis of selected environmental health issue using the policy framework developed during the course. Students select their role and the audience for the paper, either a neutral analysis from an outside consulting firm or an advocacy piece or position paper from inside an organization.</p>

	<p><b>EH 571:</b> Global Environmental Health Policy: Power, Science &amp; Justice <i>[GEH majors]</i></p>	<p><b>EH 571:</b> “This is not just” Media Assignment: Inspired in part by MLK’s 1967 speech “A Time to Break Silence” as well as advice from Figueroa’s “Teaching for Transformation: Lessons from Environmental Justice” (2002), this assignment uses mixed-media to document environmental health injustice, as the student sees it. Students identify an instance of environmental health injustice that they have personally witnessed. They then select a communication strategy and prepare a 3 to 4-minute video that includes a recording explaining what, where, when and why the student sees this as a particular injustice and a visual representation of the injustice in the form of a) video clip or b) a series of photographs.</p> <p>Policy analysis: Students prepare a 10 to 15-page policy analysis of selected environmental health issue using the policy framework developed during the course. Students select their role and the audience for paper, either a neutral analysis from an outside consulting firm or an advocacy piece or position paper from inside an organization.</p>
<p>19. Communicate audience-appropriate public health content, both in writing and through oral presentation</p>	<p><b>PUBH 502:</b> Public Health Professional Development Seminar <i>[all majors]</i></p>	<p><b>PUBH 502:</b> Using the opioid outbreak case study described above (competencies #10, 16, 17), students simulate the application of two components of the WHO Strategic Communications Framework. This will consist of both a written and oral assignment that generates audience-appropriate public health messages that are both accessible and actionable (per the framework). First, students watch a didactic presentation of the WHO Framework (administered online in advance of the in-class workshop). During the face-to-face session, students collaborate in small teams to expand on a draft health communication draft (written and oral) that they developed. For the oral health communication message students assume one of the assigned leadership roles and an assigned audience to communicate key information points about the outbreak. This communication is video recorded and submitted for faculty assessment. After the session, students submit a written PSA about the outbreak that would be appropriate for the citizens of the community impacted by the crisis.</p>
<p>20. Describe the importance of cultural competence in communicating public health content</p>	<p><b>GH 500 (Fall sections 1, 2, 3):</b> Critical Issues in Global Health <i>[all non-Global Health majors]</i></p>	<p><b>GH 500 (sections 1, 2, 3):</b> Individual Discussion Board Posts. Post 3: Before developing the Health Initiative Video Pitch, students will individually submit a reflection on the importance of cultural competence in communicating the public health content of their video pitch.</p>
	<p><b>GH 500 (Fall section 4 - online):</b> Critical Issues in Global Health <i>[all non-Global Health majors]</i></p>	<p><b>GH 500 (section 4 - online):</b> Urban Health Policy Brief, Part 2: Individually, students will also submit a reflection on the importance of cultural competence in developing the communication strategy for the policy brief.</p>

	<b>GH 500 (Spring sections 1, 2):</b> Critical Issues in Global Health <i>[all non-Global Health majors]</i>	<b>GH 500 (Spring sections 1, 2):</b> Urban Health Policy Brief: In this assignment, student groups will select (and justify) a specific urban health issue related to either non-communicable diseases, infectious diseases or injury in their country. Groups will develop a policy brief for lay audiences that outlines the problem and advocates for political, social or economic programs or policies to improve health in diverse populations of an urban setting. Individually, each student will develop a reflection describing the importance of cultural competence in designing the communicating strategy for their policy brief.
	<b>GH 501 (sections 1-5):</b> Evidence-Based Global Health Policy, Programs and Research <i>[Global Health majors]</i>	<b>GH 501 (sections 1-5):</b> Weekly Discussion Posts: The purpose of the weekly Canvas Discussion Posts is to prepare students for the class assignments such as the Policy Brief and GIF assignments. For example, one Discussion Post will ask students to describe the importance of cultural competence in communicating public health content through the Policy Brief assignment and how they would apply these concepts to effectively convey their advocacy message to their decision-maker.
<b>Interprofessional Practice</b>		
21. Perform effectively on interprofessional teams	<b>PUBH 501:</b> Interprofessional Team Training <i>[all majors]</i>	<b>PUBH 501:</b> Students complete a 2-hour online didactic module describing the following: a) importance of interprofessional education; b) interprofessional practice competencies; c) types of professionals that students might work with; d) values and ethics such as respecting roles and contributions of other professions, cultural diversity, and interprofessional communication. Students complete a quiz at the conclusion of this module. Subsequently, students are assigned to small interprofessional teams where they discuss four case studies. The discussion is guided by two trained faculty facilitators and is intended to highlight ways in which collaboration and communication with other health professionals can contribute to impacting factors that would enhance health outcomes for the individuals and communities represented in two selected cases. Students submit a written assignment discussing how the role of public health intersects with other professions in addressing health outcomes.
<b>Systems Thinking</b>		
22. Apply systems thinking tools to a public health issue	<b>EH 500 (all sections including online):</b> Perspectives in Environmental Health <i>[all non-EH majors]</i>	<b>EH 500 (all sections including online):</b> Climate Change Causal Loop Diagram (Module 8) After reading David Peters' article "The application of systems thinking in health: why use systems thinking?", students will develop causal loop diagrams. Specifically, drawing from a climate change framework, students will develop a causal loop diagram demonstrating how mitigation and adaptation can affect the impacts of climate change.

	<b>EH 501:</b> Introduction to Environmental Health [EH majors]	<b>EH 501:</b> Climate Change Causal Loop Diagram (week 7): After reading David Peters' article "The application of systems thinking in health: why use systems thinking?", students will develop causal loop diagrams. Specifically, drawing from a climate change framework, students will develop a causal loop diagram demonstrating how mitigation and adaptation can affect the impacts of climate change, including realization of environmental and health co-benefits.
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**Template D2-2: Foundational Competencies for Distance Education Program**

<b>Assessment of Competencies for Executive MPH Program</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
<b>Evidence-based Approaches to Public Health</b>		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	<b>EPI 504D:</b> Fundamentals in Epidemiology [APHI and PRS majors]	<b>EPI 504D:</b> Midterm Exam: Students apply epidemiological methods to the breadth of settings by considering the appropriate study designs for studying diseases that are infectious, chronic, occupational, or environmental. For example, questions include scenarios which allow students to determine study designs that can be applied to examine sun exposures behaviors in a sample of college students, assessing long-term health outcomes in a cohort of subjects with and without an exposure to a known environmental toxin, or assessing health outcomes among hypertension patients receiving a new versus established medication in a clinical setting.
	<b>AEPI 530D:</b> Fundamentals in Epidemiology [AEPI Majors]	<b>AEPI 530D:</b> Homework 1: Students apply epidemiological methods to the breadth of settings, including considering randomized control trials for treatment of irritable-bowel syndrome and a study for comparing asthma treatments as well as identifying the appropriate epidemiological study designs for studies including body mass index and diabetes mellitus from electronic medical records, solvent exposure and cancer among factory workers, and morbidity of tuberculosis among homeless populations.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	<b>Quantitative data collection methods</b>	
	<b>AEPI 515D:</b> Intro to Public Health Surveillance [all EMPH majors]	<b>AEPI 515D:</b> Module 2 Discussion Board Posting: Students select appropriate quantitative data sources (e.g. surveys, registries, cohort studies, vital statistics) during a mock Hepatitis Q outbreak in which they must choose between making Hepatitis Q a "notifiable disease" in their state or adding 2-3 questions about Hepatitis Q to the state's BRFSS system.

	<b>Qualitative data collection methods</b>	
	<b>PRS 532D:</b> Qualitative Research Methods <i>[PRS majors]</i>	<b>PRS 532D:</b> Closing Project: Students select appropriate qualitative data collection methods by conducting a publication review discussing the appropriate (or not) use of qualitative methods. Specifically, students evaluate study design and sampling, the appropriateness of interview methods (individual versus group), analysis techniques, transcription and coding, the strengths and limitations of selected qualitative (or mixed) methods and ethical dimensions to the published study as well as overall reporting techniques.
	<b>AEPI 538D:</b> Applied Data Analysis <i>[AEPI majors]</i>	<b>AEPI 538D:</b> Qualitative Methods Discussion Board Posting: Students select appropriate qualitative data collection methods by completing a module on qualitative methods and participating in a discussion board posting in which they will select the most appropriate qualitative data collection methods (from interviews, focus groups, observations, archival review) to complement survey research on a particular topic.
	<b>APHI 581D:</b> Applied Data Science & Decision Support Capstone II <i>[APHI majors]</i>	<b>APHI 581D:</b> LOINC/Snomed assignment: Students are given laboratory scenario in which they are given a lab test description (qualitative/unstructured data) for which they must determine the appropriate data collection methodology and terminology for integration into an informatics system.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	<b>Quantitative data analysis</b>	
	<b>BIOS 516D:</b> Applied Biostatistics <i>[AEPI majors]</i>	<b>BIOS 516D:</b> Homework #3: Students analyze quantitative data using SAS to create and analyze descriptive statistics.
	<b>BIOS 503D:</b> Introduction to Biostatistics <i>[APHI and PRS majors]</i>	<b>BIOS 503D:</b> Final Exam: Students analyze quantitative data using SAS during the final exam by answering real-world research questions and interpreting the results.
	<b>Qualitative data analysis</b>	
	<b>PRS 535D:</b> Questionnaire Design and Analysis <i>[PRS majors]</i>	<b>PRS 535D:</b> Analysis Assignment: Students analyze qualitative data in a final group project where they use their choice of software (e.g. EpiInfo, MS Word, MS Excel) to analyze data from a qualitative survey question they have developed.
	<b>AEPI 538D:</b> Applied Data Analysis <i>[AEPI majors]</i>	<b>AEPI 538D:</b> Qualitative Analysis of Focus Group Transcript: Students analyze qualitative data using MS word to code a transcript after completing a module about qualitative methods and analysis and then comment on how the data from the transcript could be used to supplement the information gathered in a survey.

	<b>APHI 581D:</b> Applied Data Science & Decision Support Capstone II <i>[APHI majors]</i>	<b>APHI 581D:</b> LOINC/Snomed assignment: Students are given laboratory scenario in which they use an Excel spreadsheet to turn qualitative/unstructured data about a lab test into a LOINC code or variable for informatics systems. This code must then be analyzed and linked to a results code that can be shared via visualization tools.
4. Interpret results of data analysis for public health research, policy or practice	<b>BIOS 516D:</b> Applied Biostatistics <i>[AEPI majors]</i>	<b>BIOS 516D:</b> Final Project: Students analyze SAS output and discuss real-world public health implications in this group project.
	<b>BIOS 503D:</b> Introduction to Biostatistics <i>[APHI and PRS majors]</i>	<b>BIOS 503D:</b> Final Exam: Students interpret SAS output on distributions as would be done for public health research and practice. For example, a researcher suggested that the difference between post and pre-platelet counts could be affected by age. Student address the following questions before beginning a full analysis of the outcome: a) what are the dependent and independent variables in this problem, b) what type of descriptive statistic will provide the direction and the magnitude of the relationship between the two variables, c) calculate the statistic you provided in part b, d) the investigator ran the linear regression model for this relationship. The line was calculated as $y = 38.19 + 0.05x$ and had a coefficient of determination of 0.0001. Interpret both the slope and the coefficient of determination, and e) comment on whether or not this relationship is strong enough to warrant further investigation in the study.
<b>Public Health &amp; Health Care Systems</b>		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	<b>HPM 500D:</b> Introduction to US Health Care System <i>[all EMPH majors]</i>	<b>HPM 500D:</b> Final Exam: Students compare the organization, structure and function of health care public health and regulatory systems across national and international settings by answering a series of questions on these topics on the final exam. This includes questions on stakeholders in the US healthcare system (question #2), factors that contribute to increased healthcare expenditures in the US versus other nations (question #5), questions on the two main components of Medicare (question #8), and questions that focus on factors that have contributed to the failure of major health care reform attempts throughout history (question #10).
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	<b>BSHE 504D:</b> Social Behavior in Public Health <i>[all EMPH majors]</i>	<b>BSHE 504D:</b> Final Presentation: Students discuss the means by which structural bias, social inequities and racism undermine health and create challenges by working in a group to determine how to offset challenges identified at various levels of the social ecological framework for a specific public health issue. Each individual student completes a group assessment in which he/she submits a confidential evaluation of each group member (including themselves). These assessments are reviewed and factors into the final project grade for each individual.

<b>Planning &amp; Management to Promote Health</b>		
7. Assess population needs, assets and capacities that affect communities' health	<b>BSHE 504D:</b> Social Behavior in Public Health <i>[all EMPH majors]</i>	<b>BSHE 504D:</b> Applying the Social Ecological Model to a Concrete Health Problem: Students assess population needs, assets and capacities by applying the social-ecological framework to a specific health issue for a specific population.
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	<b>GH 500D:</b> Addressing Key Issues in Global Health <i>[all EMPH majors]</i>	<b>GH 500D:</b> Capstone group project: After completing module 3 on social determinants of health and cultural competence, students apply awareness of cultural values and practices to the design of their proposed country-specific intervention (or set of interventions) to address a public health problem of their choosing by explicitly discussing how local cultural values and practices would impact the intervention success. Individually, each student rates their teammates' contribution to the assignment using a rubric. An average of these ratings is used to complement the participation grade. Additionally, each student will also write a one paragraph reflection about the impact of the capstone on no fewer than two learnings they will take away from the class.
9. Design a population-based policy, program, project or intervention	<b>GH 500D:</b> Addressing Key Issues in Global Health <i>[all EMPH majors]</i>	<b>GH 500D:</b> Closing Session Group Presentation: Students design a population-based policy or program (based on 1 of 3 provided options) in which they describe the context of the problem, description of the proposed intervention, description of indicators of success, evaluation of logistical, financial, and political feasibility, likelihood of success, and assessment of the impact on health equity. This intervention is proposed to a group of mock stakeholders in the final class session. Individually, each student rates their teammates' contribution to the assignment using a rubric. An average of these ratings is used to complement the participation grade. Additionally, each student will also write a one paragraph reflection about the impact of the capstone on no fewer than two learnings they will take away from the class.
10. Explain basic principles and tools of budget and resource management	<b>APHI 550D:</b> Business and Communication Aspects of Public Health Informatics <i>[APHI majors]</i>	<b>APHI 550D:</b> Module 2: Group Business Case and PWS Assignment: After participating in module 2, "Developing Public Health Informatics Capabilities," in which students read and learn about resource considerations and management for developing/ implementing a business case, students explain basic principles and tools of budgets and resource management as part of developing a business case for their informatics project, including discussing personnel/HR management, resource needs and development of a specific budget.
	<b>PRS 575D:</b> Planning and Performance Measures for Nonprofits and Other Local Agencies	<b>PRS 575D:</b> Group Evaluation of a Non-Profit Organization: Students will explain basic principles and tools of budget and resource management as part of this evaluation of a local non-profit organization for which they interview the

	<i>[PRIS majors]</i>	organization CEO, assess the personnel/human resources, budget and finances of the organization and comment on strengths and weaknesses based on the underlying budgetary principles. Students groups are required to post all supporting documents in the group repository, including identification of the specific group members responsible for the analyses and evaluation of different components of the presentation.
	<b>PUBH 502D:</b> Public Health Professional Development Seminar <i>[AEPI majors]</i>	<b>PUBH 502D:</b> Case Study: Students receive didactic content through an online module addressing examples of public health resources, how to decide on programmatic and budgetary priorities, and how best to align resources to meet public health demands. During the synchronous, live portion of the course, students work in pairs or small groups on given scenarios that require them to choose staff skills, align resources to needs, and make difficult decisions regarding how to manage budgetary and staffing constraints to achieve an outcome. Students individually contribute to a summary description of resource allocation relevant to one case study.
11. Select methods to evaluate public health programs	<b>AEPI 540D:</b> Case Studies in Infectious Disease <i>[AEPI majors]</i>	<b>AEPI 540D:</b> Homework question 3b on Poliomyelitis in Texas assignment: After reading the CDC "Types of Evaluation" document ( <a href="https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf">https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf</a> ), students evaluate a vaccine distribution program and select the most appropriate evaluation type (formative, process/implementation, outcome/effectiveness, impact). They also comment on whether any other types of evaluations would have been appropriate.
	<b>APHI 581D:</b> Applied Data Science & Decision Support Capstone II <i>[APHI majors]</i>	<b>APHI 581D:</b> Discussion board posting on the APHL Informatics Messaging Services platform (AIMS). Students will select methods (e.g. end user surveys, checklists, test scripts, cost/benefit analysis) to evaluate AIMS after the instructor provides basic information about the platform and a scenario for its utilization.
	<b>PRS 542D:</b> Curriculum Development for the Public Health Workforce <i>[PRIS majors]</i>	<b>PRS 542D:</b> Critique of Distance-Based Training: Each student finds an example of a distance-based training for public health professionals and evaluate it. Students fully participate in the training and assess the training using the e-learning standards presented in class.
<b>Policy in Public Health</b>		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	<b>HPM 500D:</b> Introduction to US Health Care System <i>[all EMPH majors]</i>	<b>HPM 500D:</b> Discussion Board Responses: Students discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence in discussion board postings on the topics of health inequities, mental health disparities, and Medicaid expansion, where they have to consider how the policy process has unfolded for these topics.

13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	<b>HPM 500D:</b> Introduction to US Health Care System <i>[all EMPH majors]</i>	<b>HPM 500D:</b> Healthcare Legislation Project: After reading chapter 9 in the Sultz and Young Health Care USA text book on the topic of major stakeholders in the US Healthcare industry, students identify and select for presentation a piece of healthcare legislation currently under consideration. For this project students identify stakeholders and present strategies for building coalitions.
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	<b>GH 500D:</b> Addressing Key Issues in Global Health <i>[all EMPH majors]</i>	<b>GH 500D:</b> Interventions to Improve Population Help: After reading multiple articles on priority setting (e.g. Baltussen and Niessen 2006), students advocate for a specific intervention (e.g. political, social or economic policies) to address an existing health disparity identified in previous course modules. They create a performance matrix of intervention options, rank the options, and advocate for their top choice in writing.
15. Evaluate policies for their impact on public health and health equity	<b>EH 500D:</b> Perspectives in Environmental Health <i>[all EMPH majors]</i>	<b>EH 500D:</b> Article Discussion Group Case Study: Students evaluate policies for their impact on public health and health equity by participating in a case study on environmental toxins and creating a policy brief to guide local government on policy related to chemicals in local water sources, evaluating the best available information. Individually, students also write a short synopsis of what they learned in the fact brief activity.
<b>Leadership</b>		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	<b>PRS 575D:</b> Planning and Performance Measures for Nonprofits and Other Local Agencies <i>[PRS majors]</i>	<b>PRS 575D:</b> Group Evaluation of Non-Profit Organization: After reading chapter 7 in the Worth Non-Profit Management textbook on the topic of "Developing Strategy and Building Capacity," including mission, vision, values, students apply principles of leadership, governance and management students create an evaluation of a real non-profit organization, including assessments of mission/vision statements, HR/leadership approaches and strategic planning. Students also have an opportunity on the course discussion board to propose a new/edited vision statement for their organization.
	<b>APHI 550D:</b> Business and Communication Aspects of Public Health Informatics <i>[APHI majors]</i>	<b>APHI 550D:</b> Module 4: Recovering from Unexpected Change Assignment. After completing module 4 on the topic of managing and communicating with stakeholders (internal and external), students apply principles of leadership, governance and management in this assignment by responding to specific questions assigned by the instructor regarding items that can change the scope of a public health informatics project. These items include addressing changes to vision, empowering others, and guiding decision making.

	<p><b>PUBH 502D:</b> Public Health Professional Development Seminar [AEPI majors]</p>	<p><b>PUBH 502:</b> Leadership and Negotiation Activity - Part A: Students receive didactic content through an online module addressing leadership principles in public health. They are exposed to examples of different leadership styles including strengths and limitations. During the synchronous workshop portion of the course, students work in pairs or small teams on an organizational challenge task. Successfully navigating the assignment requires the leader to apply his/her leadership style to complete the task, while other team members also apply their leadership to be sure the assignment is completed. The leader must be able to impart his/her vision for the task, empower his/her team members to complete the task, foster collaboration (the team members also had to collaborate with one another to accomplish the task), and guide decision making. Team members individually complete a work sheet describing the impact of the various leadership and negotiation styles on the task as well as their unique contribution to the completion of the task.</p>
<p>17. Apply negotiation and mediation skills to address organizational or community challenges</p>	<p><b>PRS 575D:</b> Planning and Performance Measures for Nonprofits and Other Local Agencies [PRS majors]</p>	<p><b>PRS 575D:</b> Group Evaluation Project of Non-Profit Organization: After reading "Leadership, Decision Making, Conflict and Negotiation" from the Public Health Leadership book by Rowitz, students apply negotiation and mediation skills by including a section in the final project that identifies an opportunity or situation for the non-profit entity they are working with to use negotiation and mediation to further the mission, as well as recommendations on how to most effectively implement these skills.</p>
	<p><b>APHI 550D:</b> Business and Communication Aspects of Public Health Informatics [APHI majors]</p>	<p><b>APHI 550D:</b> Module 4: Recovering from Unexpected Change. After completing module 4 on the topic of managing and communicating with stakeholders, including handling of difficult situations, students respond to specific questions assigned by the instructor regarding items that can change the scope of a public health informatics project. This includes discussions of how to apply negotiation &amp; mediation skills to address a prescribed unexpected issue.</p>

	<b>PUBH 502D:</b> Public Health Professional Development Seminar <i>[AEPI majors]</i>	<b>PUBH 502D:</b> Leadership and Negotiation Activity - Part B: Students receive didactic content through an online module addressing key negotiation and mediation skills including having difficult conversations. During the synchronous workshop portion of the course, students work in pairs or small teams to address an organizational challenge related to staffing and resource allocation provided through a case study. Successfully navigating the assignment requires members to apply their negotiation and mediation skills to ensure the resolution of the case. Team members individually complete a work sheet describing the team's approach to negotiation and mediation given the scenario provided as well as their unique contribution to the activity.
<b>Communication</b>		
18. Select communication strategies for different audiences and sectors	<b>EH 500D:</b> Perspectives in Environmental Health <i>[all EMPH majors]</i>	<b>EH 500D:</b> Risk Assessment/Risk communication article discussion board posting: Students respond to instructor prompts on the discussion board about which communication strategies (print, social media, television, etc.) are ideal for various populations when discussing a scenario about chemical contamination of a public water supply.
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	<b>EH 500D:</b> Perspectives in Environmental Health (written communication) <i>[all EMPH majors]</i>	<b>EH 500D:</b> Fact Brief for Article Discussion Groups Case Study: Students communicate audience-appropriate public health content via development of a 2-page advocacy fact brief for the Article Discussion Group on the topic of chemical contamination of a river in North Carolina. Individually, students also write a short synopsis of what they learned in the fact brief activity.
	<b>GH 500D:</b> Addressing Key Issues in Global Health (oral communication) <i>[all EMPH majors]</i>	<b>GH 500D:</b> Capstone presentation: Students communicate oral, audience-appropriate public health content in their group capstone presentation, which presents a proposed public health solution to a group of mock stakeholders. The final presentation must include the context/scope of the problem, description of the proposed intervention/policy/strategy, description of indicators for success, evaluation of logical, financial, political feasibility, likelihood of success, and assessment of the proposal on health equity. Additionally, each student will also write a one paragraph reflection about the impact of the capstone on no fewer than two learnings they will take away from the class.
20. Describe the importance of cultural competence in communicating public health content	<b>GH 500D:</b> Addressing Key Issues in Global Health <i>[all EMPH majors]</i>	<b>GH 500D:</b> Cultural Competency Reflection: Students describe the importance of cultural competence in communicating public health content in this discussion board reflection in which they have to define their own culture and discuss how culture impacts public health communications around their selected intervention.
<b>Interprofessional Practice</b>		

21. Perform effectively on interprofessional teams	<b>PUBH 501D:</b> Interprofessional Practice Experience <i>[all EMPH majors]</i>	<b>PUBH 501D:</b> Case Study Response Video: After completing a 2-3 hour self-paced didactic module online, EMPH students representing multiple professions are grouped in interprofessional teams (representing their day jobs, rather than their role as an MPH student) to ensure diverse professions and asked as a group to address a case study. They create and submit a video response to the public health issue, which includes discussion of how their different professions informed their process and outcomes.
<b>Systems Thinking</b>		
22. Apply systems thinking tools to a public health issue	<b>EH 500D:</b> Perspectives in Environmental Health <i>[all EMPH majors]</i>	<b>EH 500D:</b> Article Discussion Group: Students discuss systems involved in pesticide contamination and consider the various inputs and likely outcomes if various components of the system are changed. Each students develops a causal loop diagram to be discussed as part of that article discussion group.

**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. (electronic resource file)**

The most recent syllabi are provided for each course listed in Template D2-1 for the traditional and EMPH programs respectively. Some courses are taught across multiple sections, modalities and faculty. Where assessments are the same across sections, only one syllabus is provided. In cases where sections vary with regard to assessments, syllabi for each section are included. Documents are provided in ERF D2-3.

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

*Strengths:*

- Changes to core courses and other procedures are presented for approval at the school-wide Education Committee to ensure consistency across the school.
- All required courses are utilizing a syllabus template approved by the school-wide Education Committee that is prescriptive with regard to the process of documenting competencies, learning objectives, and assessments, yet flexible enough to allow individual faculty to tailor courses to the unique needs of their students and their own teaching styles.

*Weaknesses and Plans for Improvement:*

- While completion of core courses is required of all matriculating MPH/MSPH students, the sequence in which they complete these courses is set only for the Biostatistics and Epidemiology foundational courses and remains flexible for the remaining ones. The sequence in which students complete these requirements is often driven by students' schedules in their own concentration, practicum opportunities, and other constraints. As such, students may achieve the public health foundational knowledge associated with core courses at different stages during their program. A close evaluation of the scheduling and sequencing of core courses may identify areas for better alignment particularly for newly created courses in cross-cutting areas such as Interprofessional Team Training Day (PUBH 501) and Public Health Professional Development (PUBH 502).

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**D3. DrPH Foundational Competencies**

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Not Applicable

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#### D4. MPH Concentration Competencies

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The school 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 school 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 school intends to prepare students for a specific credential (e.g., CHES/MCHES) that has defined competencies, the school 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 concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration.

MPH Program Directors and department chairs worked in collaboration with curriculum committees and key RSPH leadership to develop concentration competencies with the specific purpose to keep them distinct from the 22 CEPH foundational competencies and to illustrate the substantive depth inherent across the RSPH concentration curricula.

All courses listed in Template D4-1 are necessary to ensure that all students in each concentration receive didactic exposure and are assessed on each concentration competency. In cases when students may choose from a list of selective courses (e.g., GH 503, 522, 560), all possible course selections are listed along with assessment opportunities to validate the respective concentration competency.

#### Template D4-1: Behavioral Sciences and Health Education (BSHE)

Assessment of Competencies for MPH degree in BSHE Concentration		
Competency	Course number(s) and name(s)	Describe specific assessment opportunity
1. Analyze public health history for perspective on current health problems.	<b>BSHE 579:</b> Applied History of Public Health	<b>BSHE 579:</b> Assignment Week #5 and #8: Based on assigned readings, lectures and presentations about the histories of smallpox, other diseases, vaccination, and vaccination resistance, student discuss and then individually record their responses to the following questions: 1. Is persuasion or compulsion more important in the history of vaccination? And 2. What does the history of vaccination resistance teach us about current vaccination resistance and vaccine hesitancy?

<p>2. Apply the socio-ecological framework or other theories to examine public health research.</p>	<p><b>BSHE 520 (sections 1, 2, 3):</b> Theory Driven Research and Practice</p>	<p><b>BSHE 520 (sections 1, 2, 3):</b> Conceptual model: Students apply theories at multiple levels of the socio-ecological framework, including the individual, interpersonal, organizational, community, and macrosocietal levels (e.g. Theory of Planned Behavior, Interdependence Theory, Social Change Theory, and Fundamental Causes Theory). Students work in teams to select at least one theory learned at each level of the socio-ecological framework and apply it to a public health case study targeting suicide, based on the technical package provided by the Centers for Disease Control. Students complete the following steps in the theory application process: 1) for each level of theory students identify how each construct applies to their case study; 2) students choose a theory that best aligns with their selected constructs and identify strengths and weaknesses of the application of this theory to their case study, 3) students complete this process on a weekly basis until they have worked through all of the levels of theory, 4) students compile their worksheets into one table and select the constructs most important to their case study and the accompanying theories, 5) once the constructs are selected, each team decides which three levels are most appropriate for their case study based on the constructs identified, 6) each team constructs a conceptual model to demonstrate proposed relationships between their selected constructs and levels. Individually, students submit a final culminating paper demonstrating their ability to critically think about application of theories at multiple levels.</p>
	<p><b>BSHE 520 (section 4):</b> Theory Driven Research and Practice</p>	<p><b>BSHE 520 (section 4):</b> The assessment consists of a 3-part group project: first, students apply one of three theories to an approved health topic/health behavior and population by conducting a literature review and presenting the results according to the constructs of the theory. Second, students use the literature and an application of a different theory to develop a data collection instrument on the same topic. Third, student apply the socio-ecological model to develop an intervention for their specific health outcome and population. Students must demonstrate application of literature and theory as well as a thoughtful rationale for the intervention. Individually, students identify their role in the group projects and describe their contributions in a written assignment. They complete a peer as well as self-assessment. Individually, students also contribute to 8 weekly discussion posts where they demonstrate their individual contribution to the group projects and to help build components necessary for the larger group projects.</p>

<p>3. Select study designs to plan health promotion research.</p>	<p><b>BSHE 540:</b> Research Methods in Health Promotion</p>	<p><b>BSHE 540:</b> Team Assignment #3 (Observational Research): Students are provided with background information on HPV vaccination and asked to select the appropriate study design for each of the following research questions: 1) document the proportion of adolescent males completing 1, 2, and 3 doses of the HPV vaccine and 2) identify risk/protective factors associated with adolescent male uptake of the HPV vaccine. For each study, students submit a summary containing the following: 1) a description of the study design and target population; 2) the rationale for the study design chosen and 3) a discussion of limitations of the chosen design(s) Additionally, in the final individual research proposal paper students include a Methods section that details the study design selected for their proposed research question.</p>
<p>4. Select valid and reliable instruments to measure variables in public health research.</p>	<p><b>BSHE 540:</b> Research Methods in Health Promotion</p>	<p><b>BSHE 540:</b> Team Assignment #7 (Measurement): Using a given research question, students conduct a literature review to select valid and reliable measures for social support and physical activity. Subsequently, they submit a written description of how the variables are operationalized as well as detailed descriptions of the measures including validity and reliability information. Additionally, in the final individual research proposal paper students include a Measures section that details operational definitions of constructs, selected measures and associated psychometric properties.</p>
<p>5. Synthesize a range of multidisciplinary scientific literature to generate a research question.</p>	<p><b>BSHE 540:</b> Research Methods in Health Promotion</p>	<p><b>BSHE 540:</b> Team Assignment #2 (Literature Review): Students conduct a focused literature review on a health outcome of their choice. They organize information related to the health outcome, risk/protective factors, and population. Students then synthesize relevant findings from multidisciplinary literature to identify the gap in the literature as well as to develop a research question that would address the stated gap. Additionally, in the final individual research proposal paper students include a Background Literature section that synthesizes relevant literature leading to a well-formulated research question that addresses a research gap related to a health outcome of their choosing.</p>

<p>6. Use behavioral and social science theories to guide data analysis that examines health outcomes for specific populations.</p>	<p><b>BSHE 532:</b> Quantitative Data Analysis</p>	<p><b>BSHE 532:</b> Cumulative project: Students use behavioral or social science theories to generate, analyze and present the results of a theory guided data analysis. Students are provided access to a dataset that addresses various health outcomes for specific populations. Students use this dataset to generate a research question of their choosing, detailing their hypotheses, supporting theory, public health relevance, data analysis plan, and draft tables. The final product of this cumulative project is either a poster or a paper presentation that includes: brief literature review, hypotheses, operationalization of the selected theory, methods (e.g. study population, design), and statistical analyses.</p>
<p>7. Engage stakeholders to inform a community assessment or evaluation.</p>	<p><b>BSHE 524:</b> Community Assessment</p>	<p><b>BSHE 524:</b> Introduction to Community Assessment: Students work in groups with an assigned community partner to complete a community assessment analysis. Students begin engagement with community stakeholders in an initial meeting at the beginning of the semester. Students receive didactic instruction and individually contribute to planning, initiating, and conducting a stakeholder meeting. Specifically, within 24 hours of the stakeholder meeting, each group submits a report that includes the following: date, time, place, people in attendance; meeting agenda; first impressions of the program and organization; identification of the key stakeholders; a brief description of what the community analysis will target; brief description of what the stakeholders would like the community assessment to focus on; data collection opportunities for the community assessment (e.g., when will you collect data, who will you sample, and how will data be collected); how the community partner plans to use the community assessment results; and any concern or potential red flags about the project. Within 24 hours following the meeting, students submit a report addressing the items above as well as anticipated needs they may identify that will help them to execute the project (e.g. additional background information, information from other stakeholders, methodological training). Individual contributions to the group project will be assessed through confidential peer- and self-evaluations of the group process. Students share the contributions they made to the project through these forms.</p>
	<p><b>BSHE 530:</b> Program Evaluation</p>	<p><b>BSHE 530: Stakeholder Engagement Report:</b> Students complete an evaluation project in collaboration with a community partner. To initiate the group's project, students begin engagement with community stakeholders in an initial meeting at the beginning of the semester. Students receive didactic instruction and contribute to planning, initiating, and conducting a stakeholder meeting. Within 24 hours of the stakeholder meeting, each</p>

		group submits a report that includes the following: date, time, place, people in attendance; meeting agenda; first impressions of the program and organization; identification of the key stakeholders; brief description of what the stakeholders would like the evaluation to focus on and their previous assessment of the community's needs, assets and capacities that resulted in the development and/or implementation of the program to be evaluated; data collection opportunities for the evaluation; how the community partner plans to use the evaluation results; and any concern or potential red flags about the project. Within 24 hours following the meeting, students submit a report addressing the items above as well as anticipated needs they may identify that will help them to execute the project (e.g. additional background information, information from other stakeholders, methodological training). Individual contributions to the group project will be assessed through confidential peer- and self-evaluations of the group process. Students share the contributions they made to the project through these forms.
8. Apply qualitative or quantitative methods in public health research or practice.	<b>BSHE 538:</b> Qualitative Methods for Research and Evaluation	<b>BSHE 538:</b> Mini-study: Students conduct a mini-study that includes developing a public health research question, selecting appropriate sampling and recruitment strategy, conducting observations and face-to-face interviews, transcribing, coding and analyzing data.
	<b>BSHE 532:</b> Quantitative Data Analysis	<b>BSHE 532:</b> Cumulative project: Students analyze and write the results of a hypothesis test based on a dataset provided by the instructor. Students focus specifically on detailing statistical analyses used to test their chosen hypothesis as well as writing up the results including tables and/or figures describing sample demographics, appropriate bivariate analyses, and multiple regression results.
9. Implement an evaluation plan to assess public health programs.	<b>BSHE 530:</b> Program Evaluation	<b>BSHE 530:</b> Final Evaluation Report: Students implement a community-engaged evaluation project that includes developing and implementing an evaluation plan as well as reporting their results. The evaluation plan is tailored to the health promotion program being evaluated and describes data collection methods including a data collection cross-walk, recruitment and sampling procedures, and instruments/measures. The plan also describes the data analysis plans. Students implement the plan, analyze the data, and present the results, conclusions, and recommendations to their community stakeholders through a final report.

10. Describe ethical principles relevant to public health research or practice.	<b>BSHE 538:</b> Qualitative Methods for Research and Evaluation	<b>BSHE 538:</b> Methods section: Students describe ethical procedures that are consistent with Institutional Review Board (IRB) protocols (e.g., informed consent, appropriate data management) in consideration of the target population and overall context of their chosen project.
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**Template D4-1: Biostatistics and Bioinformatics (BIOS)**

<b>Assessment of Competencies for MPH degree in BIOS Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
1. Identify statistical issues in contemporary public health problems.	<b>BIOS 580:</b> Statistical Practice I	<p><b>BIOS 580:</b> Assignment #1: Students work in groups to write a report that summarizes research questions and aims from their meetings with clinical and biomedical investigators. Students must identify how research questions are translated into analytic aims.</p> <p>Assignment #3: Students develop a statistical analysis plan that identifies appropriate statistical methods to be used. The analysis plan must address statistical issues such as model selection, confounding/effect modification, missing data, and multiple hypothesis testing.</p>
2. Perform power and sample size calculations to assist in the design of clinical or observational studies.	<b>BIOS 580:</b> Statistical Practice I	<b>BIOS 580:</b> Assignment #2: Students perform power/sample calculations as part of a consultation project with clinical/biomedical investigators. These calculations include evaluations of different parameter assumptions (e.g. baseline disease prevalence) and other sources of uncertainties that are essential in study design.
3. Use statistical software for advanced data management.	<b>BIOS 531:</b> SAS Programming	<b>BIOS 531:</b> Projects #1, #2, and #3: Students use SAS software for programming, merging and manipulating data, creating tables/reports, data structures. Each assignment has a number of deliverables that are essential for advanced data management (e.g. debugging, arrays, loops). Assignments are graded on the accuracy of the presented information as well as the presentation of the SAS program and results themselves.
4. Analyze continuous data using linear regression models and discrete data using generalized linear models.	<b>BIOS 507:</b> Applied Regression Analysis	<b>BIOS 507:</b> Homework assignments: Students calculate regression results using basic matrix algebra. In addition, they analyze available data sets and interpret analysis results using simple linear regression for continuous data, multiple linear regression for continuous data, and logistic regression for binary data. Students use the analysis techniques they have learned in class to work on a final project based on a real data set, which includes an oral presentation and a written report.

5. Analyze right-censored data with time-to-event regression models.	<b>BIOS 521:</b> Applied Survival Analysis	<b>BIOS 521:</b> Homework assignments: Students analyze real-world survival data such as Cox proportional hazards models to account for right-censoring. Students implement analyses using the SAS software and interpret results from the models (e.g. hazard ratios) with respect to the scientific questions and modeling assumptions.
6. Analyze correlated data (longitudinal and multi-level) using mixed effect and marginal models.	<b>BIOS 525:</b> Longitudinal and Multilevel Data Analysis	<b>BIOS 525:</b> Homework assignments: Students use the statistical software R to analyze repeated and/or clustered measurements of health outcomes (e.g. CD4 count and infection occurrence). Students also interpret key parameters from the analysis results (e.g. intra-class correlation, odds ratio, relative risks) in the presence of complex correlations.
7. Explain fundamental concepts of probability and inference used in statistical methodology.	<b>BIOS 511:</b> Introduction to Statistical Inference	<b>BIOS 511:</b> Homework assignments: Students assess and interpret results of statistical analysis using probability theory by hand or via computer simulation studies. Students must explain why simulation results may/may not follow what is dictated by probability and statistical theory. To do so, students draw from key assumptions in the statistical theory and subsequently evaluate whether those assumptions are valid. Students must also explain the potential impacts on statistical methods when assumptions are violated. Specific statistical methods include construction of confidence interval, methods for obtaining p-value, power calculations, and Bayesian inference.

**Template D4-1: Biostatistics and Bioinformatics (BIOS)**

<b>Assessment of Competencies for MSPH degree in BIOS Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
<i>Six shared MPH Biostatistics and Bioinformatics competencies (#1-6), plus the following:</i>		
1. Assess the impacts of assumptions in advanced statistical analysis using probability and statistical theory.	<b>BIOS 508:</b> Biostatistical Methods I	<b>BIOS 508:</b> Homework assignments: Students assess the properties of statistical methods for making inference using simulation studies. Students use probability theory to explain expected and observed results, for example on the coverage probability of confidence interval and power of hypothesis tests.
2. Apply concepts in probability and statistical theory to define performance or extend basic statistical analysis techniques.	<b>BIOS 513:</b> Statistical Inference I	<b>BIOS 513:</b> Homework assignments and exams: Students apply probability and statistical theory for the algebraic derivation of key measures of performance (e.g. bias, mean square error, consistency and asymptotic efficiency).

3. Assess technical accuracy and performance of advanced analytic methods.	<b>BIOS 513:</b> Statistical Inference I	<b>BIOS 513:</b> Homework assignments and exams: Students assess optimal analytic methods (e.g. the best-supported point estimator, the minimum variance unbiased estimator) via algebraic derivations.
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**Template D4-1: Environmental Health (EH)**

<b>Assessment of Competencies for MPH degree in EH Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
1. Explain major environmental risks to human health ranging from the local to global scale.	<b>EH 501:</b> Introduction to Environmental Health	<b>EH 501:</b> Homework Assignments: Students conduct readings throughout the course that describe major environmental risks to human health at the local and/or global scale. For each reading, students submit a written paragraph explaining how the risk factor is relevant for public health in local and global contexts. As a representative assignment, students read the article by Barry et al. "Perfluorooctanoic Acid (PFOA) Exposures and Incident Cancers among Adults Living Near a Chemical Plant. Environ Health Perspect 121:1313–1318, 2013." In their written paragraph, students will explain what PFOA is, why this environmental agent is of risk to human health biologically, what the sources of PFOA are and how humans may be exposed to it, and the local and global contexts in which such exposures may be of concern for public health.
2. Apply the principles of exposure science to characterize environmental exposures.	<b>EH 510:</b> Foundations of Exposure Science	<b>EH 510:</b> Midterm Exam: Students answer a series of short answer questions aimed at demonstrating knowledge of exposure science principles and methods, ranging from direct measurements, biomonitoring, and modelling, used to characterize environmental exposures.  Field Project and Presentation: Students work in groups of 3-5 to design and conduct a multi-week environmental exposure assessment using methods covered in class to characterize a selected environmental exposure.

<p>3. Describe how the principles of toxicology can be used to assess health effects of environmental exposure.</p>	<p><b>EH 520:</b> Human Toxicology</p>	<p><b>EH 520:</b> Homework Assignments: Throughout the semester students perform specific assignments focused on current environmental health issues and describing how toxicological principles can be used to assess human health. Assignment 1: students find a current toxicological issue and summarize the environmental health concern. Assignment 2: students use their understanding of immunotoxicology to discuss how future environmental concerns could impact the immune system and human health. Assignment 3: students discuss their approaches to developing policy and regulation of new and emerging pesticides. Assignment 4: students describe the human health effects of plastic production, use, and disposal.</p> <p>Exams 1-4: Multiple choice and essay questions that address specific toxicological processes and human health outcomes, requiring application of toxicology principles to environmental exposures.</p>
<p>4. Apply the principles of epidemiology to assess health effects of environmental exposures.</p>	<p><b>EH 530:</b> Environmental and Occupational Epidemiology</p>	<p><b>EH 530:</b> Six Case Study Assignments: Students apply epidemiological concepts such as confounding, information bias, effect modification, and selection bias to interpret findings from peer-reviewed epidemiological literature on environmental health concerns.</p> <p>Midterm and Final Exam: Students respond to short answer questions about an environmental health report, identifying major sources of systematic and random error and making recommendations for improved epidemiological investigation.</p>
	<p><b>EHS 747/EPI 747:</b> Advanced Environmental Epidemiology</p>	<p><b>EHS 747/EPI 747:</b> Eight Case Study Assignments: Students analyze real-world data sets from epidemiologic studies designed to assess health effects of environmental exposures provided by the instructor, and interpret their results using principles of epidemiology such as consideration of confounding and other bias. Analyses require linear, logistic, Poisson, and Cox regression to assess association of environmental exposure with disease. Other case studies involve 1) imputation of missing data by drawing via from an assumed distribution determined by log likelihood using observed data, 2) assessing the likely effect of misclassification on effect estimates using bias analysis, 3) conducting a meta-analysis, and 4) power calculations.</p>

<p>5. Explain major policy issues in environmental health.</p>	<p><b>EH 570:</b> Environmental Health Law &amp; Policy</p>	<p><b>EH 570:</b> Mid-term paper: Students submit a 5-page paper summarizing one of the main US environmental health laws. The paper addresses the law's origin and important history, its scope and application, and the major principles involved. It concludes with the student's judgment about the major strengths and weaknesses of the law in actual practice.</p> <p>Policy analysis: Students prepare 15-page policy analysis of selected environmental health issue using the policy framework developed during the course. This includes mapping out the actors involved and the interests they are pursuing; their sources and base of power and influence; their aims, strategies and tactics; the alliances that emerge or fail. It also includes summarizing the relevant laws, regulations and judicial decisions; the applicable science; and the equity/justice issues presented.</p>
<p>6. Evaluate the risks posed by environmental hazards using risk assessment methods.</p>	<p><b>EH 524:</b> Risk Assessment I</p>	<p><b>EH 524:</b> Assignments 1-4: Students work through the four components of the risk assessment process: hazard identification, exposure assessment, toxicity assessment, and risk characterization using real world environmental data and examples to practice and develop hands-on risk assessment skills to evaluate risks posed by environmental hazards. Specifically, in Assignment 1, students evaluate the data quality, completeness, and sufficiency for use in a risk assessment. In Assignment 2, students develop a comprehensive conceptual site model that identifies potential sources of contamination, primary and secondary release mechanisms, exposure routes, exposure pathways, and potentially impacted populations. In Assignment 3, students identify sources of toxicological data and selecting appropriate cancer and non-cancer toxicity values for the chemicals of potential concern identified in the first assignment. Students identify primary toxicity endpoints, identify uncertainty in the toxicity values, discuss the cancer classification designation for each chemical, and demonstrate their understanding of the toxicological databases by answering additional specific questions posed by the instructor. In Assignment 4, students synthesize the information from the first three assignments to provide a quantitative estimate of the potential human health risks.</p>

**Template D4-1: Global Environmental Health (GEH)**

<b>Assessment of Competencies for MPH degree in GEH Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
<i>Five shared MPH Environmental Health competencies (#1-5), plus the following:</i>		
1. Use qualitative and quantitative data sources to assess global health outcomes or risk factors, including temporal trends such as past or current patterns, as well as projected future trends, and distribution by socioeconomic or demographic predictors.	<b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research	<b>GH 501:</b> Policy Brief: Each student will advocate for a specific political, social, or economic policy benefiting the health of diverse populations. They will craft a short, focused advocacy document, intended for decision-makers, that outlines the rationale for choosing an ethical and culturally competent policy alternative or course of action. Students will use qualitative and quantitative data sources and evidence to assess global health outcomes or risk factors of their policy in their brief including temporal trends such as past or current patterns, as well as projected future trends, and distribution by socioeconomic or demographic predictors.
2. Exhibit professional values that demonstrate diplomacy, commitment to social justice or health equity, or respect for the unique cultures, values, roles or responsibilities or expertise represented by other professions, communities or groups working in global health.	<b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research	<b>GH 501:</b> Memorandum of Understanding: In-class activity to establish a contract between members of a group which will establish expectations from group members for all group work throughout the semester. Individually, each student will detail their professional values that demonstrate diplomacy, commitment to social justice or health equity, or respect for the unique cultures, values, roles or responsibilities or expertise represented by other professions, communities or groups working in global health. This individual contribution will be appended to the group document.
3. Apply ethical reasoning to the design, implementation or evaluation of global health programs, policies or practice.	<b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research	<b>GH 501:</b> Policy Brief: Each student will advocate for a specific political, social, or economic policy benefiting the health of diverse populations. They will craft a short, focused advocacy document, intended for decision-makers, that outlines the rationale for choosing an ethical and culturally competent policy alternative or course of action. Each student will apply content on cultural values and practices and ethical principles, learned from the Culture and Ethics sessions, into the design or implementation of their proposed policy. Students will apply and justify (using ethical reasoning) one or more ethical principles to their design, implementation or evaluation of their proposed global health policy.

4. Describe select causes or consequences of health inequities within or across contexts.	<b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research	<b>GH 501:</b> Weekly Discussion Posts: The purpose of the weekly Canvas Discussion Posts is to prepare students for the class assignments such as the Policy Brief and GIF assignments. One Discussion Post will ask students to describe select root causes of health inequities within or across the global health context that applies to their Policy Brief issue.
5. Apply quantitative or qualitative methods to inform the design or implementation of global health research or practice.	<b>GH 502:</b> Introduction to Quantitative Data	<b>GH 502:</b> Methods Protocol: Students develop the research protocol for a representative data collection project. Students identify a research question and its population. Based on this question, students select the method or approach for the survey design (e.g. indicators, sample size, sample size appropriate for answering research question, sampling methodology) for the research protocol.
	<b>GH 503:</b> Quantitative Data Collection	<b>GH 503:</b> Capstone Deliverable: For the Capstone Deliverable, each student will create a 20-question quantitative survey instrument and methods protocol for the design of a global health research or practice project.
	<b>GH 522:</b> Qualitative Research Methods for Global Health	<b>GH 522 (sections 1 and 2):</b> Design an Interview Guide: In this assignment each student will design, critique and pilot a qualitative in-depth interview guide for the design of a global health research project.
		<b>GH 522 (section 3):</b> Revise study design and draft an in-depth Interview Guide: In this assignment you will revise your study design, develop objectives for and a draft of a qualitative in-depth interview guide for the design of a global health research project.
	<b>GH 560:</b> Monitoring & Evaluation of Global Public Health Programs	<b>GH 560:</b> Problem Set: As part of three individual problem sets, each student will need to describe a global health program or project and select and apply appropriate quantitative or qualitative methods to inform the design, or implementation, or evaluation of programs or projects for at-scale global health interventions.

### Template D4-1: Environmental Health and Epidemiology (EH-EPI)

Assessment of Competencies for MSPH degree in EH-EPI Concentration		
Competency	Course number(s) and name(s)	Describe specific assessment opportunity
<i>Five shared MPH Environmental Health competencies (#1-5), plus the following:</i>		
1. Formulate an environmental epidemiology research question and study aims.	<b>EHS 747/EPI 747:</b> Advanced Environmental Epidemiology	<b>EHS 747/EPI 747:</b> Final Exam: Students develop projects to investigate one of some 30 possible exposure-disease relationships, which are provided by the instructor. Students formulate a research question and design a study to answer a specific hypothesis, specify their study aims, describe analyses, estimate power, and develop a budget. Students review the literature and determine which gaps remain in assessing the association between a given exposure and a given outcome. They must then come up with a study design which can address one of those gaps. They must specify their hypotheses and what population they will study. They describe how they will collect their data. They must choose a design, and determine the sample size required via conducting power calculations. They must describe their analytic approach taking into account their design. For example, for repeated measures they must specify how they will address the non-independence of observations. This is a major effort requiring concentrated work of several weeks.

<p>2. Appraise the strengths, limitations, and differences and similarities of various study designs with respect to given research questions.</p>	<p><b>EPI 545:</b> Advanced Epidemiologic Methods II</p>	<p><b>EPI 545:</b> Homework 1: Students are presented with a news headline stating "Eating this much chocolate could cut heart disease by 13 percent" (Newsweek 08/28/18) and the abstract from the original study. Students must identify the investigators' actual research question, which is whether moderate chocolate consumption compared with less chocolate consumption decreases the risk of clinically diagnosed atrial fibrillation. They are then presented with a hypothetical randomized clinical trial, a hypothetical cohort study, and a hypothetical case-control study evaluating this question. Students must differentiate between the study designs identifying similarities and differences (e.g., the randomized clinical trial and the cohort study both assess exposure status prior to the outcome, but in the randomized clinical trial, the exposure is determined through randomization and in the cohort study, exposure is determined by the participants). Additionally, students must differentiate between the strengths and limitations of the study designs (e.g., randomization is expected to minimize confounding on average, but it may not be feasible to recruit a large enough study population and to follow it long enough to observe the outcome; in contrast, a case-control study is appropriate for a rare event but chocolate consumption may be misclassified, etc.). Finally, students appraise the potential for drawing causal inference from each study design considering their similarities and differences and their strengths and weaknesses.</p>
<p>3. Calculate and interpret basic design-specific measures of association and their standard errors.</p>	<p><b>EPI 530:</b> Epidemiologic Methods I</p>	<p><b>EPI 530:</b> Lab 5: Students receive the following background information: over 1700 people with lung cancer, all under the age of 75, were eligible for the case-control study. Approximately 15% were not interviewed because of death, severity of illness, discharge from the hospital, or inability to speak English. An additional group of patients was interviewed for the study but was later excluded when their initial diagnosis of lung cancer proved to be wrong. The final study group included 1465 case-subjects (1357 men and 108 women). Only men were included in the study. They were compared to 1357 male controls. Students must respond to the following questions: 1) calculate the proportion of case-subjects and controls who smoked; how would you interpret these proportions?; 2) calculate the odds ratio; what does this odds ratio tell us about the relationship between smoking and lung cancer?; and 3) calculate the 95% confidence interval (CI) and interpret that CI in terms of what it tells you about the odds ratio.</p>

4. Critique epidemiologic results in a causal framework.	<b>EPI 545:</b> Advanced Epidemiologic Methods II	<b>EPI 545:</b> Midterm: Students are presented with a hypothetical research study of the effect of chronic low back pain on depression. The study recruits monozygotic twins who are discordant on chronic low back pain. The twins (who are all free of depression at baseline) are followed for two years to determine if they develop depression. The hypothetical study results are presented, and the students are asked to critique the study with respect to a causal framework by discussing how well the unexposed group represents the experience the exposed group would have had if they had been unexposed. They are asked to describe both strengths and limitations in the comparison that affect causal inference.
5. Describe distributions of morbidity, mortality, and risk factors in terms of magnitude, time, place, and population.	<b>EPI 530:</b> Epidemiologic Methods I	<b>EPI 530:</b> Lab 2: Students consider the following scenario where they describe the distribution of HIV in terms of magnitude, time, place and population: a study investigated the occurrence of HIV infection among prisoners in Nevada in 2012. Of 1,105 prison inmates who were tested for HIV at the start of the study, 36 were found to be infected. All uninfected persons were followed for a total of 1,207 person-years and retested for HIV upon release from prison. Two of the uninfected inmates demonstrated evidence of new HIV infection contracted in prison. Students address the following questions: 1) describe this study in terms of person, place and time; 2) what was the prevalence of HIV at the start of the study; and 3) calculate the incidence rate of HIV acquisition among these prisoners per 1,000 person-years.

**Template D4-1: Epidemiology (EPI)**

<b>Assessment of Competencies for MPH degree in EPI Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
1. Formulate a research question and study aims.	<b>EPI 530:</b> Epidemiologic Methods I	<b>EPI 530:</b> Final Exam: Students receive data describing the survival of 200 people after their first observed symptoms of Ebola infection in a West African county. These are based on laboratory-confirmed Ebola infections and were followed for up to 28 days. A concern is that because there were not enough hospital beds for all patients, some patients were lost to follow up during each period. Students must formulate a research question they could answer with these data, state the null and alternate hypotheses, and list between 3-5 study aims.

<p>2. Differentiate among the strengths, limitations, and differences and similarities of various study designs.</p>	<p><b>EPI 540:</b> Epidemiologic Methods II</p>	<p><b>EPI 540:</b> Final Exam: Students are presented with a news headline stating "Eating this much chocolate could cut heart disease by 13 percent" (Newsweek 08/28/18) and the abstract from the original study. Students must identify the investigators' actual research question, which is whether moderate chocolate consumption compared with less chocolate consumption decreases the risk of clinically diagnosed atrial fibrillation. They are then presented with a hypothetical randomized clinical trial, a hypothetical cohort study, and a hypothetical case-control study evaluating this question. Students must differentiate between the study designs identifying similarities and differences (e.g., the randomized clinical trial and the cohort study both assess exposure status prior to the outcome, but in the randomized clinical trial, the exposure is determined through randomization and in the cohort study, exposure is determined by the participants). Additionally, students must differentiate between the strengths and limitations of the study designs (e.g., randomization is expected to minimize confounding on average, but it may not be feasible to recruit a large enough study population and to follow it long enough to observe the outcome; in contrast, a case-control study is appropriate for a rare event but chocolate consumption may be misclassified, etc.).</p>
<p>3. Calculate and interpret basic design-specific measures of association and their standard errors.</p>	<p><b>EPI 530:</b> Epidemiologic Methods I</p>	<p><b>EPI 530:</b> Lab 5: Student receive the following background information: over 1700 people with lung cancer, all under the age of 75, were eligible for the case-control study. Approximately 15% were not interviewed because of death, severity of illness, discharge from the hospital, or inability to speak English. An additional group of patients was interviewed for the study but was later excluded when their initial diagnosis of lung cancer proved to be wrong. The final study group included 1465 case-subjects (1357 men and 108 women). Only men were included in the study. They were compared to 1357 male controls. Students must respond to the following questions: 1) calculate the proportion of case-subjects and controls who smoked; how would you interpret these proportions?; 2) calculate the odds ratio; what does this odds ratio tell us about the relationship between smoking and lung cancer?; and 3) calculate the 95% confidence interval (CI) and interpret that CI in terms of what it tells you about the odds ratio.</p>

<p>4. Differentiate among design-specific sources and types of systematic error.</p>	<p><b>EPI 540:</b> Epidemiologic Methods II</p>	<p><b>EPI 540:</b> Final exam: Students differentiate among design-specific sources and types of systematic error through a series of questions in which they are presented with a description of a study design and text describing how the error is introduced. Then students must draw a directed acyclic graph representing the scenario and describe the systematic error. The studies provided to students are as follows: 1) a cohort study of the effect of air pollution on nasal inflammation with differential loss to follow up; 2) a case-control study of fluid intake and bladder cancer with differential misclassification of the exposure due to having bladder cancer affecting reported fluid intake; and 3) a hospital-based case-control study of the effect of alcohol consumption on stomach cancer with selection bias due to selecting controls from people hospitalized for outcomes affected by alcohol consumption.</p>
<p>5. Differentiate between the main types of effect modification and the methods of recognizing and accounting for it.</p>	<p><b>EPI 530:</b> Epidemiologic Methods I</p>	<p><b>EPI 530:</b> Lab 6: Students receive a case-control study of nasal cancer in pet dogs conducted to test the hypothesis that exposure to environmental tobacco smoke (ETS) increases cancer risk. Cases were selected from a veterinary teaching hospital during 1986-1990. Controls with other forms of cancer were selected from the same study base. Exposure to ETS was evaluated using several methods. All dogs were classified according to their skull shape. Based on data from this study, students must examine the following: 1) the possibility of interaction on the multiplicative scale using the heterogeneity approach; 2) presence of interaction using the expected combined effect approach; 3) the effect of ETS alone; 4) the expected combined additive effect of brachy-/mesocephalic skull and ETS; 5) the expected combined multiplicative effect of brachy-/mesocephalic skull and ETS; and 6) comparison between the expected odds ratios with the observed odds ratios.</p>

<p>6. Describe distributions of morbidity, mortality, and risk factors in terms of magnitude, time, place, and population.</p>	<p><b>EPI 530:</b> Epidemiologic Methods I</p>	<p><b>EPI 530:</b> Lab 2: Students consider the following scenario where they describe the distribution of HIV in terms of magnitude, time, place and population: a study investigated the occurrence of HIV infection among prisoners in Nevada in 2012. Of 1,105 prison inmates who were tested for HIV at the start of the study, 36 were found to be infected. All uninfected persons were followed for a total of 1,207 person-years and retested for HIV upon release from prison. Two of the uninfected inmates demonstrated evidence of new HIV infection contracted in prison. Students address the following questions: 1) describe this study in terms of person, place and time; 2) what was the prevalence of HIV at the start of the study; and 3) calculate the incidence rate of HIV acquisition among these prisoners per 1,000 person-years.</p>
<p>7. Utilize statistical software to conduct epidemiological analysis.</p>	<p><b>EPI 534:</b> Statistical Programming</p>	<p><b>EPI 534:</b> Final Exam: Students are provided a raw dataset and must perform various data cleaning, transformation and analysis procedures. Students use the univariate procedure to determine the tertile cut-points for a continuous variable measuring 'weight' in the original dataset. Using the tertile cut-points generated in the previous step of the question, students create another dataset that has a new categorical variable for the three weight categories. Finally, students run a procedure that provides the distribution of the new weight variable for patients with diabetes. Analyses are conducted separately applying SAS and R programming languages.</p>
<p>8. Interpret epidemiologic results in a causal framework.</p>	<p><b>EPI 540:</b> Epidemiologic Methods II</p>	<p><b>EPI 540:</b> Midterm I: Students are presented with a hypothetical research study of the effect of chronic low back pain on depression. The study recruits monozygotic twins who are discordant on chronic low back pain. The twins (who are all free of depression at baseline) are followed for two years to determine if they develop depression. Students interpret the study with respect to a causal framework by discussing how well the unexposed group represents the experience the exposed group would have had if they had been unexposed. They are asked to weigh the strengths and limitations in the comparison and interpret the results indicating the degree to which causal inference is appropriate.</p>
<p>9. Prepare a written report of advanced epidemiologic information.</p>	<p><b>EPI 598R:</b> MPH Thesis</p>	<p><b>EPI 598R:</b> Students are evaluated with respect to their ability to present and interpret an epidemiologic study that performs formal data analyses to address a specific research question.</p>
	<p><b>EPI 598C:</b> MPH Capstone</p>	<p><b>EPI 598C:</b> Students are individually evaluated with respect to their ability to prepare an executive summary of an analysis that is driven by the needs of a partnering public health organization.</p>

### Template D4-1: Epidemiology (EPI)

Assessment of Competencies for MSPH degree in EPI Concentration		
Competency	Course number(s) and name(s)	Describe specific assessment opportunity
<i>Four shared MPH Epidemiology competencies (#1, 3, 5, 6), plus the following:</i>		
1. Appraise the strengths, limitations, and differences and similarities of various study designs with respect to given research questions.	<b>EPI 545:</b> Advanced Epidemiologic Methods II	<b>EPI 545:</b> Students are presented with a news headline stating "Eating this much chocolate could cut heart disease by 13 percent" (Newsweek 08/28/18) and the abstract from the original study. Students must identify the investigators' actual research question, which is whether moderate chocolate consumption compared with less chocolate consumption decreases the risk of clinically diagnosed atrial fibrillation. They are then presented with a hypothetical randomized clinical trial, a hypothetical cohort study, and a hypothetical case-control study evaluating this question. Students must differentiate between the study designs identifying similarities and differences (e.g., the randomized clinical trial and the cohort study both assess exposure status prior to the outcome, but in the randomized clinical trial, the exposure is determined through randomization and in the cohort study, exposure is determined by the participants). Additionally, students must differentiate between the strengths and limitations of the study designs (e.g., randomization is expected to minimize confounding on average, but it may not be feasible to recruit a large enough study population and to follow it long enough to observe the outcome; in contrast, a case-control study is appropriate for a rare event but chocolate consumption may be misclassified, etc.). Finally, students appraise the potential for drawing causal inference from each study design considering their similarities and differences and their strengths and weaknesses.
2. Assess impact of different design-specific types of systematic error.	<b>EPI 545:</b> Advanced Epidemiologic Methods II	<b>EPI 545:</b> Skills Homework 5: Students are presented with the data for a hypothetical study of whether having a doctor wash his/her hands during delivery prevents infant urinary tract infection. They are then guided through creating two different case control studies. One approach introduces differential misclassification of the outcome, differential misclassification of the exposure, and participation bias. The other introduces differential misclassification of the outcome, non-differential misclassification of the exposure, and participation bias. As each bias is introduced, the students assess the impact of the bias on the results that would be observed compared with the underlying truth.

3. Utilize advanced statistical programming in performing epidemiological analysis.	<b>EPI 560:</b> Epidemiologic Methods IV	<b>EPI 560:</b> Part II of a Semester-Long Project: Students are given data from the Multicenter AIDS cohort study. They must evaluate the association between smoking (a time-varying exposure) and CD4 cell count utilizing two advanced statistical programming methods in SAS (marginal linear models and generalized estimating equations).
4. Critique epidemiologic results in a causal framework.	<b>EPI 545:</b> Advanced Epidemiologic Methods II	<b>EPI 545:</b> Midterm: Students are presented with a hypothetical research study of the effect of chronic low back pain on depression. The study recruits monozygotic twins who are discordant on chronic low back pain. The twins (who are all free of depression at baseline) are followed for two years to determine if they develop depression. The hypothetical study results are presented, and the students are asked to critique the study with respect to a causal framework by discussing how well the unexposed group represents the experience the exposed group would have had if they had been unexposed. They are asked to describe both strengths and limitations in the comparison that affect causal inference.
5. Write a manuscript to report the results of an epidemiologic study in a written scientific report that is suitable for submission for publication in a peer-reviewed journal.	<b>EPI 599R:</b> MSPH Thesis	<b>EPI 599R:</b> Students are evaluated with respect their ability to present and interpret an epidemiologic study that fills an existing knowledge gap and performs formal data analyses to address a specific research question. The thesis is required to follow format of a specific peer-reviewed journal identified in consultation with faculty advisor.

**Template D4-1: Global Epidemiology (GL-EPI)**

<b>Assessment of Competencies for MPH degree in GL-EPI Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
<i>Eight shared MPH Epidemiology competencies (#1-8), plus the following:</i>		
1. Use qualitative and quantitative data sources to assess global health outcomes or risk factors, including temporal trends such as past or current patterns, as well as projected future trends, and distribution by socioeconomic or demographic predictors.	<b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research	<b>GH 501:</b> Policy Brief: Each student will advocate for a specific political, social, or economic policy benefiting the health of diverse populations. They will craft a short, focused advocacy document, intended for decision-makers, that outlines the rationale for choosing an ethical and culturally competent policy alternative or course of action. Students will use qualitative and quantitative data sources and evidence to assess global health outcomes or risk factors of their policy in their brief including temporal trends such as past or current patterns, as well as projected future trends, and distribution by socioeconomic or demographic predictors.

<p>2. Demonstrate reflexivity or humility regarding power, privilege, culture or professional paradigms, acknowledging strengths, limitations, biases, or influence.</p>	<p><b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research</p>	<p><b>GH 501:</b> Cultural Assignment I: Students will submit a description of their individual personal cultural world where they demonstrate reflexivity or humility by describing, in their individual personal cultural world, power hierarchies, their privilege, or professional paradigms while acknowledging strengths, limitations, biases, or influence of this cultural world.</p>
<p>3. Exhibit professional values that demonstrate diplomacy, commitment to social justice or health equity, or respect for the unique cultures, values, roles or responsibilities or expertise represented by other professions, communities or groups working in global health.</p>	<p><b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research</p>	<p><b>GH 501:</b> Memorandum of Understanding: In-class activity to establish a contract between members of a group which will establish expectations from group members for all group work throughout the semester. Individually, each student will detail their professional values that demonstrate diplomacy, commitment to social justice or health equity, or respect for the unique cultures, values, roles or responsibilities or expertise represented by other professions, communities or groups working in global health. This individual contribution will be appended to the Group document.</p>
<p>4. Apply ethical reasoning to the design, implementation or evaluation of global health programs, policies or practice.</p>	<p><b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research</p>	<p><b>GH 501:</b> Policy Brief: Each student will advocate for a specific political, social, or economic policy benefiting the health of diverse populations. They will craft a short, focused advocacy document, intended for decision-makers, that outlines the rationale for choosing an ethical and culturally competent policy alternative or course of action. Each student will apply content on cultural values and practices and ethical principles, learned from the Culture and Ethics sessions, into the design or implementation of their proposed policy. Students will apply and justify (using ethical reasoning) one or more ethical principles to their design, implementation or evaluation of their proposed global health policy.</p>
<p>5. Describe select causes or consequences of health inequities within or across contexts.</p>	<p><b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research</p>	<p><b>GH 501:</b> Weekly Discussion Posts: The purpose of the weekly Canvas Discussion Posts is to prepare students for the class assignments such as the Policy Brief and GIF assignments. One Discussion Post will ask students to describe select root causes of health inequities within or across the global health context that applies to their Policy Brief issue.</p>
<p>6. Prepare a written report of advanced epidemiologic information on a topic relevant to global and/or underserved populations in a written scientific report.</p>	<p><b>EPI 598R:</b> Thesis</p>	<p><b>EPI 598R:</b> Students are evaluated with respect to their ability to present and interpret an epidemiologic study that performs formal data analyses to address a specific research question.</p>
	<p><b>EPI 598C:</b> MPH Capstone</p>	<p><b>EPI 598C:</b> Students are individually evaluated with respect to their ability to prepare an executive summary of an analysis that is driven by the needs of a partnering public health organization.</p>

**Template D4-1: Global Epidemiology (GL-EPI)**

<b>Assessment of Competencies for MSPH degree in GL-EPI Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
<i>Four shared MPH Epidemiology competencies (#1, 3, 5, 6); four shared MSPH Epidemiology competencies (#2, 4, 7, 8); five shared MPH Global Epidemiology (#1-5) plus the following:</i>		
1. Write a manuscript to report the results of an epidemiologic study on a topic relevant to global and/or underserved populations in a written scientific report that is suitable for submission for publication in a peer-reviewed journal.	<b>EPI 599R</b> Thesis	<b>EPI 599R:</b> Students are evaluated with respect their ability to present and interpret an epidemiologic study that fills an existing knowledge gap related to global and/or underserved populations and performs formal data analyses to address a specific research question. The thesis is required to follow format of a specific peer-reviewed journal identified in consultation with faculty advisor.

**Template D4-1: Global Health - Accelerated Program (GH-A)**

<b>Assessment of Competencies for MPH degree in GH-A Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
1. Use qualitative and quantitative data sources to assess global health outcomes or risk factors, including temporal trends such as past or current patterns, as well as projected future trends, and distribution by socioeconomic or demographic predictors.	<b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research	<b>GH 501:</b> Policy Brief: Each student will advocate for a specific political, social, or economic policy benefiting the health of diverse populations. They will craft a short, focused advocacy document, intended for decision-makers, that outlines the rationale for choosing an ethical and culturally competent policy alternative or course of action. Students will use qualitative and quantitative data sources and evidence to assess global health outcomes or risk factors of their policy in their brief including temporal trends such as past or current patterns, as well as projected future trends, and distribution by socioeconomic or demographic predictors.
2. Demonstrate reflexivity or humility regarding power, privilege, culture or professional paradigms, acknowledging strengths, limitations, biases, or influence.	<b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research	<b>GH 501:</b> Cultural Assignment I: Students will submit a description of their individual personal cultural world where they demonstrate reflexivity or humility by describing, in their individual personal cultural world, power hierarchies, their privilege, or professional paradigms while acknowledging strengths, limitations, biases, or influence of this cultural world.

<p>3. Exhibit professional values that demonstrate diplomacy, commitment to social justice or health equity, or respect for the unique cultures, values, roles or responsibilities or expertise represented by other professions, communities or groups working in global health.</p>	<p><b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research</p>	<p><b>GH 501:</b> Memorandum of Understanding: In-class activity to establish a contract between members of a group which will establish expectations from group members for all group work throughout the semester. Individually, each student will detail their professional values that demonstrate diplomacy, commitment to social justice or health equity, or respect for the unique cultures, values, roles or responsibilities or expertise represented by other professions, communities or groups working in global health. This individual contribution will be appended to the Group document.</p>
<p>4. Apply ethical reasoning to the design, implementation or evaluation of global health programs, policies or practice.</p>	<p><b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research</p>	<p><b>GH 501:</b> Policy Brief: Each student will advocate for a specific political, social, or economic policy benefiting the health of diverse populations. They will craft a short, focused advocacy document, intended for decision-makers, that outlines the rationale for choosing an ethical and culturally competent policy alternative or course of action. Each student will apply content on cultural values and practices and ethical principles, learned from the Culture and Ethics sessions, into the design or implementation of their proposed policy. Students will apply and justify (using ethical reasoning) one or more ethical principles to their design, implementation or evaluation of their proposed global health policy.</p>
<p>5. Describe select causes or consequences of health inequities within or across contexts.</p>	<p><b>GH 501:</b> Evidence-Based Global Health Policy, Programs and Research</p>	<p><b>GH 501:</b> Weekly Discussion Posts: The purpose of the weekly Canvas Discussion Posts is to prepare students for the class assignments such as the Policy Brief and GIF assignments. One Discussion Post will ask students to describe select root causes of health inequities within or across the global health context that applies to their Policy Brief issue.</p>
<p>6. Apply qualitative or quantitative methods to inform the design or implementation of global health research or practice.</p>	<p><b>GH 503:</b> Quantitative Data Collection</p>	<p><b>GH 503:</b> Capstone Deliverable: For the Capstone Deliverable, each student will create a 20-question quantitative survey instrument and methods protocol for the design of a global health research or practice project.</p>
	<p><b>GH 522:</b> Qualitative Research Methods for Global Health</p>	<p><b>GH 522 (sections 1 and 2):</b> Design an Interview Guide: In this assignment each student will design, critique and pilot a qualitative in-depth interview guide for the design of a global health research project.</p>
		<p><b>GH 522 (section 3):</b> Revise study design and draft an in-depth Interview Guide: In this assignment you will revise your study design, develop objectives for and a draft of a qualitative in-depth interview guide for the design of a global health research project.</p>

	<b>GH 560:</b> Monitoring & Evaluation of Global Public Health Programs	<b>GH 560:</b> Problem Set: As part of three individual problem sets, each student will need to describe a global health program or project and select and apply appropriate quantitative or qualitative methods to inform the design, or implementation, or evaluation of programs or projects for at-scale global health interventions.
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**Template D4-1: Global Health - Infectious Disease (GH-ID)**

<b>Assessment of Competencies for MPH degree in GH-ID Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
<i>Six shared MPH Global Health Accelerated Program competencies (#1-6), plus the following:</i>		
1. Apply principles of infectious disease epidemiology, laboratory detection or clinical characteristics to identify specific infectious pathogens or diseases.	<b>GH 511:</b> International Infectious Disease	<b>GH 511:</b> Midterm exams: There will be two take home exams each covering approximately half of the classes in the course. The exams will contain multiple choice, true-false as well as short essay questions. The exams will assess each student's ability to apply principles of infectious disease epidemiology, laboratory detection and clinical characteristics to identify specific infectious diseases.
2. Interpret the geographic or demographic distributions, and morbidities or mortality of major infections in the US or globally.	<b>GH 511:</b> International Infectious Disease	<b>GH 511:</b> Midterm exams: There will be two take home exams each covering approximately half of the classes in the course. The exams will contain multiple choice, true-false as well as short essay questions. Exams will require students to interpret the geographic or demographic distributions, and morbidities or mortality of major infections in the US and globally.
3. Discuss strategies to prevent and control infectious diseases.	<b>GH 511:</b> International Infectious Disease	<b>GH 511:</b> Midterm exams: There will be two take home exams each covering approximately half of the classes in the course. The exams will contain multiple choice, true-false as well as short essay questions. The exams will also ask students to discuss and explain strategies to prevent and control infectious diseases in the US and globally.
4. Explain the environmental, behavioral or social factors that contribute to the emergence, re-emergence, or persistence of infectious diseases.	<b>GH 511:</b> International Infectious Disease	<b>GH 511:</b> Midterm exams: There will be two take home exams each covering approximately half of the classes in the course. The exams will contain multiple choice, true-false as well as short essay questions. The exams will assess students' abilities to explain environmental, behavioral or social factors that contribute to the emergence, re-emergence, or persistence of infectious diseases.
5. Explore approaches for developing and maintaining surveillance for infectious diseases.	<b>GH 515:</b> Transforming Public Health Surveillance	<b>GH 515:</b> Final examination: The final exam will cover key principles of public health surveillance, including approaches for developing and maintaining surveillance for infectious diseases.

**Template D4-1: Global Health – Sexual Reproductive Health and Population Studies (GH-SRPS)**

<b>Assessment of Competencies for MPH degree in GH-SRPS Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
<i>Six shared MPH Global Health Accelerated Program competencies (#1-6), plus the following:</i>		
1. Critique current sexual and reproductive or population health policies or programs.	<b>GH 530:</b> Global Elimination of Maternal Mortality from Abortion	<b>GH530:</b> Elevator Speech: In a brief elevator speech to the class, each student will present and critique current sexual and reproductive policies or programs to reduce maternal mortality from abortion.
	<b>GH 541:</b> Technology of Fertility Control	<b>GH541:</b> Weekly Canvas Discussion Board Posts: Student will provide a critique of a US selected practice recommendation.
	<b>GH 559:</b> Gender and Global Health	<b>GH 559:</b> Weekly Reaction Journal: In this journal, students will critique the current sexual and reproductive or population health policies or programs described in the required readings each week.
	<b>GH 569:</b> Population and Development	<b>GH 569:</b> Research project. In the Discussion section, students will discuss the relevance of their findings and critique possible population health policies or programs in light of these findings.
	<b>GH 585:</b> Gender Based Violence	<b>GH585:</b> Weekly reaction journal: In this journal, students will critique the current sexual and reproductive or population health policies or programs described in the required readings each week.
2. Discern the quality or appropriateness of data sources to measure sexual and reproductive health or population issues.	<b>GH 530:</b> Global Elimination of Maternal Mortality from Abortion	<b>GH 530:</b> Discussion Board One-page Posts: In one post, students will evaluate the quality and appropriateness of data sources of at least two methods on abortion, at least one of which collects data on sexual and reproductive health.
	<b>GH 541:</b> Technology of Fertility Control	<b>GH 541:</b> Weekly Canvas Discussion Board Posts: Each student will evaluate the quality and appropriateness of data sources of technology of fertility control methods and their association with sexual and reproductive health or population issues.
	<b>GH 559:</b> Gender and Global Health	<b>GH 559:</b> Annotated Bibliography: Students will complete an annotated bibliography on a topic of interest that is related to the broad themes of the course. This annotated bibliography should summarize the seminal and most recent literature on the selected topic and may include theoretical essays and/or empirical research of various kinds (e.g., ethnography, survey research, participatory research, operations research, impact studies, etc). Each reference should be followed by a ½ page summary of (a) the main points or arguments of the piece (be specific), and (b) your critique of the work. Please specifically assess the quality or appropriateness of data sources that

		measure sexual and reproductive health or population issues in the reference.
	<b>GH 569:</b> Population and Development	<b>GH 569:</b> Research project. As part of this project, students will examine and choose possible data sources (e.g. Demographic Health Surveys, others) based on appropriateness to their population research topic.
	<b>GH 585:</b> Gender Based Violence	<b>GH 585:</b> Group Leadership of one Discussion: To demonstrate mastery of the material assigned for one week, students in groups of 3-4 will lead one class discussion. At a minimum, leadership of a discussion should include the following elements: (a) provide a brief summary of the readings, (b) draw comparisons across the readings (and the film, if applicable), (c) prepare a list of questions to promote class participation and discussion, and (d) provide some supplemental material for discussion. Individually, as part of this leadership, each student will evaluate the quality of the data sources used in at least one of the reproductive health or population-issues required readings.
3. Apply methods to measure fertility, its regulation, mortality, or migration.	<b>GH 530:</b> Global Elimination of Maternal Mortality from Abortion	<b>GH 530:</b> Paper: To the group proposal, each student will append their individual contribution in applying research methods to measure abortion, associated morbidity and mortality.
	<b>GH 541:</b> Technology of Fertility Control	<b>GH 541:</b> Weekly Canvas Discussion Board Posts: Each student will apply methods to (1) measure the prevalence and effectiveness of a contraceptive method to prevent unplanned fertility; or (2) evaluate counseling techniques; or (3) estimate the effect on fertility.
	<b>GH 559:</b> Gender and Global Health	<b>GH 559:</b> Group Presentation: Using the annotated bibliography as a basis, students will develop an argument in the form of either a (1) CRITICAL literature review or (2) evidence about a hypothesized relationship between some dimension of “gender” at the macro- or micro-levels and some dimension of health in the global South. Individually, as part of this presentation, each student will apply quantitative or qualitative methods that measure fertility, its regulation, mortality, or migration to contribute towards this argument. This individual contribution will be included in the group assignment.
	<b>GH 569:</b> Population and Development	<b>GH 569:</b> Research project. Using Stata and the data provided, students will apply quantitative research methods to measure a topic of their interest relating to fertility, mortality, or migration.

	<b>GH 585: Gender Based Violence</b>	<b>GH 585: Stata Labs:</b> Students will complete two post-laboratory assignments through which they will apply quantitative statistical methods to analyze Demographic and Health survey data to examine (a) trends in the prevalence of GBV and (b) morbidity, health impacts, and mortality resulting from GBV. Both assignments will emphasize exploration of health inequities for marginalized sub populations.
4. Develop a policy or project to address a sexual and reproductive health or population problem.	<b>GH 530: Global Elimination of Maternal Mortality from Abortion</b>	<b>GH 530: Briefing Paper:</b> Students will develop a policy briefing paper to address the public health problem related to abortion, an important sexual and reproductive health issue.
	<b>GH 541: Technology of Fertility Control</b>	<b>GH 541: Final Project: Fertility Control Communications Materials:</b> Each student will research, design, and develop educational communications materials for one method of fertility control provided by Planned Parenthood Southeast.
	<b>GH 559: Gender and Global Health</b>	<b>GH 559: Group Presentation:</b> Using the annotated bibliography as a basis, students will develop an argument in the form of either a (1) CRITICAL literature review or (2) evidence about a hypothesized relationship between some dimension of “gender” at the macro- or micro-levels and some dimension of health in the global South. Individually, each student will also develop and append a suggested policy or project to address their sexual and reproductive health or population problem focused on gender. This individual contribution will be included in the group assignment.
	<b>GH 569: Population and Development</b>	<b>GH 569: Research project.</b> Each student will choose a topic relevant to the course and develop a research project to address a population problem.
	<b>GH 585: Gender Based Violence</b>	<b>GH 585: Group Presentation:</b> For the final session, students will be asked as a group to present an analysis of some form of Gender Based Violence (GBV) in a country or region. Individually, students will develop either a policy or project to address the sexual and reproductive health implications of GBV in the selected country/region. This individual contribution will be included in the group assignment.
5. Propose recommendations to address fertility, its regulation, mortality or migration.	<b>GH 530: Global Elimination of Maternal Mortality from Abortion</b>	<b>GH 530: Elevator Speech:</b> Students are responsible for a 2-minute elevator speech on an abortion-related topic of their choice. In a brief elevator speech to the class, each student will develop and propose recommendations to reduce maternal mortality from abortion.
	<b>GH 541: Technology of Fertility Control</b>	<b>GH 541: PPSE Community Engagement Reflection:</b> Each student will propose evidence-based recommendations to provide the information the community needs to prevent unplanned fertility.

	<b>GH 559:</b> Gender and Global Health	<b>GH 559:</b> Discussion Leadership: Students in groups of 3–4 will lead one class discussion. At a minimum, leadership of a discussion should include the following elements: (a) provide a brief summary of the readings, (b) draw comparisons across the readings (and the film, if applicable), (c) prepare a list of questions to promote class participation and discussion, and (d) provide some supplemental material for discussion. Individually, at the conclusion of the discussion, each student will propose recommendations to address an aspect of fertility, mortality, or migration related to their discussion.
	<b>GH 569:</b> Population and Development	<b>GH 569:</b> Research paper. In the Discussion section, students will use the findings of their research to propose recommendations relating to the population topic of their interest (fertility, its regulation, mortality, or migration).
	<b>GH 585:</b> Gender Based Violence	<b>GH 585:</b> Group presentation: In small groups, students will present an analysis of some form of GBV in a country or region. Individually, as part of this policy or project, students will also propose recommendations to reduce the morbidity and mortality resulting from GBV in the selected country/region. This individual contribution will be included in the group assignment.

**Template D4-1: Global Health - Public Health Nutrition (PHN)**

<b>Assessment of Competencies for MPH degree in GH-PHN Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
<i>Six shared MPH Global Health Accelerated Program competencies (#1-6), plus the following:</i>		
1. Describe the magnitude, distribution and trends of nutrition problems in populations.	<b>GH 545:</b> Nutritional Assessment	<b>GH 545:</b> Final Exam: Students are be provided with different scenarios from developed and developing country settings and answer questions that require them to describe the magnitude, distribution and trends of nutrition problems in populations using different methods of nutrition assessment.
2. Assess the nutritional status of individuals using anthropometric, diet and biochemical methods.	<b>GH 545:</b> Nutritional Assessment	<b>GH 545:</b> In-class activities: In class activities are conducted to help students experientially learn how to assess nutritional status of individuals using anthropometric, diet and biochemical methods.

3. Evaluate the causes and consequences of malnutrition.	<b>GH 534:</b> Diabetes: A Model for Global Non-Communicable Disease Prevention and Control	<b>GH 534:</b> Think Pieces: Students will write four separate think pieces (500 words each) throughout the course of the semester in response to a reading, lecture, or other course material. Students in the nutrition concentration will be required to write one of their think piece assignments on the topic of Life Course Perspectives on Non-Communicable Disease. In this piece students will evaluate the causes and consequences of both undernutrition as well as overweight/obesity throughout the life course as non-communicable disease risk factors.
	<b>GH 546:</b> Maternal and Child Nutrition	<b>GH 546:</b> Midterm: The exam will be open book, taken in class, and comprised of 8 short-answer essay questions that cover the material covered in the first half of the class namely nutrition during pregnancy and lactation. Students will be asked to evaluate the causes and consequences of under and overnutrition during pregnancy and lactation for key maternal and child health outcomes such as preterm delivery, low birth weight and child undernutrition.
	<b>GH 551:</b> Diet and Chronic Disease	<b>GH 551:</b> Literature review: The first assignment consists of a literature review of the causes of obesity, as a form of malnutrition, based on the ecological model. Paper review: The second assignment is a paper review. Students will evaluate a paper on the consequences of obesity at different levels.
	<b>GH 552:</b> Global Elimination of Micronutrient Malnutrition	<b>GH 552:</b> Midterm: Students will take an individual, in-class exam in the format of multiple choice and open-ended questions. This exam will cover the causes and consequences of malnutrition.
	<b>GH 579:</b> Non-Communicable Diseases Prevention and Control	<b>GH 579:</b> Burden of NCDs Report – Individual Work: In this assignment, you will use multiple sources of qualitative and quantitative data to compare burden estimates for a specific chronic non-communicable disease (NCD) or risk factor within a country or region of your choice. In addition, Public Health Nutrition concentration students must evaluate causes and consequences of their chosen nutrition problem.
4. Evaluate the efficacy or effectiveness of nutrition programs or policies.	<b>GH 534:</b> Diabetes: A Model for Global Non-Communicable Disease Prevention and Control	<b>GH 534:</b> In Class Debate: Students will participate in an in-class debate where they evaluate the efficacy or effectiveness of sugar sweetened beverage taxation programs or policies on non-communicable disease reduction. After the debate, each individual student will submit a summary of their evaluation.

	<p><b>GH 546:</b> Maternal and Child Nutrition</p>	<p><b>GH 546:</b> Final Exam: This will be a take-home, open book exam comprised of 3 essay questions. The questions will be applied and cover the material covered during the entire course. Students will be provided with different scenarios that describe current problems and/or challenges in maternal and child nutrition in various settings (developed and developing countries) and will answer questions that will require them to critically evaluate the efficacy or effectiveness of interventions used in nutrition programs or policies using existing evidence.</p>
	<p><b>GH 551:</b> Diet and Chronic Disease</p>	<p><b>GH 551:</b> In class debate: The in-class debate will be related to the effectiveness of ketogenic (or very low-fat) diets to address the obesity epidemic. Students will be assigned to one of two teams for, or against, the motion. After the debate, individually each student will submit a short opinion piece evaluating the efficacy or effectiveness of different popular diets to prevent and treat obesity.</p>
	<p><b>GH 552:</b> Global Elimination of Micronutrient Malnutrition</p>	<p><b>GH 552:</b> Topic presentations (Group and Individual Assignment): The group will select an evidence-based nutrition program of interest. Along with group members, students will research and select a real-world micronutrient program to critique and evaluate. Presentations will be held in class. Individually, each student of the group will evaluate the efficacy or effectiveness of the micronutrient program and include this evaluation in the topic presentation. Topic papers (Group and Individual Assignment): The group will select an evidence-based nutrition program of interest. Along with group members, students will research and select a real-world micronutrient program to critique and evaluate. Papers will be submitted. Individually, each student of the group will evaluate the efficacy or effectiveness of the micronutrient program and include this evaluation in the group paper.</p>
	<p><b>GH 579:</b> Non-Communicable Disease Prevention and Control</p>	<p><b>GH 579:</b> NCD Capacity Strengthening Proposal – Individual Work: This assignment is based on Assignment 2 in which you completed the NCD Country Assessment and developed a Summary Report. Building on the gaps in NCD capacity that you identified in your country of choice, select one particular area within any of the six domains of the Country Assessment that requires strengthening. Global Health students enrolled in the Public Health Nutrition concentration must focus their work on a nutrition problem and evaluate the efficacy or effectiveness of existing nutrition programs or policies.</p>

5. Propose innovative approaches to address nutrition problems.	<b>GH 534:</b> Diabetes: A Model for Global Non-communicable Disease Prevention and Control	<b>GH 534:</b> Op-Ed: Students in the nutrition concentration will be required to write an OpEd assignment in which they propose an innovative approach to address inequities, improve diet and prevent chronic disease in vulnerable populations.
	<b>GH 546:</b> Maternal and Child Nutrition	<b>GH 546:</b> Final Exam: This will be a take-home, open book exam comprised of 3 essay questions. The questions will be applied and cover the material covered during the entire course. Students will be provided with different scenarios that describe current problems and/or challenges in maternal and child nutrition in various settings (developed and developing countries) and will answer questions that will require them to propose innovative approaches and recommendations for interventions that will reduce the burden of under and overnutrition among women of reproductive age and young children and improve birth outcomes of child under or overnutrition.
	<b>GH 551:</b> Diet and Chronic Disease	<b>GH 551:</b> Final Examination: The final examination will be an individual presentation where students will be required to propose a nutrition program with innovative approaches to improve diet and prevent chronic disease in a vulnerable population.
	<b>GH 552:</b> Global Elimination of Micronutrient Malnutrition	<b>GH 552:</b> Topic presentation (Group and Individual Assignment): The group will select an evidence-based nutrition program of interest. Along with group members, students will research and select a real-world micronutrient program to critique and evaluate. Presentations will be held in class. Individually, each student of the group will propose innovative approaches and concrete recommendations to improve the micronutrient program. Topic papers (Group and Individual Assignment): The group will select an evidence-based nutrition program of interest. Along with group members, students will research and select a real-world micronutrient program to critique and evaluate. Papers will be submitted. Individually, each student of the group will propose innovative approaches and concrete recommendations to improve the micronutrient program.
	<b>GH 579:</b> Non-Communicable Disease Prevention and Control	<b>GH 579:</b> NCD Capacity Strengthening Proposal – Individual Work: This assignment is based on Assignment 2 in which you completed the NCD Country Assessment and developed a Summary Report. Building on the gaps in NCD capacity that you identified in your country of choice, select one particular area within any of the six domains of the Country Assessment that requires strengthening. Students will propose an innovative approach/ intervention/ program that addresses the identified gap or area of need - Public Health Nutrition concentration must focus their work on a nutrition problem.

**Template D4-1: Global Health - Community Health and Development (GH-CHD)**

<b>Assessment of Competencies for MPH degree in GH-CHD Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
<i>Six shared MPH Global Health Accelerated Program competencies (#1-6), plus the following:</i>		
1. Evaluate health needs and assets of communities to promote social justice or social and behavioral change.	<b>GH 507: Health as Social Justice</b>	<b>GH 507: Interdisciplinary Case Analysis:</b> Students will participate in semester-long, interdisciplinary groups in a case and agency analysis and presentation using an adapted 5 gap analysis framework. Individually, students will develop their unique contribution to evaluating the health needs and assets of their selected community. This individual work will be incorporated into the analysis and presentation.
	<b>GH 508: Health and Human Rights</b>	<b>GH 508: Public scholarship:</b> An opinion/editorial piece of public scholarship will be developed by each individual. This 1,000-word persuasive writing piece will incorporate an evaluation of the needs and assets of the community where you have chosen to promote social justice.
	<b>GH 513: Community Based Participatory Action Research</b>	<b>GH 513: Discussion Boards:</b> Based on class discussions on community needs and assets evaluations, please visit one of the suggested websites (e.g. ABCD Institute, ABCD in Action) and identify a resource (article, video, podcast, etc) that reports on the use of such community assessments (needs and assets) to promote social justice or social and behavioral change. Provide a brief overview of the resource, evaluate whether this resource successfully addresses community needs and assets, and identify at least one challenge or pitfall encountered. Please also review some of the resources your peers share and make comments on at least 2.
	<b>GH 519: Faith and Health: Transforming Communities</b>	<b>GH 519: Interdisciplinary Group Agency Analysis:</b> Each group will select a health equity issue, gather information about an agency that addresses that issue (likely to include visiting the organization), conduct an analysis, and make a presentation that includes recommendations for action that promotes social justice. Each individual in the group is expected to use their disciplinary lens to evaluate the health needs and assets of the agency and community served by the agency using the social determinants of health framework to promote social and behavioral change. Each student's individual interdisciplinary contribution to their group final analysis will be evaluated by an assigned Discussion board posting.

	<p><b>GH 568:</b> Community Engaged Food Security</p>	<p><b>GH 568:</b> Community food security needs and assets mapping projects: Individually, students will apply appropriate assessment methods to characterize the food security and health needs and assets of communities and use this assessment to inform final landscaping deliverable.</p>
	<p><b>GH 572:</b> Community Transformation</p>	<p><b>GH 572:</b> At the end of the course, learners will reflect on key issues learned during the course. Through a 3-page writing assignment, learners will discuss how a Freire’s model for education and community involvement allows individuals to identify health inequities and social injustices. Learners will examine how community transformation techniques can be an effective tool for evaluating the health need and assets of a community in order to promote social transformation and community involvement in identifying solutions.</p>
<p>2. Apply principles of community-based projects to address common goals for health and development with local, national and international counterparts.</p>	<p><b>GH 507:</b> Health as Social Justice</p>	<p><b>GH 507:</b> Action Memorandum: Students will prepare an “Action Memorandum” addressed to an appropriate policy-decision maker. As part of this memorandum, students will explain a systems change approach and within that will apply principles of community-based projects to address common goals for health and development with local, national and international counterparts.</p>
	<p><b>GH 508:</b> Health and Human Rights</p>	<p><b>GH 508:</b> Public scholarship: An opinion/editorial piece of public scholarship will be developed by each individual. This 1,000-word persuasive writing piece will incorporate common goals for health and development with local, national and international counterparts through a call to action on an issue related to health and human rights.</p>
	<p><b>GH 513:</b> Community Based Participatory Action Research</p>	<p><b>GH 513:</b> Discussion Board: Based on our class discussions on the principles of CBPAR, Community Organizing and Community Engagement, identify a resource that addresses the benefits or challenges of partnering with counterparts at various levels (local, national, or international) in addressing health and development goals. Write a brief summary of the resource, including explaining the application of specific principles of community-based projects in addressing common goals for health and development with counterparts. Please also review some of the resources your peers share and make comments on at least 2.</p>

	<b>GH 519:</b> Faith and Health: Transforming Communities	<b>GH 519:</b> Final Paper: The paper is intended to draw on class readings, agency analyses and at least three additional resources beyond those assigned in class. Options include a) an action memorandum/policy recommendation, b) grant proposal, c) a job description and the associated programmatic plan or d) community scale collaborative strategy with persuasive supporting discussion for the proposal. As part of this paper, the option selected from a) through d) must apply principles of community-based projects to address common goals for health and development with local, national and international counterparts.
	<b>GH 568:</b> Community Engaged Food Security	<b>GH 568:</b> Community Partner Project /Power and Privilege reflections: Individually, students will apply a pedagogy of collegiality (a principle of community-based projects) to reflect and describe their experiences addressing common goals for health and development with their teams and their local counterpart.
	<b>GH 572:</b> Community Transformation	<b>GH 572:</b> Course Reflection: At the end of the course, learners will reflect on key issues learned during the course. Through a 3-page writing assignment, learners will discuss how a Freire's model for education and community involvement allows individuals to identify health inequities and social injustices. Students will reflect on how they can apply the community transformation methodology to address common goals for health and development with local, national and international counterparts that place the community's opinions, motivations and needs at the center of health improvement and development goals.
3. Develop frameworks or approaches to monitor and evaluate program goals, objectives, targets or operations.	<b>GH 560:</b> Monitoring and Evaluation of Global Health Programs	<b>GH 560:</b> Problem Set: Specifically, students will need to develop frameworks; and evaluate appropriate monitoring and evaluation approaches to assess program/project goals, objectives, targets, and operations for at-scale interventions.
4. Apply the tools of financial management in public, nonprofit organizations, or community organizations.	<b>GH 521:</b> Program Management	<b>GH 521:</b> Budget exercise: Each student will apply the tools of financial management by creating a budget and cash flow projection for a funded grant or program in a public or non-profit organization.
5. Assess management challenges in public, nonprofit organizations or community organizations.	<b>GH 521:</b> Program Management	<b>GH 521:</b> Case write ups: Each student will prepare 2 cases to turn in for a grade. The instructor will provide the template for case write ups (e.g. Harvard Business Case). In this case, students will assess management challenges in a public or nonprofit organization through the analysis of key management decisions in these settings.

**Template D4-1: Health Policy and Management – Health Policy (HPM-HP)**

<b>Assessment of Competencies for MPH degree in HPM-HP Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
1. Describe how the organization and financing of health services influence access, quality and cost.	<b>HPM 501:</b> Health Policy and Resource Allocation	<b>HPM 501:</b> Mid-term and final exam: Students answer multiple choice, short answer, and short essay questions about the organization and financing of health care in the U.S. and their implications for access, quality, and costs.
2. Apply management principles to planning, organizing, leading and controlling health care enterprises.	<b>HPM 502:</b> Introduction to Health Care Management	<b>HPM 502:</b> Final project: Students apply the management principles they learned planning, organizing, leading and controlling health care enterprises. They incorporate human resources, financial, quality control, and organizational management principles in administering healthcare organizations. Each student will be assessed by their overall participation in the group as observed by the professor and teaching assistants. Furthermore, a final performance evaluation of the student's performance by their teammates will be factored into each student's final grade.
3. Apply skills in financial accounting to healthcare administration decisions.	<b>HPM 510:</b> Financial and Managerial Accounting	<b>HPM 510:</b> Web Based Individual Homework sets: The key financial and managerial account skills are assessed through a series of weekly computer-based homework problem sets that containing two or more questions testing each learning objective in that week's chapter. For example, one week is spent on recording business transactions. Homework problems require students to: 1) identify key accounts and how each account is related to the fundamental accounting equation; 2) using double-entry accounting to prove that each business activity results in equal dollar amounts of debits and credits; 3) record a series of transactions in a journal and post journal entries to the ledger; and 4) prepare the trial balance for all activities during a given accounting period.
4. Apply principles of health economics in analyzing the behavior of healthcare market stakeholders.	<b>HPM 523:</b> Public Financing in the Health Care System	<b>HPM 523:</b> Homework 1: Students use concepts and measures of health economics including price elasticity to analyze the behavior of healthcare market stakeholders  Midterm 2: Tests understanding of use of health economics, namely the use of subsidies to 'correct' market failure when external benefits exist including the impact on stakeholders.

<p>5. Conduct economic evaluations of healthcare services.</p>	<p><b>HPM 522:</b> Economic Evaluation of Health Care Programs</p>	<p><b>HPM 522:</b> Bi-weekly exercises: Students apply various economic tools to conduct health services evaluations. These tools include, including cost-effectiveness, incremental cost-effectiveness ratios and cost-effectiveness league tables. Weekly lab exercises: Students build economic models using decision-analytic software related to evaluating vaccination for rotavirus in Pakistan and flu vaccination in the U.S. to both calculate incremental cost effectiveness ratios and conduct one-way, two-way and probabilistic sensitivity analyses. For students who choose to work in pairs, two lab assignments must be turned in individually.</p>
<p>6. Utilize public finance theory to assess the efficiency and equity of proposals to reform the financing and delivery of healthcare services.</p>	<p><b>HPM 523:</b> Public Financing in the Health Care System</p>	<p><b>HPM 523:</b> Final Report and Presentations: Students assess study state's health reform efforts in terms of efficiency (same outcomes/lower costs) in production and equity (income distribution after taxes/transfers and access to healthcare across income groups and states). Students prepare a summary of the state's health reform efforts historically and under the ACA, as well as any activity occurring during the semester. Subsequently, they evaluate their state's reform efforts using the public finance concepts learned in this class. The project will involve an individual written report and group presentation to the class. As the group presents, they receive a no change, plus or minus to their overall grade based on participation in the presentation and interactions with their group.</p>
<p>7. Incorporate legal principles of public health law in the assessment of health policies.</p>	<p><b>HPM 561:</b> Fundamentals of Public Health Law</p>	<p><b>HPM 561:</b> Federalism Writing Exercise #2: Students analyze public health legislation to assess whether the legislation, if challenged in court, is likely to be found constitutional under the principles of federalism.</p> <p>Mid-term: Objective questions (multiple choice or fill in the blank) and essay questions assess students' understanding of the incorporation of legal principles in the assessment of health policies, such as legal authority to take action, the division of legal authority under federalism, and constraints on the policy-making process, including the legislative process.</p>
<p>8. Prepare health policy briefings suitable for the range of policy stakeholders involved with the formulation and implementation of a health policy under consideration at the national, state, and local level.</p>	<p><b>HPM 501:</b> Health Policy and Resource Allocation</p>	<p><b>HPM 501:</b> Policy Memo: Students develop and refine a policy proposal to be enacted at the local, state, national or international level. The proposal focuses on the objectives of a specific policy stakeholder and a salient policy issue, backed by published evidence.</p>
<p>9. Employ quantitative analytic tools to assess health care needs and</p>	<p><b>HPM 521:</b> Introduction to Health Economics</p>	<p><b>HPM 521:</b> Homework 2: This assignment requires students to use quantitative methods, such as graphs and statistical equations, to analyze</p>

<p>services in population-based research.</p>		<p>market structures and prices and their role in determining what type of services (e.g. preventative, primary and tertiary services) are provided and in what health care setting. Students also use quantitative methods to analyze what populations may demand/need and access services. Students who work in groups must provide a written statement about their contribution to the assignment for consideration by the instructor in assigning their final grade.</p>
<p>10. Apply the tools of policy analysis to make quantitative predictions about the impact of policy changes.</p>	<p><b>HPM 576:</b> Policy Analysis</p>	<p><b>HPM 576:</b> Original policy analysis: Students apply the tools of economics, statistics, and decision analysis to assess causality in studies estimating the impact of policy changes, measurement of costs, monetarization of health benefits, and cost-benefit analysis. Students perform an original policy analysis on a topic of their choosing. Student's analysis must describe a yet-to-be-enacted policy and a theoretical mechanism linking the policy to an outcome and present an analysis that quantitatively predicts the impact of the policy on the outcome. The analysis is addressed to policymakers.</p>
<p>11. Communicate evidence-based alternatives for public health policies, both in writing and through oral presentation.</p>	<p><b>HPM 575:</b> Advanced Health Policy Analysis</p>	<p><b>HPM 575:</b> Capstone Research Commentary and Presentation: In the capstone research commentary, groups of 3-4 students select an important public health policy issue, to which they apply their analytic skills to develop and recommend evidence-based alternatives to their chosen public health policy topic. The written product highlights students' abilities to individually find, synthesize, and analyze relevant and reliable data in order to support arguments for/against relevant policy alternatives in order to construct a convincing policy analysis and argument. Within the paper, students must identify the policy issue they have chosen and describe its relevance to current conversations in health policy. They must then conduct a novel analysis of available data to support an innovative analysis that adequately represents the concerns of multiple relevant stakeholders. In the discussion section, students present and justify their recommendations, including a sense of obstacles and/or issues that would need to be addressed in advancing their recommendations. Individually, students are assessed on the basis of their group members' reviews regarding their contributions to the project, as well as their ability to construct and present a cogent, evidence-based argument about their chosen health policy issue. Specific assessment criteria include the ability to describe the salience of the chosen policy issue with respect to core concepts covered in the capstone class and throughout their MPH, the construction and clear presentation of a novel quantitative analysis of the chosen policy issue or recommended alternative, development of</p>

		evidence-based argumentation and justification of their recommended policy alternatives, and the construction of a clear, well-organized, professional quality research commentary. The communication skills of each student are assessed based on both the written (3,000-5,000 word paper) and (15 minute) oral presentation of their capstone project material.
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**Template D4-1: Health Policy and Management – Health Care Management (HPM-HCM)**

<b>Assessment of Competencies for MPH degree in HPM-HCM Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
<i>Four shared MPH Health Policy competencies (#1-4), plus the following:</i>		
1. Apply analytic tools and theories to guide the management of financial assets in healthcare organizations.	<b>HPM 550:</b> Capstone Seminar: Operations Management	<b>HPM 550:</b> Operating Budget: Students work in teams to analyze tools and theories to guide the management of financial assess in health care organizations by developing of a three-year operating budget including revenue and expense projections and forecasting as a part of the operational plan development. Each student completes a team member performance evaluation form for themselves and each member of their team assessing individual contributions to the development of the operating budget. The evaluation consists of five to 10 questions using a Likert Scale methodology. Team member performance evaluations represent five (5%) of each student's overall course grade.
	<b>HPM 560:</b> Capstone Seminar: Strategic Management	<b>HPM 560:</b> Capstone Project and Group Case (Stanford/USCF): Students apply analytic tools and theories to guide the management of financial assets in health care organizations. This includes Porter's Five Forces framework, Value Chain analysis, SWOT analysis, and income statement. Students are provided the opportunity to synthesize information (in the case, from the written material; in the project, from material that they garner from research) and apply analytic tools to make recommendations about the allocation of financial resources. Individual contributions are assessed through confidential peer- and self-evaluations of the group process.

<p>2. Incorporate human resources management principles in administering healthcare organizations.</p>	<p><b>HPM 540:</b> Human Resource Management in Health Care</p>	<p><b>HPM 540:</b> HR Group Projects: Students select a current industry project with draft aim statement that are presented by stake holders. Students apply human resources management principles to planning, organizing, leading and controlling health care enterprises, incorporating human resources management principles in administering evaluations and teamwork. Each group project is independent and has real industry health service objectives. These HR group projects are designed to prepare students to assume supervisory-level general management responsibilities in health services delivery organizations. Students complete a peer review evaluation whereby individuals receive unique ratings utilizing a bell curve distribution as studied in the course by their team mates. Ratings are determined by team consensus.</p>
<p>3. Apply marketing concepts in the design of health services.</p>	<p><b>HPM 545:</b> Health Care Marketing</p>	<p><b>HPM 545:</b> Team consultation project: Students work on a mock consultation project in which a hypothetical client has hired them to do a comprehensive assessment and analysis of their company from a marketing perspective, (i.e. a marketing-oriented SWOT analysis). Students apply marketing concepts to assess the hypothetical case and to deliver actionable recommendations to improve the stakeholder's marketing and business. The hypothetical audience is the organization's board/ executives/ physicians. A peer assessment is required where all group members assess each other's performance. These assessments are averaged to reach the final grade for each student's peer assessment.</p>
<p>4. Incorporate legal principles in the administration and/or management of health care services.</p>	<p><b>HPM 557:</b> Healthcare Administration Law</p>	<p><b>HPM 557:</b> Course Paper: Using current journal literature students answer a research question relative to legal issues confronting healthcare organizations</p>
<p>5. Develop a proposal to reflect different aspects of supervisory-level general management responsibilities in a health services delivery organization.</p>	<p><b>HPM 502:</b> Introduction to Health Care Management</p>	<p><b>HPM 502:</b> Final project: Students apply the management principles they learned planning, organizing, leading and controlling health care enterprises. They incorporate human resources, financial, quality control, and organizational management principles in administering healthcare organizations. Each student will be assessed by their overall participation in the group as observed by the professor and teaching assistants. Furthermore, a final performance evaluation of the student's performance by their teammates will be factored into each student's final grade.</p>
<p>6. Execute both an operations management and a strategic management analysis in the role of a health services consultant.</p>	<p><b>HPM 550:</b> Capstone Seminar: Operations Management</p>	<p><b>HPM 550:</b> Operating budget: Students work in teams to execute an operations management analysis in the role of a health services consultant by creating a three-year operating budget. By applying tools and theories of financial asset</p>

		management, students will develop revenue and expense projections and forecasting to create the operating budget. Each student will be asked to complete a team member performance evaluation form on themselves and each member of their team. The evaluation will consist of five to 10 questions using a Likert Scale methodology. Team member performance evaluations represent five (5%) of each student's overall course grade. If a student fails to evaluation themselves and/or their team members, they will not be eligible to receive any credit in this assignment category.
	<b>HPM 560:</b> Capstone Seminar: Strategic Management	<b>HPM 560:</b> Capstone Project and Group Case (Stanford/USCF): Students execute a strategic management analysis in the role of a health services consultant. Students apply analytic tools and theories to guide the management of financial assets in health care organizations. This includes Porter's Five Forces framework, Value Chain analysis, SWOT analysis, and income statement. Students are provided the opportunity to synthesize information (in the case, from the written material; in the project, from material that they garner from research) and apply analytic tools to make recommendations about the allocation of financial resources. Individual contributions are assessed through confidential peer- and self-evaluations of the group process.

**Template D4-1: Health Policy and Management – Health Services Research (HPM-HSR)**

<b>Assessment of Competencies for MSPH degree in HPM-HSR Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
<i>Four shared MPH Health Policy competencies (#1, 4, 5, 6) plus the following:</i>		
1. Conceptualize a theoretically grounded original research project.	<b>HPM 581:</b> Research Seminar I	<b>HPM 581:</b> Research Question Worksheet: This assignment's goal is to practice the steps used in identifying an appropriate research topic, identify the different methods that can be used to evaluate public health programs, and to start conceptualizing a theoretically grounded original research project. Students then begin to develop a conceptual framework that draws on a research question of interest to the student.

	<b>HPM 730:</b> Theory-Based Research Design Seminar II	<b>HPM 730:</b> Conceptual Model: Students develop and complete a conceptual framework (e.g., Behavioral Model of Healthcare Utilization or Donabedian Model) that draws on a research question of interest to the student. Students describe how they apply this framework to their research question. Then students submit several revisions of their conceptual model diagram to reflect the focal relationship for their research question and the theory on which it is based. The revisions should include reflect the confounders, mediators, & moderators and their theoretical relationships with the constructs in the focal relationship.
2. Analyze an original research question using quantitative methods.	<b>HPM 587:</b> Advanced Research Methods	<b>HPM 587:</b> Homework assignments #3: Students analyze the impact of ACA on health insurance coverage and access to primary care, including the creating of an analytic data set according to inclusion/exclusion criteria and cleaning of data. Students then analyze the cleaned data set using quantitative methods appropriate for modelling a pre/post and treatment/control quasi-experimental design.
3. Interpret findings from an original research investigation, identifying strengths and limitation of the analytic approach.	<b>HPM 585:</b> Quantitative Methods I	<b>HPM 585:</b> Assignment #11: Students receive survey data from a study designed to estimate the impact of health insurance status on medical spending among people living with diabetes. Students must analyze the data and provide a written interpretation of the statistical results (e.g. simple, multiple linear regression). As part of their interpretation of findings, students must also identify strengths and limitations of the analytic approach.
4. Conduct a scientific presentation and communicate key steps of an original research investigation.	<b>HPM 581:</b> Research Seminar I	<b>HPM 581:</b> Final Specific Project: Students conduct and communicate through oral presentation their original research thesis proposal.
5. Function as a team collaborator in the design and conduct of a health services research investigation.	<b>HPM 583:</b> Research Seminar I	<b>HPM 583:</b> Mock Defense of Project: Students will conduct an in-class peer review of mock/draft thesis oral presentations. Presentations should communicate key steps of the student's original research investigation, the development of the field, current trends, rationale for the specific topic, approach, and potential implications. It also needs to include discussion of a paper that contradicts your thesis. A copy of the presentation must be submitted online to the instructor prior to the start of class. This assignment will assess the student's ability to select audience-appropriate communication strategies, including culturally competent ways to talk about their study population, and conduct a scientific presentation and communicate key steps of an original research investigation.

**Template D4-1: Executive MPH Program – Applied Epidemiology (EMPH-AEPI)**

<b>Assessment of Competencies for MPH degree in EMPH-AEPI Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
1. Describe distributions of morbidity, mortality and risk factors.	<b>AEPI 530D:</b> Applied Epidemiology I	<b>AEPI 530D:</b> Homework #2: Students describe morbidity (e.g., incidence of liver cancer) or mortality (e.g., age-specific mortality rates) among groups and identify plausible risk factors using measures of association (e.g., risk ratio and incidence density ratio). Studies in the exercise include both clinical trials as well as observational designs to examine the relationships between alcohol and alcoholic cirrhosis, opioid use disorder and HIV status, vaccination and influenza, and vitamin D supplementation and gestational diabetes mellitus.
2. Apply basic principles of public health surveillance in the practice of public health.	<b>AEPI 515D:</b> Introduction to Public Health Surveillance	<b>AEPI 515D:</b> Module Report 1: Students write a report and respond to a series of questions using surveillance principles (e.g. case definitions, enhancing sensitivity of case reporting) to respond to a fictional Hepatitis Q outbreak.
3. Identify key sources of data for epidemiologic purposes.	<b>BIOS 516D:</b> Applied Biostatistics I	<b>BIOS 516D:</b> Final Project: Students identify an epidemiological group project research question and find a data set to answer the question.
4. Formulate a research question and study aims.	<b>BIOS 516D:</b> Applied Biostatistics I	<b>BIOS 516D:</b> Final Project: Students identify a group project research question (including study aims) and complete relevant data analysis.
5. Differentiate among the strengths and limitations of various study designs.	<b>AEPI 534D:</b> Applied Epidemiology II	<b>AEPI 534D:</b> Journal Club Discussion Board Posting on Case-Control Designs: Students read and discuss the article Poppers, Kaposi's sarcoma, and HIV infection: Empirical example of a strong confounding effect? (Morabia, 1995). Students evaluate the analytic process used to assess whether use of poppers caused Kaposi's sarcoma during the early HIV epidemic or whether confounding accounted for the observed association using a case-control design.
6. Calculate and interpret basic design-specific measures of association and their standard errors.	<b>BIOS 517D:</b> Applied Biostatistics II	<b>BIOS 517D:</b> Midterm Exam: Questions ask students to calculate and interpret design-specific measures of association
7. Conduct basic epidemiologic research using multivariable models (e.g., linear, logistic, Cox, Poisson regression).	<b>BIOS 517D:</b> Applied Biostatistics II	<b>BIOS 517D:</b> Final Project: Students identify a group project research question (including study aims) and complete relevant data analysis employing multivariable models.

8. Interpret individual published epidemiologic studies in which major epidemiologic study designs are used.	<b>AEPI 534D:</b> Applied Epidemiology II	<b>AEPI 534D:</b> Journal Club Discussion Board Posting on Case-Control Designs: Students read and discuss the article Poppers, Kaposi's sarcoma, and HIV infection: empirical example of a strong confounding effect? (Morabia, 1995). Students interpret the article to evaluate whether use of poppers caused Kaposi's sarcoma during the early HIV epidemic or whether confounding accounted for the observed association in a case-control study.
9. Utilize-statistical programming packages in preparing scientific reports.	<b>AEPI 537D:</b> SAS Programming	<b>AEPI 537D:</b> SAS Lab Assignment # 1: Students use SAS to combine several datasets and answer a series of questions including details about the combined dataset (number of observations, variables), and descriptive statistics for several items in the dataset (sex, marital status, average years of employment).
10. Communicate epidemiologic information in a written scientific report.	<b>BIOS 516D:</b> Applied Biostatistics I	<b>BIOS 516D:</b> Final Project: Students identify an epidemiological group project research question, run an analysis and create a final report.
11. Recognize potential ethical-issues in epidemiologic studies.	<b>AEPI 536D:</b> Applied Epidemiology III	<b>AEPI 536D:</b> Journal Club Discussion Postings: Students read the article "Relation between obesity and breast cancer in young women" (Peacock et al, 1999). The article describes a case-control study in which obesity was protective against breast cancer among young women and had a harmful association with breast cancer in older women. Students discuss the ethical implications of generating public health recommendations based on exposures (i.e., obesity) that are themselves harmful.

**Template D4-1: Executive MPH Program – Applied Public Health Informatics (EMPH-APHI)**

<b>Assessment of Competencies for MPH degree in EMPH-APHI Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
1. Support development of strategic direction for public health informatics within the enterprise.	<b>APHI 580D:</b> Public Health Informatics Leadership & Strategy	<b>APHI 580D:</b> EAIS Business Need Assignment: Students support development of the strategic direction for public health informatics by developing a business case for a particular piece of technology of their choosing.
2. Participate in development of knowledge management tools for the enterprise.	<b>APHI 585D:</b> Informatics Solutions for Public Health Decision Making	<b>APHI 585D:</b> Module 3 Group Assignment: Students participate in development of knowledge management tools by preparing a 10-minute, online presentation in which they research and describe a specific machine learning technique (e.g. cluster analysis) and how it can be applied to a public health issue.
3. Use informatics standards.	<b>APHI 540D:</b> Data Management & Enterprise Architecture	<b>APHI 540D:</b> Requirements Definition Quiz: Students use their knowledge of informatics standards attributes, schema patterns, and coding standards to answer quiz questions on matching technical requirements to their scheme attribute types.

4. Ensure that data needs of a project or program stakeholders are met.	<b>APHI 580D:</b> Public Health Informatics Leadership & Strategy	<b>APHI 580D:</b> EAIS Strategy Implementation Plan Assignment: Students ensure that the data needs of stakeholders are met by creating a project plan for strategic planning process, including consideration of stakeholders.
5. Support information system development that meets public health program needs.	<b>APHI 550D:</b> Business & Communication Aspects of Public Health Informatics	<b>APHI 550D:</b> Business Case & Scope of Work Development Assignment: part 1: Students support information system development that meets public health program needs by developing a business case and scope of work for a particular piece of technology/system to address a public health issue of their choosing.
6. Manage IT operations related to project or program (for public health agencies with internal IT operations).	<b>APHI 535D:</b> Project Management & System Lifecycle	<b>APHI 535D:</b> Integrating Agile In an EPLC World Assignment: Students learn to manage IT operations by describing how a project can effectively use project management concepts. In particular students learn how to drive an IT team in product development through writing user stories, prioritizing and managing product backlogs, as well as setting release schedules and addressing technical debt or bugs.
7. Monitor IT operations managed by external organizations.	<b>APHI 535D:</b> Project Management & System Lifecycle	<b>APHI 535D:</b> Integrating Agile In an EPLC World Assignment: Students learn to monitor IT operations by describing how a project can effectively use project management concepts to interface with external IT partners. These skills allow students to manage IT operations in public health practice.
8. Communicate with cross-disciplinary leaders or team members.	<b>PUBH 501D:</b> Interprofessional Practice	<b>PUBH 501D:</b> Case Study Response Video: Executive MPH students are grouped in interprofessional teams (representing their day jobs, rather than their role as an MPH student) to ensure diverse professions and asked as a group to address a case study. They create and submit a video response to the public health issue, which includes discussion of how their different professions informed their process and outcomes.
9. Evaluate information systems or applications.	<b>APHI 525D:</b> Overview of Data Sources, Standards and Information Systems	<b>APHI 525D:</b> Module 3 Discussion Assignments: Students discuss how they would evaluate public health and healthcare systems and applications for interoperability. Assessment entails identification of appropriate data elements and data standards for messages, medical concepts contained in messages, and transport infrastructure to send the message securely. In addition, assessment also entails evaluation of public health programmatic functions and degree to which systems interoperability meets related requirements.
10. Participate in applied public health informatics research for new insights or innovative solutions to health problems.	<b>APHI 581D:</b> Advanced Data Science and Decision Support Capstone II	<b>APHI 581D:</b> Assignment 6 Draft Results/Deliverable Chapter: As part of their capstone experience, students create a portfolio that demonstrates how data and information will support the successful outcome of a public health scenario executing an innovative action, or solution.

11. Contribute to development of public health information systems that are interoperable with other relevant information systems.	<b>APHI 520D:</b> Introduction to Public Health Informatics	<b>APHI 520D:</b> Data Quality Standards and EHR Assignment: Students write a paper examining issues around systems that are not interoperable. By examining the faults in these systems, students are contributing knowledge to the development of interoperable and integrated systems.
12. Support use of informatics to integrate clinical health, environmental risk or population health.	<b>APHI 581D:</b> Advanced Data Science and Decision Support Capstone II	<b>APHI 581D:</b> Assignment 6 Draft Results/Deliverable Chapter: As part of their capstone experience, students create a portfolio that demonstrates how data and information will support the successful outcome of a population health/public health scenario.
13. Evaluate solutions that ensure confidentiality, security, and integrity while maximizing availability of information for public health.	<b>APHI 545D:</b> Information Security, Privacy, Legal & Ethical Issues	<b>APHI 545D:</b> Policy and Regulations Online Test: Students will learn to evaluate solutions that ensure confidentiality, security and integrity by articulating key points about federal and state security and privacy regulations on this test.
14. Conduct education or training in public health informatics.	<b>APHI 550D:</b> Business & Communication Aspects of Public Health Informatics	<b>APHI 550D:</b> Unit 4 Group Assignment: Project Communications Plan: Students are asked to develop training needs information as part of a communication plan for a specific piece of technology or system that they plan to develop.

**Template D4-1: Executive MPH Program – Prevention Science (EMPH-PRS)**

<b>Assessment of Competencies for MPH degree in EMPH-PRS Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Describe specific assessment opportunity</b>
1. Apply behavioral theories across systems levels of the socio-ecological framework in addressing public health issues.	<b>PRS 580D:</b> Research Design & Grant Preparation	<b>PRS 580D:</b> Research or Program Grant Proposal Part I: In writing their grant proposal introduction/background and developing their problem statement, students are expected to apply behavioral/ecological theories and models at the appropriate systems levels to the public health issue they are proposing to address.
2. Assess the effects of public health interventions or programs.	<b>GH 500D:</b> Global Health	<b>GH 500D:</b> Social Determinants of Health Assignment: Students are asked to apply awareness of cultural values and practices in a reflection paper examining a major health outcome/risk factor that is characterized by a health disparity, how the disparity is caused by the social/cultural/political context and to assess whether interventions are working, providing evidence of at least one approach that is working to reduce the disparity.
3. Develop materials to address real world public health problems.	<b>PRS 542D:</b> Curriculum Development for Public Health Workforce	<b>PRS 542D:</b> Development of Instructional Module: Students are asked to work in groups to develop a training module that addresses a current public health need in one of the organizations the group members work for. Students create and provide a demonstration of the module.

4. Apply educational theory or instructional design models to the development of workforce training.	<b>PRS 542D:</b> Curriculum Development for Public Health Workforce	<b>PRS 542D:</b> Teaching and Assessment Strategies Exercise: Working in groups, students will be presented with different educational scenarios for the public health workforce and asked to identify theory-grounded ways to teach the content.
5. Evaluate ethical considerations for public health interventions.	<b>PRS 502D:</b> Self-Paced Thesis Seminar	<b>PRS 502D:</b> CITI Training. Students complete the CITI human subjects and ethics training and quizzes as part of their thesis preparation in this course. This training includes evaluation of ethical considerations for research, evaluations and interventions.
6. Incorporate the use of public health informatics in professional practice.	<b>APHI 501D:</b> Applied Public Health Informatics	<b>APHI 501D:</b> Context Diagramming Exercise: Students are asked to review a pandemic flu reading and use the context diagramming format to describe key information flows within informatics systems as would be needed to address this issue in the real world.
7. Incorporate research design or program planning skills in the development of grant proposals.	<b>PRS 580D:</b> Research Design & Grant Preparation	<b>PRS 580D:</b> Research or Program Grant Proposal Part III: Students submit a full grant proposal (group project), including development of the research/program design.

- 2) **For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school 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. (electronic resource file)**

The most recent syllabi or other supporting documentation are provided for each course listed in Template D4-1 (for the traditional and EMPH programs respectively). Typically, concentration core courses are taught across multiple sections by more than one faculty. Where sections cover the same material and use the same assessments, only one syllabus is provided. In cases where different sections vary with regard to textbooks and assessments, syllabi for each section are included. These documents are provided in ERF D4-1.

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

*Strengths:*

- All departments, concentrations, and programs maintain close oversight over their curricula through Curriculum Committees under the leadership of the directors of the MPH/MSPH programs or department chairs, tasked with ongoing reevaluation and revisions as needed.
- All concentration courses are utilizing the same syllabus template used for core courses that was approved by the school-wide Education Committee. The template is prescriptive regarding documentation of concentration and/or foundational competencies, learning objectives, and assessments, yet flexible enough to allow individual faculty to tailor courses to the unique needs of their students and their own teaching styles. Adoption of a common syllabus template provides consistency across the school and helps guide student expectations.

*Weaknesses and Plans for Improvement:*

- Several departments have completed and received approval for their revised curricula in December 2018. As such, several newly approved course syllabi that will not be taught until academic years 2019/2020 and 2020/2021 outline the course requirements in sufficient detail to meet RSPH Education Committee and CEPH review requirements; however, these syllabi will continue to evolve as individual faculty are selected to teach the courses. While the competencies and assessments outlined in these early syllabi will not change, faculty may choose to add additional assignments and other course requirements; thus, these syllabi will be revised over time.

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## D5. MPH Applied Practice Experiences

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**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 school 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 school or by individual students) in any physical or electronic form chosen by the school.**

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

The Applied Practice Experience (APE) is a unique opportunity that enables students to apply practical skills and knowledge learned through coursework to a professional public health setting that complements the student's interests and career goals. The APE must be supervised by a Field Supervisor and requires approval from an APE Advisor designated by the student's academic department at RSPH. To successfully fulfill the APE requirement, students must a) complete a minimum of 200 clock hours in one or two public health agencies, institutions or communities; b) meet student-selected MPH/MSPH foundational competencies and concentration competencies; c) produce at least two deliverables that benefit the APE agency; and d) enter and track all APE-related information, deliverables and required approvals in the RSPH APE Portal. A more detailed description of the policies and guidelines for successfully completing the APE are outlined in the APE handbook available in ERF D5-2 and on the APE website: <https://www.sph.emory.edu/rollins-life/community-engaged-learning/ape/index.html>. Examples of completed APE deliverables are included in Template D5-1.

Over the past year, RSPH has embarked upon an iterative process of updating and refining concentration competencies. This has been in response to feedback from faculty and CEPH at multiple time points including the April 18, 2019 consultation and the July 2019 response to the preliminary self-study document. Because of the large number of courses and concentrations, it has taken a substantial amount of time to finalize the concentration competencies. For this reason, a few of the concentration competencies that were selected by students early in the process have since been revised. Therefore, there are slight differences in the wording of concentration competencies affiliated with the APEs listed in Template D5-1 as compared to the concentration competencies listed in Template D4-1. Since the competencies have now been finalized, the APE portal has been updated to reflect these final concentration competencies for students to select from.

**Template D5-1: Practice-Based Products That Demonstrate MPH/MSPH Competency Achievement**

<b>Student 1 - Behavioral Sciences and Health Education</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Socio-Ecological Model Presentation SAMHSA; Standard Operating Procedure (SOP) SAMHSA; Drug Free Communities (DFC) Frequently Asked Questions SAMHSA; Interprofessional Report SAMHSA	16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	12. Perform effectively on interprofessional teams
	BSHE conc comp: Synthesize a range of multidisciplinary scientific literature.
	BSHE conc comp: Examine health outcomes for specific populations using data analysis guided by behavioral and social science theory.

<b>Student 2 - Behavioral Sciences and Health Education</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
IRB and Ethics Report; Syntax and Output; Results; Diversity Report; Nia webpage literature summary	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels
	BSHE conc comp: Synthesize a range of multidisciplinary scientific literature.
	BSHE conc comp: Apply ethical principles to public health research and practice.

<b>Student 3 - Behavioral Sciences and Health Education</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Abstract; de-identified data set	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	21. Perform effectively on interprofessional teams
	BSHE conc comp: Examine health outcomes for specific populations using data analysis guided by behavioral and social science theory.
	BSHE conc comp: Apply ethical principles to public health research and practice.

<b>Student 4 - Behavioral Sciences and Health Education</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
PDMP spreadsheet; user survey; evaluation plan for "It Only Takes A Little To Lose a Lot" campaign; harm reduction strategic plan; Z-fold for law enforcement; PDMP one pager	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	11. Select methods to evaluate public health programs
	21. Perform effectively on interprofessional teams
	BSHE conc comp: Apply qualitative or quantitative methods to public health research and practice.
	BSHE conc comp: Apply ethical principles to public health research and practice.

<b>Student 5 - Behavioral Sciences and Health Education</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Stairwell Program; Stairwell Promotional Flyer; CNA Proposed Recommendations; Sleep Promotional Flyer; Stairwell Program Pre-Survey; Stairwell Program Post-Survey; Sleep Program Pre/Post Survey; Sleep Program	4. Interpret results of data analysis for public health research, policy or practice
	7. Assess population needs, assets and capacities that affect communities' health
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	BSHE conc comp: Design evidence-based and culturally relevant health promotion interventions.
	BSHE conc comp: Apply evaluation methods to assess health promotion interventions.

<b>Student 6 - Behavioral Sciences and Health Education</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Lesotho VACS Data to Action Workshop Slide Deck; 3 Data Tables	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	7. Assess population needs, assets and capacities that affect communities' health
	BSHE conc comp: Examine health outcomes for specific populations using data analysis guided by behavioral and social science theory.
	BSHE conc comp: Apply qualitative or quantitative methods to public health research and practice.

<b>Student 7 - Behavioral Sciences and Health Education</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Report on working with an interprofessional team; Engagement prioritization timeline; Survey Tool Domestic violence for Nonprofit Organization leaders; Survey Tool Domestic violence for residents	7. Assess population needs, assets and capacities that affect communities' health
	13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	21. Perform effectively on interprofessional teams
	BSHE conc comp: Apply qualitative or quantitative methods to public health research and practice.
	BSHE conc comp: Design evidence-based and culturally relevant health promotion interventions.

<b>Student 8 - Behavioral Sciences and Health Education</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Final presentation; Wellness trivia program	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	9. Design a population-based policy, program, project or intervention
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	BSHE conc comp: Synthesize a range of multidisciplinary scientific literature.
	BSHE conc comp: Design evidence-based and culturally relevant health promotion interventions.

<b>Student 1 - Biostatistics and Bioinformatics (MSPH)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Abstract; Written report	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	21. Perform effectively on interprofessional teams
	BIOS conc comp: Identify statistical issues in contemporary public health problems.
	BIOS conc comp: Use statistical software for data management and exploratory data analysis.

<b>Student 2 - Biostatistics and Bioinformatics (MSPH)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Abstract; table - propensity score matching; table - severe mental illness; results - regression; part of the methods	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	21. Perform effectively on interprofessional teams
	BIOS conc comp: Use statistical software for data management and exploratory data analysis.
	BIOS conc comp: Apply statistical software to implement custom techniques to address unique biomedical or public health problems.

<b>Student 3 - Biostatistics and Bioinformatics (MSPH)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Chromosome ideogram report; enrichment analysis; Handbook for code of RNA differential expression analysis	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	21. Perform effectively on interprofessional teams
	22. Apply systems thinking tools to a public health issue
	BIOS conc comp: Use statistical software for data management and exploratory data analysis.
	BIOS conc comp: Apply statistical software to implement custom techniques to address unique biomedical or public health problems.

<b>Student 4 - Biostatistics and Bioinformatics (MSPH)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Blood Pressure Outcome Code Modification; 2016 v 2017 Direct Survey Comparison Table	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	7. Assess population needs, assets and capacities that affect communities' health
	BIOS conc comp: Use statistical software for data management and exploratory data analysis.
	BIOS conc comp: Apply regression modeling techniques for continuous, categorical, time-to-event, longitudinal and multilevel data.

<b>Student 5 - Biostatistics and Bioinformatics (MSPH)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
R code; APE Summary Report	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	BIOS conc comp: Identify statistical issues in contemporary public health problems.
	BIOS conc comp: Use statistical software for data management and exploratory data analysis.

<b>Student 1 - Executive MPH Program (Prevention Science)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Concept Note; Budget	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	9. Design a population-based policy, program, project or intervention
	10. Explain basic principles and tools of budget and resource management
	20. Describe the importance of cultural competence in communicating public health content
	21. Perform effectively on interprofessional teams
	EMPH conc comp: Assess the effects of public health interventions and programs
	EMPH conc comp: Plan public health interventions, and programs
EMPH conc comp: Oversee the management and fiscal procedures of public health interventions and programs	

<b>Student 1 - Environmental Health (MPH Environmental Health)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
HAB Resources for Beachapedia Article; Citizen Science Resources for Beachapedia; Beach Water Quality One Pager	7. Assess population needs, assets and capacities that affect communities' health
	13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	18. Select communication strategies for different audiences and sectors
	EH conc comp: Describe major environmental risks to human health ranging from the local to the global scale
	EH conc comp: Explain major policy issues in environmental health

<b>Student 2 - Environmental Health (MHP Global Environmental Health)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Supervision Quality Assurance Review of Forms - Project Bridge; Weekly Progress Report, July 12 2019; Weekly Progress Report June 7 2019; Weekly Progress Report June 29 2019	6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels
	18. Select communication strategies for different audiences and sectors
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	20. Describe the importance of cultural competence in communicating public health content
	21. Perform effectively on interprofessional teams
	EH conc comp: Describe select causes and consequences of health inequities within and/or across contexts
	EH conc comp: Select methods to design, adapt, implement, monitor, manage, evaluate or scale research, programs, interventions or policies

<b>Student 3 - Environmental Health (MPH Environmental Health)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Service Unit Profiles; Narrative; Final Presentation	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	20. Describe the importance of cultural competence in communicating public health content
	21. Perform effectively on interprofessional teams
	EH conc comp: Describe major environmental risks to human health ranging from the local to the global scale
	EH conc comp: Apply the principles of exposure science to characterize and quantify environmental exposures

<b>Student 4 - Environmental Health (MPH Environmental Health)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
PCB Fact Sheet; PFAS Fact Sheet; Glyphosate Fact Sheet; PFAS Health Effects Section of Investigative Report; Dechlorane Plus and Methoxychlor Section	6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels
	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	20. Describe the importance of cultural competence in communicating public health content

	EH conc comp: Describe major environmental risks to human health ranging from the local to the global scale
	EH conc comp: Describe major environmental risks to human health ranging from the local to the global scale

<b>Student 5 - Environmental Health (MSPH Environmental Health and Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Data spreadsheet; Presentation slides	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	4. Interpret results of data analysis for public health research, policy or practice
	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	EH conc comp: Describe major environmental risks to human health ranging from the local to the global scale
	EH conc comp: Apply the principles of epidemiology to assess health effects of environmental exposures

<b>Student 1 – Epidemiology (MPH Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Whole Genome Sequencing SAS Code; Calculated Turn Around Times for Acute Diseases	1. Apply epidemiological methods to the breadth of settings and situations in public health practice
	7. Assess population needs, assets and capacities that affect communities' health
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	EPI conc comp: Differentiate among the strengths, limitations, and differences and similarities of various study designs
	EPI conc comp: Differentiate among design-specific sources and types of systematic error

<b>Student 2 – Epidemiology (MPH Global Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Literature review; Pilot WASH Baseline Capacity Review questions with Subject Matter Experts; Interview section example; interview section example 2	5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
	7. Assess population needs, assets and capacities that affect communities' health
	21. Perform effectively on interprofessional teams
	EPI conc comp: Utilize statistical software to conduct epidemiological analysis
	EPI conc comp: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs

<b>Student 3 – Epidemiology (MPH Global Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Final Summary Report; PowerPoint Presentation; Literature Review; Survey/Data Collection Tool	1. Apply epidemiological methods to the breadth of settings and situations in public health practice
	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	EPI conc comp: Formulate a research question and study aims
	EPI conc comp: Utilize statistical software to conduct epidemiological analysis
	EPI conc comp: Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
EPI conc comp: Describe the importance of cultural competence in communicating public health content	

<b>Student 4 – Epidemiology (MPH Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Metabolic Camp Infographic; Telemedicine Infographic; Typical Day at Camp; Example Recipe Collection Tool	7. Assess population needs, assets and capacities that affect communities' health
	16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
	21. Perform effectively on interprofessional teams
	EPI conc comp: Formulate a research question and study aims
	EPI conc comp: Describe distributions of morbidity, mortality and risk factors in terms of magnitude, time, place, and population

<b>Student 5 – Epidemiology (MPH Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Georgia HPV Roadmap; Infographic of Colorectal Cancer in Georgia; Abstract for SOPHE	13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	18. Select communication strategies for different audiences and sectors
	20. Describe the importance of cultural competence in communicating public health content
	EPI conc comp: Describe distributions of morbidity, mortality and risk factors in terms of magnitude, time, place, and population

	EPI conc comp: Prepare a written report of advanced epidemiologic information
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<b>Student 6 – Epidemiology (MPH Global Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Verified transcripts from four focus groups; Data Analysis-DialysisConnect Poster	1. Apply epidemiological methods to the breadth of settings and situations in public health practice
	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	21. Perform effectively on interprofessional teams
	EPI conc comp: Formulate a research question and study aims
	EPI conc comp: Utilize statistical software to conduct epidemiological analysis

<b>Student 7 – Epidemiology (MPH Global Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Data analysis codes in SAS and R; Data analysis results (Tables)	1. Apply epidemiological methods to the breadth of settings and situations in public health practice
	2. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	3. Interpret results of data analysis for public health research, policy or practice
	EPI conc comp: Formulate a research question and study aims
	EPI conc comp: Calculate and interpret basic design-specific measures of association and their standard errors

<b>Student 8 – Epidemiology (MPH Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
District Report Example; Focus Group Guide	7. Assess population needs, assets and capacities that affect communities' health
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	21. Perform effectively on interprofessional teams
	EPI conc comp: Describe distributions of morbidity, mortality and risk factors in terms of magnitude, time, place, and population
	EPI conc comp: Utilize statistical software to conduct epidemiological analysis

<b>Student 9 – Epidemiology (MPH Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
InstrumentManual; DataDictionary; Codebook; EndNoteLibraryScreenshot	13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	18. Select communication strategies for different audiences and sectors
	21. Perform effectively on interprofessional teams
	EPI conc comp: Differentiate among the strengths, limitations, and differences and similarities of various study designs
	EPI conc comp: Differentiate among design-specific sources and types of systematic error

<b>Student 10 – Epidemiology (MPH Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Deliverable 1: Comparing 2 SIRs Quick Learn Script; Deliverable 1: Comparing 2 SIRs PowerPoint; Deliverable 2: Annual Progress Report Summary Guide; Deliverable 3: Denominator Data Device Day Sampling Analysis Report	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	EPI conc comp: Calculate and interpret basic design-specific measures of association and their standard errors
	EPI conc comp: Utilize statistical software to conduct epidemiological analysis

<b>Student 11 – Epidemiology (MPH Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
De-Identified Dataset; Summary Report	1. Select quantitative and qualitative data collection methods appropriate for a given public health context
	2. Assess population needs, assets and capacities that affect communities' health
	3. Perform effectively on interprofessional teams
	EPI conc comp: Describe distributions of morbidity, mortality and risk factors in terms of magnitude, time, place, and population
	EPI conc comp: Prepare a written report of advanced epidemiologic information

<b>Student 12 – Epidemiology (MPH Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Data Survey Part 1; Data Survey Part 2; C.diff Literature Review	1. Apply epidemiological methods to the breadth of settings and situations in public health practice
	4. Interpret results of data analysis for public health research, policy or practice
	21. Perform effectively on interprofessional teams
	EPI conc comp: Describe distributions of morbidity, mortality and risk factors in terms of magnitude, time, place, and population
	EPI conc comp: Prepare a written report of advanced epidemiologic information

<b>Student 13 – Epidemiology (MPH Global Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
ArcGIS DB Connections and GIS Web Server Connections - Quick Instruction Guide; ZIKV SEI-SEIR Model Parameter Considerations; SET-NET Surveillance System Data Process and Flow Considerations; SRH in Emergency Preparedness and Response - GIS Technical Support Package - 07.25.2019; GIS Technical Support Package - Map Layers; GIS Technical Support Package - Objectives; GIS Technical Support Package - Use Case Matrix	1. Apply epidemiological methods to the breadth of settings and situations in public health practice
	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	EPI conc comp: Describe distributions of morbidity, mortality and risk factors in terms of magnitude, time, place, and population
	EPI conc comp: Utilize advanced statistical programming in performing epidemiological analysis

<b>Student 14 – Epidemiology (MPH Global Epidemiology)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
AIS Cohort Ascertainment Criteria; AIS Cohort Ascertainment Results	1. Apply epidemiological methods to the breadth of settings and situations in public health practice
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	21. Perform effectively on interprofessional teams
	EPI conc comp: Formulate a research question and study aims
	EPI conc comp: Differentiate among design-specific sources and types of systematic error

<b>Student 1 - Global Health (MPH Public Health Nutrition)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Fellowship Summery Presentation; Key Messages Booklet; Partnership Defined Quality Field Manual; PDQ Youth Field Manual	4. Interpret results of data analysis for public health research, policy or practice
	5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	GH conc comp: Use qualitative and quantitative data sources to assess global health outcomes or risk factors, including temporal trends such as past or current patterns, as well as projected future trends, and distribution by socioeconomic or demographic predictors
	GH conc comp: Describe select causes or consequences of health inequities within or across contexts

<b>Student 2 - Global Health (MPH Community Health and Development)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Colquitt County and Office of Rural Health State Deliverable Report; Research Findings Dissemination- Poster Group 1; Research Findings Dissemination- Poster Group 2; Research Findings Dissemination- Poster Group 3; Final Reflection and Recommendations for SOWEGA AHEC and Region IV	6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels
	16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
	21. Perform effectively on interprofessional teams
	GH conc comp: Exhibit professional values that demonstrate diplomacy, commitment to social justice or health equity, or respect for the unique cultures, values, roles or responsibilities or expertise represented by other professions, communities or groups working in global health
	GH conc comp: Describe select causes or consequences of health inequities within or across contexts

<b>Student 3 - Global Health (MPH Infectious Disease)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Landscape notes that I assisted in presenting at work group meeting; Action Memo	4. Interpret results of data analysis for public health research, policy or practice
	5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
	7. Assess population needs, assets and capacities that affect communities' health
	13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making

	20. Describe the importance of cultural competence in communicating public health content
	21. Perform effectively on interprofessional teams
	GH conc comp: Use qualitative and quantitative data sources to assess global health outcomes or risk factors, including temporal trends such as past or current patterns, as well as projected future trends, and distribution by socioeconomic or demographic predictors
	GH conc comp: Exhibit professional values that demonstrate diplomacy, commitment to social justice or health equity, or respect for the unique cultures, values, roles or responsibilities or expertise represented by other professions, communities or groups working in global health
	GH conc comp: Apply ethical reasoning to the design, implementation or evaluation of global health programs, policies or practice

<b>Student 4 - Global Health (MPH Infectious Disease)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
CHAMPS Manual Report; CHAMPS Indicator Report; Indicator Spreadsheet; Manual Spreadsheet; Mozambique Manual Translated	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
	8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	11. Select methods to evaluate public health programs
	16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
	18. Select communication strategies for different audiences and sectors
	20. Describe the importance of cultural competence in communicating public health content
	21. Perform effectively on interprofessional teams
	GH conc comp: Demonstrate reflexivity or humility regarding power, privilege, culture or professional paradigms, acknowledging strengths, limitations, biases, or influence
	GH conc comp: Exhibit professional values that demonstrate diplomacy, commitment to social justice or health equity, or respect for the unique cultures, values, roles or responsibilities or expertise represented by other professions, communities or groups working in global health
GH conc comp: Apply ethical reasoning to the design, implementation or evaluation of global health programs, policies or practice	

<b>Student 5 - Global Health (MPH Community Health and Development)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
PowerPoint Presentation; Research Paper	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	11. Select methods to evaluate public health programs
	13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	GH conc comp: Use qualitative and quantitative data sources to assess global health outcomes or risk factors, including temporal trends such as past or current patterns, as well as projected future trends, and distribution by socioeconomic or demographic predictors
	GH conc comp: Exhibit professional values that demonstrate diplomacy, commitment to social justice or health equity, or respect for the unique cultures, values, roles or responsibilities or expertise represented by other professions, communities or groups working in global health
GH conc comp: Describe select causes or consequences of health inequities within or across contexts	

<b>Student 6 - Global Health (MPH Accelerated Program)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Report on Cancer Disparities in Georgia using SEER Data and the Health Disparities Calculator ; Figures and Tables for Report on Cancer Disparities; Powerpoint of Maps Summarizing Cancer Disparities by Georgia Health Districts; Powerpoint of maps containing Georgia Cancer Statistics and Relationship to CoC Cancer Centers	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	18. Select communication strategies for different audiences and sectors
	GH conc comp: Demonstrate reflexivity or humility regarding power, privilege, culture or professional paradigms, acknowledging strengths, limitations, biases, or influence
	GH conc comp: Describe select causes or consequences of health inequities within or across contexts

<b>Student 7 - Global Health (MPH Accelerated Program)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Retention in ANCHOR; Updated WIHS Website	1. Apply epidemiological methods to the breadth of settings and situations in public health practice
	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	21. Perform effectively on interprofessional teams
	GH conc comp: Use qualitative and quantitative data sources to assess global health outcomes or risk factors, including temporal trends such as past or current patterns, as well as projected future trends, and distribution by socioeconomic or demographic predictors
	GH conc comp: Demonstrate reflexivity or humility regarding power, privilege, culture or professional paradigms, acknowledging strengths, limitations, biases, or influence

<b>Student 8 - Global Health (MPH Infectious Disease)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
IRB Protocol Draft; Brief Literature Review	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	21. Perform effectively on interprofessional teams
	GH conc comp: Demonstrate reflexivity or humility regarding power, privilege, culture or professional paradigms, acknowledging strengths, limitations, biases, or influence
	GH conc comp: Exhibit professional values that demonstrate diplomacy, commitment to social justice or health equity, or respect for the unique cultures, values, roles or responsibilities or expertise represented by other professions, communities or groups working in global health

<b>Student 1 - Health Policy and Management (MSPH Health Services Research)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Litigation Tracker; Candidate Positions	4. Interpret results of data analysis for public health research, policy or practice
	15. Evaluate policies for their impact on public health and health equity
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	HPM conc comp: Describe how the organization and financing of health services influence access, quality and cost

	HPM conc comp: Utilize public finance theory to assess the efficiency and equity of proposals to reform the financing and delivery of healthcare services
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Student 2 - Health Policy and Management (MPH Health Policy)	
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Specific products in portfolio that demonstrate application or practice	Competency as defined in Criteria D2 and D4
Redacted Training Evaluation One-Pager; Intern Project Presentation; Intern Project Toolkit; Redacted_Summary Report; Redacted_Lead One Pager	11. Select methods to evaluate public health programs
	18. Select communication strategies for different audiences and sectors
	21. Perform effectively on interprofessional teams
	HPM conc comp: Apply management principles to planning, organizing, leading and controlling health care enterprises
	HPM conc comp: Prepare health policy briefings suitable for the range of policy stakeholders involved with the formulation and implementation of a health policy under consideration at the national, state or local level

Student 3 - Health Policy and Management (MSPH Health Services Research)	
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Specific products in portfolio that demonstrate application or practice	Competency as defined in Criteria D2 and D4
TAC School Handbook; GPP Data Analysis; Data Visualization Handouts; Social Media Calendar_July; Social Media Calendar_August	4. Interpret results of data analysis for public health research, policy or practice
	14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
	16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
	HPM conc comp: Describe how the organization and financing of health services influence access, quality and cost
	HPM conc comp: Function in a collaborative team for the development and/or execution of an original health services research investigation

Student 4 - Health Policy and Management (MPH Health Policy)	
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Specific products in portfolio that demonstrate application or practice	Competency as defined in Criteria D2 and D4
NOFO Feedback Interviews_Qualitative Analysis Report; NOFO Webpage_Presentation of Webpages	7. Assess population needs, assets and capacities that affect communities' health
	11. Select methods to evaluate public health programs
	21. Perform effectively on interprofessional teams
	HPM conc comp: Describe how the organization and financing of healthcare influences access, quality and costs
	HPM conc comp: Utilize public finance theory to assess the efficiency and equity of proposals to reform the financing and delivery of healthcare services

<b>Student 5 - Health Policy and Management (MPH Health Policy)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Echo Orders Dashboard; Indirect Order Dashboard; Length of Stay Literature Review; PAS/ED Analysis; PAS/ED Lit Review	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	21. Perform effectively on interprofessional teams
	HPM conc comp: Describe how the organization and financing of healthcare influences access, quality and costs
	HPM conc comp: Execute both an operations management and a strategic management analysis in the role of a health services consultant

<b>Student 6 - Health Policy and Management (MPH Health Care Management)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Office of Nursing Research Quarterly Report; Grant Proposal	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels
	7. Assess population needs, assets and capacities that affect communities' health
	10. Explain basic principles and tools of budget and resource management
	21. Perform effectively on interprofessional teams
	HPM conc comp: Apply skills in financial accounting to healthcare administration decisions
	HPM conc comp: Incorporate human resources management principles in administering healthcare organizations
	HPM conc comp: Execute both an operations management and a strategic management analysis in the role of a health services consultant

<b>Student 7 - Health Policy and Management (MPH Health Care Management)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Documents labeled as To Be Review Scorecard; Emory Saint Joseph's Document Reconciliation	5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
	15. Evaluate policies for their impact on public health and health equity
	16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
	21. Perform effectively on interprofessional teams
	HPM conc comp: Apply management principles to planning, organizing, leading and controlling health care enterprises

	HPM conc comp: Be prepared to assume supervisory-level general management responsibilities in a health services delivery organization
	HPM conc comp: Execute both an operations management and a strategic management analysis in the role of a health services consultant

<b>Student 8 - Health Policy and Management (MPH Health Care Management)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Create providers Health Care Transition presentation; Create a tool for providers assessment of current Transition practice; Create a tool for providers assessment of current Transition practice (pg 2)	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	18. Select communication strategies for different audiences and sectors
	19. Communicate audience-appropriate public health content, both in writing and through oral presentation
	HPM conc comp: Apply management principles to planning, organizing, leading and controlling health care enterprises
	HPM conc comp: Apply marketing concepts in the design of health services
	HPM conc comp: Be prepared to assume supervisory-level general management responsibilities in a health services delivery organization

<b>Student 9 - Health Policy and Management (MPH Health Policy)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Policy Background Analysis on HIV and Ryan White; Opinion Piece/Position Paper (Professional); Opinion Piece/Position Paper (General)	12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence
	14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
	15. Evaluate policies for their impact on public health and health equity
	HPM conc comp: Utilize public finance theory to assess the efficiency and equity of proposals to reform the financing and delivery of healthcare services
	HPM conc comp: Prepare health policy briefings suitable for the range of policy stakeholders involved with the formulation and implementation of a health policy under consideration at the national, state or local level

<b>Student 10 - Health Policy and Management (MPH Health Policy)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Calendar of Training with Timmy and Banelino; Workshop 1 PACA Tools; Workshop 2 MAPA (Experiential Learning Cycle tool); Community Mapping Guide with Google Maps	7. Assess population needs, assets and capacities that affect communities' health
	11. Select methods to evaluate public health programs
	13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	HPM conc comp: Apply management principles to planning, organizing, leading and controlling health care enterprises

	HPM conc comp: Design a population-based policy, program, project or intervention
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<b>Student 11 - Health Policy and Management (Dual Degree MD/MPH Health Policy)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Abstract for the 2019 Plastic Surgery Senior Residents Conference and Residents Day Program; Literature Searches - Business/billing, Telemedicine, International Training	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate
	4. Interpret results of data analysis for public health research, policy or practice
	21. Perform effectively on interprofessional teams
	HPM conc comp: Describe how the organization and financing of healthcare influences access, quality and costs
	HPM conc comp: Apply management principles to planning, organizing, leading and controlling health care enterprises

<b>Student 12 - Health Policy and Management (MPH Health Policy)</b>	
<b>Specific products in portfolio that demonstrate application or practice</b>	<b>Competency as defined in Criteria D2 and D4</b>
Tharp Abstract; Trainee Malpractice Screening	2. Select quantitative and qualitative data collection methods appropriate for a given public health context
	4. Interpret results of data analysis for public health research, policy or practice
	21. Perform effectively on interprofessional teams
	22. Apply systems thinking tools to a public health issue
	HPM conc comp: Incorporate legal principles of public health law in the assessment of health policies
	HPM conc comp: Use analytic reasoning and quantitative methods to address questions in public health and population-based research

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

The APE Handbook is available in ERF D5-2.

- 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 school must provide samples of complete sets of materials (i.e., Template D5-1 and the work products/documents that demonstrate at least 5 competencies) from at least five students in the last three years for each concentration or generalist degree. If the school has not produced five students for which complete samples are available, note this and provide all available samples.

The APE Portal was recently upgraded and made available in January 2019 to assist students, APE Advisors and Field Supervisors to create, track, and document APE opportunities. It is available here: <https://www.sph.emory.edu/rollins-life/community-engaged-learning/ape/index.html>. RSPH students who enrolled in one of the RSPH concentrations in Fall 2018 were eligible to commence an APE upon successfully completing nine credit hours of course work, which for most students, coincided with beginning their second semester (January 2019). To date, while many students have received approval for their

proposed APE and have begun their work, a total of 53 have completed their APE requirement. We have included their deliverables in ERF D5-3.

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

*Strengths:*

- The RSPH has an online portal that allows students to track their APEs and receive approval from the designated department APE Advisor.
- Training for the RSPH APE portal is provided in person and a recorded video is available online along with guides and resources.
- Students are required to map their APE to foundational and concentration competencies prior to starting the opportunity as well as collaborate with the organization on expected deliverables.
- The APE provides an invaluable opportunity for students to gain real-world experience in the field of public health and also receive mentorship from public health professionals.
- Technical assistance regarding the requirement and the APE portal are provided by a portal administrator in the OCD.

*Weaknesses and Plans for Improvement:*

- The new APE guidelines and portal were made available to students in January 2019, thus we are in the beginning phases of implementing this new requirement. We are monitoring ongoing feedback from users (i.e. students, APE advisors, field supervisors) in order to determine the extent to which additional revisions to the guidelines and/or the APE Portal itself are needed.

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**D6. DrPH Applied Practice Experience**

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Not Applicable

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## D7. MPH Integrative Learning Experience

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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 school 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 school to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies. (self-study document)

All RSPH departments and the EMPH program offer students the option to select either a thesis or capstone project to fulfill the ILE requirement. Template D7-1 outlines the ILE options available to MPH/MSPH students in each concentration.

### Template D7-1: Behavioral Sciences and Health Education (BSHE)

Integrative Learning Experience for BSHE (MPH)	
Integrative learning experience (list all options)	How competencies are synthesized
Thesis (option for MPH students)	BSHE 591W/599R: To complete a thesis project, students can prepare one of two products: a) a hypothesis-driven research project including original research questions as well as the integration and application of qualitative, quantitative or mixed methods applicable to public health; or b) an evaluation project seeking to address programmatic impact relevant to public health.
Capstone (option for MPH students)	BSHE 590: Students select between two Capstone options: Health Equity or Grant Writing. The <i>Health Equity Capstone</i> allows students to synthesize behavioral and social sciences literature in their area of interest. Students critically examine concepts, theories, and methods applied to the selected health outcome and evaluate related interventions using a broad biopsychosocial lens. The <i>Grant Writing Capstone</i> allows students to integrate and apply theoretical, methodological, intervention development, and evaluation skills to prepare a fundable research or programmatic grant proposal. Both Capstone options are taught in course format during the fourth semester of the program. Students' performance and mastery of competencies associated with the chosen Capstone is evaluated by the course instructor.

### Template D7-1: Biostatistics and Bioinformatics (BIOS)

Integrative Learning Experience for BIOS (MPH and MSPH)	
Integrative learning experience (list all options)	How competencies are synthesized
Thesis (option for MPH and MSPH students)	BIOS 599R: To complete a thesis project, students prepare a hypothesis-driven research project including original research questions as well as the integration and application of biostatistics methods and analyses applicable to public health.
Capstone (option for MPH and MSPH students)	BIOS 581: In this capstone course, students identify topics of interest, engage with scholars and literature on their topic, and through a series of written, poster and oral presentations, make an original, substantive contribution to the field. Public health informatics skills gained during the program are applied and integrated, including critical thinking on methodological and policy issues surrounding the topical issues presented; effective communication strategies for complex public health informatics topics; and applying public health informatics theory and principles to practical public health situations and professional practice.

### Template D7-1: Environmental Health (EH)

Integrative Learning Experience for EH (MPH)	
Integrative learning experience (list all options)	How competencies are synthesized
Thesis (option for MPH students)	EH 599R: To complete a thesis project, students prepare a hypothesis-driven research project including original research questions as well as the integration and application of methods and analyses applicable to environmental health.
Capstone (option for MPH students)	EH 594: In this capstone course, environmental health skills gained during the EH and GEH programs are applied and integrated, including critical thinking on methodological and policy issues surrounding the topical issues presented; effective communication strategies for complex environmental health topics; and applying environmental health theory and principles to practical public health situations and professional practice. Students' work emphasizes methodological understanding, appropriate assessment of applied and research needs posed by the topic, communication skills, and policy concerns.

### Template D7-1: Global Environmental Health (GEH)

Integrative Learning Experience for GEH (MPH)	
Integrative learning experience (list all options)	How competencies are synthesized
Thesis (option for MPH students)	EH 599R: To complete a thesis project, students prepare a hypothesis-driven research project including original research questions as well as the integration and application of methods and analyses applicable to global environmental health research.
Capstone (option for MPH students)	EH 594: In this capstone course, environmental health skills gained during the EH and GEH programs are applied and integrated, including critical thinking on methodological and policy issues surrounding the topical issues presented; effective communication strategies for complex environmental health topics; and applying environmental health theory and principles to practical public health situations and professional practice. Students will critically review each other's written and oral work with an emphasis on methodological understanding, appropriate assessment of applied and research needs posed by the topic, intended audience, communication skills, and policy concerns. Career development goals will be addressed through a series of sessions focused on developing a compelling portfolio of environmental health activities as a junior environmental health professional.

### Template D7-1: Environmental Health & Epidemiology (EH-EPI)

Integrative Learning Experience for EH-EPI (MSPH)	
Integrative learning experience (list all options)	How competencies are synthesized
Thesis (required for MSPH students)	EH 599R: To complete a thesis project, students prepare a hypothesis-driven research project including original research questions as well as the integration and application of epidemiologic methods and analyses applicable to public health.

### Template D7-1: Epidemiology (EPI)

Integrative Learning Experience for EPI (MPH and MSPH)	
Integrative learning experience (list all options)	How competencies are synthesized
Thesis (option for MPH students)	EPI 598R: To complete the MPH thesis, students prepare an independent hypothesis driven research project integrating and applying appropriate epidemiologic and statistical techniques applicable to public health.
Capstone (option for MPH students)	EPI 598C: In this capstone course, students integrate and apply epidemiologic and biostatistical training to real-world public health data from a public health organization. The student works both independently, and on a team to conduct epidemiologic analyses and produce a final report for the partnering organization.
Thesis (required for MSPH students)	EPI 599R: To complete the MSPH thesis, student prepare a hypothesis driven research project that incorporates at least one novel or innovative element, such as the novelty of the hypothesis or an innovation in analytic method applied. The project must utilize epidemiologic and biostatistical methods to address a public health question. The final document must be in manuscript format and suitable for publication submission.

### Template D7-1: Global Epidemiology (GL-EPI)

Integrative Learning Experience for GL-EPI (MPH and MSPH)	
Integrative learning experience (list all options)	How competencies are synthesized
Thesis (option for MPH students)	EPI 598R: To complete the MPH thesis, students prepare an independent hypothesis driven research project using appropriate epidemiologic and statistical techniques applicable to public health. The project must be focused on an international setting or a US low-resource or underserved population.
Capstone (option for MPH students)	EPI 598C: In this capstone course students, integrate and apply epidemiologic and biostatistical training to real-world public health data from a public health organization. Students work both independently, and on a team to conduct epidemiologic analyses and produce a final report for the partnering organization. The final individual project must be focused on an international setting or a US low-resource or underserved population.
Thesis (required for MSPH students)	EPI 599R: To complete a thesis project, students prepare a hypothesis-driven research project including original research questions as well as application of epidemiologic methods and analyses applicable to public health. The project must be focused on an international setting or a US low-resource or underserved population.

**Template D7-1: Global Health (GH)**

<b>Integrative Learning Experience for GH (MPH in all concentrations)</b>	
<b>Integrative learning experience (list all options)</b>	<b>How competencies are synthesized</b>
Thesis (option for MPH students in all five concentrations)	GH 599R: Students in all five concentrations are required to complete a thesis in order to fulfill the requirements of the MPH degree. This project is a rigorous academic requirement; as the culmination of the MPH experience, it is an independent, theory-based inquiry in which the student integrates and applies knowledge and skills acquired during the MPH program to the scholarly study of a public health problem. The thesis project may take the form of either a Special Studies Project (e.g. a deliverable for an organization) or a Research Project (e.g. systematic review, analysis of primary or secondary data) using quantitative, qualitative or other methodologies and presented in a traditional style or manuscript style.

**Template D7-1: Health Policy and Management (HPM)**

<b>Integrative Learning Experience for HPM (MPH)</b>	
<b>Integrative learning experience (list all options)</b>	<b>How competencies are synthesized</b>
Capstone (required for MPH Health Policy students)	HPM 576 and 575: Students in the Health Policy concentration complete two Capstone courses: <i>Policy Analysis (HPM 576)</i> offered in the third semester and <i>Advanced Health Policy Analysis (HPM 575)</i> offered in the fourth semester. HPM 576 uses the tools of economics, statistics, and decision analysis to predict the impact of state and federal policy changes. Topics include market failures, cost-benefit analysis, discounting, inflation adjustment, and contingent valuation. During the course of the semester, students write four to five brief policy analyses to model the impact of policy changes. Examples include caps on noneconomic damages in malpractice suits, mandated coverage of contraceptives by insurance plans, increases in tobacco excise taxes, and bans on drivers' use of cell phones. The course emphasizes presentation of results for nontechnical audiences. In HPM 575, students conduct public health policy analyses that examine options to address emerging issues, conduct analysis of the options and communicate recommendations.

<p>Capstone (required for MPH Health Management students)</p>	<p>HPM 550 and 560: Students in the Health Management concentration complete two Capstone courses: <i>Strategic Management (HPM 560)</i> offered in the third semester and <i>Operations Management (HPM 550)</i> offered in the fourth semester. HPM 560 examines the formulation and implementation of business strategies in health care organizations, models of strategic management, and the role of stakeholders in the strategic management process. Students review specific analytical tools used in strategy formulation, choice, and implementation, with an emphasis on real-world health care applications. HPM 550 integrates various analytical approaches developed in prerequisite courses into practical decision making by analyzing the problems of day-to-day operations within the health care organization. This course address topics such as problems in personnel staffing, personnel training and directing, financial control, performance measurement, and planning.</p>
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**Template D7-1: Health Policy and Management (MSPH)**

<p align="center"><b>Integrative Learning Experience for HPM (MSPH)</b></p>	
<p><b>Integrative learning experience (list all options)</b></p>	<p><b>How competencies are synthesized</b></p>
<p>Thesis (required for MSPH students)</p>	<p>HPM 599R: Students complete two research seminars (HPM 581 and 583) in preparation of their thesis project. The first seminar introduces students to the health services research process, research design issues, and ethical problems faced by researchers. In the second seminar, students receive guidance for developing a quantitatively-based thesis using large secondary data sets. Subsequently, students prepare a hypothesis-driven research project including original research questions as well as application of methods and analyses applicable to health policy research.</p>

**Template D7-1: Executive MPH Program - Applied Epidemiology (EMPH-AEPI)**

<p align="center"><b>Integrative Learning Experience for the EMPH-AEPI (MPH)</b></p>	
<p><b>Integrative learning experience (list all options)</b></p>	<p><b>How competencies are synthesized</b></p>
<p>Thesis (required for MPH students)</p>	<p>AEPI 599R: To complete a thesis project, students prepare a hypothesis-driven research project including original research questions as well as the application of epidemiological methods and analyses applicable to public health.</p>

**Template D7-1: Executive MPH Program - Applied Public Health Informatics (EMPH-APHI)**

<b>Integrative Learning Experience for the EMPH-APHI (MPH)</b>	
<b>Integrative learning experience (list all options)</b>	<b>How competencies are synthesized</b>
Capstone (required for MPH students)	<p>APHI 580D and 581D: Students in the Applied Public Health Informatics track must complete a two-course sequence that includes the following courses: <i>Public Health Informatics, Leadership and Strategy Capstone (APHI 580)</i> and <i>Advanced Data Science and Decision Support Capstone (APHI 581)</i>. The purpose of this course sequence is to provide students with an opportunity to integrate knowledge learned from the course prerequisites and apply it in practical ways to real world situations. In the first course, emphasis is placed on the use of emerging technologies to provide new informatics capabilities to public health organizations. Students describe the drivers for and approaches to integration of data within an agency, interoperability across internal information systems within an agency, and interoperability with systems outside of the agency. Students critique strategic policies that influence public health informatics and how to assess the impact of these policies on informatics priorities within organizations. In the second course, emphasis is placed on translation and fusion of heterogeneous data for addressing public health issues. Students further develop the skills to identify, transform, and derive data platforms and data interpretations to execute short- and long-term data strategies.</p>

**Template D7-1: Executive MPH Program - Prevention Science (EMPH-PRS)**

<b>Integrative Learning Experience for the EMPH-PRS (MPH)</b>	
<b>Integrative learning experience (list all options)</b>	<b>How competencies are synthesized</b>
Thesis (option for MPH students)	<p>PRS 599R: To complete the thesis option, students can select between a research or project-based thesis. A research thesis may include an original research study (quantitative or qualitative), secondary data analysis, or meta-analysis. A project-based thesis may be fulfilled by completing a program evaluation, needs assessment, grant proposal, or systematic review of a public health issue. Across all thesis options, students integrate and apply methodological skills in a content area of their choice.</p>

Capstone (option for MPH students)	<p>PRS 561D and 562D: Students in the Prevention Science track choosing the Capstone option take a two-course sequence that includes the following courses: <i>Public Health Advocacy Capstone (PRS 561)</i> and <i>Program Planning (PRS 562)</i>. In the first course, students engage in systems of law and policy development and implementation that influence health and public in the United States and globally. Students advocate for and lead the transformation of laws and policies to meet the health challenges of the 21st century. Students develop a portfolio of advocacy briefs, presentations, and papers as part of this capstone experience. The second course is intended to integrate student's previous coursework with a focus on developing a community intervention or program. Students develop a portfolio of documents that summarizes their program planning strategies.</p>
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**2) Briefly summarize the process, expectations and assessment for each integrative learning experience.**

*Process, Expectations and Assessment for Thesis Projects:*

Students selecting the thesis option are expected to conduct an applied research project utilizing either primary or secondary data collection methods. Often these are conducted in conjunction with faculty research projects, agencies, and organizations in the domestic or international public health community. A faculty member from the student's concentration area advises the thesis, often with input from a committee that may include other faculty or non-faculty from the community (e.g. collaborating organizations, field sites). The final product is assessed by the thesis chair and committee members for originality, comprehensiveness, accuracy, relevance, and contribution to the field of public health. Students are also required to prepare an oral or poster presentation of their final thesis/special project. Presentations are typically open to fellow students, faculty, and staff.

There are some variations in the thesis requirements across concentrations. First, concentrations allow different types of research projects requiring different methodologies to fulfill this requirement including quantitative research, qualitative research, mixed methods research, evaluation research, systematic literature reviews, and grant writing proposals. In one department (Global Health), students also have the option to complete a special studies thesis that is developed in response to a particular need or request from an organization or agency. It results in a deliverable, a product that is specific to the sponsoring organization and is the result of a rigorous approach to problem-solving, policy development, and implementation or an innovative project that advances the practice of global health in new and creative directions. The primary purpose of this type of thesis project is to produce significant products that drive the practice of global health.

*Process, Expectations and Assessment for Capstone Projects:*

Students selecting the capstone option enroll in one course or a two-course sequence intended to integrate knowledge and competencies reflecting their specific concentration. MPH/MSPH foundational and concentration competencies are listed on the course syllabus and must be demonstrated by all students through the completion of a written integrative product. Such products may reflect programs developed for the promotion of health, analyses of policies, designs of applied research, or analyses of datasets, among other options. The final product is assessed by the course faculty for comprehensiveness, accuracy, relevance and contribution to the field of public health in general and/or to a specific community partner in particular. Students are also required to prepare an oral or poster presentation of their final product. Presentations are typically open to fellow students, faculty, and staff.

All concentrations track competencies associated with both types of ILE options and involve faculty who assess the final student products and presentations. Some concentrations specify CEPH foundational and concentration competencies that ILEs must integrate. Other concentrations allow students to select a combination of CEPH foundational and concentration competencies unique to their ILE project. In both cases, a faculty member (thesis advisor or capstone course instructor) has ultimate oversight and makes the final determination with respect to competency integration and attainment based on both the final written product as well as the oral/poster presentation.

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

Detailed processes, expectations, and assessments for ILE requirements are outlined in departmental handbooks distributed to students in each concentration. These documents are provided in ERF D7-3.

**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.**

ILE syllabi outline the evaluation guidelines implemented by each concentration in evaluating students' attainment of selected competencies. These documents are provided for review in ERF D7-4.

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

The school's Education Committee revised and approved final thesis guidelines to align with the CEPH 2016 criteria in December 2018. Thus, implementation of thesis guidelines that specifically outline a combination of foundational competencies and concentration competencies, as required by CEPH, began with students who registered for the thesis option at the end of the Spring 2019 semester. At this time, none of these students have completed their thesis projects; therefore, we are not able to include completed, graded samples of theses.

Capstone courses have also undergone revisions to align with CEPH 2016 criteria. Most of the course syllabi were reviewed and approved by the Education Committee during the Fall 2018 semester (prior to December 2018) with courses taught in Spring 2019. We provide 10% of capstone projects for all concentrations that taught a capstone course in Spring 2019. Capstone courses for Epidemiology concentrations will be taught for the first time in the Spring 2021, therefore, no samples are available for this concentration. Sample capstone projects are provided in ERF D7-5.

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

*Strengths:*

- The thesis vs. capstone option gives students the opportunity to pursue an ILE that aligns best with their professional and educational goals.
- All students produce an individual ILE, which allows them to demonstrate synthesis of foundational and concentration competencies.
- Regardless of which option they choose, students receive individualized attention, direction, and oversight from a faculty member in the process of producing their ILE projects.

*Weaknesses and Plans for Improvement:*

- None noted

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**D8. DrPH Integrative Learning Experience**

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Not Applicable

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**D9. Public Health Bachelor's Degree General Curriculum**

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Not Applicable

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**D10. Public Health Bachelor's Degree Foundational Domains**

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Not Applicable

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**D11. Public Health Bachelor's Degree Foundational Competencies**

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Not Applicable

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

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Not Applicable

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

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Not Applicable

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## D14. MPH Program Length

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

Schools use university definitions for credit hours.

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

The RSPH requires a minimum of 42 semester hours for the MPH degree and a minimum of 48 semester hours for the MSPH. Students in dual degree programs complete 42 hours but may count up to 10 hours in their non-MPH program relevant to public health as elective hours towards the MPH degree.

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

Emory University and its accrediting agency, the Southern Association of Colleges and Schools (SACS) adopts the “Carnegie Unit” definition of a semester hour. One credit is associated with one contact hour per week during the semester as required by Emory University Policy 10.5 (<https://emory.ellucid.com/documents/view/17615>). Students are expected to prepare for each class with a minimum of two hours per one hour of contact. Hence, a student enrolled in 12 semester hours is expected to have 12 contact hours per week with 24 hours of preparation for those classes.

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**D15. DrPH Program Length**

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Not Applicable

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**D16. Bachelor's Degree Program Length**

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Not Applicable

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**D17. Academic Public Health Master's Degrees**

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Not Applicable\*

\*The school does not offer academic master's degrees. However, LGS, which oversees all PhD programs, authorizes the awarding of a master of science degree for students enrolled in its doctoral programs who complete 30 hours of credit but fail to complete doctoral degree requirements (e.g., passing a comprehensive exam). These students must meet all program degree requirements as described on the LGS website: <http://gs.emory.edu/academics/policies-progress/terminal-masters.html>

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## D18. Academic Public Health Doctoral Degrees

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These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.

These students complete doctoral-level, advanced coursework and other experiences that distinguish the program of study from a master's degree in the same field.

The school defines appropriate policies for advancement to candidacy, within the context of the institution.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

The school validates academic doctoral students' foundational public health knowledge through appropriate methods.

- 1) List the curricular requirements for each non-DrPH doctoral degree in the unit of accreditation, EXCLUDING requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master's, students or b) would not typically be associated with completion of a master's degree in the same area of study.

The school may present accompanying narrative to provide context and information that aids reviewers' understanding of the ways in which doctoral study is distinguished from master's-level study. This narrative is especially important for institutions that do not formally distinguish master's-level courses from doctoral-level courses.

The school will present a separate list for each degree program and concentration as appropriate.

There are six doctoral programs that are offered through LGS, but they are designed, taught, and administered (including admissions decisions) through the RSPH. Five of the six programs reside in a specific department. One program is an interdepartmental program (Nutrition and Health Sciences or NHS). Collectively, the six programs constitute the Public Health Sciences (PHS) cluster of LGS. Students must apply for admission to the doctoral programs as they are not considered to be extensions of the school's MPH or MSPH programs. However, many doctoral students have earned an MPH or comparable master's degree prior to enrollment. Doctoral students may enroll in courses offered to MPH or MSPH students and may take graduate-level courses elsewhere in the University. The six doctoral program websites are listed below:

- Behavioral Sciences and Health Education (BSHE): <https://www.sph.emory.edu/departments/bshe/programs/phd/index.html>
- Biostatistics (BIOS): <https://www.sph.emory.edu/departments/bios/degree-programs/phd/index.html>
- Environmental Health Sciences (EHS): <https://www.sph.emory.edu/departments/eh/degree-programs/phd/index.html>
- Epidemiology (EPI): <https://www.sph.emory.edu/departments/epi/degree-programs/phd/index.html>
- Health Services Research and Health Policy (HSRHP): <https://www.sph.emory.edu/departments/hpm/degree-programs/phd/index.html>
- Nutrition and Health Sciences (NHS): <http://nutrition.emory.edu/>

The PHS doctoral programs have fundamental differences that set them apart from the MPH/MSPH programs. Unlike the MPH/MSPH programs, the six doctoral programs are focused on training scholars in discovery. Doctoral students learn advanced research methods in order to prepare them to become independent scholars after completion of the degree. Each program is centered around developing research skills and preparing students to translate their research into practice. To that end, the doctoral programs have doctoral-level courses that focus on developing advanced research skills (note that courses at the 500 level denote master's courses and those at the 700 level denote doctoral courses). All of the doctoral programs have a set of 700 level required doctoral courses that distinguish training from their MPH/MSPH degrees (where applicable). Additional distinctions between the six doctoral curricula and MPH/MSPH curricular requirements are listed below. These curricular elements are established by LGS, are designed expressly for doctoral students, and are not typically associated with completion of a master's degree in the same area of study.

- a. Completion of at least 54 credit hours at the 500 level or above
- b. Teaching Assistant Training and Teaching Opportunity (TATTO) curriculum, which is designed to prepare students to be competent and confident teachers in a variety of settings, including colleges and universities.
- c. Jones Program in Ethics training
- d. Doctoral examination (i.e., comprehensive or qualifying exam)
- e. A satisfactory grade (pass) in PUBH 700: Public Health Foundations
- f. A satisfactory grade (a grade of B or higher) in PUBH 701: Public Health Research: Discovery to Practice

There are curricular differences in addition to fundamental differences between the MPH/MSPH and doctoral programs. The six doctoral programs require students to meet both curricular requirements for LGS and the individual program. Individual programs may specify additional and more demanding requirements than those prescribed by LGS, as described in Table D18-1 below. For example, all programs have requirements for the successful completion of a specific set of 700 level courses, despite the LGS minimum of courses at the 500 level or above (see the doctoral requirements in column 2 of Table D18-1 below, which describes the curricular elements that are designed expressly for doctoral students). Additionally, a master's degree is encouraged, but not required for five of the six programs. For BSHE, a master's degree is required at the time of application to the doctoral program. All requirements for the degree, including receipt by LGS of the dissertation as approved by the student's program, must be completed within eight years of admission.

Table D18-1: Curricular Requirements for Doctoral Programs

Curricular Requirements for All RSPH Doctoral Programs		
Doctoral Program (Department)	Degree Requirements (credit hours)	
	Elements Designed Expressly for Doctoral Students	Elements Designed for both MPH/MSPH and Doctoral Students
Behavioral Sciences and Health Education (Behavioral Sciences and Health Education)	<p><b>Required Courses:</b></p> <p>*<b>BSHE 710:</b> Research Designs in the Behavioral and Social Sciences (3)</p> <p>*<b>BSHE 712:</b> Grant Writing and Research Ethics (1)</p> <p>*<b>BSHE 714:</b> Proposal Development I (1)</p> <p>*<b>BSHE 715:</b> Proposal Development II (2)</p> <p>*<b>BSHE 721:</b> Applying Theory to Public Health Research and Practice (3)</p> <p><b>BSHE 725:</b> Health Promotion Interventions (3)</p> <p>*<b>BSHE 728:</b> Advanced Statistical Methods in the Behavioral and Social Sciences (3)</p> <p><b>PUBH 700:</b> Public Health Foundations (0) (for students without a Master's degree in Public Health from a CEPH accredited institution)</p> <p><b>PUBH 701:</b> Public Health Research: Discovery to Practice (1)</p>	<p><b>Required Courses:</b></p> <p>*<b>BIOS 500:</b> Statistical Methods I (4)</p> <p>*<b>BIOS 501:</b> Statistical Methods II (4)</p> <p>*<b>EPI 530:</b> Epidemiological Methods I (4)*</p> <p><b>BSHE 538:</b> Qualitative Research Methods (3)</p>
	<p><b>Teaching Assistant Training and Teaching Opportunities (TATTO):</b> The program includes an orientation to effective teaching, a course on teaching techniques in the field, and experience working with students.</p>	
	<p><b>Comprehensive Exam:</b> Taken after completing all required 48 credit hours of coursework, with a B average or greater. The exam evaluates abilities in the application of theory, research methods, and analysis to important public health topics.</p>	
	<p><b>Research Assistantship:</b> Starting in the first semester, all BSHE PhD students participate in unpaid research opportunities, typically with their academic advisor, which require approximately 10-12 hours of work per week.</p>	
	<p><b>Jones Program in Ethics:</b> Provides students with a foundational, cross-disciplinary introduction to the question of ethics for their research, training, and careers.</p>	

<p>Biostatistics (Biostatistics and Bioinformatics)</p>	<p><b>Required Courses:</b>  *<b>BIOS 709:</b> Generalized Linear Models (4)  *<b>BIOS 707:</b> Advanced Linear Models (4)  <b>BIOS 710:</b> Probability Theory II (4)  *<b>BIOS 711:</b> Statistical Inference II (4)  <b>BIOS 745R:</b> Biostatistical Consulting (1)  <b>BIOS 777:</b> How to Teach Biostatistics (1)  <b>BIOS 780R:</b> Advanced PhD Seminar (1)  <b>BIOS 790R:</b> Advanced Seminar in Biostatistics (1)  BIOS Electives (12)  Non-BIOS Electives (6)  <b>PUBH 700:</b> Described above  <b>PUBH 701:</b> Described above</p> <p><b>TATTO:</b> Described above</p> <p><b>Qualifying Exam:</b> The written qualifying examination determines the student's qualifications for advanced study and verifies adequate mastery of concepts in biostatistics.</p> <p><b>English as a Second Language:</b> All students for whom English is not their primary language must participate in mandatory English sessions to assess their written and oral skills.</p> <p><b>Jones Program in Ethics:</b> Described above</p>	<p><b>Required Courses:</b>  *<b>BIOS 506:</b> Biostatistical Methods I (4)  *<b>BIOS 507:</b> Applied Linear Models (4)  *<b>BIOS 508:</b> Introduction to Categorical Data Analysis (2)  <b>BIOS 512:</b> Probability Theory I (4)  *<b>BIOS 511:</b> Statistical Inference I (4)  *<b>BIOS 522:</b> Survival Analysis Methods (2)</p>
<p>Environmental Health Sciences (Environmental Health)</p>	<p><b>Required Courses:</b>  *<b>EHS 790R:</b> Research Design and Management (1)  *<b>EHS 710:</b> Advanced Laboratory and Field Methods in Exposure Science (2)  <b>EH 520:</b> Human Toxicology (3)  <b>EHS 740:</b> Molecular Toxicology (2)  <b>EHS 777R:</b> Problem Based Learning in Environmental Health Sciences (2)  <b>EHS 600R:</b> Research Rotations  <b>EHS 798R:</b> Pre-candidacy Research (Variable Credit)  <b>EHS 799R:</b> Dissertation Research (Variable Credit)  <b>PUBH 700:</b> Described above  <b>PUBH 701:</b> Described above</p> <p><b>TATTO:</b> Described above</p> <p><b>Comprehensive Exam:</b> Upon completion of all required course work the student may sit for the qualifying examination. The Qualifying Examination consists of a written and oral section.</p> <p><b>English as a Second Language:</b> All students for whom English is not their primary language must participate in mandatory English sessions to assess their written and oral skills.</p> <p><b>Research Rotations:</b> Starting with their first semester, all EHS PhD students participate in three research rotations. Each rotation is with a different faculty member and represents one of the three core competency areas: exposure science, biological mechanisms of susceptibility and disease, and population health.</p> <p><b>Jones Program in Ethics:</b> Described above</p>	<p><b>Required Courses:</b>  <b>BIOS 506:</b> Biostatistical Methods I (4)  <b>BIOS 507:</b> Applied Linear Models (4)  Plus one other Biostatistics Course, such as:  <b>BIOS 502:</b> Statistical Methods III (2)  <b>BIOS 505:</b> Statistics for Experimental Biology (4)  <b>BIOS 526:</b> Modern Regression Analysis (3)</p>

<p>Epidemiology (Epidemiology)</p>	<p><b>Required Courses:</b>  <b>*EPI 731:</b> Analytical Foundations of Epidemiology (3)  <b>*EPI 739:</b> Advanced Epidemiologic Methods V (2)  <b>EPI 790R:</b> Doctoral Seminar in Epidemiologic Practice (1)  <b>EPI 798R/799R:</b> Research Hours (&gt;18)  <b>EPI 791:</b> Teaching Epidemiology (1)  <b>PUBH 700:</b> Described above  <b>PUBH 701:</b> Described above</p>	<p><b>Required Courses:</b>  <b>*EPI 530:</b> Epidemiologic Methods I (4)  <b>*EPI 534:</b> Statistical Computing (2)  <b>*EPI 545:</b> Advanced Epidemiologic Methods II (4)  <b>*EPI 550:</b> Epidemiology Methods III (4)  <b>*EPI 560:</b> Advanced Epidemiologic Methods IV (4)  <b>*BIOS 500:</b> Biostatistical Methods I (4)  <b>*BIOS 591P:</b> Biostatistical Methods II (3)  <b>*BIOS 510:</b> Probability Theory (4)  <b>EPI XXX:</b> Electives (6)</p>
	<p><b>Qualifying Exam:</b> The qualifying exam evaluates whether students have mastered the knowledge, skills, and philosophy of a doctorally trained epidemiologist. Students take both a methodological and substantive component.</p>	
	<p><b>TATTO:</b> Described above</p>	
	<p><b>English as a Second Language:</b> All students for whom English is not their primary language must participate in mandatory English sessions to assess their written and oral skills.</p>	
	<p><b>Research Assistantships:</b> All EPI PhD students complete least two, 200-hour research assistantships before entering candidacy</p>	
	<p><b>Primary Data Collection:</b> All EPI PHD students participate in a minimum of 50 hours of data collection.</p>	
	<p><b>Jones Program in Ethics:</b> Described above</p>	
	<p><b>Student Life:</b> Students present during an annual “Research in Progress Day” to fellow students and faculty. Additionally, students are expected to be active members of the program by attending dissertation proposals, defenses, and Departmental Seminars. Students submit an Individual Development Plan annually.</p>	

<p>Health Services Research and Health Policy (Health Policy and Management)</p>	<p><b>Required Courses:</b>  <b>HPM 720:</b> Doctoral Seminar in Health Policy (2)  <b>*HPM 730:</b> Theory Based Research Design (4)  <b>PUBH 700:</b> Described above  <b>PUBH 701:</b> Described above</p> <p><b>Economics Track Students:</b>  <b>HPM 740:</b> Doctoral Seminar in Health Economics (4)</p>	<p><b>Required Courses:</b>  <b>Economics Track Students:</b>  <b>*ECON 526:</b> Quantitative Methods I (3)  <b>ECON 500:</b> Microeconomic Theory I (4)  <b>ECON 501:</b> Microeconomic Theory II (4)  <b>*ECON 520:</b> Probability Theory &amp; Statistical Inference (4)  <b>*ECON 521:</b> Econometric Methods I (4)</p> <p><b>Political Science Track Students:</b>  <b>POLS 500:</b> Political Theory (3)  <b>POLS 540:</b> American National Government (3)  <b>POLS 542:</b> Public Opinion and Voting Behavior (3)  <b>*BIOS 500/501:</b> Statistical Methods I/ Statistical Methods II (4)</p>
	<p><b>TATTO:</b> Described above</p>	
	<p><b>Comprehensive Exam:</b> Upon completion of all required course work the student may sit for the qualifying examination. The Qualifying Examination consists of a written and oral section.</p>	
	<p><b>Jones Program in Ethics:</b> Described above</p>	
<p>Nutrition and Health Sciences (Non- departmental program affiliated with the Public Health Sciences cluster)</p>	<p><b>Required Courses:</b>  <b>NHS 570:</b> Introductory Graduate Seminar (1 year)  <b>NHS 790:</b> Advanced Graduate Seminar (2 years)  <b>NHS:</b> approved electives (12 credits)  <b>PUBH 700:</b> Described above  <b>PUBH 701:</b> Described above</p>	<p><b>Required Courses:</b>  <b>NHS 580/GH548:</b> Human Nutrition 1(6)  <b>NHS 581/GH549:</b> Human Nutrition 2 (6)  <b>*EPI 530:</b> Epidemiology 1 (with lab) (4)  <b>*BIOS 500:</b> Biostatistics 1 (with lab) (4)  <b>*GH 545:</b> Nutritional Assessment (3)  <b>NHS 570:</b> Introductory Graduate Seminar (1 year)</p>
	<p><b>TATTO:</b> Described above</p>	

	<p><b>Comprehensive Exam:</b> Upon completion of all required course work the student may sit for the qualifying examination. The Qualifying Examination consists of a written and oral section. All students are required to take and pass the Masters Equivalency Exam before taking the General Doctoral Exam.</p> <p><b>Research Rotations:</b> Each student is required to complete three research rotations.</p> <p><b>Jones Program in Ethics:</b> Described above</p> <p><b>Nutrition and Health Sciences Seminar:</b> All students in the Program are required to participate in three years of NHS Seminar which involves the preparation of lectures on topics directly related to nutrition. The purpose of the NHS Seminar is to provide students with experience in preparing lectures, conveying scientific principles to an audience, and learning to provide and receive constructive feedback.</p>	
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\*Represents Methods Courses

- 2) Provide a matrix, in the format of Template D18-1, that indicates the required assessment opportunities for each of the defined introductory public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.

**Template D18-1: Foundational Knowledge in Academic Doctoral Degrees in Public Health**

Content Coverage for Academic Doctoral Degrees		
Content	Course number(s) and name(s)	Describe specific assessment opportunity
1. Explain public health history, philosophy and values	<b>PUBH 700:</b> Introduction to Public Health	Discussion post #1
2. Identify the core functions of public health and the 10 Essential Services	<b>PUBH 700:</b> Introduction to Public Health	Discussion post #2
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	<b>PUBH 700:</b> Introduction to Public Health	Discussion post #3
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	<b>PUBH 700:</b> Introduction to Public Health	Discussion post #4
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	<b>PUBH 700:</b> Introduction to Public Health	Discussion post #5 Individual Prevention Paper
6. Explain the critical importance of evidence in advancing public health knowledge	<b>PUBH 700:</b> Introduction to Public Health	Discussion post #6 Individual Prevention Paper
7. Explain effects of environmental factors on a population's health	<b>PUBH 700:</b> Introduction to Public Health	Discussion post #7 Individual Prevention Paper

8. Explain biological and genetic factors that affect a population's health	<b>PUBH 700:</b> Introduction to Public Health	Discussion post #8 Individual Prevention Paper
9. Explain behavioral and psychological factors that affect a population's health	<b>PUBH 700:</b> Introduction to Public Health	Discussion post #9 Individual Prevention Paper
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	<b>PUBH 700:</b> Introduction to Public Health	Discussion post #10 Individual Prevention Paper
11. Explain how globalization affects global burdens of disease	<b>PUBH 700:</b> Introduction to Public Health	Discussion post #11 Individual Prevention Paper
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	<b>PUBH 700:</b> Introduction to Public Health	Discussion post #12 Individual Prevention Paper

The school validates academic public health doctoral students' foundational public health knowledge through the following methods:

1. We review the students' applications to verify their previous completion of a CEPH-accredited degree (master's). Those students for whom this verification cannot be established are required to take the course described below. For all others, this course is optional.
2. We offer a newly developed course (PUBH 700) that incorporates the 12 public health foundational learning objectives.

The public health foundational learning objectives provide an opportunity for RSPH to enhance the existing curriculum for doctoral students. A new course, PUBH 700: Public Health Foundations, was approved by LGS on December 14, 2018. It is designed to give doctoral students without public health master's-level training with a broad introduction to public health at a level that is appropriately complex given their existing training. This hybrid course will first be implemented in fall 2019 for this entering cohort of doctoral students.

The dean's office worked closely with the DGSs, PAs, and LGS to create a course that would address the learning objectives listed in this criterion while also ensuring that instruction and assessment were equivalent in depth to that which would typically be associated with a three-semester-credit class, although this is a non-credit bearing course. It was developed as a hybrid course to honor the need to deliver the content early on in the student's educational experience, as it would be foundational to other areas of study. Thus, this hybrid course was developed to be delivered partly online during the summer prior to matriculation and partly face-to-face in the fall of the first semester. Students would actually register for the course in the fall semester of their first year. LGS has used this model (of delivering content prior to the start of the semester that the students actually register for the course) with great success to deliver certain components of its TATTO and Jones Program in Ethics training. The 12 learning objectives are delivered in three modules (see the syllabus in ERF D18-9 Doctoral Program Syllabi), all of which are highly interactive. With this course being offered for the first time during the fall of 2019, we will rely heavily on the student course evaluations to refine the course for delivery in the next academic year.

- 3) **Provide a matrix, in the format of Template D18-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration. Note: these competencies are defined by the school and are distinct from the introductory public health learning objectives defined in this criterion.**

**Template D18-2: Behavioral Sciences and Health Education (BSHE)**

<b>Assessment of Competencies for Doctoral Degree in BSHE</b>	
<b>Competency</b>	<b>Describe specific assessment opportunity</b>
1. Design theoretically-informed interventions that operate at multiple levels to prevent disease, reduce health risks, or improve quality of life.	<p><b>BSHE 721: Applying Theory to Public Health Research and Practice:</b> Use Theory to Develop a Conceptual Model for Community Change: Students write a paper that describes how theory could be used to develop a conceptual model of change for the Mississippi Delta Health Collaborative, and they include a figure of the model. Students discuss what theories informed their model, concepts they included in the model and why, definitions of the concepts, and existing empirical support for causal pathways in the model (or lack thereof). Students describe how theory would be advanced by using their model to guide an evaluation of the Mississippi Delta Health Collaborative.</p>
	<p><b>BSHE 725: Health Promotion Interventions:</b> Intervention Research Proposal: Students develop an intervention research grant proposal for a public health problem of his/her choosing assuming a 4 to 5-year timeframe, with substantive funding (up to 400k per year). The two major sections of this grant proposal include: 1) specific aims/research questions and 2) research strategy following a National Institute of Health's framework for grant applications. The research strategy section includes the following subsections: a) significance, b) innovation, and c) research strategy. The research strategy subsection includes the research design, intervention design and theoretical or conceptual model, data collection procedures, measures, data analyses, and timeline. The final assignment is a full grant proposal to develop, implement and test an intervention.</p>
2. Develop original research questions and describe research designs and advanced statistical analysis plans to address those research questions.	<p><b>BSHE 710: Research Designs in the Behavioral and Social Sciences:</b> Research Design Reader's Guide/Mini Proposal: in the Behavioral and Social Sciences: Students are expected to prepare a conceptual overview of a given research design by writing a reader's guide that she/he will ultimately share with classmates. The guide includes the Research Design Description and Resources section where students (a) describe the research design, (b) explain important concepts that are relevant to this design, and (c) locate a selection of important resources on the design with electronic links to the resources. Additionally, students complete the Application and Analysis of the Research Design to a Research Topic section where they (a) define a research question and study hypothesis, (b) briefly describe what gaps in the literature they will address, (c) illustrate the use of a research design and specific design elements to their research question, and (d) scrutinize the strengths and weaknesses of the design and design elements as applied to their research question and causal interpretation.</p>

	<p><b>BSHE 728: Advanced Statistical Methods in the Behavioral and Social Sciences:</b> Paper/Presentation and Statistical Analysis and Interpretation: Students plan one research study proposal. This assignment involves developing a theory-driven research question on a topic of interest and proposing an appropriate research design as well as analysis plan. Students present their proposal to the class to elicit feedback from their peers and the instructor. The final paper includes all relevant sections (Introduction, Method, Data analysis plan). Additionally, students conduct a theory-driven statistical analysis of a dataset and interpret the results. Students must conduct an analysis relevant to one of the topics covered in the course and provide a written summary of the data analysis/results commensurate with that expected in a typical public health focused journal.</p>
<p>3. Conduct original, theoretically-informed research directly related to the social sciences, behavioral sciences and/or health education in the context of public health.</p>	<p><b>BSHE 799R: Dissertation Research:</b> Students complete a dissertation that must make an actual contribution to existing knowledge or be a fresh and significant critical interpretation of existing knowledge. The dissertation must demonstrate mastery of social and/or behavioral research methods and the capacity for independent and creative thought. The dissertation research must be directly related to the social sciences and/or behavioral sciences and/or health education in the context of public health and be likely to be published in peer reviewed journals. Dissertation research involves the following elements: a) theory-informed conceptual model, b) hypothesis formation, c) rigorous study design, d) qualitative and/or quantitative analysis, e) interpretation, and f) communication/dissemination. (see description in PhD Student Handbook)</p>
<p>4. Develop the skills needed to teach students about public health content.</p>	<p><b>BSHE 716: Teaching in Public Health:</b> Students prepare a written lesson plan for a class session in a Master of Public Health course. The plan must include the following: a) class and topic, b) course description narrative, c) description of target learners, d) pre-class preparation, e) learning objectives for the lesson, f) list of instructional materials, g) description of teaching strategies, h) description of evaluation, and (i) homework assignment as relevant. Additionally, students prepare a 25-minute teaching lesson on the discipline-related topic of their choice for presentation to the seminar attendees. The presentation must include: a) delivery of the lesson b) opportunity for active learning and interaction between teacher and students, and c) evaluation of student learning.</p>

	<p><b>TATT 605: Teaching Assistantship and TATT 610: Teaching Associateship:</b> The Teaching Assistantship is a controlled, carefully monitored initial teaching experience where students collaborate with a teaching faculty. Students may assist in preparing materials for the course and may deliver one of two lectures. The faculty member assesses the student's teaching performance. The Teaching Associateship involves greater responsibilities by engaging in more frequent co-teaching with the faculty member. The co-teaching involves the graduate student cooperating in all aspects of a course from syllabus design to final grading. The faculty member assesses the student's teaching and classroom management performance. (see description in PhD Student Handbook)</p>
5. Apply principles of ethical conduct to public health research.	<p><b>BSHE 715: Proposal Development II:</b> Students write an NIH grant proposal where they are required to apply issues related to ethics and research with a focus on current issues in the ethical conduct of human subjects' research. They apply these ethical principles to developing a scientific protocol that meets standards for funding.</p>
	<p><b>BSHE 728: Advanced Statistical Methods in the Behavioral and Social Sciences:</b> Written Critique: Students provide a written critique of a journal article. Guidelines for the critique follow those for public health reporting (i.e., CONSORT, TREND). The review must include an assessment of ethical concerns in the article as outlined in the readings and classroom discussions.</p>

**Template D18-2: Biostatistics (BIOS)**

<b>Assessment of Competencies for Doctoral Degrees in BIOS</b>	
<b>Competency</b>	<b>Describe specific assessment opportunity</b>
1. Conduct independent research in the application of biostatistics.	<p><b>Methods Qualifying Exam:</b> The students' achievement of this competency is gauged by evaluating their ability to apply biostatistics by their performance in a week-long Methods exam covering all elements of the required Methods course sequence (BIOS 506 Biostatistical Methods, BIOS 507 Applied Linear Models, BIOS 508 Categorical Data Analysis, BIOS 522 Survival Analysis, and BIOS 709 Generalized Linear Models). Students are given data sets from clinical and public health studies and are required to conduct independent complex statistical analysis to address a series of scientific research questions related to these studies. (see description in PhD Student Handbook)</p>

<p>2. Develop and assess new statistical theory as needed.</p>	<p><b>BIOS 799R: Dissertation Research:</b> Students learn statistical theory through required theory coursework: (BIOS 510: Statistical Theory I, BIOS 512: Probability I, BIOS 710: Probability II, and BIOS 711: Statistical Theory II), and are assessed in the theory qualifying exams (one after BIOS 511/512, the other after BIOS 710/711). Students' achievements in the development and assessment of new statistical theory are gauged primarily by their dissertation research. Each PhD student has to conduct an independent, original research project in which students identify the need for new statistical theory, develop novel theory, and assess the performance of their theory. The student summarizes all of these elements within a written dissertation. The student presents his/her dissertation proposal orally in order to obtain the approval of the dissertation committee to conduct the research. When the dissertation is complete, the student must defend it at a public presentation. (see description in PhD Student Handbook)</p>
<p>Develop and assess new statistical methods to address a broad range of complex biomedical or public health problems.</p>	<p><b>BIOS 799R: Dissertation Research:</b> The doctoral dissertation remains the primary means by which this competency is met and assessed. Each dissertation requires the student to develop novel statistical methods and assess their performance in light of biomedical or public health data. The performance of the student is assessed by her/his dissertation committee consisting of 3-4 committee members, one of whom has a primary appointment outside of the Biostatistics program. Having dissertations appear in well-recognized peer-reviewed journals is an indicator of the high quality of research conducted by students. (see description in PhD Student Handbook)</p>
<p>Conduct complex statistical analyses for a broad range of applications.</p>	<p><b>Methods Qualifying Exam:</b> The methods qualifying exam and course projects in BIOS 506/507/508/522/709 provide the means by which this objective is met and assessed. The written documents resulting from these projects represent a substantial piece of work, where each project involves complex statistical analyses involving different methods to address research questions in a broad range of applications. (see description in PhD Student Handbook)</p>
<p>Teach statistical theory or methodology at multiple levels.</p>	<p><b>BIOS 777: How to Teach Biostatistics:</b> Students receive didactic instruction in teaching methods for biostatistical methods at multiple levels (BS, MS/MPH, PhD) and for multiple types of students (majors/non-majors). Students gain practical experience in teaching statistical theory or methodology through observed microteaching of key biostatistical concepts to a specific level of student as well as through syllabus development.</p>

## Template D18-2: Environmental Health Sciences (EHS)

Assessment of Competencies for Doctoral Degree in EHS	
Competency	Describe specific assessment opportunity
1. Apply advanced methods for assessing human exposures to environmental agents.	<b>EHS 710: Advanced Laboratory and Fields Methods in Exposure Science:</b> Field Project and Presentation: Students work in groups to design and implement a multi-week environmental exposure assessment using methods covered in class. Projects entail application of advanced exposure science methods, including collection of field data (e.g., on chemical, biological, or physical environmental agents) and laboratory analysis of samples. Students use resulting data to produce a journal manuscript-style write-up of the work and present it in an open group setting for comment and criticism.
2. Explain the actions of environmental exposures on human health via cellular and molecular processes, including risk factors that can modify these actions.	<b>EHS 740: Molecular Toxicology:</b> Literature review assignments: Students critically read primary environmental toxicology literature and explain the cellular and molecular processes involved in mediating human disease. For example, students will read a paper that describes the effects of toxicant exposure on disruption of intracellular calcium handling and mitochondrial dysfunction, and how alteration to these processes can lead to generation of reactive oxygen species and cellular apoptosis. Students must explain how the toxicant alters these cellular functions on a molecular level. Additionally, students explain how the apoptotic response is changed if a person has a genetic risk factor that would make them more or less vulnerable to changes in calcium handling, mitochondrial function, or reactive oxygen species production.
3. Apply epidemiologic and risk assessment methods to describe the risks associated with exposure to environmental agents.	<b>EHS Qualifying Exam:</b> The qualifying examination in EHS consists of a written dissertation proposal, a written take-home exam, and an oral defense. The examination is administered by a Qualifying Exam Committee. As part of the written exam, students demonstrate competency in their ability to integrate information across EHS core areas, including the area of population health that encompasses application of epidemiologic and risk assessment methods to describe the risks associated with exposure to environmental agents. (see description in EHS PhD Student Handbook)

<p>4. Conduct a novel research project that addresses key challenges in environmental health sciences.</p>	<p><b>EHS 799R: Dissertation Research:</b> Students complete a dissertation that must make an actual contribution to existing knowledge or be a fresh and significant critical interpretation of existing knowledge. The dissertation must demonstrate mastery of research methods and the capacity for independent and creative thought used in environmental sciences. The dissertation research must be likely to be published in peer-reviewed journals. The dissertation research involves elements of: hypothesis formation, study design, data acquisition specific to the stated hypothesis, quantitative and/or qualitative data analysis, interpretation, and communication/dissemination. (see description in PhD Student Handbook)</p>
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**Template D18-2: Epidemiology (EPI)**

<p align="center"><b>Assessment of Competencies for Doctoral Degree EPI</b></p>	
<p align="center"><b>Competency</b></p>	<p align="center"><b>Describe specific assessment opportunity</b></p>
<p>1. Evaluate epidemiologic research.</p>	<p><b>Qualifying Exam:</b> Students demonstrate competency in evaluating epidemiologic research through passing their qualifying exams. Several components of the qualifying exam require students to synthesize their epidemiologic knowledge and apply it to the evaluation of the strengths and limitations of epidemiologic research. Specifically, one component of the methods exam provides a description of a hypothetical epidemiologic study based on an actual study in the epidemiologic literature (e.g., a study of statin use and having a second diagnosis of breast cancer). Students are then asked a series of questions addressing the strengths and limitations of the study with respect to causal inference (e.g., they are provided information that suggests that differential misclassification of the outcome is possible and they are required to identify this potential bias, represent it graphically, and interpret the implications of the bias if present). Students are presented with alternative hypothetical scenarios addressing the same or a similar research question and are asked to compare the strengths and limitations across scenarios (e.g., recognize that differential misclassification of the outcome in the context of the effect of antibiotics on second breast cancer would have a different effect on the results than for the study of statins). (see description in PhD Student Handbook)</p>

<p>2. Formulate an epidemiologic research question that addresses a gap in the literature.</p>	<p><b>Concept Letter:</b> Students demonstrate competency in formulating an epidemiologic research question that addresses a gap in the literature through having their Concept Letter reviewed and approved by the PhD Program Committee. To complete their Concept Letter, students review the literature in their chosen area of interest in order to identify a critical gap in the literature. They then work with their dissertation chair to formulate an overarching research question that will address this gap through 2-4 specific aims. Students write their Concept Letter in which they describe the importance of their overarching research question, specify their specific aims, and briefly describe their proposed approach to addressing these research questions. All students receive feedback on their Concept Letters from the PhD Program Committee and in cases with substantial feedback, students are required to resubmit their Concept Letters addressing the Committee's feedback. (see description in PhD Student Handbook)</p>
<p>3. Develop an epidemiologic research study addressing a gap in the literature.</p>	<p><b>Written Dissertation Proposal and Oral Defense:</b> Students demonstrate competency in developing an epidemiologic research study addressing a gap in the literature by writing a dissertation proposal and publicly defending their proposal. Successful completion of this two-part milestone is determined by their Dissertation Committee. The written dissertation proposal must include a critical review of the relevant literature; a discussion of how the dissertation will make a significant contribution to the field; the specific aims of the dissertation; and a methods section, including the study design, study population, and proposed analytic methods for all components of the research. The Oral Dissertation Proposal Defense includes a public presentation of the proposed research (40-45 minutes) and a question and answer period (15-20 minutes) that is open to the public. This is followed by a closed-door examination by the Dissertation Committee. The examination may address any methodologic or substantive material deemed appropriate by the Dissertation Committee. For example, committee members may ask questions about the proposed approach to the research, questions about alternative approaches, contextual or substantive questions about the research, or questions about epidemiologic concepts. (see description in PhD Student Handbook)</p>

<p>4. Conduct independent research using epidemiologic methods.</p>	<p><b>Dissertation Research:</b> Students demonstrate competency in conducting independent research using epidemiologic methods through their dissertation research. Success in achieving this competency is determined by the Dissertation Committee, which approves the dissertation document and the oral dissertation defense. The dissertation must demonstrate mastery of epidemiologic research methods applied to a research question and the capability for independent and creative thought and research. As indicated in the LGS catalog, "the dissertation must make an actual contribution to existing knowledge or be a fresh and significant critical interpretation of existing knowledge." Dissertation research in the Epidemiology program may address a substantive research question or a methodological question. Dissertation research in epidemiologic methods must significantly advance epidemiologic techniques, methods, or theory. Such dissertations should be informed by or applied to a substantive epidemiologic research question. The written dissertation describes the research conducted and the epidemiologic methods used, and the oral dissertation defense summarizes the research conducted, including the epidemiologic methods used. (see description in PhD Student Handbook)</p>
<p>5. Communicate the results of epidemiologic research to a scientific audience.</p>	<p><b>Dissertation Document and Dissertation Defense:</b> Students demonstrate competency in communicating the results of epidemiologic research to a scientific audience through their dissertation document and dissertation defense. Success in achieving this competency is determined by the Dissertation Committee, which approves the dissertation document and the oral defense. The dissertation is expected to result in at least three manuscripts publishable in peer-reviewed journals. The dissertation document includes the following components: 1) the first chapter consists of an introduction to the problem including a critical review of the literature with a justification and rationale for the research; 2) the middle chapters present the dissertation work, including the results of the dissertation research, in the format of three or more publishable papers; and 3) the concluding chapter includes a discussion of the strengths, limitations, and overarching conclusions of the research. Analyses not included in the manuscript chapters may optionally be included in an appendix. The dissertation defense includes an oral presentation (40-45 minutes) with a question and answer period (15-20 minutes), which is open to the public. The oral defense summarizes the research conducted, including reporting the results of the study. The public presentation is followed by a closed-door session with the Dissertation Committee during which the Committee may raise questions or concerns about the dissertation work. (see description in PhD Student Handbook)</p>

**Template D18-2: Health Services Research and Health Policy (HSRHP)**

<b>Assessment of Competencies for Doctoral Degree in HSRHP</b>	
<b>Competency</b>	<b>Describe specific assessment opportunity</b>
1. Describe major problems in health services and policy that are currently the subject of empirical investigations.	<b>HPM 720: Doctoral Seminar in Health Policy:</b> Students write a 'perspectives' piece on a contemporary health services research topic describing key problems such as challenges in the financing of health care, in a format and depth akin to the New England Journal of Medicine, Journal of the American Medical Association, Health Affairs, or Health Services Research.
	<b>HPM 720: Doctoral Seminar in Health Policy</b> (Economics and Political Science students): Students design a theory-driven health services and policy research question, including the development of a logic model that frames and analyzes a contemporaneous health policy or health services research challenge.
	<b>HPM 730: Theory Based Research Design Seminar II</b> (Economics and Political Science students): Students design a theory-driven health services and policy research question, including the development of a conceptual model that frames a focal relationship. Students must also consider confounders, mediators, moderators and their theoretical relationship with the constructs in the focal relationship.
	<b>HPM 740: Doctoral Seminar in Health Economics</b> (Economics track students): Students apply economics methods to analyze published research in health economics that are germane to health services research.
2. Apply economic or political science concepts, theories and methods to the framing and analysis of research questions in health services and policy.	<b>HPM 750: How Health Policymakers Think About Making Policy:</b> Insights from Political Science & Organizational Behavior (Political Science track students): Students apply political science methods to analyze published health policy and health services research.
	<b>HPM 740: Doctoral Seminar in Health Economics:</b> Students apply economics concepts that are germane to health services research topics to a written paper. This competency is assessed in the paper through students' proposed methods applied to their chosen research question.
3. Apply advanced economics or political science methods to relevant research questions in health services and policy.	<b>HPM 750: How Health Policymakers Think About Making Policy:</b> Insights from Political Science & Organizational Behavior: Students apply political science concepts that are germane to health services research topics to a written paper. This competency is assessed in the paper through students' proposed methods applied to their chosen research question.
	<b>HPM 740: Doctoral Seminar in Health Economics:</b> Students apply economics concepts that are germane to health services research topics to a written paper. This competency is assessed in the paper through students' proposed methods applied to their chosen research question.
4. Communicate concepts and methods of health services and health policy research to students, professionals, and other stakeholders.	<b>HPM 720: Doctoral Seminar in Health Policy:</b> Presentation of research is expected in HPM 720. Students write brief policy analysis papers and present contemporaneous research from leading journals.

	<p><b>HPM 730: Theory Based Research Design Seminar:</b> Presentation of research is expected in HPM 730. In this course students work toward a research proposal and present their work multiple times throughout the course in both oral and written form to a variety of audiences including peers and faculty.</p>
<p>5. Conduct a health services or health policy research investigation suitable for peer-reviewed publication as an independent researcher.</p>	<p><b>Dissertation Research:</b> Students demonstrate competency in conducting health services or health policy research suitable for peer-reviewed publication as an independent researcher through their dissertation research. The dissertation must make a contribution to existing knowledge or be a unique and critical interpretation of existing knowledge. The dissertation must demonstrate mastery of health services or health policy research methods and the capacity for independent and creative thought. The dissertation research must be directly related to health services or health policy research in the context of public health and be likely to be published in peer reviewed journals. Dissertation research involves the following elements: a) theory-informed conceptual model, b) hypothesis formation, c) rigorous study design, d) qualitative and/or quantitative analysis, e) interpretation, and f) communication/dissemination. (see description in PhD Student Handbook)</p>
<p>6. Function as an interdisciplinary team collaborator in the design and conducting of a health services or health policy research investigation.</p>	<p><b>HPM 720: Doctoral Seminar in Health Policy:</b> Students serve as peer reviewers where they are required to critically review and provide detailed, structured feedback on the design and proposed conduct of a peer's research proposal. The instructor assesses the quality of feedback provided through a guided review process.</p>

**Template D18-2: Nutrition and Health Sciences (NHS)**

<b>Assessment of Competencies for Doctoral Degree in NHS</b>	
<b>Competency</b>	<b>Describe specific assessment opportunity</b>
<p>1. Apply the fundamentals of nutrition science including methods of nutrition assessment.</p>	<p><b>Qualifying Exam:</b> Students are required to pass a comprehensive closed book exam that is administered at the end of the first year. They answer questions that require them to a) apply fundamentals of nutritional biochemistry, macronutrient metabolism and vitamins and minerals in health and disease, b) critically evaluate study design and methods of nutrition assessment in a selected publication that will be provided, and c) describe the role of nutrition related problems in clinical and public health settings.</p>

<p>2. Evaluate scholarly work, programs and interventions including work completed by peers in nutrition health sciences.</p>	<p><b>NHS 581: Human Nutrition 2:</b> Group Project Activity: Students will form groups of 2-3 and will evaluate a nutrition program. This assignment will include an individual written paper and an oral presentation in which students will be required to describe the magnitude and distribution of nutrition problems being addressed by the nutrition program that they choose for this project, critique the interventions being implemented in the program and their effectiveness in addressing the nutrition problem and make evidence-based recommendations for improving the program effectiveness.</p> <p><b>Dissertation Proposal Defense:</b> Students will submit a written proposal (10-12 pages) for their dissertation research that includes a critical review and evaluation of the literature and describes the scientific rationale, specific aims and hypotheses being tested and methods including details of experimental design and methods for data collection and/or analysis that will be evaluated by the dissertation committee.</p>
<p>3. Conduct independent research using appropriate research design and methods in the field of nutrition.</p>	<p><b>NHS799R: Dissertation Research:</b> Students complete a dissertation that must make an actual contribution to existing knowledge or be a fresh and significant critical interpretation of existing knowledge. The dissertation must demonstrate mastery of research methods used in nutritional sciences and the capacity for independent and creative thought. The dissertation research must be directly related to current questions in the field of nutrition and health sciences and be likely to be published in peer reviewed journals. Dissertation research involves the following elements: (a) theory-informed conceptual model, (b) hypothesis formation, (c) rigorous study design, (d) qualitative and/or quantitative analysis and/or application of laboratory and clinical methods (e) interpretation, and (f) communication/dissemination. Students' independent research must result in at least two manuscripts approved by the dissertation committee for submission for publication in a scientific journal as first author.</p>
<p>4. Communicate current knowledge about key concepts in human nutrition science to students and peers.</p>	<p><b>NHS 790R: Advanced Graduate Seminar:</b> Seminar presentation: Students present and interpret research findings from recent scientific publications and their research rotations to an audience of their peers and graduate faculty in the doctoral program during a 30-45 minute presentation followed by discussion once every semester during the second and third year of their graduate training. The presentation is evaluated by all students and faculty who attend the seminar and complete an evaluation form.</p>
<p>5. Develop the skills needed to teach students about nutritional science and health.</p>	<p><b>TATT 605: Teaching Assistantship:</b> In this course, students learn pedagogical principles needed to perform effectively as teachers. Students prepare and teach at least two lectures in the core nutrition courses that are taken by undergraduate and/or graduate students enrolled in any of the following programs at Emory: Human Nutrition minor in Emory College of Arts and Sciences, MPH-PN concentration in RSPH and the NHS doctoral program). Students' teaching performance is evaluated by the course instructor.</p>

**4) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.**

Each of the six doctoral programs requires multiple research methods courses that students use to foster discovery and translation of public health knowledge within their particular area of study. Table D18-1 has an asterisk that documents the required methods courses for each of the six doctoral programs in the school. For example, the BSHE PhD requires that students take BSHE 728 (Advanced Statistical Methods in the Behavioral Sciences), the BIOS PhD requires that students take BIOS 709 (Generalized Linear Models), and EHS doctoral students must take EHS 710 (Advanced Laboratory and Field Methods in Exposure Science). Please see the relevant handbooks in ERF D18-6 that describe the required methods by doctoral program.

These courses range in credit hours from one to four, with the majority of courses being three or four credit hour courses. All doctoral courses, including those that fall under the category of methods, adhere to the U.S. Department of Education definition of a credit hour. Accordingly, for all of the courses, a credit hour is met by a minimum of one hour of face-to-face instructor contact and two hours outside of classroom student work per week for 15 weeks or an equivalent semester. Students' mastery of competencies in research methods is assessed through a variety of assignments including but not limited to tests, projects, quizzes, papers, and presentations. The standard RSPH grading scale is then used to determine students' overall success in the course.

In addition to coursework, four of the six doctoral programs require students to either fulfill a set amount of research rotation or research assistantship hours. It is expected that through the coursework—taken together with the dissertation, research experience, and comprehensive examinations—students are exposed to a variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge.

**5) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper.**

All doctoral students are also required to complete and defend a dissertation in order to successfully complete their respective program. With the guidance of faculty advisors, students are encouraged to explore potential research topics upon entering the program. Each of the six different doctoral programs have specific approval and submission timelines for students' dissertations. Dissertations must meet specific requirements determined by each program as well as overall LGS requirements. Specifically, the dissertation must make a new contribution to the specific field of study or present a new interpretation of existing knowledge.

A dissertation committee consisting of program and school-wide faculty determines the completion of the dissertation based on an oral presentation from the student. For some programs, external committee members (i.e., individuals outside of Emory) may also serve on the committee as long as the minimum number of faculty is met (i.e., three LGS graduate faculty members). Students who successfully defend their dissertation proposal then advance to candidacy (if they have completed all other degree requirements described above) before proceeding with their dissertation research. Once the research is completed and the dissertation is finalized, students must defend their dissertation. This entails submitting a dissertation announcement in accordance with their specific program's timeline; which is then distributed amongst the school. All oral defenses include a public presentation with a question and answer period followed by closed-door examination by the committee. Generally, the dissertation committee may pass the student unconditionally, request additional revisions before passing the student, or fail the student. In some of the programs but not all, if the student receives a fail, he or she will receive one additional attempt at the oral presentation. All of the policies and procedures relating to production and assessment of the final research project/paper are described in the relevant handbooks, which may be found in the ERF.

- 6) **Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program.**

Links to the six handbooks are below, and they are also available in ERF D18-6:

- BSHE: <https://www.sph.emory.edu/departments/bshe/documents/Final-2019-2020-PhD-Student-Handbook.pdf>  
BIOS: <https://www.sph.emory.edu/departments/bios/documents/BiostatisticsPhDHandbookEnteringFall2017.pdf>  
EHS: <https://www.sph.emory.edu/departments/eh/degree-programs/phd/index.html>  
EPI: [https://www.sph.emory.edu/departments/epi/degree-programs/phd/\\_page-content/19\\_20\\_EPI\\_PhD\\_Handbook.pdf](https://www.sph.emory.edu/departments/epi/degree-programs/phd/_page-content/19_20_EPI_PhD_Handbook.pdf)  
HSRHP: [https://www.sph.emory.edu/departments/hpm/degree-programs/phd/\\_page-content/HSRHP\\_PhDHandbook\\_2019.pdf](https://www.sph.emory.edu/departments/hpm/degree-programs/phd/_page-content/HSRHP_PhDHandbook_2019.pdf)  
NHS: <http://nutrition.emory.edu/documents/NHS%20Handbook%202019-2020.pdf>

- 7) **Include completed, graded samples of deliverables associated with the advanced research project. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.**

Please see ERF D18-7 for 12 full dissertations (approximately 10% of the number produced in the last three years), all completed from 2016 to present.

- 8) **Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course.**

All programs within the University that provide academic credit must adhere to the policy based on the U.S. Department of Education's definition of credit hours. A credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency of a determined amount of classroom and non-classroom time. The time established per credit is set as not less than one hour of classroom or direct faculty instruction and a minimum of two hours out of class student work each week for approximately 15 weeks for one semester or trimester hour of credit. The expectation of direct classroom contact and student effort outside the classroom is the same in all formats of the course including but not limited to traditional lecture classes, seminars, fully online classes, or a combination of face-to-face contact and electronically delivered content.

- 9) **Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus.**

All relevant syllabi are in the ERF D18-9 folder.

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

*Strengths:*

- The six doctoral programs in the school have been highly successful in recruiting and retaining top scholars. They have clear guidelines for degree completion that includes assessment opportunities appropriate to the degree level that allow faculty to assess students' attainment of the introductory public health learning objectives for those students who enter without an MPH or MSPH from a CEPH-accredited school or program.
- LGS works closely with the RSPH to provide strong support both for the administration of the six programs and for students in the program.
- Strong cohorts of students are recruited into the programs each year, resulting in top-quality dissertations that make original contributions to their respective fields.

- Effective fall 2019, Emory University increased the base doctoral student stipend to \$31,000 in order to enhance the ability to attract the brightest and most talented scholars to the University.

*Weaknesses and Plans for Improvement:*

- The doctoral programs have been sensitive to the need to ensure that the doctoral curriculum is distinct from the MPH/MSPH curriculum. This is a challenge as some advanced research methods courses are appropriate both for advanced MPH/MSPH students and doctoral students. Moreover, there is oftentimes an enriched learning environment when both doctoral and MPH/MSPH students engage with each other in courses. Nevertheless, our doctoral programs have struck a good balance between requiring critical 500 level (i.e., master's level) courses as part of the doctoral program curriculum and creating 700 level courses that are largely exclusive to doctoral students.
- Funding for doctoral education also remains a challenge. While the source of funding has been identified for years one and two, students work collaboratively with their advisor to identify a source for the stipends for the out-years of the program. If funding cannot be identified, departments are ultimately responsible for covering student stipends. With the increase in stipends to \$31,000 effective fall 2019, LGS will help offset the increased cost for 18 months, but there will be continued discussions with faculty to educate them on federal guidelines for charging stipends to grants now that it exceeds the NIH/National Research Service Award Level of \$24,816.

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**D19. All Remaining Degrees**

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Not Applicable

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## D20. Distance Education

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The university provides needed support for the program, including administrative, communication, information technology and student services.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

- 1) **Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro-1 may be referenced for this purpose. (self-study document)**

The RSPH offers the distance education-based Executive MPH (EMPH) degree program for working professionals with a minimum of three years of full-time professional experience. The EMPH program offers concentrations (“tracks”) in: (1) Applied Epidemiology, (2) Applied Public Health Informatics, and (3) Prevention Science. The program also offers two stand-alone certificates in (1) Public Health Informatics for Leadership and (2) Quantitative Methods in Public Health.

- 2) **Describe the public health distance education programs, including**

- a) **an explanation of the model or methods used: program overview:**

*Program Structure:*

The EMPH program uses a web-based learning management system (Canvas) to provide effective, engaging, and easily accessible graduate courses to further the education and skills of individuals in the public health workforce. The structure of the EMPH program uses a hybrid design (including both in-person and online instruction) and students must complete 42 credit hours. Each semester-length course begins and ends on campus over a three-day session from Friday morning through Sunday afternoon. The remaining coursework occurs during the 11- or 12-week distance-based sessions using the Canvas learning management system.

All courses are either two or three credit hours each. For a two-credit course, the web-based technologies are anchored by six hours of on-campus classroom instruction at both the beginning and end of each semester for a total of 12 face-to-face contact hours per semester. Three credit courses have additional components (e.g., in-person lab sessions, additional lectures and/or discussion board interactions, synchronous sessions) to ensure that the appropriate number of contact hours are achieved. Students pay for their own travel to Emory and accommodations for the on-campus sessions. The EMPH program’s strategy is achieved through courses that are highly interactive, based on sound educational principles and theories, the use of standardized comprehensive evaluations, and collaborative efforts among faculty from academia and practice settings.

The hybrid approach used by the EMPH program is the method of choice because it provides the convenience and interactivity of online learning with the engagement of face-to-face instruction.

*Curriculum and Competencies:*

The EMPH curriculum requires students to take the six required core courses that all RSPH students take and track courses in one of three areas: 1) Applied Epidemiology, 2) Applied Public Health Informatics, or 3) Prevention Science. In addition, all EMPH students take courses in public health informatics and public health surveillance. Students complete a two-credit applied practical experience (i.e., practicum) under the guidance of a site supervisor and the program’s applied practice experience (APE) advisor. Students complete a four-credit integrative learning experience, the format of which varies depending on their track. Applied Epidemiology students, under the guidance of a faculty member, complete a thesis;

Applied Public Health Informatics students take two two-credit capstone courses; and Prevention Science students select either a thesis or two capstone courses. A student taking a full load of courses can complete the degree in two years (six semesters). For those who enroll part time, the program is designed to be completed in three years (nine semesters). Similar to the traditional degree programs, all EMPH programs of study and courses are approved by the RSPH Education Committee.

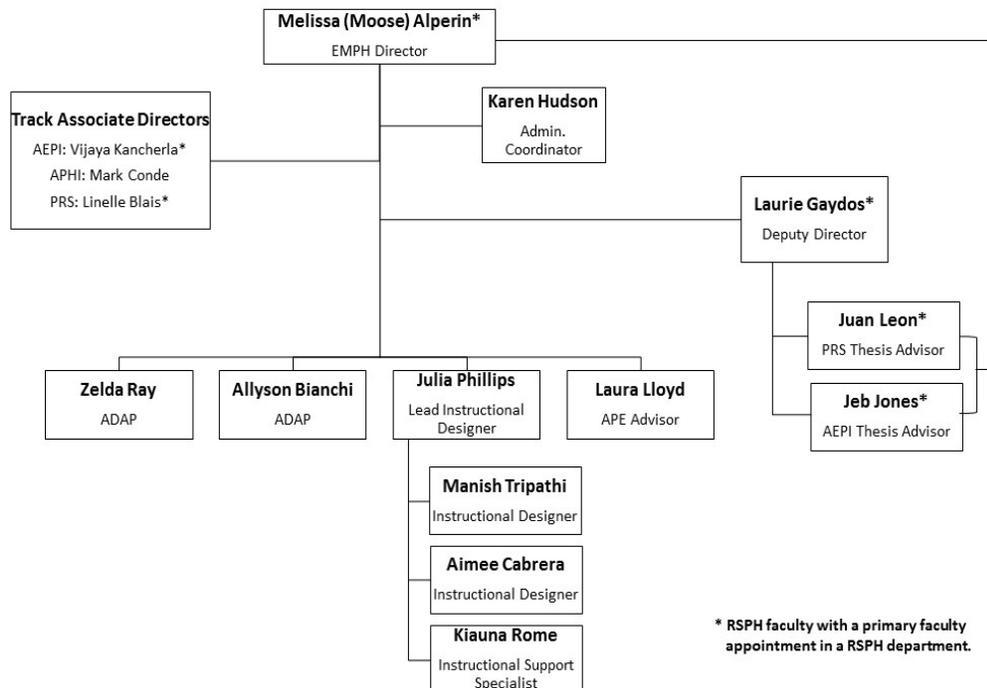
All incoming EMPH students participate in a two-week online orientation course, PRS 500D: Strategies and Resources for Online Learning (zero credits) prior to their first day of class of their first fall. In addition, new EMPH students also participate in a day-long in-person orientation.

EMPH students, like all RSPH students, are required to demonstrate achievement of the MPH foundational public health knowledge and MPH foundational competencies. In addition, each EMPH track (Applied Epidemiology, Applied Public Health Informatics, Prevention Science) has its own identified track (concentration) competencies.

*Staffing and Faculty:*

Oversight for the EMPH program’s development, planning, and evaluation is provided by the director, deputy director, associate directors of each track, and thesis advisors for the Applied Epidemiology and Prevention Science tracks, each of which is a part-time position. Additionally, the program employs two full-time academic advisors (one who focuses on recruitment/admissions and one who focuses on current student advisement), three instructional designers, one instructional support specialist, an APE advisor, and administrative support. Guidance is also provided by the school’s administrative staff. The program organization chart is shown in Figure D20-2.

**Figure D20-2: Executive MPH Program Organizational Chart**



EMPH courses are based in adult learning theory and principles. As such, they are structured to be highly interactive and involve frequent communication between faculty and students and therefore, the selection of faculty is important. As a program for working professionals, the program seeks out faculty who represent both academic public health and public health practice. The current faculty members who teach in the program include core school faculty and a number of others with adjunct or affiliated faculty appointments who work at public health agencies. This approach allows students to learn from individuals

who are leaders in their fields based on their academic preparation and/or extensive experience in the field.

#### *Admission:*

Other than the requirement of a minimum of three years of professional experience, the requirements for acceptance into the EMPH are the same as the traditional program, including satisfactory GPA, a personal narrative, and at least two letters of recommendation. One exception is that GRE scores are not required for applicants to the EMPH program. Faculty have determined that the GRE is not always the best indicator of success in the program or success in the public health practice arena for the EMPH applicant who is a working professional and may have received formal education years earlier. Faculty reviewing these applicants assess the applicant's verbal and quantitative skills through previous coursework, current and previous professional experience, and the written personal narrative.

#### *Tuition, Fees, and Scholarships:*

Tuition for the EMPH program is determined on either a per credit hour or a semester rate basis:

- Per Credit Hour: Students who are enrolled in the three-year (nine semester) program. These individuals are taking less than six credit hours per semester. (\$1,700/credit hour in the 2018-2019 academic year)
- Semester Rate: Students who are enrolled in the two-year (six semester) program. These individuals are taking a minimum of six credit hours per semester. (\$11,300/semester in the 2018-2019 academic year)

Students are assessed the following university fees: athletic fee, activity fee, mental health fee, and transcript fee (as of 2013; first semester only). In addition, the school assesses a one-time administrative fee to each incoming student.

EMPH students, who are enrolled in a minimum of five credit hours, are eligible for federal financial aid. The EMPH program self-funds 6-10 merit scholarships for incoming students each year, ranging from \$6,000 to \$20,000. As other funding is identified, EMPH students have access to additional scholarships specific to EMPH (e.g., Hearst Foundation, Sencer, Seretean).

#### *Program Communications:*

The majority of program communications (e.g., program announcements) are sent to EMPH students through email. The program has a student manual that provides information including a program overview, learning at a distance, computing requirements, course listings and track information, core and program competencies, important dates, academic policies and procedures, and student finances. In addition, the program has created a Student Hub within the Canvas learning management system that houses important program and University information such as:

- Announcements
- EMPH On-campus Dates
- Academic Resources (e.g., Library Resources, Writing Resources)
- Program Information (e.g., EMPH Student Manual, Course Schedules, Syllabi Bank)
- Student Resources (e.g., Semester Booklist, Financial Resources, Student Forms)
- Thesis and Capstone Information
- Practicum Information
- Honor and Conduct Code Information
- Links to Emory Email, OPUS (Online Pathway to University Students), ETD (Emory Theses and Dissertations) Portal, list of EMPH staff, RSPH Desktop, CITI (Collaborative Institutional Training Initiative) Training
- Canvas Resources

**b) the school's rationale for offering the Executive MPH Program:**

The origins of the EMPH program date back to 1996 when the school received funding from the CDC to create the Graduate Certificate Program at Emory, which offered half of an MPH degree, in a distance learning format, to CDC employees who were assigned to state and local health departments. Emory was one of four institutions (Emory, Tulane, Johns Hopkins, University of Washington) to create a Graduate Certificate Program. The authors of the Graduate Certificate Program proposal had the forethought to include the development of the full degree in their proposal, which served as the foundation for offering the EMPH Program. The school accepted the first cohort of Graduate Certificate Program at Emory students in 1997 (cohorts II and III were accepted in 1998 and 1999).

The school has offered a full MPH degree, via distance learning, since 1999 based on the understanding that many potential students interested in obtaining a degree or certificate in public health may not be able to attend a traditional program. This is especially true for working professionals who often do not have the ability to leave work for the one to two years required for full-time study in a traditional program. The current track offerings (Applied Epidemiology, Applied Public Health Informatics, and Prevention Science) were selected based on the expertise at the RSPH and expressed interest from potential students. Both Applied Epidemiology and Prevention Science are relatively broad interest degrees. The Applied Public Health Informatics track is a unique offering that builds on specific expertise for RSPH and community partners.

**c) the manner in which it provides necessary administrative, information technology and student support services:**

Students in the EMPH program have a broad support network that is both program-specific and encompasses the services offered to all students at the RSPH. This includes academic advisement, academic writing, technology support, APE advisement, thesis advisement, career advisement, library access, and student services. The program has a student manual which provides information including program overview, learning at a distance, computing requirements, course listings and track information, core and program competencies, important dates, academic policies and procedures, and student finances. The EMPH student manual is available in ERF A5-2 Catalog and Clifton Notes.

*Academic Advising:*

Academic advising for EMPH students is handled by one of the program's ADAPs. The other ADAP focuses on recruitment and admissions, although both are cross-trained. The EMPH program's academic advising ADAP is available to students via telephone, email, or in person. During the on-campus sessions, the ADAP is available to meet individually with students. If ADAPs are temporarily unavailable, the program's director or deputy director advises students.

*Technology Support and Class Monitoring:*

Faculty in the EMPH program work with an instructional designer to develop and implement their EMPH course. An instructional support specialist also works with the instructional designers behind the scenes to help with course development. During the semester, the instructional designer, instructional support specialist, and the course faculty monitor the course sites for logistical questions and any technical issues that might arise. Students are therefore able to receive quick resolution to any logistical or technology questions. Technical issues that cannot be handled by the instructional designer are sent to the RSPH IT Help Desk or to Canvas help resources.

*Applied Practice Experience Advisement:*

In addition to the RSPH OCD, the EMPH program has an APE advisor who works with EMPH students to identify, implement, and document the APE requirement. EMPH students, like all students at RSPH, document their APE in the RSPH APE Portal database. Unique from other departments at RSPH, EMPH adds two credit hours to the APE requirement for EMPH students, which allows for the additional professionalization of the requirement for EMPH students, many of whom hold a senior status within their work agencies. EMPH students present their APE project(s) at a poster session held during the Saturday

of each on-campus session and students have access to a dedicated APE advisor who also provides APE opportunity guidance and coordinates the poster sessions.

*Thesis Advisement:*

For students who write a thesis (required for Applied Epidemiology students, optional for Prevention Science students), the program has track-specific thesis advisors who work with students to identify a thesis topic, complete draft thesis forms, and identify a thesis committee. Each thesis student has an RSPH faculty member who serves as the Thesis Committee Chair to oversee and guide the student in completion of a scholarly research activity or deliverable that meets EMPH guidelines and RSPH standards for a thesis; and a Thesis Field Advisor, who provides subject matter expertise or a skillset, complementary to that of the Chair and helpful to the student in completing their thesis. Thesis students are required to complete a self-paced thesis advising seminar and participate in two mandatory boot camp sessions. The program also has a thesis manual to assist students through the thesis process.

*Career Services:*

EMPH students have access to the RSPH OCD via email, Skype, telephone, or in person. During the Friday lunch break of the on-campus sessions, staff from the RSPH OCD have established office hours to meet with EMPH students. If additional time is needed, staff from the RSPH OCD are available for individual appointments during the on-campus sessions.

*Academic Writing Center:*

The RSPH Office of Admissions and Student Services offers an academic writing center that is available to all RSPH students. The center provides workshops as well as one-on-one tutoring assistance. The center works with the EMPH program to ensure that tutors are available to meet via distance technologies for EMPH students and that they are available during the summer months when EMPH students are taking courses but many of the traditional students are not.

*Library Access:*

EMPH students have access to the Emory University Library System and its resources via the Internet. Many courses use eJournal articles or Reserves Direct to link students to textbook chapters. Reference librarians from the University libraries are available to answer questions via email, phone, or in person.

*RSPH Office of Admissions and Student Services (including RSPH Office of Enrollment Services):*

EMPH students have access to the RSPH Office of Admissions and Student Services including the RSPH Office of Enrollment Services, which serves in a liaison capacity to University-wide services including financial aid, registrar, and disability services.

*Rollins Student Government Association (RSGA):*

Like other academic departments in the school, the EMPH program has student representation on the RSGA, usually co-representatives. In the past few years, the EMPH SGA reps have sponsored social hours during the on-campus sessions for EMPH students.

**d) the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university:**

As compared to other programs at RSPH, the academic rigor within the EMPH program is equally strong. The deputy director has primary responsibility for assuring the academic rigor of all EMPH courses. As with all RSPH departments, new classes or significant adaptations must be reviewed and approved by the school's education committee. Throughout the semester, each course is monitored by the faculty member, instructional designer, and the deputy director. When faculty-student interaction is not as robust as the program expects, the instructional designers and/or deputy director will work with the faculty

member to enhance faculty interaction or add interactive components. Students receive individualized (vs. automated) feedback from faculty on assignments.

Additionally, the EMPH program evaluation and assessment occurs in the following ways:

*RSPH Standard Course Evaluations:* At the conclusion of each course, all EMPH students complete the standard RSPH course evaluation which asks questions about the course, instructor, pace of course, amount of work, classroom environment, most valuable aspects of the course, and suggestions for improvement.

*EMPH Course Evaluation Questions:* In addition to the standard RSPH course evaluation, the evaluation for EMPH courses also includes questions about teaching and course design strategies, faculty/student interactions, and course logistics.

*EMPH Annual Student Experience Survey:* The EMPH program conducts an annual student experience survey that includes questions about advisement, technology, Emory/RSPH resources, Student Hub on Canvas, APE, and ILE.

*EMPH Thesis Boot Camp Session Surveys:* The EMPH program conducts a survey after each thesis boot camp session that includes questions about student satisfaction, skill development, and perceived value of the sessions.

*RSPH Exit Survey:* Student support services are assessed through an Exit Survey at time of graduation. The survey is conducted by the OCD.

*EMPH Faculty Experience Survey:* At the end of each semester, faculty who have taught in the EMPH program that semester complete a survey that includes questions about their experiences teaching, instructional design support, and how well they feel the educational goals for their course were met.

**e) the manner in which it evaluates the educational outcomes, as well as the format and methods:**

*Biennial Assessment of Educational Outcomes:*

In 2015-2017, in addition to individual course evaluations and as part of the University's assessment activities, the EMPH program assessed the achievement of the following student learning outcomes. [Note: All RSPH academic departments go through this assessment process using student learning outcomes appropriate for each department.]

1. Apply skills and knowledge in public health setting(s) through planned and supervised experience(s) related to professional career objectives.
2. Integrate the public health competencies acquired from coursework, APE, and other learning activities into an ILE (thesis).
3. Develop skills for learning and communicating in the distance-learning environment.
4. Develop skills that balance learning and work in order to become a lifelong learner, as evidenced by completing the MPH coursework in a timely manner.

For each outcome assessed, Table D20-2 illustrates the assessment strategy, selected findings, and the program's use of these findings.

**Table D20-2: Summary of 2015-2017 Assessment of Educational Outcomes**

Outcome	Assessment Strategy	Selected Findings	Use of Findings
<p><b>Apply skills and knowledge in public health setting(s) through planned and supervised experience(s) related to professional career objectives.</b></p>	<p>Reviewed practicum poster presentations presented to peers, program faculty, and program staff.</p> <p>Reviewed evaluation data from both students and practicum site supervisors.</p>	<p>Review of posters showed student ability to apply skills and knowledge to public health setting.</p> <p>Eighty-four grads from 2015-17 completed 91 practica, totaling 22,590 hours (average of 269 hrs/student).</p> <p>When supervisors were asked, overall 96% of the student objectives were achieved; and 92% of supervisors would strongly recommend or recommend students if they applied for a position at their agency.</p> <p>93% of students indicated level of guidance/mentorship from supervisor exceeded or met their expectations.</p>	<p>Poster template used to standardize posters.</p> <p>All draft posters are reviewed at least once by practicum faculty advisor (PFA), prior to being finalized for presentation.</p> <p>PFA continues to work with students and program leadership to identify practicum experiences.</p> <p>PFA meets with students to discuss the practicum requirement. She also tracks student progress through the RSPH Practicum Portal and follows up as appropriate.</p> <p>PFA continues to work on processes and procedures and to enhance the Practicum Resource Site for students (located on Canvas).</p>
<p><b>Integrate the public health competencies acquired from coursework, practicum and other learning activities into a culminating experience (thesis).</b></p>	<p>Reviewed theses completed during 2015-17 academic years; and through presentations of thesis to faculty committee chair, field advisor, and peers (peers are invited but do not always attend).</p>	<p>Of the 84 theses completed in 2015-17, 74% were determined to be "excellent" by the thesis committee chair and 26% were determined to be "above average."</p>	<p>Thesis info sessions offered during on-campus sessions</p> <p>Thesis guidance documents and online thesis boot camps have been implemented.</p> <p>Thesis advisors hired for PRS and AEPI students.</p> <p>Program has added capstone option for PRS and changed APHI requirement to capstone.</p>
<p><b>Develop skills for learning and</b></p>	<p>Tracked successful completion of PRS</p>	<p>Of the 108 students who enrolled in and</p>	<p>Students who receive an Unsatisfactory grade</p>

<p><b>communicating in the distance-learning environment.</b></p>	<p>500D: Strategies and Resources for Online Learning.</p> <p>Examined student perception of how well PRS 500D prepared them for distance-learning environment.</p>	<p>completed PRS 500D during fall 2015 or fall 2016, 94% received a grade of Satisfactory.</p> <p>When asked about their experience in PRS 500D, students provided positive feedback. For example, "I learned how an online course works and what to expect."</p>	<p>receive remedial information from the program director.</p> <p>Performance of these students is also tracked.</p> <p>PRS 500D is reviewed and modified on an annual basis.</p>
<p><b>Develop skills that balance learning and work in order to become a lifelong learner, as evidenced by completing the MPH coursework in a timely manner.</b></p>	<p>Examined program completion data for fall 2013 and fall 2014 cohorts.</p>	<p>Of the 121 students who started in fall 2013 or fall 2014, at 12 semesters, 73% have positive outcomes:</p> <ul style="list-style-type: none"> <li>- 40% graduated;</li> <li>-17% had finished all requirements except the thesis and/or practicum;</li> <li>-16% were still taking coursework and on schedule for completion;</li> </ul> <p>The remaining students withdrew from the program were dismissed for academic performance or had unknown status. Anecdotally, students who do not graduate on time have difficulty identifying appropriate thesis project/faculty and/or difficulty staying on track while balancing family, work, and school.</p>	<p>Program compensates faculty who serve as thesis chairs.</p> <p>Program has implemented a number of changes to the thesis process (see previous outcome).</p>

**3) Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit. (self-study document)**

The hybrid nature of the EMPH program lends itself to a familiarity with students that may not occur in a fully-online program. EMPH program administration and faculty meet in person with students twice during the semester (intensive sessions at the beginning and end of the semester) and build ongoing relationships with these students. In addition to course meetings, students meet during these on-campus sessions with advisors and peers. As such, students are well-known to the EMPH program administration and faculty. The hybrid format also allows for all final course deliverables (e.g., exams, presentations) to occur in person.

Additionally, the Canvas learning management system, which is used to deliver content, submit assignments, and assess the achievement of course objectives and competencies, is password protected and accessible only by logging in with University credentials.

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

*Strengths:*

- RSPH has a long history of offering the MPH degree to working professionals using a hybrid modality.
- The distance-based EMPH degree program is consistent with the mission of the school, has clear and well evaluated student outcomes, is subject to quality control comparable to the traditional on-campus programs, and includes planned and evaluated learning experiences responsive to the characteristics and needs of adult learners.
- EMPH students have access to the same student service resources as traditional students.
- EMPH thesis students have access to a robust support system including thesis advisors, thesis committee (chair, field advisor), self-paced thesis seminar, boot camps, and thesis manual.
- Faculty is a mix of both academic public health and public health practice, which encourages the translation of public health science into practice.
- EMPH faculty have extensive support through a dedicated instructional design team and program administrators.

*Weaknesses and Plans for Improvement:*

- To assist students with the cost of the EMPH program, additional scholarships are needed, as with students of the traditional day program. An Annual EMPH Fund was created in December 2018. It will be used to financially assist students. Additionally, the school has held the EMPH program's tuition steady for several years (2015-2018) to ensure its affordability.
- Student enrollment has not grown as quickly as desired. To address this, a marketing company was engaged in 2018-19 to assist the EMPH program with branding. Additionally, the school is addressing tuition costs (see first bullet point), which is a barrier to matriculation for some.

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**E1. Faculty Alignment with Degrees Offered**

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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 school'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.

Template E1-1 documents that the school has 173 primary instructional faculty (PIFs) who teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified. They all have 1.0 FTE in RSPH, and their CVs are available in ERF E1-3 (subfolder E1-1 PIF CVs).

- 2) Provide summary data on the qualifications of any other faculty with significant involvement in the school's public health instruction in the format of Template E1-2. Schools 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.

*RSPH defines non-primary instructional faculty (non-PIFs) as follows:*

- Faculty whose primary academic appointment is in RSPH, but have less than 1.0 full time equivalent (FTE) in RSPH as of August 1, 2019. This may be due to a range of reasons such as: partial retirement, their work is partially supported by another public-health-related organization, they have a joint appointment in another school within Emory, and/or personal reasons (N=23 unique individuals)
- Faculty who taught (or co-taught) at least one course during the 2018-2019 academic year. This includes adjunct and affiliated faculty (distinction outlined in more detail below). Note that FTE for the adjunct and affiliated faculty are also estimated at .15, which is the FTE expected to cover a faculty member to teach a 3-credit hour class (N=84 unique individuals).
- Faculty across the University (e.g., in Emory College, the School of Medicine, or the School of Nursing) who serve as advisors for students in RSPH instructional areas during the 2018-2019 academic year. Specifically, this group consists of faculty who advise doctoral students in the Nutritional and Health Sciences interdepartmental doctoral program. These faculty are assigned .15 FTE to reflect their involvement in the school (N=17 unique individuals).

Template E1-2 documents that we have 124 Non-PIFs in the school who teach and/or supervise students in their respective areas of expertise. Their CVs are in ERF E1-3 (subfolder E1-2 Non-PIF CVs).

**Template E1-1: Primary Instructional Faculty (N=173)**

<b>Primary Instructional Faculty Alignment with Degrees Offered</b>						
<b>Name*</b>	<b>Title/ Academic Rank</b>	<b>Tenure Status or Classification^</b>	<b>Graduate Degrees Earned</b>	<b>Institution(s) from which degree(s) were earned</b>	<b>Discipline in which degrees were earned</b>	<b>Concentration affiliated with in Template C2-1</b>
Abramson, Allison Chamberlain	Research Assistant Professor	Non-tenure-track	PhD, MS	Emory University, Georgetown University	Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Adams, E. Kathleen	Professor	Tenured	PhD, MS	University of Colorado Boulder, Florida State University	Physician Assistant, Emergency Medicine, Epidemiology	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Ali, Mohammed Kumail	Associate Professor	Tenured	MBA, MSc, MSc, MBChB	Emory University, University of Oxford (UK), University of Oxford (UK), University of Cape Town (South Africa)	Management and Business, Global Health Sciences, Cardiovascular Medicine, Medicine	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Alonso, Alvaro	Associate Professor	Tenured	MD, MPH, PhD	University of Navarra (Pamplona, Spain), National School of Health (Madrid, Spain), University of Navarra (Pamplona, Spain)	Medicine, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH

Alperin, Melissa	Research Assistant Professor	Non-tenure-track	MPH, EdD	Emory University, University of Georgia	Health Promotion and Education, Higher Education Management	BSHE-MPH BSHE-PhD EMPH-PRS
Andes, Karen Louise	Research Assistant Professor	Non-tenure-track	PhD	Northwestern University	Political Science	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Baker, Antonio	Lecturer	Non-tenure-track	BA	Eisenhower College/Rochester Institute of Technology	Literature	N/A
Barr, Dana Boyd	Research Professor	Non-tenure-track	PhD	Georgia State University	Analytical Chemistry	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Becker, Edmund R.	Professor	Tenured	MA, PhD	Ohio University, Vanderbilt University	Sociology, Medical Sociology	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Bednarczyk, Robert A.	Assistant Professor	Tenure-track	MS, PhD	University at Albany (SUNY), University at Albany (SUNY)	Epidemiology	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated

Benkeser, David	Assistant Professor	Tenure-track	MPH, PhD	University of Georgia, University of Washington	Biostatistics, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Binongo, Jose Nilo G.	Research Associate Professor	Non-tenure-track	PhD	University of Ulster (UK)	Applied Statistics	BIOS-MPH BIOS-MSPH BIOS-PhD EMPH-AEPI EMPH-APHI EMPH-PRS
Blais, Linelle Marie	Research Associate Professor	Non-tenure-track	PhD	University of Rhode Island	Psychology	BSHE-MPH BSHE-PhD EMPH-AEPI EMPH-APHI EMPH-PRS
Blake, Sarah Caroline	Research Assistant Professor	Non-tenure-track	MA, PhD	The George Washington University, Georgia Institute of Technology and Georgia State University	Public Policy with a concentration in Women's Studies, Public Policy	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Blevins, John B.	Research Associate Professor	Non-tenure-track	MDiv, ThD	Duke University, Emory University	Counseling Psychology and Theology	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated

Bostick, Roberd M.	Professor	Tenured	MD, MPH	The Medical University of South Carolina, University of Minnesota	Family Medicine, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH NHS-PhD
Breiman, Robert F.	Professor	Tenured	MD	University of Arizona	Medicine	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Caruso, Bethany Anne	Assistant Professor	Tenure-track	MPH, PhD	Emory University, Emory University	Global Health, Behavioral Sciences & Health Education	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Castro, Kenneth G.	Research Professor	Non-tenure-track	MD	State University of New York at Stony Brook School of Medicine	Medicine	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Cadle, William Michael	Research Associate Professor	Non-tenure-track	PhD	Emory University	Neuroscience	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH EMPH-PRS EMPH-AEPI EMPH-APHI

Chang, Howard Haw	Associate Professor	Tenured	PhD	Johns Hopkins University	Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Chehal, Puneet Kaur	Assistant Professor	Tenure-track	PhD	Duke University	Health Policy and Economics	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Chen, Xuan	Research Assistant Professor	Non-tenure-track	MS, PhD	North Carolina State University, North Carolina State University	Economics, Economics	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Chen, Zhengjia "Nelson"	Research Associate Professor	Non-tenure-track	MS, MS, PhD	Peking University (Beijing, China), University of Southern California, University of Southern California	Biochemistry and Molecular Biology, Biometry, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Christiansen-Lindquist, Lauren	Research Assistant Professor	Non-tenure-track	MPH, PhD	Emory University, Emory University	Epidemiology, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Clark, Cari	Associate Professor	Tenure-track	MPH, ScD	Yale School of Public Health, Harvard School of Public Health	International Health, Population and Reproductive Health	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated EMPH-AEPI EMPH-APHI EMPH-PRS

Clennon, Julie Ann	Instructor	Non-tenure-track	MSc, PhD	University of Illinois, Urbana-Champaign, University of Illinois, Urbana-Champaign	Community Health, Veterinary Pathobiology	BIOS-MPH BIOS-MSPH BIOS-PhD
Comeau, Dawn L.	Research Associate Professor	Non-tenure-track	MA, MPH, PhD	San Diego State University, Emory University, Emory University	Women's Study, Behavioral Sciences and Health Education, Women's Studies	BSHE-MPH BSHE-PhD
Cooper, Hannah L.F.	Professor	Tenured	SM, ScD	Harvard School of Public Health, Harvard School of Public Health	Health and Social Behavior, Health and Social Behavior	BSHE-MPH BSHE-PhD
Cotsonis, George Anthony	Senior Associate	Non-tenure-track	MA	University of West Florida	Mathematics	BIOS-MPH BIOS-MSPH
Crawford, Natalie Beamer	Assistant Professor	Tenure-track	MPH, PhD	Columbia University	Epidemiology, Epidemiology	BSHE-MPH BSHE-PhD
Cui, Xiangqin	Research Associate Professor	Non-tenure-track	MS, PhD	Nankai University, Iowa State University	Molecular and Cytogenetics, Genetics	BIOS-MPH BIOS-MSPH BIOS-PhD
Culler, Steven D.	Associate Professor	Tenured	MA, PhD	University of Illinois, University of Illinois	Economics	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Cummings, Janet	Associate Professor	Tenured	PhD	University of California at Los Angeles	Economics	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD

Cunningham, Solveig Argeseanu	Associate Professor	Tenured	MSc, MA, PhD	London School of Economics & Political Science (UK), University of Pennsylvania, University of Pennsylvania	Development Studies, Demography, Demography and Sociology	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH NHS-PhD
Del Rio, Carlos	Professor and Chair	Tenured	MD	Universidad La Salle (Mexico)	Internal Medicine and Infectious Disease	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Drews-Botsch, Carolyn Dawson	Professor	Tenured	MPH, PhD	University of California, University of California	Population and Family Health, Epidemiology with minor in Pharmacology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Druss, Benjamin	Professor	Tenured	MPH, MD	New York University, Yale University	Psychiatry	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Easley, Kirk Anthony	Senior Associate	Non-tenure-track	MS, MOTH/MApStat	Louisiana State University, Louisiana State University	Biology, Applied Statistics	BIOS-MPH BIOS-MSPH

Elon, Lisa K.	Senior Associate	Non-tenure-track	MS, MPH	North Carolina State University, Emory University	Soil Science, Biostatistics	BIOS-MPH BIOS-MSPH
Escoffery, Ngoc-Cam T.	Associate Professor	Tenured	MPH, PhD	Emory University, University of Georgia	Health Promotion and Education, Health Promotion and Behavior	BSHE-MPH BSHE-PhD
Evans, Dabney Page	Research Associate Professor	Non-tenure-track	MPH, PhD	Emory University, University of Aberdeen (Scotland)	Behavioral Sciences and Health Education, Law	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Everson, Todd M.	Assistant Professor	Tenure-track	MPH, PhD	Oregon Health and Science University, University of South Carolina	Health Disparities, Epidemiology	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Farhat, Ghada N.	Research Associate Professor	Non-tenure-track	MPH, PhD	American University of Beirut, University of Pittsburgh	Epidemiology and Biostatistics, Epidemiology	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Fedirko, Veronika	Assistant Professor	Tenure-track	MPH, PhD	Emory University, Emory University	Epidemiology, Cancer and Molecular Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH

Flanders, William Dana	Professor	Tenured	MA, MD, MPH, DSc	University of Vermont, Harvard University, Harvard University	Mathematics, Medicine, Epidemiology, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Freeman, Matthew Charles	Associate Professor	Tenured	MPH, PhD	Emory University, London School of Hygiene and Tropical Medicine	Global Environmental Health, Infectious and Tropical Diseases	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Galaviz Arredondo, Karla	Research Assistant Professor	Non-tenure-track	MSc, PhD	Queen's University, Queen's University	Kinesiology and Health Studies, Kinesiology and Health Studies	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Gandhi, Neel R.	Associate Professor	Tenured	MD	Brown University School of Medicine	Internal Medicine	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Gaskins, Audrey Jane	Assistant Professor	Tenure-track	ScD	Harvard University	Nutrition & Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Gaydos, Laura Marti Dokson	Research Associate Professor	Non-tenure-track	PhD	University of North Carolina at Chapel Hill	Health Policy and Administration with a minor in Political Science	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD EMPH-PRS

Gazmararian, Julie A.	Professor	Tenured	MPH, PhD	University of South Carolina, University of Michigan	Health Education, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Goodman, Michael	Professor	Tenured	MPH, MD	John Hopkins University, Kaunas Medical Academy	Public Health, Medicine	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Gonzalez Casanova, Ines	Research Assistant Professor	Non-tenure-track	PhD	Emory University	Nutrition and Health Sciences/Epidemiology	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Graetz, Ilana Yonas	Associate Professor	Tenure-track	PhD	University of California-Berkeley	Health Services and Policy Analysis	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Gribble, Matthew	Assistant Professor	Tenure-track	PhD	John Hopkins University	Genetic Epidemiology	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Guan, Yue	Research Assistant Professor	Non-tenure-track	ScM, PhD	Johns Hopkins University, Johns Hopkins University	Genetic counseling; Health, Behavior, and Society	BSHE-MPH BSHE-PhD

Gujral, Unjali	Research Assistant Professor	Non-tenure-track	MPH, PhD	Yale University, Emory University	Chronic Disease Epidemiology, Nutrition and Health Sciences	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Guo, Ying	Associate Professor	Tenured	MS, PhD	Renmin University of China, Emory University	Statistics, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Haardoerfer, Regine	Research Associate Professor	Non-tenure-track	MS, MEd, PhD	State of Bavaria (Germany), Western Governors University, Georgia State University	Mathematics, Physics, and Computer Science Education; Management and Innovation; Educational Policy Studies	BSHE-MPH BSHE-PhD
Haber, Michael J.	Professor	Tenured	MSc, PhD	Hebrew University of Jerusalem	Statistics, Statistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Hagen, Kimberly Bob Sessions	Research Assistant Professor	Non-tenure-track	MEd, EdD	University of Georgia, University of Georgia	Adult Education, Adult Education	BSHE-MPH BSHE-PhD
Hall, Kelli Stidham	Assistant Professor	Tenure-track	MD, MPhil, PhD	University of Kentucky, Columbia University, Columbia University	Family and Community Health, Epidemiology with a concentration in Maternal and Child Health	BSHE-MPH BSHE-PhD

Hanfelt, John J.	Professor and Interim Chair	Tenured	MS, PhD	George Washington University, Johns Hopkins University	Operations Research, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Hartman, Terryl J.	Professor	Tenured	MS, PhD, MPH	Texas A & M University, University of Minnesota, Harvard University School of Public Health	Nutrition, Nutrition, Quantitative Methods	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Hennink, Monique Marcelle	Research Associate Professor	Non-tenure-track	PhD	University of Southampton (UK)	Demography	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Hockenberry, Jason Michael	Associate Professor	Tenured	PhD	Lehigh University	Economics	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Howard, David	Professor	Tenured	PhD	Harvard University	Health Policy with a concentration in Economics	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Howards, Penelope P.	Associate Professor	Tenured	MS, PhD	Pennsylvania State University, University of North Carolina	Geography, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH

Hu, Yijuan	Associate Professor	Tenured	PhD	University of North Carolina at Chapel Hill	Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Huang, Yijian (Eugene)	Professor	Tenured	MS, PhD	University of Minnesota	Biostatistics, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Hussen, Sophia A.	Research Assistant Professor	Non-tenure-track	MPH, MD	University of Michigan, University of Pennsylvania	Health Behavior and Health Education, Medicine	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Ibragimov, Umedjon	Research Assistant Professor	Non-tenure-track	MPH, PhD	Emory University, Emory University	Global Health, Behavioral Sciences & Health Education	BSHE-MPH BSHE-PhD
Jacob Arriola, Kimberly	Executive Associate Dean, Academic Affairs, Professor	Tenured	MA, PhD, MPH	Northeastern University, Northeastern University, Emory University	Social Psychology, Social Psychology, Epidemiology	BSHE-MPH BSHE-PhD
Jenness, Samuel M.	Assistant Professor	Tenure-track	MPH, PhD	Boston University, University of Washington	Health Law & Bioethics, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH

Johnson-Morgan, Dayna Ashley	Assistant Professor	Tenure-track	MPH, MSW, MS, PhD	University of Michigan, University of Michigan, University of Michigan, University of Michigan	Health Behavior and Health Education; Management of Human Services/Community and Social Systems; Epidemiologic Science; Epidemiologic Science	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Jones, Jeb	Assistant Professor	Tenure-track	MS, MPH, PhD	University of Florida, Emory University, Emory University	Psychology, Epidemiology, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH EMPH-AEPI
Joski, Peter J.	Senior Associate	Non-tenure- track	MS	Tulane University School of Public Health and Tropical Medicine	Biostatistics	HPM Management- MPH HPM Health Policy- MPH HPM HSR-MSPH
Kancherla, Vijaya	Research Assistant Professor	Non-tenure- track	MS, PhD	Southern Illinois University at Carbondale, University of Iowa	Community Health Education, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH EMPH-AEPI EMPH-APHI EMPH-PRS

Kapoor, Renuka	Research Assistant Professor	Non-tenure-track	MPH, PhD	Emory University, All India Institute of Medical Sciences	Global Health, Microbiology	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Kegler, Michelle Crozier	Professor	Tenured	MPH, DrPH	University of Michigan, University of North Carolina-Chapel Hill	Health Behavior and Health Education, Health Behavior and Health Education	BSHE-MPH BSHE-PhD
Kelley, Mary Elizabeth	Research Professor	Non-tenure-track	MS, PhD	University of Pittsburgh, University of Pittsburgh	Biostatistics, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Klein, Mitchel	Research Associate Professor	Non-tenure-track	MAT, PhD	Indiana University, Emory University	Mathematics, Epidemiology	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Ko, Yi-An	Research Assistant Professor	Non-tenure-track	MS, MS, PhD	University of Southern California, University of Michigan, University of Michigan	Biokinesiology, Biostatistics, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Komro, Kelli	Professor	Tenured	MA, MPH, PhD	Connecticut College, University of Minnesota, University of Minnesota	Psychology/Behavioral Medicine, Epidemiology, Epidemiology	BSHE-MPH BSHE-PhD
Kramer, Michael Root	Associate Professor	Tenured	MMSc, MS, PhD	Emory University, Alderson-Broadus College, Emory University	Physician Assistant, Emergency Medicine, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH

Kundu, Suprateek	Assistant Professor	Tenure-track	MStat, PhD	Indian Statistical Institute (India), University of North Carolina-Chapel Hill	Statistics, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Kutner, Michael H.	Research Professor	Non-tenure-track	MS, PhD	Virginia Polytechnic Institute and State University, Texas A & M University	Statistics, Statistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Lang, Delia Lucia	Assistant Dean for Academic Affairs, Research Professor	Non-tenure-track	MA, MPH, PhD	California State University San Bernardino, Loma Linda University, Loma Linda University	Experimental Psychology, Biostatistics, Clinical Psychology	BSHE-MPH BSHE-PhD
Lash, Timothy	Professor and Chair	Tenured	MPH, DSc	Boston University School of Public Health, Boston University School of Public Health	Epidemiology and Environmental Health, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Lau, Siu Yin (Max)	Assistant Professor	Tenure-track	Mphil, PhD	University of Hong Kong, Heriot-Watt University	Influenza modeling, Statistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Lavery, James	Professor	Tenured	MSc, PhD	University of Toronto, University of Toronto	Medical Science/Bioethics	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH

Leon, Juan	Associate Professor	Tenured	PhD, MPH	Northwestern University Medical School, Northwestern University Medical School	Immunology, Epidemiology	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH
Leong, Traci	Research Assistant Professor	Non-tenure-track	MS, MS, PhD	Stanford University, Emory University, Emory University	Statistics, Biostatistics, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Levy, Karen	Associate Professor	Tenured	MSc, MPH, PhD	UC Berkeley, UC Berkeley, UC Berkeley	Environmental Science, Policy, and Management, Epidemiology, Environmental Science, Policy, and Management	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Lewis, Tene T.	Associate Professor	Tenured	MA, PhD	University of California, Los Angeles; University of California, Los Angeles	Psychology, Clinical Psychology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Liang, Donghai	Research Assistant Professor	Non-tenure-track	MPH, PhD	Yale, Emory University	Environmental Health Sciences, Environmental Health Sciences	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Liu, Pengbo	Research Assistant Professor	Non-tenure-track	MS, PhD	Xi'an Jiaotong University, Peking Union Medical College & Chinese Academy of Medical Sciences	Epidemiology, Epidemiology	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated

Liu, Yang	Associate Professor	Tenured	MS, PhD	University of California at Davis, Harvard University	Mechanical Engineering, Environmental Sciences and Engineering	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Liu, Yuan	Research Assistant Professor	Non-tenure-track	MS, PhD	University of North Carolina at Wilmington, University of South Carolina	Mathematics, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Livingston III, Melvin	Research Associate Professor	Non-tenure-track	PhD	University of Florida	Epidemiology	BSHE-MPH BSHE-PhD
Lopman, Benjamin	Professor	Tenured	MSc, PhD	London School of Hygiene and Tropical Medicine, Open University/Health Protection Agency	Medical Demography, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Lyles, Robert H.	Professor	Tenured	MS, PhD	University of North Carolina at Chapel Hill, University of North Carolina at Chapel Hill	Biostatistics, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Magee, Matthew James	Associate Professor	Tenure-track	MPH, PhD	University of Illinois-Chicago, Emory University	Epidemiology, Epidemiology	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Manatunga, Amita K.	Professor	Tenured	MSc, MA, PhD	Purdue University, University of Rochester, University of Rochester	Mathematical Statistics, Statistics, Statistics,	BIOS-MPH BIOS-MSPH BIOS-PhD

Marsit, Carmen	Professor	Tenured	PhD	Harvard University	Biological Sciences in Public Health	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Martorell, Reynaldo	Professor	Tenured	PhD	University of Washington	Biological Anthropology	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH NHS-PhD
McBride, Colleen	Professor and Chair	Tenured	MA, PhD	University of Arizona, University of Minnesota	Sociology, Behavioral Epidemiology	BSHE-MPH BSHE-PhD
McGee, Robin Elizabeth	Research Assistant Professor	Non-tenure-track	MPH, PhD	Emory University, Emory University	Behavioral Sciences and Health Education, Behavioral Sciences and Health Education	BSHE-MPH BSHE-PhD
McGriff, Joanne	Research Assistant Professor	Non-tenure-track	MPH, MD	University of Rochester, University of Rochester	Community and Preventive Medicine, Medicine	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH
Mehta, Cyra Christina Bahn	Research Assistant Professor	Non-tenure-track	MSPH, MS, PhD	Emory University, Emory University, Emory University	Epidemiology, Biostatistics, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD

Moe, Christine Lorraine	Professor	Tenured	MS, PhD	University of North Carolina at Chapel Hill, University of North Carolina at Chapel Hill	Environmental Sciences and Engineering, Environmental Sciences and Engineering	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH
Moore, Renee H.	Research Associate Professor	Non-tenure-track	MS, PhD	Emory University, Emory University	Biostatistics, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Narayan, Venkat Kabayam M.	Professor	Tenured	MBBS (MD), MSc, MBA	St. Johns Medical College (India), University of Edinburgh (UK), Herriot Watt University (UK)	Medicine, Public Health, Business	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated NHS-PhD
Nehl, Eric J.	Research Assistant Professor	Non-tenure-track	MS, PhD	Ball State University, Indiana University	Community Health Education, Health Behavior with a minor in Educational Inquiry Methodology	BSHE-MPH BSHE-PhD
Nizam, Azhar	Senior Associate	Non-tenure-track	MS	University of South Carolina	Statistics	BIOS-MPH BIOS-MSPH

Pachon, Helena	Research Professor	Non-tenure-track	MS, MPH, PhD	Cornell University, Harvard University, Cornell University	Community Nutrition, International Health, International Nutrition	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH NHS-PhD
Patel, Shivani A. A	Assistant Professor	Tenure-track	MPH, PhD	University of Michigan, Johns Hopkins University	Epidemiology, Epidemiology	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH EMPH-AEPI EMPH-APHI EMPH-PRS
Pearce, Bradley	Research Associate Professor	Non-tenure-track	PhD	University of Miami	Pharmacology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Peng, Limin	Professor	Tenured	MSPH, PhD	University of Science and Technology of China, University of Wisconsin-Madison	Statistics, Statistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Phillips, Victoria L.	Associate Professor	Tenured	DPhil	Oxford University	Health and Labor Economics	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD

Qin, Zhaohui	Associate Professor	Tenured	MS, PhD	University of Michigan, University of Michigan	Statistics, Statistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Ramakrishnan, Usha	Professor	Tenured	MS, PhD	University of Madras (India), Cornell University	Foods and Nutrition, Epidemiology/Human Nutrition	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH NHS-PhD
Raskind-Hood, Cheryl Lynne	Senior Associate	Non-tenure-track	MS, MPH	State University of New York, Emory University	Experimental Psychology and Cognitive Aging, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH GLEPI-MPH GLEPI-MSPH
Rice, Whitney Danielle Smith	Research Assistant Professor	Non-tenure-track	MPH, DrPH	Emory University, University of Alabama at Birmingham	Health Policy and Management, Health Care Organization and Policy	BSHE-MPH BSHE-PhD
Risk, Benjamin	Assistant Professor	Tenure-track	MS, MS, PhD	University of California, Cornell University, Cornell University	Environmental Science, Statistics, Statistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Rochberg, Daniel	Instructor	Non-tenure-track	MS	Stanford University	Earth Systems	EH-MPH GEH-MPH EH/EPI-MSPH
Rubtsova, Ganna	Research Assistant Professor	Non-tenure-track	MSc, MA, PhD	London School of Economics and Political Science, Emory University, Emory University	Organizational & Social Psychology, Sociology, Sociology	BSHE-MPH BSHE-PhD

Ryan, P. Barry	Professor	Tenured	MS, PhD	University of Chicago, Wesleyan University	Physical Chemistry, Computational Chemistry	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Sales, Jessica Y.	Associate Professor	Tenure-track	MA, PhD	Emory University, Emory University	Cognitive & Developmental Psychology, Cognitive & Developmental Psychology	BSHE-MPH BSHE-PhD
Saltman, Richard B.	Professor	Tenured	MA, PhD	Stanford University, Stanford University	Political Science, Political Science	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Sanchez, Travis Howard	Research Associate Professor	Non-tenure-track	DVM, MPH	University of Georgia, Emory University	Veterinary Medicine, International Health and Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Sarnat, Jeremy A.	Associate Professor	Tenured	MS, MSc, ScD	Indiana University, Harvard University, Harvard University	Ecological Anthropology, Environmental Risk Assessment, Environmental Health	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Sarnat, Stefanie Tania Ebelt	Associate Professor	Tenured	MSc, ScD	University of British Columbia, Harvard University	Occupational Hygiene, Environmental Health	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH

Scovronick, Noah	Assistant Professor	Tenure-track	MSc, MSc, PhD	University of Cape Town (South Africa), London School of Hygiene and Tropical Medicine, London School of Hygiene and Tropical Medicine	Conservation Biology, Public Health	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Shah, Amit J.	Assistant Professor	Tenure-track	MSc, MD	Emory University, University of Pennsylvania	Clinical Research, Medicine	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Siegler, Aaron Julius	Associate Professor	Tenure-track	MHS, PhD	Johns Hopkins University, Emory University	Health Systems, Behavioral Sciences and Health Education	BSHE-MPH BSHE-PhD
Smarr, Melissa	Assistant Professor	Tenure-track	PhD	University of Michigan School of Public Health	Environmental Health	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Spaulding, Anne C.	Associate Professor	Tenured	MPH, MD	Johns Hopkins University, Medical College of Virginia	Public Health, Medicine	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Staimetz, Lisa R.	Research Assistant Professor	Non-tenure-track	MPH, PhD	Yale University, Emory University	Global Health, Nutrition and Health Sciences	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH

Steenland, Nelson Kyle	Professor	Tenured	PhD, PhD, MS	State University of New York at Buffalo, University of Pennsylvania, University of Cincinnati	History, Epidemiology, Mathematics	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Stein, Aryeh D.	Professor	Tenured	MPH, PhD	Columbia University, Columbia University	Epidemiology, Epidemiology	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH NHS-PhD
Suglia, Shakira	Associate Professor	Tenured	MS, ScD	University of Albany, State University of New York, Harvard School of Public Health	Epidemiology, Epidemiology and Environmental Health	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Sullivan, Patrick Sean	Professor	Tenured	DVM, PhD	University of Tennessee, University of Tennessee	Veterinary Medicine, Comparative and Experimental Medicine	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Sullivan, Samaah M.	Instructor	Non-tenure-track	MPH, PhD	Louisiana State University, Louisiana State University	Behavioral and Community Health Sciences, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH

Sun, Yan V.	Associate Professor	Tenured	MS, PhD	Wayne State University, Wayne State University	Computer Science, Biochemistry and Molecular Biology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Switchenko, Jeffery M.	Research Assistant Professor	Non-tenure-track	MS, PhD	Emory University, Emory University	Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Talley, Colin	Research Associate Professor	Non-tenure-track	MA, MA, PhD	San Diego State, University of California - SF, University of California - SF	History, History of Health Sciences, History of Health Sciences	BSHE-MPH BSHE-PhD
Thorpe, Kenneth E.	Professor and Chair	Tenured	MA, PhD	Duke University, Rand Graduate Institute	Public Policy, Public Policy	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Thurman, Sandra L.	Lecturer	Non-tenure-track	MA	St. Paul's University (Kenya)	Community Pastoral Care	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH
Tolbert, Paige E.	Professor and Chair	Tenured	MSPH, PhD	University of North Carolina at Chapel Hill, University of North Carolina at Chapel Hill	Environmental Science Epidemiology	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH

Vaccarino, Laura V.	Professor	Tenured	MD, PhD	University of Milan (Italy), Yale University	Medicine (Cardiology), Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Vidal Graniel, Jorge Eugenio	Research Associate Professor	Non-tenure-track	MSc, PhD	National School of Biological Sciences, Center for Research and Advanced Studies	Microbiology, Cellular Microbiology	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH
Von Esenwein, Silke A.	Research Assistant Professor	Non-tenure-track	MA, PhD	Emory University, Emory University	Psychology with a concentration in Neuroscience and Animal Behavior	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Walker, Elizabeth Lee Reisinger	Research Assistant Professor	Non-tenure-track	MAT, MPH, PhD	Johns Hopkins University, Emory University, Emory University	Secondary Biology Education, Behavioral Sciences and Health Education, Behavioral Sciences and Health Education	BSHE-MPH BSHE-PhD
Wall, Kristin	Assistant Professor	Tenure-track	MS, PhD	The University of Texas, Emory University	Epidemiology with a minor in Biostatistics and concentration in Global Health, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Waller, Lance A.	Professor	Tenured	MS, PhD	Cornell University, Cornell University	Operations Research	BIOS-MPH BIOS-MSPH BIOS-PhD

Ward, Kevin	Research Assistant Professor	Non-tenure-track	MPH, PhD	Emory University, Emory University	Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Ward, Laura Allison	Associate	Non-tenure-track	MSPH	Emory University	Biostatistics	BIOS-MPH BIOS-MSPH
Weber, Mary Beth	Assistant Professor	Tenure-track	MPH, PhD	Emory University, Emory University	Epidemiology, Nutrition and Health Sciences	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH NHS-PhD
Weiss, Paul Samuel	Senior Associate	Non-tenure-track	MS	University of Michigan	Biostatistics	BIOS-MPH BIOS-MSPH
Wilk, Adam S.	Assistant Professor	Tenure-track	PhD	University of Michigan School of Public Health	Health Services Organization and Policy	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Windle, Michael Terrence	Professor	Tenured	MA, PhD	Southern Illinois University, Pennsylvania State University	Clinical Psychology, Human Development and Family Studies	BSHE-MPH BSHE-PhD

Winskell Enger, Samantha Kate	Associate Professor	Tenured	MA, PhD	University of London (UK), University of London (UK)	Art History, Art (Cultural) History	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH
Woods-Jaeger, Briana	Assistant Professor	Tenure-track	MS, PhD	University of Washington, University of Washington	Child Clinical Psychology, Child Clinical Psychology	BSHE-MPH BSHE-PhD
Wu, Hao	Associate Professor	Tenured	MS, MHS, PhD	Iowa State University, Johns Hopkins University, Johns Hopkins University	Electrical Engineering, Bioinformatics, Biostatistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Yarbrough, Courtney	Assistant Professor	Tenure-track	MPA, PhD	University of Georgia, University of Georgia	Public Policy, Health Policy	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Young, Lauren McCullough	Assistant Professor	Tenure-track	MS, PhD	Meharry Medical College, University of North Carolina at Chapel Hill	Public Health, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH

Young, Melissa Fox	Assistant Professor	Tenure-track	PhD	Cornell University	Human Nutrition	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH NHS-PhD
Yount, Kathryn Mary	Professor	Tenured	MHS, PhD	Johns Hopkins Bloomberg School Public Health, Johns Hopkins Bloomberg School Public Health	Demography, Social Demography	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH
Yu, Tianwei	Associate Professor	Tenured	MS, MS, PhD	Tsinghua University (China), University of California Los Angeles, University of California Los Angeles	Biochemistry & Molecular Biology, Biochemistry, Statistics	BIOS-MPH BIOS-MSPH BIOS-PhD
Zhang, Qiang	Associate Professor	Tenure-track	MS, MD, PhD	Rensselaer Polytechnic Institute, Harbin Medical University, University of Connecticut	Computer Science, Medicine, Physiology and Neurobiology	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Zhang, Rebecca Hong	Senior Associate	Non-tenure-track	MS	Florida State University	Applied Mathematics	BIOS-MPH BIOS-MSPH

**Template E1-2: Non-Primary Instructional Faculty (N=124)**

<b>Non-Primary Instructional Faculty Regularly Involved in Instruction</b>							
<b>Name*</b>	<b>Academic Rank^</b>	<b>Title and Current Employment</b>	<b>FTE or % Time Allocated</b>	<b>Graduate Degrees Earned</b>	<b>Institution(s) from which degree(s) were earned</b>	<b>Discipline in which degrees were earned</b>	<b>Concentration affiliated with in Template C2-1</b>
Addo, O.Yaw	Research Assistant Professor	Research Assistant Professor, Emory University	0.20	PhD, MS	University of Minnesota, University of Cincinnati	Nutrition & Epidemiology	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Alvarez, Jessica A.	Assistant Professor (Non-tenure track)	Assistant Professor, Division of Endocrinology, Metabolism and Lipids of the Department of Medicine at Emory University	0.15	MS, PhD	University of Alabama - Birmingham	Clinical Nutrition and Nutrition Sciences	NHS-PhD
Anderson, Greg	Adjunct Instructor (Non-tenure track)	CFO, Emory University Midtown	0.15	MBA, MPH, MD	Franklin and Marshall College, University of North Carolina, University of North Carolina	Medicine	EMPH-AEPI EMPH-APHI EMPH-PRS
Anderson, Mark	Adjunct Assistant Professor (Non-tenure track)	Branch Chief, Emergency Response and Recovery Branch, US Centers for Disease Control and Prevention	0.15	MPH, MD	University of North Carolina	Public Health, Medicine	GH/ID-MPH
Baldwin, Grant	Adjunct or Visiting Professor (Non-tenure track)	Director, Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention	0.15	MPH, PhD	Emory University, University of Michigan	Behavioral Sciences and Health Education, Health Behavior and Health Education	EMPH-PRS EMPH-AEPI EMPH-APHI
Barker, Nancy D.	Non-tenure track	Instructor, Statistics.com and Statistical Consultant	0.50	MS	West Virginia University	Statistics	BIOS-MPH BIOS-MSPH

Beck, George R	Associate Professor (Non-tenure track)	Associate Professor, Department of Medicine, Division of Endocrinology, Emory University School of Medicine	0.15	PhD	Temple University	Molecular Biology and Genetics	NHS-PhD
Biggerstaff, Gwen	Adjunct Instructor (Non-tenure track)	Epidemiologist, CDC	0.15	MSPH, ScD	Emory University, Tulane School of Public Health and Tropical Medicine	Biology, Epidemiology	EMPH-PRS
Blaylock, Dewey	Adjunct Instructor (Non-tenure track)	Adjunct Instructor	0.15	MS	University of West Florida	Applied Mathematics	EMPH-APHI
Braithwaite, Joan	Adjunct Instructor (Non-tenure track)	Data Scientist, Northrop Grumman Technology Services	0.15	MSPH	Emory University	Public Health Informatics	BIOS-MPH
Brockman, Janice E.	Non-tenure-track	Senior Research Associate, Epidemiology Department, Rollins School of Public Health	0.50	MPH	Emory University	Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Brody, Gene H.	Non-tenure-track	Research Professor, Department of Behavioral Sciences and Health Education, Rollins School of Public Health & Distinguished Research Professor, University of Georgia	0.50	MA, PhD	University of Arizona, University of Arizona	Developmental Psychology, Developmental Psychology	BSHE-MPH BSHE-PhD
Brown, Lou Ann	Professor (Tenured)	Professor, Department of Pediatrics, Emory University School of Medicine	0.15	PhD	Saint Louis University	Biochemistry	NHS-PhD
Carlson, Lisa	Affiliated Professor	Executive Administrator, Research Programs and Operations, Emory School of Medicine	0.15	MPH	Emory University	Behavioral Sciences and Health Education	EMPH-PRS
Chester, Kelley	Affiliated Professor	Principal, C3 Informatics LLC	0.15	DrPH	Georgia Southern University	Public Health Leadership	EMPH-PRS EMPH-AEPI EMPH-APHI

Clasen, Thomas F.	Tenured	Professor, Department of Environmental Health, Rollins School of Public Health & Chair of Sanitation and Safe Water, Rollins School of Public Health	0.95	MSc, PhD	London School of Hygiene & Tropical Medicine, University of London	Control of Infectious Diseases, Environmental Health	EH-MPH GEH-MPH EH-PhD EH/EPI-MSPH
Crimmins, Daniel	Adjunct Professor (Non-tenure track)	Director, Center for Leadership in Disability, University Center for Excellence in Developmental Disabilities (UCEDD), Georgia State University	0.15	MA, PhD	Binghamton University	Psychology	EPI-MPH
Crowe, Samuel	Adjunct Assistant Professor (Non-tenure track)	Team Lead, National Outbreak Reporting System, Enteric Diseases Epidemiology Branch, US Centers for Disease Control and Prevention	0.15	MPH, PhD	Johns Hopkins University, Fordham University	Infectious Disease Epidemiology, Political Science	EPI-MPH EPI-MSPH GLEPI-MPH GLEPI-MSPH GH/ID-MPH
Dawson, Lisa	Adjunct Instructor (Non-tenure track)	Director, Office of Injury Prevention, Georgia Department of Public Health	0.15	MPH	Emory University	Policy and Management	BSHE-MPH EH-MPH
Decker, Kenneth	Adjunct Instructor (Non-tenure track)	CEO, Decker Technology Inc.	0.15	MS	Georgia Institute of Technology	International Affairs	EMPH-APHI
Dent, Andrew	Adjunct Instructor (Non-tenure track)	Program Director, Geospatial Research Analysis and Services Program, US Centers for Disease Control and Prevention	0.15	MA, MBA	Georgia State University	Geography, Computer Information Systems	BIOS-MPH BIOS-MSPH
Derado, Gordana	Adjunct Instructor (Non-tenure track)	Mathematical Statistician, US Centers for Disease Control and Prevention	0.15	PhD	Emory University	Biostatistics	BIOS-MPH BIOS-MSPH
Derado, Josip	Adjunct Instructor (Non-tenure track)	Assistant Professor, Mathematics, Kennesaw State	0.15	PhD	University of Connecticut	Mathematics	BIOS-MPH BIOS-MSPH
Do, Ann	Non-tenure-track	Research Associate Professor, Department of Epidemiology, Rollins School of Public Health	0.60	MPH, MD	Emory University, University of Tennessee	Epidemiology, Medicine	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD

							GLEPI-MPH GLEPI-MSPH
Doner, Richard	Tenured	Professor, Department of Political Science	0.15	MA, PhD	Stanford University, University of California - Berkeley	East Asian Studies, Political Science	EH-MPH
Drissi, Hicham	Tenured	Professor, Department of Cell Biology, Emory University	0.15	MS, PhD	University of Paris	Cell Biology, Cellular and Molecular Biology	NHS-PhD
Edwards, Paula	Affiliated Professor	Healthcare Informatics Consultant, Lead for Analytics/Data Governance Focus Area, HIMformatics, LLC	0.15	PhD	Georgia Institute of Technology	Industrial Engineering	EMPH-APHI
Elifson, Kirk W.	Non-tenure-track	Research Professor, Rollins School of Public Health & Professor, Georgia State University	0.01	MA, PhD	Vanderbilt University, Vanderbilt University	Sociology, Sociology	BSHE-MPH BSHE-PhD
Fairley, Jessica	Non-tenure-track	Associate Professor, Emory University School of Medicine	0.15	MD	Georgetown University	Medicine	GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GH-Accelerated
Florence, Curtis	Adjunct Associate Professor (Non-tenure track)	Lead Health Economist, Division of Analysis, Research and Practice Integration, US Centers for Disease Control and Prevention	0.15	PhD	University of North Carolina	Labor Economics, Econometrics	HPM Management-MPH
Frederick, Tim	Adjunct Instructor (Non-tenure track)	Environmental Health Scientist, US Environmental Protection Agency	0.15	MPH	Emory University	Environmental and Occupational Health	EH-MPH
Frediani, Jennifer	Tenure-track	Assistant Professor, Nell Hodgson Woodruff School of Nursing, Emory University	0.15	PhD	Emory University	Division of Biological and Biomedical Sciences	EMPH-AEPI
Freedman, Ariela	Adjunct Assistant Professor	Owner and Founder, Maventree Consulting	0.15	MAT, MPH, PhD	National Louis University, University of	English Education, Community Health	BSHE-MPH

	(Non-tenure track)				Minnesota, Emory University	Education, Behavioral Sciences and Health Education	
Fridkin, Scott	Tenured	Professor, Emory University School of Medicine	0.15	MD	Loyola University Chicago	Medicine	GH/ID-MPH EPI-MPH EPI-MSPH GLEPI-MPH GLEPI-MSPH
Friedman, Cynthia	Adjunct Assistant Professor (Non-tenure track)	Team Lead, National Antimicrobial Resistance Monitoring System, CDC	0.15	MD	Ross University	Medicine	EPI-MPH EPI-MSPH GLEPI-MPH GLEPI-MSPH GH/ID-MPH
Girard, Amy Webb	Research Associate Professor	Research Associate Professor, Emory University	0.50	PhD	Emory University	Nutrition and Health Sciences	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated NHS-PhD
Grey, Jeremy	Adjunct Instructor (Non-tenure track)	Lecturer, Institute for Quantitative Theory and Methods, Emory University	0.15	PhD	University of Minnesota	Epidemiology	EMPH-AEPI
Guest, Jodie	Non-tenure-track	Research Professor, Department of Epidemiology, Rollins School of Public Health & Assistant Professor, Emory University School of Medicine	0.50	MPH, PhD	Emory University, Emory University	Epidemiology, Epidemiology	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Gutman, Julie	Adjunct Assistant Professor (Non-tenure track)	Instructor (Infectious Disease), Emory University School of Medicine	0.15	MD	Tel Aviv University Sackler	Medicine	GH/ID-MPH
Hall, Rachel Nicole Waford	Non-tenure-track	Research Assistant Professor, Hubert Department of Global Health, Rollins School of Public Health & Licensed	0.50	MA, PhD	Western Kentucky University, University of Louisville	Experimental Psychology, Clinical Psychology	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH

		Clinical Psychologist, Decatur Family Psychiatry					GH/CHD-MPH GLEPI-MPH GLEPI-MSPH
Hanna, Redge	Adjunct Instructor (Non- tenure track)	Director, Service Performance, Emory Healthcare	0.15	N/A	Georgia College & State University	National Healthcareer Association Certification	HPM Management- MPH HPM Health Policy-MPH HPM HSR-MSPH
Hatcher, Robert A.	Tenured	Professor Emeritus, School of Medicine, Emory University	0.15	MD, MPH	Cornell University, University of California - Berkeley	Medicine, Public Health	GH/SRP-MPH GH/CHD-MPH
Hinman, Alan	Adjunct Professor (Non-tenure track)	Consulting Advisor, Center for Vaccine Equity, The Task Force for Global Health	0.15	MPH, MD	Harvard University, Western Reserve University	Public Health, Medicine	EPI-MPH EPI-MSPH GLEPI-MPH GLEPI-MSPH GH/ID-MPH GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Hinman, Johanna	Adjunct Assistant Professor (Non-tenure track)	Associate Director of Education, Department of Surgery, Emory University School of Medicine	0.15	MPH	RSPH of Emory University	Behavioral Sciences and Health Education	EMPH-PRS
Ho, Joyce	Tenure-track	Assistant Professor, Department of Mathematics and Computer Science, Emory University	0.15	MS, PhD	Massachusetts Institute of Technology, University of Texas at Austin	Electrical and Computer Science	BIOS-MPH BIOS-MSPH
Howett, Ciannat	Adjunct Associate Professor (Non-tenure track)	Director, Office of Sustainability Initiatives, Emory University	0.15	JD	University of Virginia School of Law	Law	EH-MPH

Hynes, Michelle	Adjunct Assistant Professor (Non-tenure track)	Epidemiologist, Division of Global Health Protection, US Centers for Disease Control and Prevention	0.15	MPH, PhD	Columbia University, Emory University	Population and Family Health, Behavioral Sciences and Health Education	GH/SRP-MPH
Jacob, Jesse	Adjunct Professor (Non-tenure track)	Associate Professor of Medicine, Emory University School of Medicine	0.15	MD	University of South Florida	Medicine	EPI-MPH EPI-MSPH GLEPI-MPH GLEPI-MSPH GH/ID-MPH
Jacobson, Kara L.	Non-tenure-track	Senior Associate, Department of Health Policy & Management, Rollins School of Public Health	0.30	MPH	Emory University	Behavioral Sciences and Health Education	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Janssens, Anna Caecilia	Non-tenure-track	Research Professor, Department of Epidemiology, Rollins School of Public Health	0.50	MA, MSc, PhD	Utrecht University (Netherlands), Netherlands Institute for Health Sciences, Erasmus University Rotterdam (Netherlands)	Clinical and Health Psychology, Epidemiology, Health Sciences	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
Jones, Dean P	Tenured	Adjunct Professor, Director, Metabolomics Core, Emory University, School of Medicine	0.15	PhD	Oregon Health Sciences University- Portland	Biochemistry	NHS-PhD
Jorgensen, Cynthia	Adjunct Professor (Non-tenure track)	Lead, Education, Training & Communications - Division of Viral Hepatitis, US Centers for Disease Control and Prevention	0.15	MA, DrPH	Boston University, University of North Carolina - Chapel Hill	Health Communication, Health Behavior and Health Education	BSHE-MPH EMPH-PRS
Kalokhe, Ameeta	Assistant Professor	Assistant Professor, Emory University School of Medicine (joint appointment)	0.15	MD	Wayne State University School of Medicine	Medicine	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH

Kanso, Ramzi	Adjunct Instructor (Non-tenure track)	Vice President, Abbot Diagnostics Business	0.15	BS	The University of Alabama	Accounting	HPM Management-MPH
Karimi, Sumaya	Adjunct Assistant Professor (Non-tenure track)	Director, Global Ubuntu	0.15	MD	Balkha University	Medicine	GH/CHD-MPH
Kennemore, Wesley, R.	Affiliated Professor	CEO, Kennetech Holdings, LLC	0.15	MD, MS	Windsor University School of Medicine	Medicine	EMPH-APHI
Khan, Sara	Adjunct Instructor (Non-tenure track)	Senior Data Analyst, US Centers for Disease Control and Prevention	0.15	MSPH	Emory University	Public Health Informatics	BIOS-MPH
Killeen, Michael	Adjunct Professor (Non-tenure track)	Vice President, Marketing, Lenz Inc.	0.15	MBA	Georgia College & State University	Business Administration	HPM Management-MPH
Kirby, Amy	Adjunct Instructor (Non-tenure track)	Senior Service Fellow, Microbiologist, US Centers for Disease Control and Prevention	0.15	MPH, PhD	Emory University, State University of New York at Buffalo	Epidemiology, Microbiology	EH-MPH
Kiser, Miriam (Mimi)	Non-tenure-track	Research Assistant Professor, Hubert Department of Global Health, Rollins School of Public Health & Program Director, Interfaith Health Program	0.50	MPH, DMin	Emory University, Wesley Theological Seminary	Behavioral Sciences and Health Education, Faith and the Health of Communities/Leadership	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH
Konradsen, Flemming	Visiting Professor (Non-tenure track)	Professor, Global Health Section, University of Copenhagen	0.15	PhD	University of Copenhagen	Health and Medical Sciences	EH-MPH GEH-MPH
Kruger, Judy	Adjunct Assistant Professor (Non-tenure track)	Deputy Branch Chief, US Centers for Disease Control and Prevention	0.15	MS, PhD	University of Illinois at Chicago	Public Health	EH-MPH

Lampl, Michelle	Tenured	Charles Howard Candler Professor of HumanHealth	0.15	PhD, MD	University of Pennsylvania	Anthropology, Medicine	NHS-PhD
Leidman, Eva	Adjunct Professor (Non-tenure track)	Epidemiologist, CDC, Emergency Response & Recovery Branch	0.15	MSPH	Johns Hopkins University	Public Health	GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Lipscomb, Joseph	Tenured	Professor, Department of Health Policy and Management, Rollins School of Public Health & Associate Director for Population Sciences, Winship Cancer Institute at Emory	0.50	PhD	University of North Carolina - Chapel Hill	Economics	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Lobelo, Roberto (Felipe)	Tenure-track	Associate Professor, Hubert Department of Global Health, Rollins School of Public Health & Senior Physician Consultant for Population Health Research, Department of Quality and Patient Safety, The Southeast Permanente Medical Group, Kaiser Permanente Georgia	0.60	MD, PhD	Universidad del Rosario, University of South Carolina	Medicine and Surgery, Exercise Science	NHS-PhD GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Lopes-Cardoza, Barbara	Adjunct Professor (Non-tenure track)	Psychiatric Epidemiologist, Emergency Response and Recovery Branch, US Centers for Disease Control and Prevention	0.15	MPH, MD	Tulane University, University of Amsterdam	Public Health, Medicine	GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH GH-Accelerated
Marcus, Michele	Tenured	Professor, Departments of Environmental Health and Epidemiology, Rollins School of Public Health	0.70	MPH, PhD	Columbia University, Columbia University	Epidemiology, Epidemiology	NHS-PhD EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH

Marshall, LaTisha	Adjunct Instructor (Non-tenure track)	Health Scientist, US Centers for Disease Control and Prevention	0.15	MPH, DrPH	University at Albany, SUNY; The University of Georgia	Health Administration, Health Policy and Management	BSHE-MPH
Massoudi, Barbara	Adjunct Associate Professor (Non-tenure track)	Senior Advisor, RTI International	0.15	MPH, PhD	University of Pittsburgh	Epidemiology	BIOS-MPH BIOS-MSPH
McDaniel, Darius	Non-tenure track	Senior Biostatistician, Emory University School of Medicine	0.15	MSPH	Emory University	Public Health Informatics	BIOS-MPH BIOS-MSPH
McFarland, Deborah	Tenured	Associate Professor, Hubert Department of Global Health and Department of Health Policy & Management, Rollins School of Public Health	0.75	MPH, MSc, PhD	University of North Carolina at Chapel Hill, London School of Economics, University of Tennessee	Health Policy, Economics, Strategic Management and Industrial Organization Economics	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH
McNabb, Scott J.	Non-tenure-track	Research Professor, Hubert Department of Global Health and Department of Epidemiology, Rollins School of Public Health	0.85	MS, PhD	University of Oklahoma, University of Oklahoma	Medical Microbiology, Microbiology and Immunology	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH
McNaghten, A.D.	Adjunct Associate Professor (Non-tenure track)	Chief, Capacity Building Branch, US Centers for Disease Control and Prevention	0.15	PhD	Ohio University	IIP - Preventive Medicine and Research	EMPH-PRS EMPH-AEPI EMPH-APHI
Mejia, Roberto	Adjunct Instructor (Non-tenure track)	Biostatistician, US Centers for Disease Control and Prevention	0.15	MS, PhD	CES University--Colombia, Virginia Commonwealth University	Epidemiology, Developmental Psychology	BIOS-MPH BIOS-MSPH
Merritt, Robert	Adjunct Assistant Professor (Non-tenure track)	Branch Chief, Epidemiology and Surveillance Branch, US Centers for Disease Control and Prevention	0.15	MA	Emory University	Medical Sociology	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH

Millette, Deb	Adjunct Instructor (Non-tenure track)	Former Deputy Director, Division of Emergency and Environmental Health Services (EEHS), US Centers for Disease Control and Prevention	0.15	MPH	Emory University	Epidemiology, Environmental Health	EH-MPH GEH-MPH
Morris, Claudia	Non-tenure track	Associate Professor, Pediatrics and Emergency Medicine, Emory University School of Medicine	0.15	MD	Eastern Virginia Medical School	Medicine	NHS-PhD
Mulle, Jennifer	Non-tenure track	Assistant Professor, Emory University School of Medicine	0.15	PhD	Johns Hopkins University, School of Medicine	Human Genetics	EPI-MPH EPI-MSPH
Murphy, T.J.	Adjunct Professor (Tenured)	Professor, Emory University School of Medicine	0.15	PhD	University of Missouri-Columbia, School of Medicine	Pharmacology	BIOS-MPH BIOS-MSPH
Noonan, Rita	Adjunct Instructor (Non-tenure track)	Behavioral Scientist, CDC	0.15	PhD	Indiana University	Sociology	EMPH-PRS EMPH-AEPI EMPH-APHI
Oakley Jr., Godfrey P.	Non-tenure-track	Research Professor, Department of Epidemiology, Rollins School of Public Health & Director, Center for Spina Bifida Prevention at Emory University	0.50	MD	Bowman Gray School of Medicine	Medicine	EH/EPI-MSPH EPI-MPH EPI-MSPH EPI-PhD GLEPI-MPH GLEPI-MSPH
O'Connor, Jean	Adjunct Professor (Non-tenure track)	N/A	0.15	JD, MPH, DrPH	Emory University, Emory University, University of North Carolina at Chapel Hill	Law, Health Policy and Management, Public Health Policy and Leadership	EMPH-PRS
O'Toole, Michael	Adjunct Instructor (Non-tenure track)	Executive Director, Piedmont Healthcare	0.15	MS	Georgia Institute of Technology	Management of Technology	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH

Owen-Smith, Ashli	Adjunct Instructor (Non-tenure track)	Affiliate Investigator, Kaiser Permanente	0.15	PhD	Emory University	Behavioral Sciences and Health Education	BSHE-MPH
Patel, Shilpa	Adjunct Assistant Professor (Non-tenure track)	Evaluation Specialist, ICF International	0.15	PhD	Emory University	Behavioral Sciences and Health Education	BSHE-MPH
Pearson, William S.	Adjunct Professor (Non-tenure track)	Health Scientist, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, US Centers for Disease Control and Prevention	0.15	MHA, PhD	Medical University of South Carolina, University of South Carolina	Medicine	EMPH-AEPI EMPH-APHI EMPH-PRS
Phillips, Lawrence S	Tenured	Professor, Division of Endocrinology, Emory University School of Medicine	0.15	MD	Harvard University	Medicine	NHS-PhD
Pina, Jamie	Adjunct Instructor (Non-tenure track)	Director, Public Health Informatics Program, RTI International	0.15	PhD	University of Washington - School of Medicine	Biomedical Informatics	EMPH-APHI
Plantinga, Laura	Adjunct Instructor (Non-tenure track)	Assistant Professor, Emory University School of Medicine	0.15	BS, PhD	Johns Hopkins University, Emory University	Biostatistics, Epidemiology	EPI-MPH EPI-MSPH
Press, Christopher E.	Adjunct Instructor (Non-tenure track)	Partner, Morgan Healthcare Consulting LLC	0.15	MBA	University of Chicago	Finance and Marketing	HPM Management-MPH
Prokopec, Gonzalo Vazquez	Tenured	Associate Professor, Department of Environmental Sciences, Emory University	0.15	MSc, PhD	University of Buenos Aires	Biological Sciences (Ecology)	EH-MPH GEH-MPH EH/EPI-MSPH
Queen, Edward	Senior Lecturer (Non-tenure track)	Director, Leadership Education/Coordinator, Undergraduate Studies, Emory University	0.15	JD, PhD	Indiana University, University of Chicago	Law, Religion	GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GH/Accelerated
Rao, Arthi	Adjunct Assistant Professor	Research Scientist II, Georgia Institute of Technology	0.15	PhD	Georgia Institute of Technology	City and Regional Planning, Epidemiology	EH-MPH GEH-MPH EH/EPI-MSPH

	(Non-tenure track)						
Rask, Kimberly J.	Non-tenure-track	Research Associate Professor, Department of Health Policy and Management, Rollins School of Public Health & Chief Data Officer for Alliant Health, the CMS QIN-QIO for the States of Georgia and North Carolina	0.23	MD, PhD	University of Pennsylvania, University of Pennsylvania	Internal Medicine, Health Economics	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH HSRHP-PhD
Reed, Carrie	Adjunct Assistant Professor (Non-tenure track)	Team Lead, Applied Research and Modeling, US Centers for Disease Control and Prevention	0.15	PhD	Boston University	Epidemiology	EPI-MPH EPI-MSPH GLEPI-MPH GLEPI-MSPH GH/ID-MPH
Robinson, Helen	Adjunct Instructor (Non-tenure track)	Director, Advocacy, YWCA of Greater Atlanta	0.15	MPA	Indiana University Bloomington	Public and Nonprofit Management	BSHE-MPH
Rochat, Roger W.	Non-tenure-track	Research Professor, Hubert Department of Global Health & Department of Epidemiology, Rollins School of Public Health	0.73	MD	University of Washington	Medicine	GH-Accelerated GEH-MPH GH/ID-MPH GH/PHN-MPH GH/SRP-MPH GH/CHD-MPH GLEPI-MPH GLEPI-MSPH
Rutz, Dan	Adjunct Instructor (Non-tenure track)	Global Public Health Strategist, Advocate, Educator, and Mentor, Dan Rutz LLC	0.15	MPH	Emory University	Prevention Science	EMPH-PRS
Saha, Shubhayu	Adjunct Instructor (Non-tenure track)	Senior Fellow, Climate and Health Program, US Centers for Disease Control and Prevention	0.15	MA, PhD	North Carolina State University	Economics, Economics and Public Policy	GEH-MPH GH/CHD-MPH
Sanders, Lawrence	Adjunct Instructor (Non-tenure track)	Acting Director, Turner Environmental Law Clinic at Emory University	0.15	MD, MBA	Clemson University, Vanderbilt University	Medicine, Business	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH

Sanders, Richard	Adjunct Instructor (Non-tenure track)	Healthcare Attorney, MJ Executive Consulting	0.15	JD	Emory University	Law	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH
Saraiya, Mona	Adjunct Professor (Non-tenure track)	Team Lead, Cancer Prevention and Control, US Centers for Disease Control and Prevention	0.15	MD, MPH	Rush Medical College, Emory University	Medicine, Public Health	GH/CHD-MPH
Schroeder, Dirk	Adjunct Associate Professor (Non-tenure track)	Executive Vice President, HolaDoctor Inc	0.15	PhD	Johns Hopkins University	International Health	GH/CHD-MPH
Shaw, Fred	Adjunct Professor (Non-tenure track)	Editor in Chief, Public Health Reports, Office of the Surgeon General OASH, US Department of Health and Human Services	0.15	JD, MD	Columbia University, University of Vermont	Law, Medicine	HPM Management-MPH HPM Health Policy-MPH HPM HSR-MSPH
Singh, Rani	Professor (Tenured)	Professor and Director, Division of Medical Genetics, Nutrition Section, Emory University	0.15	PhD	University of Georgia	Nutrition	NHS-PhD
Smith, Iris	Associate Professor Emeritus	Associate Professor Emeritus, Rollins School of Public Health, Emory University	0.15	PhD	Georgia Southern University	Community Psychology	EMPH-PRS
Spangler, Sydney	Tenure-track	Assistant Professor, Nell Hodgson Woodruff School of Nursing, Emory University	0.15	MS, PhD	University of Utah, University of North Carolina	Nursing, Maternal and Child Health	BSHE-MPH
Steiner, Riley	Adjunct Instructor (Non-tenure track)	Health Scientist, Division of Adolescent & School Health	0.15	MPH, PhD	Johns Hopkins University, Emory University	Epidemiology and Biostatistics, Behavioral Sciences and Health Education	BSHE-MPH
Suchdev, Parminder	Professor (Tenured)	Professor, Pediatrics and Global Health, Emory University	0.15	MD, MPH	Northwestern University	Medicine, Global Health	NHS-PhD

Talley, Leisel	Adjunct Assistant Professor (Non-tenure track)	Team Lead, Humanitarian Health, US Centers for Disease Control and Prevention	0.15	MPH	Emory University	Global Health	GH/PHN-MPH GH/ID-MPH GH/SRP-MPH GH/CHD-MPH GH/Accelerated
Tangpricha, Vin	Tenured	Professor and Director, Emory Endocrinology Fellowship Program	0.15	MD, PhD	Tufts University, Boston University	Medicine, Molecular Medicine	NHS-PhD
Thompson, Nancy	Tenured	Professor, Departments of Behavioral Sciences and Health Education and Epidemiology, Rollins School of Public Health	0.50	MPH, PhD	Emory University, Georgia State University	Consumer Behavior and Statistics, Clinical Psychology	BSHE-MPH BSHE-PhD
Tripp, Brooke	Adjunct Instructor (Non-tenure track)	Deputy Director for Program Operations, US Centers for Disease Control and Prevention	0.15	MA	The University of Georgia	Finance and Human Resources	HPM Management-MPH
Upton, Rebecca	Adjunct Instructor (Non-tenure track)	Faculty, DePauw University	0.15	MPH, PhD	Brown University, Emory University	Anthropology, Prevention Science	EMPH-PRS
Vos, Miriam B	Tenured	Professor, Pediatrics, Emory University School of Medicine	0.15	MD, MSPH	University of Louisville School of Medicine	Medicine	NHS-PhD
Wagenaar, Alexander	Non-tenure-track	Research Professor, Department of Behavioral Sciences and Health Education, Rollins School of Public Health	0.50	MSW, PhD	University of Michigan, University of Michigan	Sociology with a minor in Program Evaluation and Research, Sociology with a minor in Health Behavior and Health Education	BSHE-MPH BSHE-PhD
Weitzman, Mervyn Neale	Tenured	Professor, Department of Medicine, Emory University School of Medicine	0.15	PhD	Medical School, University of Witwatersrand	Medical Biochemistry	NHS-PhD

Welsh, Jean Ann	Associate Professor (Non-tenure track)	Associate Professor, Pediatrics, Emory University School of Medicine	0.15	MPH, PhD	University of Minnesota, Emory University	Nutrition	NHS-PhD
Wollenzien, Jon	Adjunct Instructor (Non-tenure track)	CEO, YourTown Health	0.15	MS, DBA	University of Osteopathic Medicine and Health Services, Nova Southeastern University	Health Administration, Business Administration	HPM Management-MPH
Woodcock, Elizabeth	Adjunct Instructor (Non-tenure track)	Executive Director, Patient Access Collaborative & Founder, Woodcock & Associates	0.15	DrPH, MBA	Johns Hopkins University, University of Phoenix	Health Policy and Management, Health Care Systems and Entrepreneurial Management	HPM Management-MPH
Worthman, Carol M	Tenured	Professor, Department of Anthropology, Emory University	0.15	PhD	Harvard University	Biological Anthropology	NHS-PhD
Yun, Chang Hyon Chris	Tenured	Professor, Division of Digestive Disease, Department of Medicine	0.15	PhD	University of Illinois at Urbana-Champaign	Biophysics	NHS-PhD
Ziegler, Thomas R	Tenured	Professor of Medicine, Emory University	0.15	MS, MD	Michigan State University	Nutrition, Medicine	NHS-PhD

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

CVs for all primary and non-primary instructional faculty are available in ERF E1-3.

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

It is notable that the 124 non-PIF faculty listed in template E1-2 have varying levels of involvement in the school, but all make significant contributions to their respective instructional areas. They offer relevant expertise that facilitates our ability to deliver quality degree programs. Some hold primary appointments in RSPH, while others hold primary appointments in other schools. Some hold joint or adjunct appointments in RSPH, while others serve as affiliated faculty. To clarify the distinctions, we define these different levels of involvement below:

**Joint appointment:** Faculty in other units within the University may hold a joint appointment with multiple departments in RSPH, but one department is identified as the primary appointment. The joint appointment is negotiated by the department chair, the dean, and the candidate. The candidate must satisfy the requirements for appointments in both departments. These appointments are not time-limited.

**Adjunct appointment:** Public health professionals who do not have a regular Emory University faculty appointment may be appointed as adjunct faculty. They must have completed their graduate education and are expected to contribute actively to the educational and/or research programs of the school. They are given limited appointments (non-tenure track), commonly without compensation unless it is associated with teaching or collaboration on funded research. Nominations for appointments to the adjunct faculty ranks are initiated by the department chair in consultation with the faculty members. These appointments are made for a period of three years, subject to renewal, with the approval of the dean.

**Affiliated faculty:** Public health professionals employed outside of Emory University who contribute to the school's programs and mission may be appointed as affiliated faculty. Such appointments normally do not reside within departments but are made to Centers or Programs. Faculty or administrators initiate nominations for a faculty affiliate appointment, which lasts for three years, subject to renewal. Similar to adjunct appointments, these appointments are typically without compensation unless it is associated with teaching or collaboration on funded research. This title is most commonly used for faculty who teach in the EMPH program.

**5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)**

*Strengths:*

- RSPH enjoys having a rich public health environment. All faculty make regular and important contributions to the school's teaching mission through classroom instruction and/or advising and mentoring students outside of the classroom. The adjunct and affiliated faculty, in particular, are largely public health practitioners, which serves to enhance the educational experience of our students by increasing their exposure to real-world public health challenges and successes.
- Non-PIFs are truly an eclectic group that serve a range of functions for the school. We created the definition above to define this group of faculty out of a need to set a minimum bar for engagement. Nevertheless, there are additional adjunct faculty listed in our course catalog that make important and meaningful contributions to the school but are not included on this list (e.g., they taught in a different academic year or they facilitated the allocation of graduate research assistantships for our students at their place of employment). Thus, the list of Non-PIF faculty, though complete based on the definition above, does not fully represent the full RSPH faculty complement.

*Weaknesses and Plans for Improvement:*

- Due to the heterogeneity of the Non-PIFs, there are different levels of engagement with the school. However, they all make significant contributions to teaching, research and service thus extending the school's public health work through their valuable perspectives. In the Spring of 2019, the Faculty Council amended its bylaws to include an adjunct faculty on its committee (Dr. Cynthia Jorgensen). The school will continue to identify ways in which the voices of Non-PIFs (particularly adjunct faculty) can be better represented in faculty governance.

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## **E2. Integration of Faculty with Practice Experience**

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**To assure a broad public health perspective, the school employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Schools 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, schools 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.**

Extensive Faculty Experience in Public Health:

In 2018-19, faculty (full-time, part-time) reported performing an estimated 873 consultations or episodes of technical assistance to health or public health agencies, programs, or institutions. Over one-third of primary RSPH faculty—tenure-track and CRT faculty—have had significant experience working in public health agencies and organizations as employees or through mechanisms such as an Interagency Personnel Agreement (IPA), which allows for part-time employment by an agency such as the CDC while remaining employed by the University. By way of example, Dr. Michael Kramer has ongoing collaborations with both the Division for Heart Disease and Stroke Prevention (including IPA 2012-14 and continued engagement 2014-present) and the Division of Reproductive Health (including IPA 2016-present) of the CDC. Dr. Kramer's consulting expertise in each case includes social epidemiology, spatial epidemiology, and supporting enhanced population health surveillance through a health equity lens. This work has resulted in a dozen publications, research assistantships for five PhD students, and thesis and practicum opportunities for four MPH students. Additionally, Dr. Allison Chamberlain is working as an epidemiology consultant with the Fulton County Board of Health (FCBOH). In this capacity, she provides epidemiologic and grant-writing expertise to the county on a variety of topics ranging from HIV prevention to public health preparedness to maternal-child health.

Engagement of Public Health Practitioners:

RSPH is located in a community that includes many public health agencies (e.g. CDC, CARE USA, American Cancer Society, state health department) and practitioners with extensive experience in the field. Their involvement in the instruction of RSPH students adds both historical and contemporary relevance to the curriculum of the school. These adjunct or affiliated faculty members contribute to the teaching of many courses as instructors of record or guest lecturers, and in doing so, integrate the perspectives of public health practice with academic work in the classroom. For example, during the 2018-2019 academic year, 89 courses were partially or fully taught by practice partners from public health or related health services agencies and organizations who served as adjunct or affiliated faculty members. Additional courses drew on professionals from the practice community as guest lecturers, resource persons for class projects, or evaluators of student projects.

Practitioners also serve as mentors to students in paid employment, APEs, thesis research, and professional development. The RSPH Mentoring Program is an annual program that matches public health professionals with students to enhance professional development, promote conversation and communication, and increase knowledge of public health as practiced in the community. Through discussions, networking events and other forms of interaction, mentors have the opportunity to expose students to the skills needed to excel in the professional world. During the 2018-19 academic year,

124 public health professionals mentored 131 students. These mentors were from over 80 organizations (e.g., Athena Health, CDC, Emory Healthcare, Environmental Protection Agency, American Cancer Society and many others). Public health practitioners also serve on school committees and formal groups, including the Faculty Council, RSPH Alumni Association, and CAB (all initially described in section A1).

#### Community Outreach Experiences Within the Classroom:

Faculty draw on their public health practice experience in classroom instruction. Some courses within the RSPH curriculum combine classroom exercises with applications in the community. Following the general principles of service learning and under the close scrutiny of the instructor, the community-outreach experiences provide opportunities to apply course objectives in resolving concerns within population-based health practice. For example, students in the BSHE 524: Community Assessment course in the Department of Behavioral Sciences and Health Education perform an actual assessment of assets and needs in a community setting for a public health program, agency or organization. The Epidemiology course, EPI 509: Children with Special Healthcare Needs is a course where students are paired with a family who has a child(ren) with special healthcare needs. The students have the opportunity to learn about the health, social service, educational, and natural support that the family utilizes. Products generated through service learning courses have included program evaluation, needs assessments, advocacy initiatives and curricular development. Syllabi for these two courses are available in ERF E2-1. Data and descriptions of these experiences are more fully described below in section E3-5.

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

##### *Strengths:*

- RSPH is located in a public health rich environment with nearby organizations that include the CDC, CARE USA, the Carter Center, American Cancer Society, local health departments and the state health department.
- RSPH faculty (full-time and part-time) have significant experiences working with public health practice settings.
- RSPH students are exposed to public health practitioners through multiple avenues including the APE.

##### *Weaknesses and Plans for Improvement:*

- The reported number of activities in which faculty, staff, and students interact with practice communities (and vice versa) is an underestimated count of actual activity. School leadership is exploring ways to capture these data in a more systematic and robust way. For example, in the spring of 2020, we will transition to a new Faculty Activity Reporting system (Interfolio) that will replace the current Microsoft Word document that faculty use to annually report their productivity to the school. With this new system, we expect to be able to easily search for practice-related activities in ways that make this difficult to ascertain using the current system.

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### **E3. Faculty Instructional Effectiveness**

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

**The school supports professional development and advancement in instructional effectiveness.**

- 1) Describe the means through which the school 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.**

Faculty maintain currency in their areas of instructional responsibility through engagement in original research; collaboration with others on research; active participation as public health practitioners in the workforce; as well as independent learning and professional development through reading, attending professional meetings, and other continuing education opportunities. RSPH ensures that primary and non-primary instructional faculty maintain currency in their areas of instructional responsibility in two ways.

First, prior to assigning faculty to teach a course, departments ensure that they have appropriate training and/or experience in the content area. For the majority of faculty, the field of doctoral level training overlaps with the topic of instruction. When there is not a match between a terminal doctoral degree and course topic or the instructor does not possess a terminal doctoral degree, RSPH follows the system for monitoring and approving course instructors maintained by the Office of the Provost, as required by the Southern Associate of Colleges and Schools (SACS). Accordingly, RSPH relies on the Classification of Instructional Program (CIP) to compare codes of terminal degrees on file in the Office of Human Resources with the CIP codes associated with specific courses. When these don't match, documentation is prepared that outlines the qualifications of the faculty member and the rationale for having the instructor teach their assigned course. Possible justifications include demonstration of a proven record of successful and highly competent college teaching, successful work experience in the field outside of academe, certifications or licensures in the field of instruction, exceptional or outstanding achievement, expertise, scholarship (presentations/publications), or creative activity in field. The documentation must describe the relationship between these qualifications and the course content and/or expected outcomes of the course assigned to the faculty member. Upon approval by the executive associate/assistant deans for academic affairs and review by the dean and vice president for faculty affairs, this documentation is stored in SACS accreditation files. Only 11 justifications required approval for academic year 2018-2019. Two examples are provided below that highlight cases in which discrepancies between CIP codes and terminal degrees triggered further review and approval processes. The first example is an illustration of a faculty with academic background and expertise in health policy who was still flagged for teaching a specific elective course in the department of Health Policy and Management (Pharmaceutical Economy and Policy) that could have been deemed outside her area of expertise based on CIP codes. The second example illustrates an adjunct faculty who holds a master's level degree teaching an elective course in the department of Behavioral Sciences and Health Education.

*Example #1:*

Courtney Yarbrough is a primary instructional faculty serving at the assistant professor level in the Department of Health Policy and Management. She earned her PhD and master's in Public Administration and Policy from the University of Georgia (UGA) in 2017 and 2012, respectively. While earning her doctoral degree, she served as a Graduate Research Assistant in UGA's Department of

Public Administration and Policy. Prior to joining Emory, she lectured at the Milken Institute School of Public Health at George Washington University and guest lectured at UGA on topics such as health economics and finance, cost-effectiveness and cost-benefit analysis, and price control efficiency vs. equity. Her research focus is on health policy and the economics of health care. For two years, Dr. Yarbrough was the co-principal investigator for a Robert Wood Johnson Foundation Public Health Law Research Program titled, "The Impact of State Opioid Regulation on Pain Management in Medicare Patients." She has been invited to present her research at the Morehouse School of Medicine National Center for Primary Care Webinar Series, Milken Institute School of Public Health at George Washington University, RAND Corporation, Health Lunch Seminar series, and the UGA Policy Consortium. She has participated in conference presentations across the United States, Puerto Rico, and Ireland on subjects such as pharmaceutical markets, drug regulation, and price and utilization of prescription drugs. Dr. Yarbrough has two forthcoming articles in *Health Services Research* and the *Journal of Public Policy* and serves as a reviewer for *Health Economics* and *Public Administration Review*. She is a member of AcademyHealth, American Society of Health Economists, Association for Public Policy Analysis and Management, International Health Economics Association, and Southern Economic Association. Based on Dr. Yarbrough's experience and extensive knowledge of health policy issues, she is highly qualified to serve as an instructor for the course, Pharmaceutical Economics and Policy.

#### *Example #2:*

Helen Robinson is a non-primary instructional faculty serving at the instructor level in the Department of Behavioral Sciences and Health Education (BSHE). She earned a Master of Public Affairs in Public Management and Nonprofit Management from Indiana University. She serves as Advocacy Director for the YWCA of Greater Atlanta mobilizing partner organizations and citizen advocates to help promote effective policy solutions to improve the health and safety and economic empowerment of women and girls in Georgia. She leads the Georgia Women's Policy Institute, an award-winning, innovative civic engagement training program, which breaks down barriers to women's participation in the policy development process. Under her supervision, the Georgia Women's Policy Institute won the 2017 Association Excellence Award for Advocacy and was selected for the Moving the Work Forward award by the Georgia Commission on Family Violence in 2016. Robinson manages the organization's advocacy partnerships, including assembling a stakeholder roundtable focused on women's and girls' policy issues with over 35 participating organizations. In 2017, she ran a five-session training series titled, Advocating for Policy Change, for the Junior League of Atlanta. For three years, she was Assistant Director for Emory Centers for Training and Technical Assistance providing technical assistance to a wide array of nonprofits and state and local government agencies in the areas of public policy and health promotion. In this role, Robinson also served as an expert speaker for webinars and conferences on topics such as public health policy and communications. From 2006-2008, she was a Policy Director for the Georgia Campaign for Adolescent Pregnancy Prevention where she analyzed public policy and led statewide organizations, community organizing, strategic partnership, and policy advocacy activities to promote adolescent health. Based on Robinson's education, high level of experience in policy advocacy, and extensive knowledge of public health issues, she is highly qualified to serve as an instructor for the special topics seminar titled, Public Health Advocacy through State Policy.

A second method to ensure that instructional faculty maintain currency in their areas of instructional responsibility involves oversight by the director of MPH/MSPH programs and/or the department chairs who are responsible for ensuring that their department faculty maintain currency through annual reviews. All primary instructional faculty submit annual reports that are reviewed by their department chairs, who discuss overall performance including teaching effectiveness with individual faculty (see E3-5 for details of annual report categories). This allows the department chair to assess and suggest remedies for teaching performance as reflected in various evaluation outcomes (see E3-2 for details). Additionally, in five departments—BSHE, Biostatistics and Bioinformatics (BIOS), Epidemiology (EPI), Global Health (GH), and Health Policy and Management (HPM)— and the EMPH program, a faculty member is assigned the role of director of MPH/MSPH programs and is directly responsible for monitoring the quality of instruction in their department. Typically, non-primary instructional faculty, who are generally not required to submit annual reports to Department Chairs, receive feedback from the director of the MPH/MSPH programs upon review of student course evaluations.

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

Two methods of evaluating faculty instructional effectiveness are used to guide instructional improvement: a) student course evaluations and b) peer evaluations.

Online student course evaluations represent the primary method of evaluating instructional effectiveness. All primary and non-primary faculty who teach are evaluated by students through an online student course evaluation survey containing both quantitative and qualitative questions assessing student satisfaction with the course as well as the instructor. Completion of course evaluations is highly encouraged, but is not required. Student course evaluations are open to students during the last two-three remaining class sessions and close on the last day of final exams. Students and faculty are notified by the assistant dean for academic affairs when course evaluations open, and faculty are strongly encouraged to allow a 15-minute time window during class time for students to complete the evaluations. Students receive periodic automated reminders to complete course evaluations during the open evaluation period to encourage completion. A minimum response rate of 66% is required for evaluation scores to be available for review online by all faculty and the student body. Evaluations receiving a response rate below 66% are only available to the instructor, the director of the MPH/MSPH programs where applicable, department chairs and the executive associate/assistant deans for academic affairs who are tasked with monitoring the quality of teaching at RSPH.

Peer evaluations are an emerging method of evaluating instructional effectiveness available upon request through the Center for Faculty Development and Excellence and increasingly through the BSHE Office of Evidence Based Learning.

**Center for Faculty Development and Excellence (CFDE)** is a University-wide resource (described in more detail below) available to faculty for quality improvement in teaching. Services include classroom observations by a peer faculty followed by a debriefing session summarizing findings and outlining areas of strength as well as recommendations for improvement.

**BSHE Office of Evidence Based Learning (OEBL)** originated in BSHE in 2016 and focuses on two main areas: 1) developing scholarship of teaching and learning (SoTL) in public health, and 2) supporting faculty and instructor development in teaching. With regard to its second area of focus, OEBL conducts peer teaching observations upon request. In addition to the typical classroom observation, OEBL also schedules Small Group Instructional Feedback sessions. These are formative 45-60-minute qualitative mid-course evaluations designed to generate the main areas of strength and weakness with course content, instructional effectiveness, as well as students' perceptions of their own approaches to learning. The teaching faculty receives a detailed report of findings to facilitate improvement. While the OEBL continues to be based in BSHE, their reach continues to grow in support of the RSPH as a whole through requests from faculty from other departments.

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

Primary and non-primary instructional faculty alike have access to University and school-wide programmatic supports focusing on innovative and effective classroom instruction. Key areas of instructional support are described below along with examples of recent faculty utilization of available resources.

- Emory University Support:

As mentioned above, the CFDE serves primary and non-primary faculty across all nine schools of Emory University and is supported by the Office of the Provost. The CFDE is dedicated to assisting faculty at

every level of their careers, from junior faculty to full professor, and in the lecture, tenure, and clinical tracks. With its mission to support faculty expansively framed, the CFDE is a distinctive center. The center supports faculty in all aspects of their career: research and scholarship, teaching and pedagogy, and professional development. The CFDE offers one-on-one consultations as well as seminars, workshops, presentations, funding opportunities, and online resources on a diverse set of topics focused on SoTL, research, writing, publishing, and professional development. The CFDE works closely with multiple institutional partners, including the Center for Academic Excellence at Emory's Oxford College, the Office of Equity and Inclusion, and the Emory Center for Digital Scholarship. RSPH maintains representation on the CFDE advisory board. Below are some examples of CFDE-sponsored opportunities related specifically to classroom instruction in which RSPH faculty often participate:

- a) Summer Teaching Intensive workshops on building teaching skills
- b) Presentations, workshops, and seminars on inclusive classrooms
- c) Integration of technology into classroom instruction

Several RSPH faculty have also received CFDE grants ranging from \$300-\$3,000 to support the development of new courses, particularly around community engaged learning, as well as to encourage the integration of innovative instructional methods. For example, Drs. Kimberly Jacob Arriola and Colleen McBride received a \$2,000 mini-grant in 2016 for their Grant Proposal Writing course, which enabled them to engage two administrators from key foundations in the community to help students learn about writing foundation grants from the perspective of actual foundation staff. Dr. Elizabeth Walker received a \$300 mini-grant in 2018 to bring in two guest speakers for her course, Prevention of Mental and Behavioral Disorders. The speakers were a psychiatrist who led a street medicine team and provided mental health care to people who are homeless and a person who had experienced homelessness. Given the difficulties in bringing a class out with the street medicine team, the mini-grant provided the opportunity to bring the challenges and public health approaches to addressing issues of homelessness among people living with mental illness into the classroom.

- RSPH Programmatic Support:

As mentioned above, the OEBL originated and continues to be housed in BSHE with a growing influence across the school. Its focus is to develop the SoTL in public health and to support faculty and instructor development in public health teaching. With regard to SoTL, the goal of OEBL is to support and collaborate with faculty in developing and conducting SoTL projects that will contribute to a data-driven knowledge base on how to most effectively train our students to be successful public health practitioners when they graduate. To that end, OEBL has collaborated with faculty (including both primary and non-primary instructional faculty) as well as MPH/MSPH and PhD students to write research papers, commentaries, and other thought pieces on pedagogy in public health.

With regard to supporting instructional development and teaching, OEBL disseminates evidence-based teaching strategies to RSPH faculty interested in course innovation with the goal of ensuring students' mastery of their degree competencies and preparedness to enter the public health workforce. To date, OEBL has offered the following opportunities to primary and non-primary instructional faculty across the RSPH:

- a) Workshop on specific teaching approaches (e.g. team-based learning)
- b) Teaching faculty panels to share effective and evidence-based approaches to teaching and learning and novel pedagogical methods
- c) Individual consultation and support to faculty and PhD students with course preparation and development
- d) Peer teaching observations and small group instructional feedback sessions

The Faculty Career Development Series, while broader in scope, is also committed to developing faculty across the many domains of responsibility. The goals of this series are twofold: first, to improve faculty members' ability to achieve success in their careers while increasing their satisfaction with their professional experience at RSPH; and second, to advance the recruitment and retention of high-quality

faculty members to RSPH. This series is open to all tenure-track and CRT faculty (including both primary and a subset of the non-primary instructional faculty). That includes tenure track and CRT faculty regardless of whether they consider themselves to be junior, mid-career, or senior-level faculty. Participation in the series is optional. In the past, the OEBL has offered sessions within the Faculty Career Development Series that seek to help faculty cultivate a spirit of inclusiveness in the classroom as well as to support faculty in adopting strategies for inclusive teaching. As part of the series, there is a session at the start of each academic year that provides information on university level resources to support students (e.g. the Office of Accessibility Services, mental health services, violence prevention) to facilitate faculty's ability to connect students with needed services.

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

All faculty seeking a promotion in rank must include a teaching portfolio consisting of a narrative on their philosophy and approaches to teaching, student course evaluations, peer teaching evaluations, representative course syllabi, and other relevant materials pertaining to the dimensions of teaching used for evaluation (e.g. student support letters). Promotions of tenure-track faculty in rank require a rating of "excellent" in at least one area and a rating of "very good" in the other areas of teaching, research, and service. It is most common for tenure-track faculty to be promoted on the basis of excellence in research and very good teaching and service. Hence, promotions for tenure-track faculty typically require a rating of at least "very good" in teaching. Promotions of CRT faculty members require a rating of "excellent" in at least one area or a rating of "very good" in two areas of teaching, research, and service. Hence, it is possible for CRT faculty who are not engaged in teaching to be promoted without demonstrating quality in that area. However, for those who engage in instruction, they must be "excellent" at teaching or at least "very good" in teaching and one other area. A total of three CRT faculty were promoted based on excellence in teaching in the past three years. The dimensions for evaluating faculty as "excellent" or "very good" are described in the school's Appointment, Promotion and Tenure (APT) guidelines available in the ERF A1-3. Performance is evaluated by senior faculty members in the department, the school's APT committee, and, in cases of tenure (at the level of associate professor) or promotion to full professor, by offices at the central University.

**5) Select at least three indicators, with one from each of the listed categories that are meaningful to the school and relate to instructional quality. Describe the school'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 school 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**

Annual review of faculty productivity is a key indicator that RSPH employs to maintain exceptional instructional quality across all concentrations and programs.

*Approach:*

All full and part-time faculty must submit an annual performance report to their department chair (see the report template below), due in June, outlining their accomplishments in the following areas of responsibility including a section dedicated to teaching achievements:

**ANNUAL REPORT OF FACULTY PROVIDED TO CHAIRS  
(for academic year: August, 2018-July, 2019)**

Name:

Department:

**I. SPECIAL HONORS**

- A. Major leadership positions in professional organizations and national panels
- B. External awards and honors

**II. TEACHING ACHIEVEMENTS**

- A. List courses taught and enrollment
- B. MPH/MSPH thesis (SSP) committees chaired (list names of students)
- C. MPH/MSPH thesis (SSP) committees on which you served but did not chair (list names of students)
- D. PhD dissertation committees chaired (list names of students)
- E. PhD dissertation committees on which you served but did not chair (list names of students)
- F. New courses developed and taught (list titles)
- G. Mentoring (junior faculty, post-docs, other)
- H. Other teaching achievements (list each)

**III. SERVICE/PRACTICE ACHIEVEMENTS**

- A. List service activities for the RSPH
- B. List service activities for Emory University
- C. List service activities for your profession
- D. List editorial boards or editorships
- E. List public health practice activities (consultations, technical assistance, funding programs targeting public health needs)

**IV. RESEARCH/SCHOLARSHIP ACHIEVEMENTS**

- A. List full citations of articles published in refereed journals during the academic year\*
- B. List authors, title and journal of refereed articles accepted for publications during the academic year\*
- C. List full citations of book chapters authored and published or in press during the academic year
- D. List full citations of edited or authored books published or in press the academic year
- E. List grants, contracts or cooperative agreements funded during the academic year
  - 1. PI or Co-PIs
  - 2. Your role in the project (if not PI or Co-PI)
  - 3. Title of project
  - 4. Funding agency
- F. List grants, contracts and cooperative agreements pending
  - 1. PI or Co-PI
  - 2. Your role in the project (if not PI or Co-PI)
  - 3. Title of project
  - 4. Funding agency
- G. List grants and contracts that were submitted but not funded or approved (by agency)
- H. Presentations at professional meetings (list authors, title and meeting)\*
  - I. List other achievements in scholarship or research

**V. INTERNATIONAL WORK (Activities in countries outside the US)**

- A. Research (topic of research and country)
- B. Teaching or Training (topic of teaching and country)
- C. Other

***\*Asterisk articles, chapters, books or presentations that were co-authored with a student (MPH/MSPH or PhD) or recent graduate***

*Progress:*

Utilizing the documentation submitted by faculty in the annual report, the department chair reviews the report, and oftentimes meets with individual faculty to provide oversight of faculty productivity and performance, which typically informs recommendations for salary adjustments. In lieu of a meeting, chairs may send faculty a written assessment. Department chairs submit an annual report of aggregate department-level data of faculty productivity to the executive associate dean for academic affairs. The executive associate dean for academic affairs uses this information to monitor the productivity of faculty and departments. This information is also used for reporting to the university, which monitors the school's productivity.

**Faculty Instructional Technique:**

- **Student satisfaction with instructional quality**

*Approach:*

Student course evaluations assess satisfaction with both courses and instructional faculty and constitute a key measure of instructional quality across all departments at the RSPH. See ERF E3-5 for the Course Evaluation Form. The survey has a quantitative component that assesses quality of the course and quality of the instructor. It also assesses the overall pace at which topics are covered in the course and the extent to which the classroom environment was respectful and inclusive of students' diverse backgrounds and ideas. Response options are on a five-point Likert scale. The qualitative component includes several open-ended questions about the most valuable aspects of the course, suggestions for improvement, and advice for other students enrolling in the course. Results based on feedback on the overall course and instructor for the past three years are listed below in Table E3-5. They document a high level of student satisfaction that is sustained over time.

**Table E3-5: Mean Student Course Evaluation Scores for 500-Level Courses: 2016-2019**

Course Evaluation Component	2016-2017		2017-2018		2018-2019	
	Fall	Spring	Fall	Spring	Fall	Spring
About the Course	4.09	4.15	4.11	4.19	4.13	4.12
About the Instructor	4.29	4.33	4.32	4.36	4.35	4.29

Source: Course Evaluation Data

*Progress:*

The faculty are expected to review their student course evaluations and consider the feedback in improving the course and instructional quality. Directors of MPH/MSPH programs, where available, and/or department chairs are expected to encourage and reinforce improvements through annual reviews as described above. The assistant dean for academic affairs reads all evaluations and produces a summary assessment each semester for the six department chairs. The assistant dean suggests whether remedial action is necessary and monitors whether such actions are taken.

**School- or Program-Level Outcomes:**

- **Courses that integrate service learning, as defined by the school**
  - a) Courses that integrate community-based projects
  - b) Courses that use higher-level assessments
  - c) Courses that employ active learning techniques
  - d) Teaching assistants trained in pedagogical techniques
  - e) Implementation of grading rubrics

- f) Any other measure that tracks use of pedagogical techniques and is meaningful to the school or program

RSPH recognizes its unique geographic advantage and seeks to engage in mutually beneficial, ongoing collaborations with community partners through service learning.

*Approach:*

Service learning occurs through:

- Dedicated seminars targeting the needs of a specific Atlanta community (e.g. PUBH 602R - Clarkston-Rollins Connection [ClARC]).
- Courses seeking out communities in need of specific projects (e.g. Community Assessment, Program Evaluation).

The common thread throughout these varied service learning opportunities is the integration of academic requirements and real-life experiences in public health research and practice.

*Progress:*

The ClARC course is a one-year community engaged learning program open to all RSPH students interested in ethical community development from an asset-based perspective. Students in this program are involved in community engaged learning and work primarily with refugee populations and other underserved groups. The program makes its home in Clarkston, Georgia, a small Southern town, recognized by *TIME* magazine as, "the most diverse square mile in the country." Clarkston was identified as an ideal relocation city in the late 1980s and became a refugee resettlement zone in the 1990s. Today, approximately 32% of the population residing in Clarkston is foreign born. As a community with multiple refugee populations and a diversity of long-time American-born residents, it is an optimal place for public health students to practice ethical and responsive community engagement.

Approximately 30 participants each year provide volunteer service to organizations that support the various populations living within the city of Clarkston (including, but not limited to, resettled refugee communities). ClARC provides between 1,200 and 1,800 community service hours per year in conjunction with in-class seminars. ClARC works with 7–10 community-based organizations including Lutheran Services of Georgia, Friends of Refugees, CDF Action, Center for Pan Asian Community Services, Sagal Radio, Refugee Women's Network, Amani Women's Center, Al-Tamyoz, and others. Service activities range from tutoring students, assisting with access to health services, maintaining food cooperatives, crisis intervention, and longer-term projects such as program evaluations.

The ClARC course was accompanied by a weekly seminar on community engagement led by two instructors and teaching assistants from the Paul D. Coverdell Fellows Program (Returned Peace Corps Volunteers pursuing the MPH degree) who provide administrative, leadership, and experiential knowledge from previous international community-based work. The course develops long-term community partnerships based on foundations of intersectionality, social justice, asset-based community development, and reciprocity. The ClARC course challenges students to engage with current issues in public health ethics through their lived experiences and nurture a professional practice of critical self-reflection. The current seminar covers such topics as strategies for understanding communities, cognitively based compassion, refugee process and experiences, asset-based community work, citizen advocacy, social justice and public health ethics, racism and critical race theory, cultural humility, implicit bias, coalition building, and public advocacy. Some students join this program as preparation for working with local or global community cultures through the Peace Corps or other service agencies post-graduation, while others continue on in service with ClARC partners beyond the course.

Other examples include courses such as Community Assessment and Program Evaluation. These seek out community partners whose public health agenda can be advanced by engaging students in agency-specific projects which students complete in teams under the close supervision of the course instructor. A recent evaluation of community partners working specifically with students in the BSHE department through such community engaged learning courses indicates that they valued students' work in several ways: 1) students provided quality data and reports that informed program development and revision; 2) students offered increased human capacity and the skills needed to conduct community assessments; and 3) organizations benefited from the prestige of sustained relationships with an academic partner. Results of this evaluation titled "Community engaged learning in public health: An evaluation of utilization and value of student projects for community partners" were published in *Pedagogy for Health Promotion* in 2018 (DOI: 10.1177/2373379918772314).

After 10 years of this program, the school decided to undertake a comprehensive reassessment and evaluation of its structure. Migration patterns have changed with less resettling in the metro-Atlanta area in recent years. Thus, the ClaRC course was temporarily paused for the 2019-2020 academic year to explore how to restructure it to make it available to more students and to better align it with the OneEmory Strategic Plan, which has "Atlanta as a Gateway to the World" as one of its pillars. This course will be reconstituted and launched for AY 2020-2021 based on qualitative and quantitative data gathered during this upcoming academic year.

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

*Strengths:*

RSPH maintains procedures to evaluate and ensure faculty currency in areas of instruction, employs multiple mechanisms to assess and provide feedback on instructional effectiveness, and supports the development of instructional skills through a broad range of resources available at the University (CFDE) and school level (OEBL and Faculty Career Development Series). The following metrics suggest that these measures are effective in ensuring a high-quality instructional environment:

- There is generally a high level of student satisfaction with courses and instructors as evidenced by mean ratings that consistently fall in the 4–5-point range on a 1–5-point scale.
- Students' experiences and perceptions of classroom climate (e.g. respect and inclusivity of students with diverse backgrounds and ideas) are very positive with an average score of 4.6 on a 5-point scale.
- Community engaged service learning is evaluated positively by partners in a wide range of professional contexts.

*Weaknesses and Plans for Improvement:*

- As is typical of student course evaluations administered in online formats across academic institutions, RSPH also experiences lower response rates with only approximately one-third of courses meeting the 66% response rate for student course evaluations. A faculty subcommittee was recently established to review student course evaluations and to make recommendations for increasing student response rates. This effort aligns with the new Association of Schools and Programs of Public Health (ASPPH)'s Scholarship of Teaching and Learning Task Force focused on developing new recommendations for course and teacher evaluations.
- The ClaRC course is currently a zero-credit-hour course requiring a significant commitment of effort by both the instructor and students. Plans for improving the course will result from a re-evaluation of the course that is currently underway and will culminate into changes to its overall format and delivery as well as processes that allow more students to enroll in the course when it is relaunched in Fall 2020.

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## E4. Faculty Scholarship

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The school 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 school 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 school's definition of and expectations regarding faculty research and scholarly activity.

Research is one of the principal missions of the RSPH and is reflected in its goal to “discover, disseminate, and apply public health science.” Emory University, a Category I Carnegie Research University, places a high value on conducting and disseminating peer-reviewed research and competing for sponsored research projects. RSPH faculty members conduct research in a variety of areas including nutrition; social determinants of health; maternal and child health; health consequences of environmental exposures; health policy and resource allocation; and the prevention and control of AIDS, cardiovascular disease, cancer, and adverse reproductive outcomes. Collectively, RSPH faculty members have made notable contributions to knowledge and public health practice.

The school has a comprehensive research base that spans the breadth of the field of public health. All of the critical areas in the field of public health are represented. Many of these areas span multiple departments across the school. Rather than trying to provide a list in this document of the research areas pursued at the RSPH, the school included a complete list of active grants from faculty in ERF E4-1 for FY19.

The research portfolio demonstrates the interdisciplinary nature of the school's research programs, including the collaborations that cross departmental and school divisions. The section below highlights some of the school's major research initiatives, which are illustrative of the types of research being conducted at RSPH:

*The Center for Aids Research (CFAR).* Co-directed by Dr. Carlos del Rio, Chair of the Hubert Department of Global Health; Dr. James Curran, Dean and Professor of Epidemiology; and Dr. Eric Hunter, Professor, School of Medicine; the CFAR is a University-wide, National Institutes of Health (NIH)-funded research collaborative that conducts basic, clinical, translational, and social/behavioral research in HIV/AIDS.

*The Center for Reproductive Health Research in the Southeast (RISE).* Headed by Dr. Kelli Stidham-Hall in the BSHE department, RISE seeks to improve the reproductive health of people in the Southeastern U.S. through multidisciplinary research, education, and community engagement. RISE seeks to advance the science of understanding and intervening upon the multilevel social determinants of reproductive health and family planning. RISE has received substantial funding from an anonymous donor.

*The Center for Global Safe Water (CGSW).* Headed by Dr. Christine Moe in the Hubert Department of Global Health and Dr. Thomas Clasen in the EH department, the CGSW conducts applied research, evaluation, and training to promote global health equity through universal access to safe water, sanitation, and hygiene solutions. The CGSW has received significant funding from the Gates

Foundation.

*The Emory Global Diabetes Research Center (GDRC).* Headed by Dr. K. M. Venkat Narayan in the Hubert Department of Global Health, the GDRC seeks to leverage their extensive global network to develop and advance the abilities of Emory, U.S., and non-U.S. researchers to engage in high quality research in diabetes and other related non-communicable diseases such as stroke, hypertension, heart disease, and co-morbid conditions such as tuberculosis, mental health, and HIV. Their research seeks to understand causes and consequences, investigate prevention methods, and inform policy by exploring risk factors such as socio-demographics, nutrition, obesity, physiology, and physical activity.

*HERCULES Exposome Research Center.* Headed by Dr. Carmen Marsit in the EH department and in collaboration with Georgia Tech, HERCULES provides infrastructure and expertise to develop and refine new tools and technologies to play a leading role in the discovery, evaluation, and application of the exposome. Key among these are the Integrated Health Sciences Facility Core (which helps generate exposure data, improve metabolomic approaches, and facilitate clinical studies) and the Systems Biology Core (which helps synthesize the data into comprehensive computational models. This P30 Core Center is funded by the National Institute of Environmental Health.

*Programs, Research, & Innovation in Sexual Minority (PRISM) Health.* Under the leadership of Dr. Patrick Sullivan in the EPI department, PRISM is an umbrella structure for a broad portfolio of NIH, CDC, and foundation-funded studies and projects and actively collaborates with community-based organizations to conduct research, generate theories and knowledge, and translate findings into effective sexual health interventions and programs. PRISM's mission is to conduct quality science, innovative research, and evidence-based programming to better understand and improve the sexual health and well-being of sexual minority populations.

## **2) Describe available university and school support for research and scholarly activities.**

All tenure-track faculty members are expected to engage in research pertinent to the recognition, characterization, and resolution of health problems in human populations. Full-time tenure-track faculty members normally maintain programs of research or related activities that fund roughly two-thirds to three-fourths of their 12-month salary (the rest coming from teaching and administrative efforts); however, this does vary by department. Extramural funding may support a greater proportion of non-tenure-track faculty FTEs (referred to as "Clinical or Research Track, or CRT faculty").

Those recruited to junior faculty positions are generally supported by departmental funds for a period of two–four years (departmental funds typically decrease each year so that a first-year faculty member may be fully supported by the department but only receive 50% in year two and 25% in year three), until they have an opportunity to develop funded programs of research. We are intentional about assigning equal weight in the evaluation of research accomplishments for raises and promotion whether it be practice-based, clinical, laboratory, or community-based research.

### **Extramural Funding Support**

Support for the school's research programs comes from a variety of sources with the NIH being the largest single supporter. It is notable that the Blue Ridge Institute for Medical Research ranked RSPH #6 in NIH funding among schools of public health in 2018. The National Institute of Allergy and Infectious Diseases; the National Heart, Lung, and Blood Institute; the National Institute of Human Genome Research; and the National Institute of Environmental Health Sciences provide much of the funding. The school's faculty members also receive grant support from the Environmental Protection Agency, the United States Department of Agriculture, and the CDC. Faculty research is also supported by a range of different private sources including the Bill and Melinda Gates Foundation, CARE, and the Robert Wood Johnson Foundation.

As indicated in ERF E4-2, historical award data shows that support for sponsored research has grown significantly over the past nine years. In the most recent year for which there are data (2018-19), total

sponsored research is \$107,840,421. This amount averages approximately \$1 million per tenure track faculty. The growth in direct costs has generated a growth in indirect cost recovery, contributing to supporting the research infrastructure.

Institutional Support

Administration of Research Programs:

The Administration of research programs at the RSPH is conducted by several entities within the school: Office of Research, Office of Administration and Finance, departmental administrative staff, and individual faculty. Table E4-2 describes the roles and responsibilities of each of these entities.

**Table E4-2: Administration of RSPH Research Programs**

Entity	Research-related Administrative Roles and Responsibilities
Office of Research	<p>The associate dean for research is responsible for facilitating the school’s programs of research. Working closely with 12 (two from each department) other faculty members appointed to the RSPH Research Advisory Committee, the associate dean for research identifies opportunities for collaborative and/or interdisciplinary research and promotes multidisciplinary activities, such as center and training grants. The associate dean for research also stays abreast of trends among major funding agencies and identifies opportunities for faculty or groups of faculty to engage with sponsored programs of research.</p> <p>The associate dean for research promotes the school’s alignment with research-related strategies, policies, and procedures through active participation on the WHSC Research Advisory Committee, the RPSH Research Advisory Committee, the Office of Sponsored Programs Faculty Advisory Board, regular meetings with other associate deans for research in the WHSC, and interaction with relevant University and school offices. The executive associate/associate dean for administration and finance assist the associate dean for research with research administration compliance efforts.</p>
Office of Administration and Finance	<p>The executive/associate deans for administration and finance head the RSPH Business Services Office, which provides a range of organizational support services for research, including budget preparation for grant and contract proposals and post-award administration. The office is responsible for assisting faculty with a variety of compliance issues, including managing conflicts of interest, complying with agency regulations as well as adhering to Institutional Review Board (IRB), and the Health Insurance Portability and Accountability Act (HIPAA) guidelines.</p> <p>While the associate dean for research administration is based in the Office of Administration and Finance, this individual works closely with the associate dean for research to optimize systems for pre- and post-award management. Assistance is also available for purchasing and other accounts payable tasks. The Human Resources arm of the Business Services Office provides support for the process of hiring new research project staff, from developing the initial job description to conducting employee orientation.</p>
Departmental Staff	<p>While the school provides central administrative support for research through these two aforementioned offices, individual departments are responsible for providing clerical support to assist faculty in the preparation of research proposals. This support includes initial preparation of budgets and compilation of grant proposal documents for submission.</p>

Entity	Research-related Administrative Roles and Responsibilities
Faculty	<p>Faculty members autonomously initiate research in areas of their academic expertise, often collaborating with colleagues who share their interests. Faculty members, as principal investigators, are responsible for administering and managing their sponsored research projects.</p> <p>Senior faculty often help mentor newly recruited junior faculty in developing programs of research. In recent years, the school has supported a grant-writing consultant to work with junior faculty in preparing grants for submission or revising previously reviewed proposals.</p>

#### Grant Preparation and Pilot Research Funding:

The RSPH's Research Advisory Committee initiated a program that provides all faculty consultation and advice from a professional grant writer and covers the cost of hiring external experts to review research proposals in preparation. Seventeen faculty members received support for the preparation of one or more proposals each in the 2017-18 and 2018-19 academic years. The grant writer also holds seminars for post-doctoral students and faculty on preparation of proposals, particularly those for career development awards. In the 2018-2019 academic year, a pilot research program was initiated within RSPH by the interim associate dean for research, whereby faculty could apply for \$20,000–\$50,000 grants to stimulate programs of research in areas that are expected to be successful for future NIH grant submissions. See the call for proposals in ERF E4-2.

Additionally, Emory's University Research Committee (URC) allows faculty to apply for pilot grant funding (up to \$30,000). In more recent years, the program has focused on supporting the exploration of new areas of research that are likely to attract outside support. Applications are solicited regularly from all regular, full-time faculty members and reviewed by six broad discipline-based subcommittees and one interdisciplinary committee composed of faculty members. The URC is co-chaired by an RSPH faculty member.

#### Faculty Mentorship:

School-wide mentoring guidelines for junior faculty have been in place since 2014. Over the course of 2018 a subcommittee of the Faculty Council worked to revise these guidelines to include the CRT and mid-career faculty more explicitly. These revised guidelines were approved by RSPH Leadership Group in December 2018. These revised guidelines outline minimum standards for mentoring faculty. Individual departments may augment these standards with more extensive department-specific mentoring plans. At this time, three departments have implemented such tailored plans (i.e. BSHE, EH, and EPI). RSPH mentoring guidelines are included in ERF E4-2.

#### Interdisciplinary Research:

RSPH has numerous interdisciplinary centers that encourage faculty collaboration across interdisciplinary boundaries. A full list and description of all centers is available here <https://www.sph.emory.edu/research/centers/index.html>. Moreover, the school fosters the development of coalitions of faculty to pursue multi-investigator training and center grants. Through individual meetings and meetings of the Leadership Group, the associate dean for research promotes these types of activities. The Office of Research arranges the school-wide Public Health Sciences (PHS) Grand Rounds series that aims to introduce faculty to the breadth of research occurring within the school and encourage new collaborations. The PHS Grand Rounds involves presentations by faculty on current programs of research.

An additional mechanism to promote interdisciplinary research is through the WHSC, which offers annual Synergy Awards of \$100,000 to fund projects each year involving faculty collaborations from two

or more schools within the Health Sciences Center. Over the past three years, RSPH faculty have participated in 22 of the 27 Synergy Awards. Additionally, virtually all of the centers described above (including CFAR, RISE, GDRC, HERCULES) offer opportunities to conduct interdisciplinary research with pilot funding.

**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.**

Almost all full-time faculty in the school are engaged in scholarly research. Most also teach at the MPH/MSPH or doctoral level. For many faculty, the decision on what course to teach is based on their research expertise, so it is only natural for them to teach in areas relevant to their research expertise and to use their research as real-world examples in their courses. Moreover, faculty commonly discuss their research as guest lecturers in other colleagues' classes when invited. The collegial environment at RSPH makes it common practice for colleagues to be invited to guest lecture in each other's classes and to accept the offer. Table E4-3 below provides a few examples of faculty who teach in areas that align with their research expertise:

**Table E4-3: Examples of Faculty Integration of Research and Scholarship**

<b>Faculty Member</b>	<b>Department</b>	<b>Course</b>	<b>Relevant Area of Research Expertise</b>	<b>Specific Examples</b>
Dawn Comeau	BSHE	BSHE 538: Qualitative Research Methods	Qualitative Research Methods	Uses examples from teaching in Ethiopia, Cambodia, & Georgia to show cultural differences in approaching public health research
Eugene Huang	BIOS	BIOS 722: Advanced Survival Analysis	Biostatistics	Uses research activities as examples in class
Melissa Smarr	EH	EH 590R: Environmental Justice: Theory and Praxis	Environmental Justice	Uses her research in Environmental & Reproductive Epidemiology as examples in her course
Anne Spaulding	EPI	EPI 523: Correctional Healthcare EPI	Correctional Health	Uses data from volunteering in Haitian prison in class examples
Deborah McFarland	HDGH	GH 524: Health Systems Performance and Health Systems Financing: Methods and Evidence	Health Systems	Incorporates examples from her consulting research into class
Sarah Blake	HPM	HPM 569: Women's Health Policy: Lifecycle	Women's Health	Includes her own publications as class readings

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

Student engagement (both at the MPH/MSPH and doctoral levels) in faculty research and scholarly activities is the norm at the RSPH, although it is also common for students to take positions with external partners (e.g., CDC, CARE, American Cancer Society). The rich research environment within RSPH provides a fertile playground for students to participate in every stage of the research process from grant writing and implementation to dissemination and translation. This gives students opportunities to learn

about all phases of the research process, how to disseminate findings in peer-reviewed research literature, and how to present findings at professional conferences. There are four major avenues that are used to support student involvement in faculty research:

*Rollins Earn and Learn (REAL).* The REAL Award provides funding for master's-level public health students to support their academic interests with an applied public health experience, which includes participating in faculty research. These student work opportunities have come to be an integral part of the RSPH experience for most MPH/MSPH students. Each year, more than 500 students (561 in 2018-2019) find public health work opportunities with a range of agencies, including on faculty research grants within RSPH. The advantage of this program to faculty is that it covers half of the wage for graduate students (i.e., it pays \$6.75 of the \$13.50 per hour that is typically paid) and therefore affords a cost savings for grant budgets.

*Paid Graduate Research Assistantship.* Whereas some students are not eligible to receive funding through the REAL program (it is based on their financial aid package), all students are eligible to apply to serve as a paid graduate research assistant on faculty research projects at the full hourly wage (typically \$13.50 per hour). Faculty routinely budget for graduate research assistants when submitting grant proposals and oftentimes hire at least two–three students over the life of a multiyear grant.

*Unpaid Graduate Research Assistantship (volunteer or for course credit).* Students often participate in faculty research opportunities even when there is no funding to support them. In exchange, they may receive authorship on papers they contribute to (as do students who receive funding) and/or course credit (in the case of doctoral students who can enroll in research hours). Although there is not a formal mechanism to quantify how many students embark upon these kinds of unpaid graduate research assistantships, it may be as many as 20–30 students per year.

*Doctoral Student Stipend Support.* At the beginning of the current academic year, there were 179 doctoral students enrolled in one of the six programs housed within RSPH. The programs generally provide two or three years of stipend support with funding provided by a combination of the LGS and RSPH. However, in years three and beyond, student stipends come from a mix of faculty research grants, individual research grants and fellowships awarded to the students, and departmental support. For example, monthly stipend support from faculty research grants went to 77 (42%) of doctoral students in the 2018-2019 academic year.

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

Tenure track faculty members are expected to be excellent in at least one and at least very good in the other areas of teaching, research, and service. Hence, promotions require an assessment of at least very good performance in research. Clinical/research track faculty are required to be excellent in one or very good in two other areas of teaching, research, and service. Hence, some non-tenure-track faculty who are not engaged in research may be promoted without an assessment of very good or excellent in research. If they perform in roles related to research, they must be assessed as at least very good. Criteria for assessments of very good or excellent are included in the school's Appointments, Promotion and Tenure Guidelines included in the ERF A1-3 (Bylaws and other Policy documents).

## **6) Select at least three of the following measures that are meaningful to the school 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 school may add measures that are significant to its own mission and context.**

- **Percent of faculty (specify primary instructional or total faculty) participating in research activities**
- **Total research funding**
- **Number of grant submissions**

*Percent of total faculty participating in research activities:*

There are 196 total faculty at RSPH as of August 1, 2019 (i.e., 173 PIFs and 23 non-PIFs with primary appointments in RSPH). All faculty participate in a range of teaching and research-related activities with varying levels of emphasis on research or teaching. Approximately 90% of faculty participate in some type of research activity, be it sponsored or non-sponsored research activity through collaborative or principal investigator roles (see Template E4-1 and Table E4-6 below).

**Template E4-1: Outcome Measure for Faculty Research and Scholarly Activities**

Outcome Measure	Target	Year 1 (2016-2017)	Year 2 (2017-2018)	Year 3 (2018-2019)
Percent of faculty participating in research activities	90%	90%	90%	90%
Total research funding	134,177,078	130,849,298	131,546,155	107,840,421
Number of grant submissions	622	575	593	579

Source: Office of Finance and Administration Administrative Data

**Table E4-6: Total Research Funding**

Three-Year Comparison						
	2016-2017		2017-2018		2018-2019	
	Number	Total \$ in Millions	Number	Total \$ in Millions	Number	Total \$ in Millions
Proposals	575	166	593	165	579	188
Awards	385	131	394	132	409	108
Expenditures	n/a	91	n/a	106	n/a	118

Source: Office of Finance and Administration Administrative Data

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

*Strengths:*

- Based on the 2019 report, RSPH was ranked No. 6 in NIH funding by the Blue Ridge Institute for Medical Research among Schools of Public Health. We have a robust program of research, and faculty are intentional about engaging students in their research.
- RSPH has a strong research infrastructure to support this work with a Research Administration Services unit that supports pre- and post-awards. The school has implemented a proposal development office to assist with training grants and large center grants. The school funds a grant writer to assist faculty and students in the full lifecycle of the grant seeking process.

*Weaknesses and Plans for Improvement:*

- None noted

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## E5. Faculty Extramural Service

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The school 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 school'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 school's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.**

Service is reflected in the RSPH goal: "to build capacity in the public health workforce." The school views paid or unpaid service as having two dimensions: supporting the activities of the academic community and contributing to the practice of public health.

Service includes:

- participating on external professional committees
- contributing to public health practice through consultation and instructional programs (e.g., service learning, APEs, and theses)
- teaching continuing education courses
- delivering public health training programs funded through grants, contracts, and formal agreements

The University expects all faculty to contribute to service, however defined by each of its units. RSPH reflects an academic culture that values service and the majority of faculty and students contribute to the school's service goals. The school's tenure and promotion policies, inspired by the ASPPH publication, *Demonstrating Excellence in Academic Public Health Practice*, embrace a commitment to service or public health practice and include indicators that measure such service (See the APT Guidelines in Electronic Resource File A1-3).

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

Consistent with its mission, vision and values statements, RSPH has a culture that encourages faculty service to the university, school, departments, and the field (which includes service to the profession as well as public health practice activities). All faculty in the school are permitted to consult up to one day per week (20% FTE), and faculty use this time to engage in a range of paid and unpaid professional activities, most of which include extramural service activities. This supports the ability of faculty to make important contributions of professional expertise to the community (e.g., NIH grant reviews, expert consultations), including professional practice. This work serves to benefit the greater society above and beyond what is accomplished through research and instruction.

Documentation of service activities are required on faculty annual reports as they constitute a significant component of the promotion process. Tenure-track faculty must demonstrate at least "very good" service while CRT faculty may be considered for promotion based on "excellent" service. To ensure faculty are able to achieve these benchmarks for promotion, they must achieve a national reputation as leaders in their field, which occurs through their service and scholarly pursuits. Despite the vacant position, the role of the associate dean for public health practice in supporting service activities for faculty and students continues to be a priority for the school. We are confident that once filled, the person in this position will continue the work of developing and maintaining relationships that connect RSPH with public health practice communities. This includes maintaining and strengthening ties to the CDC, state, county, and

local health departments, the private sector, and community-based organizations that have a public health-related mission.

Additionally, there are several faculty members whose extramurally funded work supports the delivery of service activities.

- **Region IV Public Health Training Center (R-IV PHTC):** The mission of this center, funded by HRSA, is to strengthen competence of the current and future public health workforce in HHS Region IV, introduce public health and health profession students to the value of working in local communities and medically underserved areas, develop a learning community within the R-IV PHTC and its partners, support a culture of learning within agencies, and contribute to the work of the national PHTC program. This work is led by Dr. Moose Alperin.
  - **Emory Centers for Training and Technical Assistance:** These centers provide training and technical assistance to public health professionals, organizations, and their partners to help them design, implement, and evaluate effective program, policy, and people strategies. There are two dedicated centers within this larger structure: the Diabetes Training and Technical Assistance Center and the Tobacco Technical Assistance Consortium, and two specialty centers in Planning, Evaluation and Quality Improvement, and in Learning and Development. This work is led by Dr. Linelle Blais.
  - **Southeastern Institute for Training and Evaluation (SITE):** This institute designs and offers training programs under contracts with public health organizations and agencies, primarily the CDC. Currently, SITE provides approximately 10 trainings per year for CDC employees. These include topics such as public health program management, policy development, and program evaluation. This work is led by Dr. Dabney Evans.
- 3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.**

Fulton County Board of Health (FCBOH):

Dr. Allison Chamberlain is working as an epidemiology consultant with the FCBOH. In this capacity, she provides epidemiologic and grant-writing expertise to the county on a variety of topics ranging from HIV prevention to public health preparedness and maternal-child health. Dr. Chamberlain actively engages Emory students in her collaborative projects with the FCBOH. During the 2017-2018 academic year, one MPH student completed her thesis with the FCBOH Preparedness Division; her culminating project was aimed at revising the county's points-of-dispensing plan for rapid countermeasure distribution. The "Point of Dispensing Introduction for Public Health Emergencies" document that the student created as a supplement to her thesis was used by the county to educate and obtain input from fire chiefs across the county during summer 2018. Two other RSPH MPH/MSPH students worked on literature reviews and IRB applications for research projects aimed at exploring risk factors for HIV seroconversion among women seeking care at the Fulton County sexual health clinic and risk factors for recurrent syphilis among Fulton County residents. The HIV seroconversion study has now been assigned to a rising second-year MPH student for her thesis project, with another MPH student involved as a practice experience. The recurrent syphilis project is serving as a research assistantship for a second year PhD candidate in EPI.

In fall 2018, Dr. Chamberlain also integrated FCBOH's preparedness planning for the 2019 Super Bowl LIII (held in Atlanta) into her lesson plans for her Public Health Preparedness course (EPI/GH 564). Mass-gathering event planning was the running theme of her course. At the beginning of the semester, she welcomed Wendy Smith, MPH, Director of Emergency Preparedness for FCBOH, to speak about local public health preparedness for mass gatherings. To conclude the course, she arranged a class tour of the Mercedes-Benz stadium led by the stadium's Public Safety Operations & Logistics Manager, James Seagle. Her final project required students to develop a Community Assessment for Public Health Emergency Response following a plausible, but fictitious scenario involving a bioterror attack during the Super Bowl. Additionally, in her role as academic advisor to Emory's Student Outbreak Response Team (SORT), she has facilitated SORT's volunteer engagement with FCBOH's emergency operations center.

For example, students served in FCBOH's emergency operations center during its activation for Super Bowl LIII.

#### Emory Centers for Training and Technical Assistance (ECTTA):

Dr. Linelle Blais serves as the Executive Director for the Emory Centers for Training and Technical Assistance (ECTTA). Her work helps strengthen the public workforce through its extramural activities and services with health professionals and organizations nationwide. This service includes professional development and learning, program planning, evaluation, quality improvement, product and curriculum development, community and coalition engagement and mobilization, and online learning communities and peer networks. Extramural experiences are integrated into student instruction through classroom real-world case examples addressing social determinants of health; direct experience with public health-related curriculum, video, and materials with the opportunity for analysis and feedback; interaction with guest lecturers; and development of specific strategies and recommendations for intervention design, social marketing and communications, and program evaluation.

Each year, students are involved as teaching assistants with the ECTTA and work directly on key projects and are provided teaching experiences. Students often engage with external guest speakers after class to encourage networking for future employment opportunities. The CDC Office of Smoking and Health and the Office of Diabetes Translation also work with ECTTA every year as a key referral source for promising young talent for Oak Ridge Institute for Science and Education fellowships and other staff positions.

#### Greater Atlanta Breast Cancer Task Force (GABCTF):

Dr. Lauren McCullough is leading several research initiatives in collaboration with GABCTF. GABCTF was developed to increase awareness of the breast cancer mortality disparity among African-American women in metro Atlanta and to develop strategies to eliminate this disparity. The GABCTF consists of a collaborative group of civic (Sisters by Choice, Komen Atlanta, American Cancer Society) and government agencies (CDC and Georgia Department of Public Health), academic institutions (Emory University and Morehouse School of Medicine), health care providers (Emory University Hospitals, Grady Memorial, WellStar, Northside Hospital, Piedmont Hospital), insurance companies, media outlets (WSB-TV Atlanta), and survivors. Dr. McCullough's primary role has been to (1) direct the activities of the GATCTF, (2) refine messaging around mortality disparities, and (3) facilitate the acquisition of resources to support future GABCTF activities.

Dr. McCullough engages students with GABCTF projects in multiple capacities. Her master's-level research assistants have performed literature reviews and summarized data, which will ultimately be used for dissemination to the local community. Dr. McCullough's doctoral-level research assistant has accompanied her to all meetings, helped oversee GABCTF analyses, and reported research outcomes to the group. She has taken the lead developing manuscripts stemming from these activities including one under review and two published abstracts.

#### Healthy Mothers Healthy Babies Georgia (HMHB-GA):

Dr. Sarah Blake serves as an academic collaborator and practice partner with HMHB-GA. She works with the organization's prenatal education program which is implemented throughout the state. Dr. Blake is a member of the HMHB-GA strategic planning committee and a member of the organization's maternal mental health stakeholder advocacy group. Many RSPH students have worked directly with HMHB-GA as interns and have completed their APE with the organization. In the classroom, Dr. Blake shares work/APE opportunities with her students as well as publications and reports from HMHB-GA. She also encourages her students to get involved with the organization and to attend their stakeholder meetings.

#### Membership and Leadership in Professional Organizations:

An additional way that faculty are engaged in service is through membership and leadership in professional organizations. Many RSPH faculty members (full-time, part-time, adjunct, affiliated) are active in public health professional organizations, including the American Public Health Association (APHA), Georgia Public Health Association, Society for Public Health Education (SOPHE), American College of Epidemiology, American Sociological Society, American Anthropological Society, AcademyHealth, and ASPPH. Several faculty also hold leadership positions in these organizations. For example, Lisa Carlson is President-Elect of APHA (2018-2019), Dr. Delia Lang is on the ASPPH Scholarship of Teaching and Learning Taskforce, Dr. Melissa (Moose) Alperin is the Chair-Elect of the APHA Council of Affiliates (2018-2019), and Dr. Cam Escoffery is the President-Elect of SOPHE (2019-2020).

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

##### Mexican Consulate and Ventanillas de Salud Program:

Dr. Karen Andes partners with the Mexican Consulate to run their Ventanillas de Salud program, which provides health education, services, and referrals for Mexican nationals seeking health services at the consulate. The Mexican government provides a base budget, which is supplemented (nearly matched) through cost shares. For nearly five years, Dr. Andes has hired between two and four REAL students each year. Students from GH542 have conducted surveys and developed recommendations for evidence-based programs, BSHE 538 students have interviewed DACA recipients recruited through the consulate, and a couple of thesis projects have been conducted there. A number of Mexican National Institute of Public Health students have also completed APEs with the program over the summer.

##### Feminist Women's Health Center (FHCA):

Dr. Sarah Blake has partnered with FHCA to assist with their Lifting Latina Voices Initiative (LLVI), a community-based program that addresses comprehensive reproductive and sexual health issues faced by Latinx families in Georgia. Dr. Blake has conducted evaluation activities for LLVI and engaged two RSPH students to assist with data collection and analysis as well as translation. Dr. Blake has also participated in and encouraged her students to take part in FHCA advocacy training programs.

##### Sustainable Agriculture:

In 2017, as part of Atlanta Mayor Kasim Reed's initiatives in sustainable agriculture, Dr. Amy Webb Girard was asked by Foodwell Alliance to produce the health and community development sections of the city's baseline food systems report and contribute to the development of a local food systems roadmap for the city of Atlanta. She brought together a multidisciplinary team of students from RSPH and Emory's departments of Nutrition and Anthropology to work on this project with her. The work provided students the opportunity to engage with numerous community organizations and develop advocacy skills. Students have since gone on to secure jobs with Foodwell Alliance and other food systems organizations in Atlanta and Chicago.

#### **5) Select at least three of the following indicators that are meaningful to the school and relate to service. Describe the school'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 school may add indicators that are significant to its own mission and context.**

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

*Percent of PIF faculty participating in extramural service activities:*

RSPH is committed to supporting faculty in their pursuits of extramural services related activities. Faculty are engaged in myriad extramural *professional* service activities including but not limited to leadership positions, faculty consultations, editorial positions, journal article reviews, and service on national and international committees. They also engage in *community-based* service such as participation in local boards and working groups, delivering trainings, and volunteering with community organizations with a public health mission. Faculty extramural service commonly aligns with their area of expertise. In the past three years, 100% of PIFs engaged in some form of professional or community-based extramural service.

*Number of faculty-student service collaborations*

Faculty-student service collaborations take place quite commonly. However, we do not have formal mechanisms for capturing these activities. One area that represents some of this work is in the courses that offer a service-learning component. There are several classes at RSPH in which faculty create opportunities for students to interface with community partners. Of the courses offered during the 2018-2019 academic year, six service-learning courses provided opportunities for faculty and students to collaborate in working with a community partner (see Table E5-5.a)

**Table E5-5.a**

<b>Courses that Provide Opportunities for Faculty-Student Service Collaborations</b>			
<b>Course Number</b>	<b>Course Name</b>	<b>Service Component</b>	<b>Semester/ Students Enrolled</b>
BSHE 524	Community Assessment	This is a community-engaged course in which students obtain and interpret data about a community and its health determinants, assets and gaps through a socio-ecological perspective by collaborating with a public health/community agency.	S18/ 101
BSHE 530	Program Evaluation	The instructor facilitates the student application of evaluation methodology to a community project.	SP19/ 101
EPI 508	Maternal and Child Health Leadership Collaborative Seminar	The seminar series includes presentations and interactions with prominent leaders in public health, health care, and human services.	F18/ 20
EPI 523	Correctional Healthcare	The correctional setting will be used as a case study to illustrate how environment, public policy, behavior and biology all interact to determine the well-being of a population.	SP19/ 13
GH 568	Food Security	This course will explore the determinants and outcomes of access to healthy foods, evaluate the effectiveness and sustainability of existing food security strategies, and conduct community-engaged research in local communities on food access issues.	SP18/ 12
GH 572	Community Transformation	Through participatory learning, this course introduces a process that can be used to help communities identify and reflect on their key issues and take action.	SP19/ 32

Source: Online Pathway to University Students (OPUS) portal

### Number of community-based service projects

As described above, tenure-track faculty are commonly promoted on the basis of excellent research and very good teaching and service. Below, we focus on service to the profession through involvement in community-based service projects that are local to Georgia, national, or international in scope. The data below includes any projects that require a final financial report, deliverables, or federal funding, so it is a conservative estimate. It excludes work that falls outside of these parameters; however, using these criteria allowed us to use existing data systems to respond to this criterion. To supplement the quantitative data, we also conducted a review of the projects that faculty reported on their annual reports and generated the sample list of activities below Table E5-5.b.

**Table E5-5.b: Number of Community-Based Service Projects**

Year	Number of Service Projects	Total Number of Grant Awards	Service Projects as a % of Total Awards
2016 - 2017	58	385	15%
2017 - 2018	75	394	19%
2018 - 2019	74	409	18%

- Project that developed a national database of PrEP-friendly providers and clinics
- Works with service projects through the Girl Scouts related to food insecurity and nutrition
- Directs the Ventanilla de Salud Program at the Mexican Consulate. This program provides health education & direct services to Mexican Nationals and their families
- Healthy Mothers, Healthy Babies-Stakeholder Advisory Committee Member
- Postpartum Support International of Georgia-Maternal Mortality Committee Member
- Spina Bifida Association of Georgia, Executive Committee Member of Walk-n-Roll for Spina Bifida
- Technical Support to Universidad Autonoma de Nuevo Leon Food Safety Program, Monterrey, Mexico
- Survey development consultant for Autism Rising
- Technical assistance and consultation for Pre-Arrest Diversion (PAD) program
- Technical assistance and consultation for Urban League of Greater Atlanta Project Ready Goal 21<sup>st</sup> Century Community Learning Centers grant

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

Promotions of tenure-track faculty require “excellent” performance in at least one and at least “very good” performance in the other areas of teaching, research, and service/public health practice. Hence, tenure track promotions require at least “very good” contributions to service/public health practice. All faculty must include a service portfolio in their promotion dossier documenting contributions to service or public health practice.

CRT faculty are required to be “excellent” in one area or at least “very good” in two areas of teaching, research, and service/public health practice. Hence, CRT promotions may entail at least “very good” contributions to service/public health practice. Moreover, CRT faculty can be considered for promotion based on “excellent” service. The Appointments, Promotion and Tenure Guidelines document located in ERF A1-3 outline criteria for an assessment of very good or excellent service.

For the purposes of promotion and tenure, “service” is defined quite broadly and relates to service to communities, the profession, the university, department, and school. It includes:

- Participation in the governance functioning of the University. Such activities may occur at the department, school, or University level (although we acknowledge that this differs from the CEPH definition of service stated above).
- Contributions to the profession may include:
  - a) Serving in professional societies (e.g., participation in association functions or meetings, receipt of awards/honors from those associations, holding appointed or elected leadership roles, etc.)
  - b) Serving as expert consultants (e.g., advisor or on advisory panels for private or governmental public health agencies, serving on study section panels for funding agencies, assist or advise organizations and agencies, grant reviews, etc.)
  - c) Serving as peer reviewers for publications (e.g., editorial boards of journals, advisory editor for a book series, referee for major journals, etc.)
- Contributions to the community may include:
  - a) Serving on local boards of directors or other advisory boards
  - b) Serving as an evaluator for community organizations and/or non-profit organizations
  - c) Participating in speaking engagements targeting the lay community

To that end, all 20 faculty who have been promoted on the tenure track over the last three years have achieved a rating of “very good” in service.

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

*Strengths:*

- RSPH fosters a culture that values service to the community by faculty and students.
- The school’s tenure and promotion policies recognize the importance of service and/or public health practice.
- Faculty and students are actively engaged in service to the community.

*Weaknesses and Plans for Improvement:*

- The school does not currently have a mechanism to completely capture the full range of community-based service activities performed by faculty, staff, and students (including student involvement in faculty service). Therefore, what is reported is an underestimation of actual activity. The school is exploring ways to document this activity in a robust manner (e.g., through the capabilities of the new platform for faculty activity reporting, Interfolio, which will be launched in 2020).
- The school is currently re-evaluating the role and functions of the associate dean for public health practice. Once final decisions are made, this person is likely to play a key leadership role in enhancing collaboration and opportunities for faculty extramural service as well as student involvement across key public health domains.

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**F1. Community Involvement in School Evaluation and Assessment**

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

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

The RSPH has several formal structures that allow for constituent input. These include the Dean's Council, the RSPH Alumni Association, and the CAB. Each of these is described in more detail below.

Dean's Council:

The RSPH Dean's Council is an external board comprised of community, business, and philanthropic leaders whose primary mission is focused on providing visibility and support to the RSPH. The Dean's Council is a primary vehicle for introducing new leaders to the school and its mission and for providing stewardship for members whose philanthropy has been instrumental in the school's success. The Dean's Council meets twice a year for faculty presentations and discussion focused on timely public health topics. During the past two years, these programs have included Ebola, climate change and health, the opioid crisis, and mental health. See Table F1-1.a for the current membership list.

**Table F1-1.a: 2018-2019 RSPH Dean's Council**

<b>Membership</b>	
Dr. Phyllis L. Abramson Dr. Rhona S. Applebaum Ms. Yetty L. Arp Mr. Chris Barker Ms. Constance Barkley-Lewis Ms. Paula Lawton Bevington Ms. Celeste Bottorff Ms. Susan M. Boyd Ms. Connie Cousins-Baker Mr. Bradley N. Currey Jr. Ms. Sally A. Dean Mr. Rene M. Diaz Dr. Walter C. Edwards Dr. Brenda C. Fitzgerald Ms. Pegi Follachio Dr. Eugene Gangarosa Dr. Helene D. Gayle Mr. Jonathan Golden Ms. Leslie J. Graitcer Mr. Shelby R. Grubbs Ms. Kathy Harkey Ms. Virginia Bales Harris Ms. Gail Hayes Ms. Kathy Harkey Mr. Richard N. Hubert Ms. Ellen Hale Jones Ms. Randy Jones Mr. Stanley S. Jones Jr. Ms. Anne H. Kaiser Mr. Mark A. Kaiser Ms. Ruth J. Katz Mr. Alfred D. Kennedy Ms. Ann Estes Klamon Mr. Lawrence P. Klamon	Ms. Amy Rollins Kreisler Ms. Mary Anne Lanier Ms. Barbara W. Levy Ms. Constance Lewis Ms. Melissa H. Lowe Mr. Carlos Martel Jr. Mr. David A. Martin Dr. Barbara L. Massoudi Ms. Mary Lu Mitchell Mr. John S. Mori Mr. Horace Nalle Mr. Christopher Offen Ms. Nancy McDonald Paris Mr. Cecil M. Phillips Mr. Glen A. Reed Ms. Teresa Maria Rivero Ms. Patricia B. Robinson Ms. Donna C. Rohling Ms. Kathleen W. Rollins Dr. Nalini R. Saligram Dr. Dirk Schroeder Dr. John R. Seffrin Mr. Lee M. Sessions Jr. Ms. Jane E. Shivers Ms. Margaret Stagmeier Ms. Sandra L. Thurman Mr. William J. Todd Dr. Kathleen E. Toomey Ms. Linda Torrence Ms. Sheila L. Tschinkel Ms. Arlene Warshaw Dr. Walter B. Wildstein Dr. Shelby R. Wilkes
Dr. James W. Curran, <i>James W. Curran Dean of Public Health</i> Ms. Kathryn H. Graves, M.Ed, MPH, <i>Senior Associate Dean for Advancement and Alumni Relations</i>	

**RSPH Alumni Association:**

Established in 1992, the purpose of the RSPH Alumni Association is to:

- stimulate among its members a continuance of interest in RSPH and Emory University
- assist in meeting the professional needs of alumni
- furnish an avenue through which members may become familiar with problems and progress of RSPH and Emory University and provide feedback and support from public and private sources
- develop a wider acquaintance and fellowship among those who teach and those who practice in the profession of public health
- support alumni involvement in student service functions of the school, providing expertise and opportunities to current and prospective students

The work of the RSPH Alumni Association is carried out by the RSPH Alumni Board, which comprises 15 graduates who serve in an advisory capacity to help inform and carry out the school's mission. The

Board's priorities include building the alumni community, increasing alumni giving and engagement, aiding in student recruitment efforts, expanding educational opportunities for current students, and offering professional development to current students and alumni. See Table F1-1.b for the current membership list.

**Table F1-1.b: 2018-2019 RSPH Alumni Board Officers & Members**

<b>Membership</b>
<p><b><u>President:</u></b>  Aneesah Akbar-Uqdah, 08 MPH - Health Policy &amp; Management (HPM)  Public Health Analyst, Division of Global Health Protection  Centers for Disease Control and Prevention (CDC)</p>
<p><b><u>President-Elect:</u></b>  Kinsey McMurtry, 15 MPH - HPM  Associate Director for Fellowship Programs, Emory Gynecology and Obstetrics  Emory School of Medicine</p>
<p><b><u>Secretary:</u></b>  Kaytna Thaker, 14 MPH - Environmental Health (EH)  Health Policy Research Analyst  Northrop Grumman</p>
<p><b><u>Members:</u></b></p> <p>Kaleigh Emerson, 10 MPH - Global Health (GH)  Social Science Research Associate  The University of Texas, Austin</p> <p>Amanda Feldpausch, 13 MPH - Global Epidemiology (GLEPI)  Student, College of Veterinary Medicine  University of Georgia</p> <p>Yoran Grant-Greene, PhD, 06 MPH - Epidemiology (EPI)  Regional Associate Director, West Africa Region, Division of Global HIV &amp; TB  CDC  Lieutenant Commander, U.S. Public Health Service</p> <p>Jodie Guest, 99 PhD, 92 MPH – Epidemiology (EPI)  Research Professor, Rollins School of Public Health  Professor, Emory School of Medicine  Emory University</p> <p>Corliss Heath, PhD, 98 MPH, M.Div - Biostatistics (BIOS)  Health Scientist  Health Resources and Services Administration - HIV/AIDS Bureau</p>

Julia Krauss, 18 MPH, MBA - GLEPI  
Senior Associate  
KPMG

Monique Martin, 12 MPH - Behavioral Sciences and Health Education (BSHE)  
Senior Consultant  
Deloitte Consulting

Kelsey McDavid, 15 MPH - EH  
ORISE Fellow, National Center for Environmental Health  
CDC

KaeAnne Parris, 12 MPH - BSHE  
Health Scientist, Division of Global HIV & TB  
CDC

Alex Plum, 15 MPH, CHES - BSHE  
Director, Development and Innovation  
Henry Ford Health System

Elizabeth Sprouse, 18 MPH - Applied Public Health Informatics  
Founder  
Double Lantern Informatics, LLC

Erin Swearing, 15 MPH - Global Environmental Health  
Senior Program Associate  
Results for Development

#### Community Advisory Board:

The RSPH CAB is comprised of public health professionals from the Atlanta metropolitan area who are current or prospective employers of RSPH graduates. They are a representation of leaders and administrators from the public health workforce. The CAB is normally convened on campus twice during the calendar year by the OCD. Community Advisory Board members are selected based on their affiliation with RSPH, such as recruiting students for full-time job opportunities, REAL internships, APE, and/or RSPH alumni in mid-to-high-level positions within the public health industry. Community Advisory Board members serve as long as their affiliation with RSPH remains the same.

The mission of the CAB is to provide meaningful discussion with public health employers and community leaders from the nonprofit, public, and private sectors on the critical skills necessary for today's public health professional as well as to inform RSPH how it can better integrate these skills into its academic program and training opportunities. Meetings feature thematic sessions around public health training and employment and provide an opportunity for members of the public health community to inform the school on its planning and programs (e.g. participating in strategic planning). Recent meetings have featured thematic sessions with such titles as, *International Students in the Workplace*, the *RSPH 2017-2022 Strategic Plan*, *Professional Partnership Agreements*, *Candidate Selection Process*, *Diversity in the Workplace*, and *Exploring New Ways to Engage Employers Through the REAL Program*.

Staff engaged with OCD and Student Services along with faculty and students are often included in the meetings as presenters, facilitators, participants, and/or observers. A list of CAB members for 2018-2019 is available in Table F1-1.c.

**Table F1-1.c: Community Advisory Board Membership**

<p><b>Charge:</b> Share observations on the performance of recent school graduates and convey priorities for the skills they are seeking in future employees.</p>
<p style="text-align: center;"><b>Membership</b></p>
<p>Jessica Arrazola, Senior Program Analyst, CSTE  Matthew Biggerstaff, Epidemiologist of Surveillance and Outbreak Response, CDC  Yvette Daniels, Director of University Relations, Georgia Department of Public Health (GDPH)  Derrick Demmons, AVP, Federal Health, Karna, LLC  Ryan Derni, Consultant, Deloitte  Chris Duggar, Senior Public Health Advisor, CDC  Sheba Ehteshami, Manager, Deloitte  Tim Frederick, Life Scientist, U.S. Environmental Protection Agency (EPA)  Gordon Freymann, Director, Office of Health Indicators for Planning, GDPH  Amanda Garcia-Williams, Behavioral Scientist, CDC  Lenette Golding, Advisor, Behavior Change &amp; Community Development, Save the Children  Valerie Goodson, Program Analyst III, CSTE  Laura Gover, Communications and Research Specialist, KDH Research and Communication  Michael Greenwell, Vice President, ICF International  Lindsay Hemphill, Senior Business Chane Manager, Anthem Blue Cross Blue Shield  Jessica Hike, IS&amp;T Manager, CHOA  Kate Hurd, Senior Analyst, The Cloudburst Group  Bisi Jackson, Project Director, McKing Consulting Group  Moses Katarbarwa, Program Epidemiologist, The Carter Center  Logan Kirsch, Senior Consultant, Deloitte  Felicia Knight-Thompson, Management Policy Analyst III, Fulton County Board of Health (FBOH)  Tamara Lamia, Health Scientist, CDC  Kizzy Lewis, Human Resources Manager, FCBOH  Samantha Lie Tjauw, Research Scientist, Georgia Tech Research Institute  Jon Lipsky, CEO, J Michael Consulting, LLC  John Lisco, Senior Director of Finance, CSTE  Alyssa Lowe, Senior Research Associate, GA Health Policy Center  Barbara Massoudi, Senior Advisor, RTI International  Amanda Masters, Director of Workforce Development, CSTE  Hayley Oakes, Senior Associate, Grant Thornton</p>

Jennifer Peebles Sprague, Director, Product Management, Philips  
Eric Pevzner, Chief, Epidemic Intelligence Service | Epidemiology Workforce Branch, CDC  
Courtney Showell, Director, PwC  
Venessa Sims, Director of Emergency Management, Georgia Department of Agriculture  
Tisha Titus, Physician, Retired  
Brigette Ulin, Applied Research and Translation Branch Chief & Prevention Research Centers  
Program Director, Office of the National Prevention Strategy, CDC  
Lee Westmaas, Scientific Director, American Cancer Society  
Katherine Wright, Administrator of Clinic Operations, Emory Healthcare

**RSPH Staff**

Mark Conde, BA, Assistant Dean for Information Services  
Michelle James, Senior Director, Alumni Relations  
Claudia Paez-Ellett, MPH, Assistant Dean for Career Development  
Dean Surbey, MA, MBA, Executive Associate Dean for Finance and Administration  
Kathy Wollenzein, ADAP, HPM

**RSPH Faculty Advisory Board**

Sarah Blake, PhD, Research Assistant Professor, HPM  
William Caudle, PhD, Assistant Professor, EH  
Dawn L. Comeau, MPH, PhD, Research Associate Professor, BSHE  
Kirk Easley, Senior Associate, BIOS  
Michael Goodman, MPH, MD, Professor, EPI  
David Howard, PhD, BA, Professor, HPM  
Juan Leon, MPH, PhD, Associate Professor, HDGH  
Delia Lang, MPH, PhD, Assistant Dean for Academic Affairs  
Karen Levy, MPH, PhD, Associate Professor, EH  
Lauren McCullough, PhD, Assistant Professor, EPI  
Azhar Nizam, Senior Associate, BIOS  
Carlos del Rio, MD, Chair, HDGH  
Jeremy Sarnat, PhD, Associate Professor, EH  
Adam S. Wilk, PhD, Assistant Professor, HPM

BIOS - Biostatistics and Bioinformatics  
BSHE - Behavioral Sciences and Health Education  
EH - Environmental Health  
EMPH - Executive MPH Program  
EPI - Epidemiology  
HPM - Health Policy and Management  
HDGH - Hubert Department of Global Health

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

External constituents are engaged in assessing the content and currency of public health curricula and relevance to current practice through various programs, surveys of multiple constituents (e.g. graduating students, alumni, employers), and numerous events described in further detail below.

**RSPH CAB:**

As described above, the RSPH CAB provides advice through annual on-campus meetings, surveys regarding student performance, and requests for participation in student training events. CAB members are also consulted on strategic changes in the curriculum that affect acquisition of skills for practice in the public health workforce. Recent CAB meeting titles and topics have included:

- *Mental Health in the Workplace: Is it more than Workplace Wellness?*  
The session included a presentation by Dr. Wanda Collins, Assistant Vice President & Director, Counseling and Psychological Services; and Dr. Gary Glass, Director, Counseling and Career Services, Oxford College of Emory University. Their presentation addressed narratives around mental health and associated implications for RSPH students as well as the public health workforce. Following the presentation, there were breakout sessions and table discussions focused on involving community partners in important conversations about mental health, countering toxic messages, and available resources and support.
- *Alumni Workforce Competency Assessment*  
The session included a presentation of the findings from the Community Assessment Course project in collaboration with the OCD assessing a) RSPH graduates' needs in order to be ready and competent for the workforce, b) ways in which RSPH alumni demonstrate the public health core competencies, c) ways in which RSPH alumni demonstrate professionalism in the workplace, and d) lacking skills/traits among RSPH alumni.
- *Hiring International Students: The Nuts & Bolts*  
This session was co-presented by Jennifer Knupp, International Student & Scholar Advisor; and Rick Huizinga, Coordinator of International Student Life. The presentations provided the CAB members with insight on the number of international students enrolled at the RSPH and the countries they represent. Attendees also received information on hiring practices and practical training opportunities for international students, as well as guidelines for obtaining and maintaining their legal work status. Discussions included challenges faced in the workplace, ways in which RSPH can better prepare international students for success in the workplace, and ways the OCD can assist organizations with on-boarding international students for internship and/or full-time opportunities.

Information gathered from the CAB by the OCD is shared with faculty in relevant departments and programs, as well as the Dean's office. The Faculty Advisory Board (FAB), including faculty from each RSPH department, interacts directly with CAB members during discussions at on-campus meetings and serve as the principal targets for dissemination of CAB advice back to their departments. A listing of current FAB members is provided in Table F1-1.c.

**Graduate Outcomes and Exit Survey:**

At the end of each academic year, the RSPH sends out an online Graduate Outcomes and Exit Survey to graduating master's students. The first survey distributed to graduates within a month of graduation assesses their employment status as well as experience and satisfaction with their enrollment at the RSPH. Subsequent surveys are distributed monthly up to 12 months post-graduation assessing only employment status. The resulting data are analyzed and a written report is distributed to the dean's office, department chairs, and department advisors for dissemination. Copies of all reports are available

on the RSPH website and openly available for review (<https://www.sph.emory.edu/careers/employment-status/index.html>).

The data gathered from recent graduates helps inform the school about graduate outcomes related to employability, sectors, and average starting salaries. This information is important for educating students on what they can expect when entering the workforce upon graduation from the MPH/MSPH degree programs. Programming and targets for student engagement opportunities are influenced by the information gathered annually. Table F1-1.d presents graduate outcomes data from academic years 2016-2018. Across the three years survey response rates were high (99% for 2016 graduates, 98% for 2017 graduates, and 96% for 2018 graduates).

**Table F1-1.d: Graduate Outcomes and Exit Survey – 12-months post-graduation**

<b>Employment Status Category</b>	<b>2016 (N=528)</b>	<b>2017 (N=505)</b>	<b>2018 (N=540)</b>
Actively Seeking Work	11%	11%	14%
Continuing Education	7%	9%	7%
Employed	80%	77%	75%
Not Seeking Work/Education	1%	2%	2%
Unknown	0%	2%	1%

<b>Employment Sector Category</b>	<b>2016 (N=374)</b>	<b>2017 (N=332)</b>	<b>2018 (N=392)</b>
University/Research	17%	18%	23%
Government (Federal, State, Local)	33%	34%	31%
Private Practice/Self-Employed	3%	1%	1%
Nonprofit/NGO	16%	11%	19%
Hospital/Healthcare	10%	18%	15%
For-profit	19%	14%	7%
Other	3%	5%	3%

<b>Median Salary Category</b>	<b>2016 (N=374)</b>	<b>2017 (N=331)</b>	<b>2018 (N=288)</b>
\$0 - \$19,999	6%	6%	9%
\$20,000 - \$29,999	3%	4%	1%
\$30,000 - \$39,999	9%	4%	9%
\$40,000 - \$49,999	16%	18%	19%
\$50,000 - \$59,999	36%	35%	32%
\$60,000 - \$69,999	14%	18%	10%
\$70,000 - \$79,999	6%	8%	7%
\$80,000 - \$89,999	5%	4%	7%
\$90,000 - \$99,999	3%	1%	2%
\$100,000+	4%	2%	6%

Source: 2016-2018 Graduate Outcome Exit Survey Results

Alumni Surveys:

The RSPH recognized that engaging alumni as public health professionals in assessing the content and currency of the RSPH public health curriculum and applicability to public health practice could be a significant asset to the school. As RSPH graduates and current public health professionals, alumni perspectives could provide valuable insight into the school’s ability to ensure that students are provided with opportunities to attain public health competencies in the classroom as well as to engage in practice and integrated learning experiences outside the classroom. Consequently, a one-time survey of all RSPH alumni was implemented in 2016 (results are presented in Criterion B4), followed by a survey targeting graduates of the 2012 cohort later in the same year (results described below). These processes led to the decision to institute the current system of consistently surveying alumni three and five years post-graduation.

The 2016 survey of graduates of the 2012 cohort was designed to capture nuances in employment trends over a four-year period. A 41% response rate was reached in this survey. Table F1-1.e presents employment status data for graduates from the 2012 cohort.

**Table F1-1.e: Alumni Employment Status Among 2012 Graduates**

	%
<b>Employment Status (N=181)</b>	
Employed Full Time	80
Employed Part Time	7
Continuing Education	11
Unemployed	2
<b>Years Employed in Current Position (N=156)</b>	
0 months – 1 year	30
2 – 3 years	41
>3 years	29
<b>Employment Sector (N=154)</b>	
Government Organization (Federal, State, Local)	24
Hospital or Health Care Facility	13
Nonprofit/NGO	16
Non-Public Health Related	3
Other (please specify)	8
Private Practice/Self-Employed	4
Proprietary Organizations (Industry, Pharmaceutical Company, Consulting Firm)	10
University or Research Institution (e.g. Emory University)	22

Source: 2016 Alumni Survey

Through continuous examination of the school’s methods for obtaining input to assess student outcomes, the RSPH adopted a more rigorous and ongoing alumni surveying process in 2018. Accordingly, the OCD is responsible for implementing an annual alumni survey designed to assess current employment status and perceptions about preparedness to enter the workforce as a result of receiving an RSPH education. Specifically, the alumni survey asks respondents to self-assess their skills, mastery of foundational and concentration competencies, and strengths and weakness of their training. Alumni surveys are conducted each fall semester to assess outcomes for alumni three- and five-years post-graduation. The first alumni survey was distributed in November 2018 to graduates from 2013 (five-years post-graduation) and graduates from 2015 (three-years post-graduation) yielding a 24% response rate from each cohort (104 respondents/430 graduates in 2013; and 121 respondents/494 graduates in 2015). Respondents included alumni from each RSPH department. Approximately 86% of alumni reported being employed full-time, part-time, or self-employed with over 58% being employed at their current job for at least two years. Most alumni reported holding no more than two full-time positions since graduation (81%) suggesting stable employment opportunities. The largest proportion of respondents (over 25%)

were employed in government organizations (federal, state, and local) while less than 3% were self-employed. The median salary range among respondents was \$70,000-\$79,999. Approximately 13% of alumni reported being enrolled in a continuing education/degree-seeking program. The majority of these were enrolled in a doctoral program (62%).

On average, most of the respondents reported that they had the ability to apply the previous 10 CEPH core competencies post-graduation. Respondents rated communication, evidence-based approaches to public health, and leadership as the top three core areas for job readiness as a public health professional. The top three skills that prepared them for their current jobs included quantitative data analysis, teamwork, and data management.

The majority of alumni felt that the coursework at RSPH provided them with the necessary competencies and skills required for working in public health and/or their current field. Skills/training for career and quality academics/classes ranked as the most critically important to their experience as a student while enrolled at the RSPH. They considered their RSPH master's degree as a valuable asset toward achieving their career goals. The majority (87%) rated their decision to attend the RSPH as a great or good decision. The complete survey instrument and results are available in ERF F1-4. Findings from all surveys are disseminated in aggregate form as well as by department to the deans, department chairs, students, and other relevant stakeholders throughout the school to inform future directions.

#### OCD Programs, Events, and Presentations:

Members of the professional public health community, including representatives of employer organizations, mentors, and RSPH Alumni, participate in networking and mentoring events during the year with current MPH/MSPH students. Doctoral students are also able to attend these networking events. At such events, public health professionals speak with students about their experiences in the field, provide insight into organizations of interest to students, describe important skills and qualifications for job opportunities, discuss hiring practices, and reflect on their time and experience at the RSPH. Discussions are typically conducted at career fairs, networking events, or during panel discussions and information sessions, which allow time for questions and answers. Opportunities for engagement with public health professionals complement the experiences students have in the classroom and also provide the opportunity for students to see how the skills they are learning apply to a career in public health. Over the past three years, the OCD held an average of 96 programs, events, and presentations per year.

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

- **Development of the vision, mission, values, goals and objectives**
- **Development of the self-study document**

The RSPH self-study process included a Self-Study Committee composed of faculty, MPH/MSPH and PhD students, staff, alumni, and community partners from organizations such as the CDC, Council of State and Territorial Epidemiologists, Deloitte Consulting, Georgia Department of Public Health (GDPH), Metas Solutions, and National Association of Chronic Disease. The Self-Study Committee met monthly between February 2018 and March 2019. CEPH criteria were assigned to committee members who were responsible for reviewing drafts of the sections provided by the Executive Committee (i.e. executive associate dean for academic affairs and director of accreditation) and to lead a discussion of their assigned criteria with the entire committee at the following meeting. The goal was to obtain as much feedback as possible from the various constituents to ensure accurate and comprehensive reporting in the self-study document. A list of the Self-Study Committee members along with the self-study document review schedule that guided the committee meetings is available in ERF F1-3.

The Self-Study Committee began the review process with a focus on discussing the RSPH mission, values, goals, and objectives. The committee received a draft of the RSPH guiding statements that was developed at the annual faculty retreat in 2017. The Self-Study Committee devoted two meetings to

revising the guiding statements. Their recommendations were subsequently submitted and adopted by the RSPH Leadership Committee in August 2018.

- **Assessment of changing practice and research needs**

As described in section F1-1, the school's CAB, consisting of current and prospective public health employers, facilitates discussions and contributes collective observations on the strengths and weaknesses of students' academic and professional training and preparedness for the public health workforce. The feedback is shared with relevant school units (e.g. Office of Admissions and Student Services, OCD, etc.), the Education Committee, and individual departments responsible for addressing curricular standards.

- **Assessment of program graduates to perform competencies in an employment setting**

Employers of RSPH graduates are periodically surveyed, both formally and informally by the OCD to obtain assessments of the performance and skills of recent graduates. The most recent survey was conducted in fall 2017 by OCD in collaboration with a team of students from the BSHE department enrolled in the Community Assessment course. A survey of 127 employers and 157 alumni assessed their perceptions of RSPH alumni preparedness and professionalism in the workforce (e.g. career readiness, professionalism, public health knowledge, and skills). Furthermore, the survey sought to determine what resources would better prepare students to enter the public health workforce. In addition to quantitative survey data, key informant interviews were conducted with individuals representing a variety of employment settings. Findings demonstrate that employers and alumni rated the following competencies as most crucial to job readiness: evidence-based approaches to public health (93% of employers; 88% of alumni), communication (89% of employers; 92% of alumni), and interprofessional practice (90% of employers; 93% of alumni). Furthermore, alumni respondents identified the following skills as most necessary in their current jobs: quantitative analysis (79%), data management (75%), and teamwork (80%). Additional themes that emerged from qualitative data indicated the following potential areas for improvement among others: professional development, communication skills, prior work experience, critical thinking and problem solving, and application of core competencies in interdisciplinary practice. Based on these findings, a set of recommendations were proposed including encouraging students to acquire additional work experience either prior to matriculating at RSPH or during completion of their degree, developing webinars and/or a course related to professional development, increasing opportunities for co-hosted collaborative events with other schools and organizations, expanding the RSPH mentorship program, increasing the number of cross-department RSPH courses, and revising the practicum requirements. Several recommendations have already been implemented (e.g. development of a course to address professional development, revisions to practicum requirement).

The full report, titled, *A Community Assessment of Workforce Competency Among RSPH Alumni*, is available in ERF F1-4. Findings from this report were shared widely with numerous constituents including Administrative Staff, the Leadership Group, and CAB for further dissemination to departments and individuals with curricular oversight.

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

The following documents are available in ERF F1-4:

- A Community Assessment of Workforce Competency Among RSPH Alumni (report and presentation)
- Community Advisory Board Meeting Notes, August 2018
- Alumni Survey – RSPH 3 & 5 Year Post-Graduate Alumni Survey Report

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

*Strengths:*

- Members of the CAB representing employers from nonprofit, government, health care, for-profit, university/research, and self-employed sectors actively engage with students through organized events and programs.
- RSPH evaluates its methods for assessing student outcomes and updates these as needed.
- Alumni and graduates are assessed annually regarding their perceived mastery of competencies and their ability to apply skills in the field.
- RSPH took the initiative to create its own version of a work-study program (REAL) to continue to provide valuable work opportunities, opportunities for students to engage with employers and the community, and provide funding assistance to students as well as continue to increase the number of awards offered to students each year.
- The OCD provides nearly 100 opportunities each academic year for students to engage with public health professionals.

*Weaknesses and Plans for Improvement:*

- We seek to improve upon processes for incorporating feedback from external constituents into the curriculum and school-wide services offered to students. In addition to making reports available online and emailing them to various constituents, the OCD has started to attend meetings where key decisions are made to share findings on a regular basis (e.g., Leadership Group meetings, the Education Committee).

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## **F2. Student Involvement in Community and Professional Service**

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**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.**

### **Required Documentation:**

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

The RSPH implements its mission—"to demonstrate excellence in the discovery, dissemination, and application of knowledge as it trains and supports future leaders in health promotion and disease prevention through organized community efforts around the world"—by involving students in community engaged learning and professional development activities. Six signature programs collectively reflect the school's values in preparing its students for "ethical engagement with communities in a quest for social justice and elimination of health disparities." These include: Humanitarian Emergencies Research Team (HERT), the Global Field Experience (GFE) program, REAL, the Region IV Public Health Training Center, Rollins-teer Day, and the Student Outbreak Response Team (SORT). They serve as vehicles by which students are introduced to service, community engagement, and professional development activities by the school. These six programs take advantage of the school's location in a metropolitan area that is rich in public health resources and demonstrates the school's ongoing commitment to community service (see below for a description of each). In addition to these programs, students are introduced to various public health organizations that partner with us through courses that utilize community-engaged learning strategies

Additionally, the school hosts 19 chartered student organizations such as the Association of Black Public Health Students, Emory Global Health Organization, Emory Reproductive Health Association, Georgia Public Health Association Chapter, Health Organization for Latin America, Humanitarian Emergency Response Team, Rollins Association for South Asian Health, Rollins Environmental Health Action Committee, and Students for Social Justice. These student organizations, many of which are focused on service, community, and professional development, are introduced to students during the Student Activity and Organizations Fair during orientation and throughout the semester via the Student Listserv.

Since 1993, the school has co-hosted (along with the Goizueta Business School) the annual Dr. Martin Luther King, Jr. Community Service Awards program. The leaders of nominated community-based programs are invited to the school where their contributions are celebrated in a program involving students, faculty, and staff. The school does this collectively to affirm its commitment to community service and honor those whose work exemplifies the legacy of Atlanta's Dr. Martin Luther King, Jr. For example, in 2018, award recipients included the Atlanta Music Project; Bearings Bike Shop; Georgia Equality; Georgia Campaign for Adolescent Power & Potential; Healthy Mothers, Healthy Babies Coalition of Georgia; Jerusalem House; and Living Walls.

In building the school's mission around research, teaching, and service that involves faculty, staff, and students in community-based activities, the school closely aligns with several programs that reflect the school's mission and values and takes advantage of its location in a metropolitan area rich in public health resources including the CDC, CARE, The Carter Center, Task Force for Global Health, Children's Healthcare of Atlanta, state and local public health departments, and the national headquarters of both the Boys & Girls Clubs of America and the American Cancer Society.

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

Below is a description of six key professional and community service opportunities in which RSPH students have participated in the last three years.

**Humanitarian Emergencies Research Team (HERT):**

The HERT program is co-sponsored by the CDC's Emergency Response and Recovery Branch (ERRB) and Emory University through the Center for Humanitarian Emergencies at RSPH. RSPH students apply for HERT and are selected by an executive board of faculty and global field public health workers.

HERT is an interprofessional group that includes public health, nursing, and medical students. Students participate in one or more student-led projects. One involves submitting Global Emergency Briefs (GEBs); bi-weekly summaries on the current status and changes to humanitarian emergencies worldwide. A Journal Club—focused on studies surrounding current humanitarian challenges—is held twice each semester and includes a dinner-discussion. The GEB Pinboard visualizes the location of global humanitarian emergencies and is updated with a focus on details regarding a specific context. The Awareness Branch was developed for the purpose of spreading awareness about humanitarian emergencies locally and nationally.

**Global Field Experience (GFE):**

All RSPH MPH/MSPH students are eligible to apply for a GFE award to fund an opportunity to apply the knowledge they've learned in the classroom to low-resource or high-disparity settings around the globe. Students, with the assistance of faculty and staff, identify organizations in field sites with which to collaborate. These may include non-governmental organizations (e.g., CARE, World Vision, Save the Children, etc.), faculty projects sponsored by foundations and federal grants, and governmental organizations such as in-country ministries of health. Students submit applications for support with a proposed site, which includes a description of the work they plan to accomplish and a budget. Proposals are reviewed by a faculty committee and between 50-80 GFEs are funded annually, typically for two months or more during the summer. Grants for travel and expenses are provided from seven school endowment accounts supporting global fieldwork. Students are required to attend sessions preparing them for fieldwork abroad and, upon their return, are required to submit a description of their experience.

Since its inception in 1992, over 1,000 students have completed GFEs in over 70 countries. In the summer of 2018, 78 students participated in the GFE program, with projects in 35 countries. Project topics ranged from water and sanitation in India to health care system utilization in South Africa to maternal and child health in Uganda to malaria elimination in Thailand, among others.

The GFE program is directed collaboratively by a Student Services staff member and by a faculty member with an advisory committee of faculty who participate in the review of proposals and selection of students receiving the awards. Students have field preceptors and, when performing a practicum or conducting thesis research, have faculty supervision.

**REAL Program:**

As described in section F1, the REAL program offers MPH/MSPH students valuable opportunities for paid experiences in public health, enabling them to apply what they have learned in the classroom with a variety of public health worksites. For the past seven years, the program has supported part-time employment in applied public health in federal, state, and county agencies, as well as nonprofit and for-profit organizations throughout Atlanta. REAL has collaborated with almost 150 community partners since its inception. The school and partnering agencies and organizations split the cost of employing students who currently work up to 210 hours per semester at a pay rate of \$13.50 per hour, allowing them to earn up to \$2,500 per semester (\$5,000 per year). Positions in the REAL program are designed to be

public health competency based, which allow for students' professional development. In 2018, the REAL program was modified to focus on the 22 core competencies identified by CEPH.

During 2018-2019, 561 first- and second-year students accepted REAL awards and in doing so, worked with area agencies and organizations. For example, in partnership with CDC alone, REAL students contributed approximately 41,000 hours and in partnership with American Cancer Society, 3,500 hours. At the GDPH, REAL students helped with a website re-design and social media innovations for health promotion programs, grant program evaluation, a physical activity survey, and data analysis. At the CDC, REAL students helped update the Emergency Management Master Plan and designed more effective reporting on the status of programs; integrated and synthesized a series of improvement tasks for the Ebola Response Action Report; and worked on the CDC Occupant Emergency Program Plan on responses to internal emergencies that threaten staff, facilities, and the surrounding environment.

Among the 69 current community partners affiliated with the REAL program are: the Advocates for Responsible Care; CARE; CDC; Children's Healthcare of Atlanta; Clarkston Community Center; Community Health Collaborative; Concrete Jungle; Diabetes Association of Atlanta; Fulton County Pre-Arrest Diversion Initiative; Georgia Department of Agriculture; Georgia Department of Public Health; Georgia Farmers Market Association; Global Birthing Home Foundation; Healthy Mothers, Healthy Babies Coalition of Georgia; Just Bakery of Atlanta; Ladybug for Girls Foundation, Inc.; Mercy Care Inc.; Piedmont Heart Institute; Prevent Blindness Georgia; SisterLove; Soccer in the Streets; Wholesome Wave; and the YWCA of Greater Atlanta.

The program helps RSPH students find meaningful public health work opportunities each year. These integral experiences often fulfill practicum requirements, lead to thesis opportunities, and provide an enriching experience for both employers and students. Some REAL placements offer an opportunity to generate research for MPH/MSPH theses or capstone projects under the supervision of a faculty member and field preceptor. The REAL program is administered by a full-time RSPH academic staff member.

#### **Region IV Public Health Training Center:**

As one of 10 Health Resources and Services Administration-funded regional PHTCs, the R-IV PHTC, headquartered at the RSPH, includes seven community-based training centers at partnering institutions in eight southeastern states located in U.S. Department of Health and Human Services Region IV. The R-IV PHTC offers public health skills-based trainings, webinars, self-study modules, interactive online workshops, and a Leadership Institute. It also supports student field placements through its Pathways to Practice Scholars program, which is based on Council on Linkages core competencies.

The Pathways to Practice Scholars program provides an opportunity for current MPH/MSPH students to gain practical experience working with seasoned public health practitioners (mentors) serving or working on behalf of underserved communities or populations. The aim of the program is to introduce public health students to the value of working in underserved areas and all field placements are intended to enhance a student's professional skills and knowledge while providing an opportunity to use skills learned in the classroom. Field placements include the applications of epidemiology, biostatistics, health policy, health management, health promotion and education, global health, health communications, environmental health, and refugee health. Awarded student scholars are placed in organizations in the R-IV PHTC's eight states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee. Students selected to be a Pathways to Practice Scholar receive a living allowance of \$3,500. Students from RSPH and other accredited public health institutions in the region may apply.

From 2015-2018, 80 students served with community organizations working on projects. Examples from RSPH students include Natalie Taylor who worked with, Mitzi Fears, Community Wellness Manager, at the Clayton County Board of Health's Office of Community Wellness in Jonesboro, Georgia. Her primary focus areas were chronic disease, worksite wellness, childhood safety and injury prevention, and community health promotion. Timothy Nielsen received direct mentorship from Dr. John Dreyzehner, Commissioner of Health for the State of Tennessee, on prevention of neonatal abstinence syndrome

which affects newborns exposed to substances such as opioids in utero. Katherine Cooper and Monica Fadanelli supported the GDPH's development of the statewide strategic plan for responding to the opioid and prescription drug overdose epidemic. Sarah Dupont, Nina Joshi, Melissa Williams, and Julia Fukuda worked with the Southwest Georgia Area Health Education Center on health care access projects for rural migrant farm workers. Students also worked with such institutions as the DCBOH, Florida Department of Health in Leon County, Tennessee Department of Health, Medical University of South Carolina, and the FCBOH. Students offered testimonials to the impact of these field placements on their career including the following examples:

*"The biggest takeaway from my internship was the effect that a community has on an individual's health. One of the more striking moments of the summer was speaking with a substance abuse counselor who somberly explained how a community will rally around a member with a physical illness, but will scatter from a member suffering from a mental illness like addiction."*

*"I believe this internship has equipped me with the necessary skills to be a competent public health practitioner. Each of the skills that I have obtained is essential to my desire to work in underserved populations..."*

*"While I was not out ... interacting with the community, I did learn that collecting and analyzing data has the power to change way people think and can be used for further implications in the field of public health... I have always wanted to be able to work in a setting where I can help people and be a servant to my community."*

*"I discovered how complex but rewarding it is to work in the rural health field. This internship has certainly left me wanting to explore career opportunities in rural medicine more in depth now. During this student field placement, I have been able to demonstrate competencies that have prepared me for the public health profession. The projects have caused me to evolve as a forward thinker and innovator in leadership".*

Mentors also lauded their experience with interns as illustrated in this response offered by a mentor from the Southwest Georgia Area Health Education Center:

*"Our annual projects were successful this year due to the direct contributions from [the student]. She contributed her knowledge, skills, and energy 100% to our agency. On top of helping extensively with our signature programs, [she] made our electronic filing system more efficient. She also created a tentative curriculum for our Pathways to Med School program that could be enhanced and launched on a national level as we desire to do so. [She], herself, was a mentor to others. She learns readily and responds appropriately and with instant collaboration."*

Upon follow up, alumni of the program report they are working in positions serving medically underserved populations, including state public health agencies, county health departments, community health centers, nonprofit organizations, the federal government, and community health centers. Upon graduation, four were employed with the same agency with which they completed their field placement including Ellen Walker Mitchell with the South Carolina Department of Health and Environmental Control and Rebecca Hollenbach at the Louisville Metro Department of Public Health and Wellness.

### **Rollins-teer Program:**

All incoming residential MPH/MSPH students are introduced to community engaged learning as part of the school's annual fall orientation. Students participate in a day of "learning while doing" through volunteer work with Atlanta organizations focused on poverty, homelessness, disease prevention, and environmental health. Participation in the Rollins-teer Day program reinforces the school's mission of community service while increasing awareness of the diversity of programs and activities contributing to the health of populations in our own backyard. This introduction to a range of area organizations provides a foundation for future community-related work in the RSPH student organizations, classes, culminating experiences, and potential APE opportunities.

During the past 12 years, over 5,500 RSPH students have worked with over 65 area organizations through Rollins-teer Day. Teams of students are transported to sites led by RSPH faculty, alumni, or staff. Illustrative of the range of organizations, students most recently worked with the Atlanta Community Food Bank, Atlanta Hospitality House, Center for Pan Asian Community Services, Clyde Shepherd Nature Preserve, Community Farmer's Market and Learning Garden, Concrete Jungle, East Side Parks Network, Friends of Disabled Adults and Children, Furniture Bank of Metro Atlanta, Gateway Center, Good Samaritan Health Center Urban Farm, Hope Lodge, International Rescue Committee, Jerusalem House, Lost n Found, MedShare International, Open Hand, the Park Pride Nature Preserve, Re: Loom, TREES Atlanta, and Wylde Center. Students provided physical labor in improving parks, grounds, and facilities; packaged and distributed food; helped refugee families and victims of domestic violence; supported those in drug rehabilitation and families affected by AIDS and chronic medical conditions; and more.

Although a day of volunteer work may have a limited impact on an organization, evaluations suggest that students returned in various ways to many of those groups to engage in additional service or work with them when pursuing classroom projects, APEs, or integrative learning experiences (ILEs). Students frequently comment that the experience broadened their view of factors contributing to population health and helped them develop greater respect for persons on the front lines dedicating their lives to serving disadvantaged populations in crisis. Since its inception over 10 years ago, students have viewed this program as a highlight of their orientation to RSPH and to public health more broadly.

#### **Emory Student Outbreak Response Team (SORT):**

SORT is a collaboration between RSPH and the CDC to increase surge capacity in public health emergencies. SORT has grown from 15 MPH/MSPH students in 2002 to over 50 students representing every academic program and operated by an eight-member student executive board. SORT's mission is to provide hands-on experience and training in infectious disease outbreak investigation and emergency preparedness and response by partnering with organizations in the Atlanta area including CDC, GDPH, DeKalb County Board of Health (DCBOH), the FCBOH, the American Red Cross (ARC), and Emory University. In 2016 and 2017, SORT contributed over 3,200 total hours to public health preparedness activities, outbreak and disaster responses, community engagement events, and academic projects.

During the 2016-17 school year, SORT volunteered with the ARC's Home Fire Campaign on multiple occasions to install smoke detectors and educate residents on fire safety in neighborhoods with recent house fires. SORT also contributed to the ARC's Hurricane Matthew response by staffing shelters and recruiting volunteers. In the past two years, SORT members have volunteered with the Atlanta Science Festival, including a Poison Pump event which educated kindergarten through 12th grade participants on waterborne infectious disease prevention, global water scarcity and sanitation, and the 1854 London cholera outbreak. SORT's participation in disaster preparedness exercises and educational outreach efforts across a variety of audiences and age groups help to build healthier, safer—and more prepared—communities in and around Atlanta.

SORT also seeks academic opportunities that improve student exposure to applied research in public health preparedness. In 2016, at the outset of the Zika virus epidemic, SORT collaborated with the Emory Center for Public Health Preparedness and Research (CPHPR) on a study to estimate the proportion of obstetric care providers that offered website education to their patients about Zika. Dedicating over 200 volunteer hours to review over 1,000 obstetric care practice websites in both January 2016 and August 2016, SORT's engagement in this project not only exposed SORT members to research directly aimed at improving provider-to-patient communications, but resulted in a peer-reviewed paper featuring SORT members as co-authors and presentations at local and national public health conferences including the 2016 American Society of Tropical Medicine and Hygiene meeting and the 2017 National Association of County and City Health Officials annual meetings.

SORT's longevity and its continued success in serving the Atlanta community is facilitated by an advisory steering committee including RSPH faculty members and partner representatives from CDC, GDPH, and

DCBOH. SORT is funded by Emory's CPHPR and by grants from the Rollins Student Government Association.

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

*Strengths:*

- A variety of service opportunities are offered to RSPH students (regardless of academic concentration).
- RSPH programs have developed strong reciprocal relationships with community partners over time.
- Over 50% of students participate in the six key programs covering a wide variety of opportunities for engagement and professional development.
- Many opportunities provide financial support to graduate students to carry out service to others in domestic and global settings. Financial support comes through a variety of sources including endowment, grants and school-based support.

*Weaknesses and Plans for Improvement:*

- While the school already engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions, there will be additional leadership in this area once a new associate dean for public health practice has been identified. It is expected that this person will help the school be more effective and efficient in accomplishing the current work.

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### **F3. Assessment of the Community's Professional Development Needs**

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

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

RSPH's primary professional community of interest consists of local and regional agencies, organizations, and programs delivering public health services. This intentionally broad view of our professional community comes out of recognition of the highly impactful work that diverse agencies, organizations, programs, and professions contribute to the health and general well-being of the communities they serve. By supporting this work, we affirm our vision to "ethically engage with domestic and global communities to achieve optimal population health, quality of life, and social justice."

Despite our prioritization of addressing the professional development needs of local and regional agencies, we have also conducted assessments to understand the needs of global communities. For example, the development of the Public Health Leadership and Implementation Academy (PH-LEADER) for Non-Communicable Diseases program was developed out of a need to address an assessment that identified gaps in leadership development in low and middle income countries (see Galaviz et al publication in ERF F3-2). Nevertheless, below are several examples of assessments of the professional development needs of our priority population.

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

**Community Advisory Board:**

Our assessment of the RSPH CAB has focused on seeking to understand how our students can meet the existing professional development needs of their public health organizations. To that end, there have been several different assessments of CAB members to understand their perceptions of current students' and graduates' performance. Data obtained from the CAB are shared with RSPH programs and administrators who use this information in periodic evaluations to adjust training programs in ways that better align with the needs of the work environment. An assessment conducted in 2017 surveyed CAB members on career readiness of students and employer needs. Based on these data, the following needs were identified:

- RSPH students need a strong foundation in critical thinking and problem-solving skills and need to be able to apply academic skills and knowledge in practical settings.
- RSPH students need strong communication skills, including written, oral, and digital communication.
- RSPH students need greater work experience prior to and during completion of their degree to be prepared for the workforce and ready for hire.

## Region IV Public Health Training Center (R-IV PHTC):

The Region IV PHTC was developed out of a desire to provide trainings and practice-based opportunities for public health professionals toward the goal of advancing the public health workforce in Georgia. To better inform planning of training programs, a formative assessment was conducted with over 400 public health professional across Georgia. The purpose was to examine public health workforce needs that would inform content of training offerings (see Freeman et al publication in ERF F3-2).

Thus, in addition to introducing students to service, community engagement, and professional development (as described in F2.1) the Region IV PHTC is also charged with determining the training needs of the governmental public health workforce in the eight states that make up the U.S. Department of Health and Human Services Region IV. Since its inception in 2014, the R-IV PHTC has employed a mixed-methods approach to gather information on both Council on Linkages (COL) competency-based and non-competency-based training needs of the public health workforce in R-IV. As of January 2018, specific needs assessment activities, by state, have included:

- Alabama: Review of existing Community Health Assessment (CHA)/Community Health Improvement Plan (CHIP) (2015); Alabama Department of Public Health statewide assessment (2015); Alabama Public Health Association assessment survey (2016, 2017)
- Florida: Review of existing CHA/CHIP (2015); Florida Department of Health key informant interviews (2015, 2017)
- Georgia: Review of county-level CHA/CHIP (2015); Georgia Public Health Association assessment survey (2015, 2016); key informant focus groups (2015, 2016); Georgia Department of Public Health statewide assessment (2017)
- Kentucky: Review of existing CHA/CHIP (2015); key informant interviews (2015); KY TRAIN assessment tool for training needs (2016); statewide assessment planning (2017/2018)
- Mississippi: Mississippi Department of Health survey of key informants (2016); Mississippi Public Health Association assessment survey (2016, 2017)
- North Carolina: Review of existing CHA/CHIP (2015); key informant interviews (2015); NC Public Health Association assessment survey (2016)
- South Carolina: Key informant interviews (2015); SC Department of Health and Environmental Control statewide assessment (2017)
- Tennessee: Review of existing CHA/CHIP (2015); TN PHWINS executive summary (2014); TN Department of Health statewide assessment (2017)

When needs assessment results were examined across the eight R-IV states, the overall top COL domain needs were: 1) Analytic/Assessment; 2) Leadership/Systems Thinking; and 3) Communication. When data were examined by tier, top domain needs were:

- Tier 1: Policy Development/Program Planning; Analytic/Assessment; Communication; Leadership/Systems Thinking; Public Health Sciences
- Tier 2: Analytic/Assessment; Leadership/Systems Thinking; Policy Development/Program Planning
- Tier 3: Communication; Leadership/Systems Thinking; Analytic/Assessment; Policy Development/Program Planning

The de Beaumont Foundation's document, *Building Skills for a More Strategic Public Health Workforce: A Call to Action* (2017), identifies eight new strategic skill areas that "support the multi-sector vision setting and leadership needed to address the social, community-based, and economic determinants of health (p. 2)." With the release of this report, the R-IV PHTC mapped the identified COL training needs to the strategic skills from the de Beaumont report and identified the following top strategic skill needs in R-IV: 1) Data Analytics; 2) Systems Thinking; 3) Change Management; and 4) Persuasive Communications. When non-competency-based training needs were examined across the region, the top needs using the 2014-2018 regional PHTC focus areas were: health informatics and health information; public health preparedness; infectious disease; behavioral health; and health disparities, health equity, and social determinants of health.

Slides presented at the steering committee meeting in August 2018 about the needs assessment process are available in ERF F3-2.

### **Emory Centers for Training and Technical Assistance (ECTTA):**

The mission of the ECTTA is to strengthen the public health workforce and build capacity within the public health field by providing training and technical assistance to public health professionals and organizations nationwide to help them design, implement, and evaluate programs, practices, and policies. The ECTTA assesses client needs in a variety of different ways. At a minimum, ECTTA holds an exploratory meeting with potential clients to determine the causes and context for the training or technical assistance request to develop an appropriate scope of work. Further assessment is completed per the scope of the client's needs and budget, and can include key informant interviews, review of pertinent data and documents, stakeholder surveys, and regular meetings with clients and other stakeholders.

Following are specific examples of how the ECTTA assesses the needs of the public health workforce through work with state programs:

- South Dakota Tobacco Control Program (TCP):

The ECTTA works with the TCP to develop and implement yearly trainings for state tobacco control grantees. To assess needs and inform the training plan, the ECTTA:

- a) Develop and deploy a survey to assess grantee needs related to implementing their work plans. The survey asks about training needs related to performing activities outlined in the South Dakota Tobacco Control State Plan (e.g. promote implementation of smoke-free multi-unit housing policies, promote the South Dakota QuitLine within health care systems, etc.) as well as professional/organizational development needs (e.g. meeting facilitation, building partnerships).
- b) Hold regular meetings with TCP staff to discuss perceived needs that arise over the year.
- c) Request grantee input on further needs and preferred learning styles via evaluation surveys deployed after each training component.

- Oklahoma's Tobacco Settlement Endowment Trust (TSET):

TSET contracts the ECTTA to manage *OK In the Know*, an online learning and professional development platform designed for Oklahoma community-based public health programs (grantees) and staff. The resources allow public health professionals from across the state to learn, connect, collaborate, and innovate together to move their communities toward health and wellness. To assess needs and inform what content and learning opportunities to provide on *OK In the Know*, the ECTTA:

- a) Meet at least monthly with staff from TSET and other lead public health agencies (Oklahoma Department of Health, Oklahoma Department of Mental Health and Substance Abuse Services) to identify priorities, opportunities, and challenges from a state-level perspective.
- b) Meet at least monthly with a Community Council comprised of grantee program staff to identify priorities, opportunities, and challenges from the community / grantee perspective.
- c) Develop and deploy an annual member survey for all *OK In the Know* to assess engagement and satisfaction with *OK In the Know* and identify future priority areas.

- National Diabetes Prevention Program (National DPP):

The National DPP is a CDC-led, evidence-based program to reduce the risk of diabetes by encouraging prediabetic individuals to participate in a yearlong lifestyle change program. In this case, the assessment was largely driven by needs that the CDC identified. ECTTA's DTTAC partners with state and local departments of health to help support the scaling of this initiative in states by providing training and ongoing technical assistance to lifestyle coaches who facilitate the lifestyle change program and program coordinators. DTTAC trains lifestyle coaches to deliver the program, then provides advanced training and support around implementing the program. DTTAC evaluates each training and uses the data to create

additional learning opportunities based on identified need as well as further enhance its current trainings based on feedback.

**Community Needs Assessment Courses:**

The BSHE department and the EMPH program both offer a course on conducting a community needs assessment. In the BSHE class, students are required to conduct a needs assessment in collaboration with a local organization. The final assessment reports are presented or shared with stakeholders as appropriate. In the past three years, needs assessments have been conducted in collaboration with the organizations or project listed in Table F3-2.a.

**Table F3-2.a: Partner Organizations for BSHE 524: Community Needs Assessment**

Agency	Project
<b>2016</b>	
Center for Pan Asian Community Services	Assessment of awareness of a community tobacco ordinance in Clarkston, GA
Emory University Alzheimer’s Disease Research Center	Increasing research participation by African Americans through the ADRC
Quality Care for Children	Assessment of the need for support services for college students who are parents
Emory University Student Health Services	Flourishing among graduate students at the RSPH
Georgia Cancer Control Consortium	HPV vaccine education and promotion activities among the HPV workgroup group agencies
Tobacco-free Emory	A community needs assessment of policy enforcement and campus climate
EMBRACE (Clarkston Community)	A project exploring the type of care provider that is needed and preferred by the women assisted by EMBRACE
ADSR, Emory University	An assessment evaluating faculty perceptions of students with disabilities and faculty’s knowledge of creating an inclusive classroom
Atlanta Mission	An assessment of male clientele to understand their needs
Feminist Women’s Health Center (FWHC)	Examination of the needs of women of reproductive age in Atlanta and how FWHC can provide comprehensive care
<b>2017</b>	
Atlanta Harm Reduction Coalition	Reaching out: improving HIV testing outreach for black and Latino men who have sex with men
Food Pantry Forum (Regional Council of Churches of Atlanta)	Assessing the need for a food pantry network in Atlanta
Children’s Hospital of Atlanta, Epilepsy Program	Exploration of self-management and educational needs of pediatric epilepsy patients
Children’s Hospital of Atlanta, Pediatric Oncology	Palliative care services for pediatric patients in Georgia
Human Ecology Action League	An examination of multiple chemical sensitivity assessment tools
Veterans Empowerment Organization	Assessing the needs of U.S. veterans: housing, workforce development, and mental health
Office of Health Promotion at Emory University	Medical amnesty
Clarkston Development Foundation	Early child care and early learning needs of refugee families

Office of Career Services at RSPH	What do RSPH graduates need to be ready and competent for the workforce?
Atlanta Mission	Assessing the needs of homeless women with high barriers to accessing services
Mental Health America of Georgia	Assessing mental health care literacy in Decatur
<b>2018</b>	
Epilepsy Foundation of Georgia, EF Works	A community assessment of employment services at the Epilepsy Foundation of Georgia
Families First	Mental health among young adults in zip code 30314, Atlanta
Healthy Emory	Employee fruit and vegetable consumption
Historic Westside Gardens	Assessing housing changes and displacement in the context of food access and gardening
Soccer in the Streets	The role of positive youth development in addressing adverse childhood experiences and enhanced quality of life for adolescents living in the Westside
Community Friendship, Inc.	Physical health needs of Community Friendship consumers
Emory's Education Gardens	Exploring expansion of Emory University's Educational Garden Program
Peopletown Revitalization Corporation	An assessment of community access to health care
Second Helpings Atlanta	Expanding food rescue services to southern Gwinnett County
RSPH Student Services	Mental health needs of students at RSPH

In the EMPH course, students profile a U.S. county or large city and identify health priorities to target with evidence-based and theory-informed interventions. The final assessment reports are shared with stakeholders as appropriate. In the past three years, the geographic areas studied have included:

**Table F3-2.b: Geographic Areas Included in Assessment Reports by PRS 538D: Community Needs Assessment EMPH Students**

Geographic Areas	Topic
<b>2016</b>	
Alameda County, CA	n/a*
Cape Girardeau County, MO	n/a
Jackson County, MS	n/a
San Luis Obispo County, CA	n/a
<b>2017</b>	
Honolulu, HI	Homelessness
Wayne County, MI	Promoting health through diet and weight loss
<b>2018</b>	
Cook County, IL	Behavioral health
LA County, CA	Homelessness

\* The focus was on developing a profile of the various communities rather than a specific topic

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

*Strengths:*

- Because of the broad definition of its professional community, RSPH has assessed the professional development needs of a range of agencies, organizations, and individuals engaging in a broad array of activities that seek to meet important public health needs.
- Some RSPH students are exposed to community assessment through coursework such as BSHE 524 and PRS 538D among traditional day program and EMPH program students.
- With external funding, RSPH is able to engage in the most impactful work assessing and meeting the professional development needs of its constituents.

*Weaknesses and Plans for Improvement:*

- Thorough assessments of workforce development needs require extensive resources and need to be conducted regularly in response to ever changing needs. In some cases, the school has conducted informal assessments in which no formal report of findings is generated, but the results go directly into informing the delivery of professional development opportunities (for example, Kelli Komro and Doug Livingston are BSHE faculty members who are delivering a 1-day course on group randomized trials based on a need identified through conversations with CDC staff).

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#### **F4. Delivery of Professional Development Opportunities for the Workforce**

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The school 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 school's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.**

As described in Criterion D20, the origins of the EMPH program date back to 1996 when the school received funding from the CDC to create a public health certificate program for CDC state assignees. The authors of the certificate proposal had the forethought to include the development of the full degree in their proposal, which served as the foundation for the Executive MPH Program. To that end, the EMPH program started with a focus on non-degree-seeking professionals out of a desire to meet the professional development needs of CDC employees, but evolved into the highly successful master's degree program that it is today. In order to meet the needs of public health and health care professionals who want to advance their skills (e.g., analytic, public health informatics) but do not want to earn a full MPH degree, the EMPH program further evolved by creating two standalone certificate programs (Quantitative Methods; Public Health Informatics for Leadership) for non-degree students. The certificates were approved by the Emory Board of Trustees in June 2015. These certificates are intended to be completed in 12 months and provide a distinct set of skills for public health professionals in either quantitative methods or applied public health informatics. In order to qualify for the certificate, students are required to have a master's degree or higher or they have a bachelor's degree with three or more years of relevant work experience.

Additionally, based on the assessments described in Section F3, the following professional development activities are provided:

**Community Advisory Board:**

As stated above, assessment of the RSPH CAB has focused on seeking to understand how our students can meet the existing professional development needs of their public health organizations. To that end, following an assessment in 2012, the RSPH OCD and the CAB collaborated on the development of *A Guide for Professional Skill Development* brochure (available in ERF F4-1) that outlines specific skills across eight domains that RSPH students and graduates should be equipped with upon entering the public health workforce.

**Region IV Public Health Training Center:**

The R-IV PHTC's role in student field placements (F2.1) and assessment of the public health workforce's training needs (F3.1) has been previously described. Once training needs are identified, the R-IV PHTC develops and offers webinars and skill-based trainings to meet the identified priority training needs of the public health workforce R-IV. Current training activities fall into the following categories:

- a) Webinars: These 90-minute presentations are designed to introduce skills and content areas to participants in web-based formats (live and archived). Webinar themes include: cultural competence, persuasive communication, systems thinking, management, drug misuse, and emerging issues.
- b) Public Health Practice Academy (PHPA) skill-based trainings: These six-hour trainings (in-person and distance-based) are in-depth opportunities for the learner to engage with the material and develop needed priority skills. In-person trainings are offered in each of the Region IV states and with tribal populations. The current portfolio of PHPA trainings include, but are not limited to:

Effective Communication, Community Engagement, Public Health Informatics, Evaluation, Communicating Across Cultures, Epidemiology, and Putting Public Health into Action.

- c) Distance Education And Learning (DEAL) course: This 15-hr. online course is for Public Health trainers who want to reach a broader audience by offering trainings at a distance. The DEAL course is an innovative strategy for increasing training capacity throughout the region. Topics include e-Learning standards, technology-tools, and distance-based teaching/assessment strategies. Participants develop a draft distance-based public health training module as a capstone project.
- d) Self-paced Online Training Modules: These 2-hr. self-paced online training modules are an engaging, effective and convenient way for professionals to receive training that meets the cross-cutting competency domains, HHS clinical content areas or other identified needs.
- e) Leadership Institute: The Leadership Institute is held annually for public health providers from Region IV states and tribal health departments. The Institute provides instruction using both distance-based and in-person modalities and the curriculum focuses on adaptive leadership.
- f) State/local-level Specific Trainings: In addition to regional offerings facilitated by Region IV PHTC staff located at Emory, each of the PHTC's community-based training partners also offer trainings to address additional state and local priority training needs in their own communities. These trainings vary in length and are offered using a variety of modalities.

### **Emory Centers for Training and Technical Assistance:**

The ECTTA uses the information gathered through the various assessment approaches described above to develop a work plan that appropriately addresses the identified needs. This can include training plans for specific audiences; coordination or creation of tailored content, tools, or resources; or a list of recommendations for future action.

Following are specific examples of how the ECTTA addresses the needs of the public health workforce through work with state programs:

- South Dakota TCP:

The ECTTA works with the TCP to develop and implement yearly trainings for state tobacco control grantees. The ECTTA:

- a) Uses the information gathered from the needs assessment survey to create tailored training plans for multiple grantee audiences. These plans include a mix of virtual and in-person learning modalities and focus on topics that are both identified by the grantees as needs relevant to their work and identified by TCP staff as priorities.
- b) Develops and refines training content during meetings with TCP staff.
- c) Integrates grantee feedback on further needs and preferred learning styles in subsequent training, as per training evaluation survey findings.

- Oklahoma's TSET:

TSET contracts the ECTTA to manage *OK In the Know*, an online learning and professional development platform designed for Oklahoma community-based public health programs (grantees) and staff. The resources allow public health professionals from across the state to learn, connect, collaborate, and innovate together to move their communities towards health and wellness. The ECTTA:

- a) Uses input from staff from TSET and other lead public health agencies (Oklahoma Department of Health, Oklahoma Department of Mental Health and Substance Abuse Services) to promote specific content, resources, and trainings; spark conversations on the community forum; and suggest areas in which TSET/other lead agencies should consider providing additional support to grantees.
- b) Uses input from the Community Council comprised of grantee program staff to promote specific content, spark conversations, and develop community engagement strategies.

- c) Develops recommendations to enhance member engagement, usefulness, and satisfaction with *OK In the Know* based on the findings of the annual Member Survey. Pending approval from TSET and the other lead agencies, the recommendations are integrated into planning for future years.

- National DDP:

The National DPP is a CDC-led, evidence-based program to reduce the risk of diabetes by encouraging individuals with prediabetes to participate in a yearlong lifestyle change program. ECTTA's Diabetes Training and Technical Assistance Center (DTTAC) provides the following training related to the National DPP program:

- a) Lifestyle Coach Training:

DTTAC offers both in-person and virtual lifestyle coach training to prepare individuals to deliver the National DPP's yearlong lifestyle change program. This training is required by CDC for organizations wanting to deliver the National DPP. Individuals who attend training include public health professionals, community health workers, and individuals with no formal background in public health or health care who are from organizations delivering the program.

- b) Advanced Training for Lifestyle Coaches:

DTTAC conducts webinars on aspects related to implementing the National DPP. These topics are not covered in depth in the lifestyle coach training, but are valuable advanced learning. DTTAC offers these webinars on a monthly basis and makes them available nationwide to any organization delivering the National DPP. The topics are based on feedback from lifestyle coaches delivering the program and state health departments.

- c) Online Learning Community:

DTTAC supports an online learning community for lifestyle coaches called *Common Ground*. This platform offers the opportunity for lifestyle coaches receive informal and peer learning as they post and can respond to questions related to delivering the lifestyle change program. DTTAC moderates the site, provides resources, and responds to questions from the online community.

**2) Provide two to three examples of education/training activities offered by the school 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 school).**

**Region IV Public Health Training Center:**

The Region IV PHTC identified the following COL domain areas as top training needs for the public health workforce in Region IV, including the workforce in Georgia: 1) analytic and assessment; 2) leadership and systems thinking; and 3) communication. Examples of how Region IV has addressed some of these needs include the following activities:

Developed a skill-based training, *Effective Communication Skills for the Public Health Professional*, that between August 2015 and August 2018, was offered seven times at state and district health departments around Georgia. Total number of participants: 135.

Developed a skill-based training, *Introduction to Epidemiology in Public Health*, that between April 2016 and August 2017, was offered four times at the Georgia Public Health Association annual meeting and district health departments around Georgia. Total number of participants: 118.

Developed a leadership webinar series which included the following webinars (live, archived):

- a) *Change Management: A Critical Strategic Skill for Public Health Workers* | Brian Davis, Booz Allen Hamilton | [bit.ly/2M1WghB](https://bit.ly/2M1WghB) (199 participants)
- b) *Becoming the Health Strategist – Putting Your Skills into Action* | Ron Chapman, Magnetic North, LLC | [bit.ly/2rzQS9g](https://bit.ly/2rzQS9g) (192 participants)
- c) *Understanding the Rural Landscape: What Works in Improving Health and Well-Being* | Tanisa Adimu, Georgia Health Policy Center | [bit.ly/2CeGg7p](https://bit.ly/2CeGg7p) (165 participants)
- d) *Leadership and Multi-generational Dynamics: Mentoring a New Generation of Leaders in the Workforce* | Guwan Jones, Baylor Scott & White Health | [bit.ly/2kJXNcx](https://bit.ly/2kJXNcx) (324 participants)
- e) *Educating Policy Decision Makers for the Public's Health* | Scott Maxwell, Georgia Public Health Association | [bit.ly/2A3x9CD](https://bit.ly/2A3x9CD) (155 participants)
- f) *Giving and Receiving Feedback For Personal and Professional Growth* | Shana Merlin, Merlin Works | [bit.ly/2xK4hRi](https://bit.ly/2xK4hRi) (272 participants)
- g) *The Interface of Public Health and Health Care: Population Health through Improved Infectious Diseases Prevention and Management* | José T. Montero, CDC | [bit.ly/2mRD8CZ](https://bit.ly/2mRD8CZ) (154 participants)
- h) *Public Health in a Time of Change: Charting the Course for Health Policy, Population Health, and Evidence-based Prevention* | John Auerbach, Trust for America's Health | [bit.ly/2n4IR9J](https://bit.ly/2n4IR9J) (116 participants)
- i) *Working Together for the Future: Tapping into Federal Programs and Services in Your Community* | Arlene Lester, DHHS Office of Minority Health; Michele Farris & Judy Trawick, Health Resources and Services Administration | [bit.ly/2peVnYk](https://bit.ly/2peVnYk) (147 participants)
- j) *Budgeting – Linking Strategies to Resource Allocations* | Andrew C. Rucks, University of Alabama at Birmingham | [bit.ly/2qjT5HB](https://bit.ly/2qjT5HB) (159 participants)
- k) *Population Health vs. Public Health and ACA's Impact* | John Vena & Philip Smeltzer, Medical University of South Carolina | [bit.ly/2peVldy](https://bit.ly/2peVldy) (382 participants)
- l) *Shaping Organizational Culture: The Role of Leaders* | Peter M. Ginter, University of Alabama at Birmingham | [bit.ly/2qUOSXU](https://bit.ly/2qUOSXU) (349 participants)

#### **QUAL-WORKS:**

In addition to the examples provided above, some faculty provide continuing professional education (CPE) in their areas of expertise. For example, Dr. Monique Hennink, Associate Professor in the HDGH, has developed the QUAL-WORKS program to train public health professionals on qualitative research in workshop format. She developed this training program in response to a need she identified in public health research training. QUAL-WORKS provides three types of training workshops: scheduled workshops, individual mentored sessions, and customized workshops. Scheduled workshops are held twice a year during the summer and customized workshops provided throughout the year at institutions in the U.S. and internationally.

QUAL-WORKS, is an example of a need identified by an individual RSPH faculty member who recognized a gap in the skills training of public health professionals through her own professional experience. In response to this need, her QUAL-WORKS program has provided 60 workshops over the last five years, training over 800 public health professionals. Customized workshops are also provided to meet specific institutional needs and have been provided in a wide range of organizations, including academic institutions, universities, foundations, and nonprofit organizations in the U.S. and globally.

#### **Continuing Professional Education:**

In addition to previously listed activities, the Office of CPE supports the school's efforts to meet the professional development needs of the public health workforce, which includes providing guidance to departments and centers interested in offering continuing education credits (e.g., providers, process, etc.) and preparing the school's annual CPE report.

In the last three years, the school has seen an increase in CPE activities, including both live and enduring offerings (see Table F4-1).

**Table F4-1: Number of Continuing Professional Education (CPE) Offerings, 2017-2019**

	<b>2017</b>	<b>2018</b>	<b>2019</b>
Total live activities (contact hours)	300 (1,689)	324 (1,473)	332 (1,736)
Total enduring activities (contact hours)	46 (57.5)	49 (69.5)	53 (76.5)
Total activities: live & enduring (total contact hours)	346 (1,746.5)	373 (1,542.5)	385 (1,812.5)

Source: Annual CPE Reports

During the 2018-19 academic year, the school's Office of CPE reported that continuing education credits given included continuing medical education for physicians and non-physicians, continuing nursing education, continuing education contact hours (health educators), continuing education units (other health professionals), and CPE (dietitians). The school also partnered with 88 external partners to provide continuing education offerings.

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

*Strengths:*

- The school offers a range of programs and services to meet the professional development needs of our priority population. The number of CPE activities that RSPH delivers continues to grow.
- The R-IV PHTC is an example of a robust activity that assesses training needs of the public health workforce and is then able to develop trainings to address identified needs.

*Weaknesses and Plans for Improvement:*

- Meeting the training needs identified in the previously described assessments remains a challenge to fund. The school has relied largely on external funding to support these endeavors because of their importance; we will continue to explore creative funding strategies for this work.
- RSPH has started an effort to more systematically support faculty interest in delivering CPE. A working group of faculty has been created to inform a process of providing consistent school-level support for faculty who are interested in delivering CPE within their areas of expertise. This desire to invest resources into supporting CPE aligns with the school's strategic plan and will be something that the newly appointed associate dean for public health practice takes responsibility for coordinating.

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**G1. Diversity and Cultural Competence**

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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 school'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 school's scholarship and/or community engagement.

- 1) **List the school's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the school; 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.**

RSPH has identified underrepresented minorities (URMs) as its priority population, with a particular emphasis on Black/African Americans and Latinos. The RSPH leadership established African Americans and Hispanics as of particular interest and importance to the school for multiple reasons. First, there are persistent and profound health inequities that negatively impact Black/African Americans and Latinos. We strongly believe in the importance of members of these affected communities contributing to the field of public health—both in terms of scholarship and practice—if any headway is to be made toward addressing health inequities. Second, we believe that a more diverse educational experience enriches the learning environment for all and that members of these groups offer perspectives that are sorely needed. Indeed, one of the four goals of the school is to “sustain an inclusive, diverse academic community that fosters excellence in instruction, research, and public health practice”. Third, because of our location in Atlanta, with its strong history as the epicenter of the Civil Rights Movement, RSPH is well poised to respond to the social injustices that Black/African Americans face, in particular, by way of our teaching, research, and public health practice.

The prioritization of Black/African Americans and Latinos in ongoing recruitment efforts applies to faculty, staff, and students. It is notable that we have sustained a high representation of African American staff as described below (approximately 35%), but as with both faculty and students, we are sorely underrepresented in terms of Latino staff. In large part, the staff demographics represent the local market from which they are largely drawn. For context, the population of Atlanta is 54% Black/African American and 5% Hispanic or Latino; the population of the state of Georgia is 31% Black/African American and 9% Hispanic or Latino per the 2010 census ([factfinder.census.gov](http://factfinder.census.gov)). Though our efforts to recruit Hispanic faculty, staff, and students to the school are nascent, we expect to expand these efforts in the coming years in order to align with this growing population here in Georgia. We are confident that our school in particular, and the field of public health in general, is stronger to the extent that the voices of URMs are heard—among faculty staff, and students at all levels.

Despite that we have identified Black/African Americans and Latinos as our priority populations, it is notable that we value having faculty, staff, and students represent a range of different perspectives based on differences in race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression, veteran's status, economic background, and a range of other characteristics. We embrace, understand, and celebrate the rich dimensions of diversity in backgrounds including different ideas, perspectives, and values, and strive to create and maintain an

inclusive environment characterized by mutual respect and equitable opportunities for advancement for all members of our community. We aim to engage diverse communities in mutually beneficial partnerships both domestically and globally. Moreover, this broad approach to defining underrepresented populations aligns with the mission of Emory University, which includes welcoming a “diversity of ethnic, cultural, socio-economic, religious, national, and international backgrounds, believing that the intellectual and social energy that results from such diversity is critical to advancing knowledge.”

Although the Civil Rights Movement was initially about helping African Americans gain equal rights under the law, it has evolved to more deeply address the need for enhancing the civil rights of individuals from a range of disadvantaged backgrounds. Moreover, the University-level strategic framework (<https://provost.emory.edu/work/strategic-framework.html>) articulates “Atlanta as a Gateway to the World” as one of its strategic pillars. Part of the implementation of that pillar entails working to realize Emory as a core component of the civic fabric of Atlanta, which includes honoring the work of the Civil Rights Movement in Atlanta. With approximately 1/5 of the student body coming to RSPH from other countries and another 1/5 identifying as Black/African American, we find it particularly important to create an environment in which students feel that the diversity that they bring is valued and to ensure that the environment is characterized by a pervasive spirit of inclusivity.

**2) List the school’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.**

One of the four goals of RSPH is to “sustain an inclusive, diverse academic community that fosters excellence in instruction, research, and public health practice.” This goal is further reinforced by the RSPH Strategic Plan, which was developed in 2017. One of its distinguishing strategies is to “recruit, retain, and support a diverse cadre of highly productive faculty, staff, and students.” To that end, RSPH uses ASPPH data to establish specific goals related to its priority faculty, staff, and student populations. We benchmark against other ASPPH schools (to the exclusion of programs) to the extent that the data are available. To that end, RSPH has specific goals related to a) African American representation of faculty, staff, and students; and b) Latino representation of faculty, staff, and students. The ASPPH Data Center was used to establish the benchmarks listed in Table G1-2.

**Table G1-2: Comparisons with ASPPH Member Schools\***

<b>Goal 1: Increase representation of Black/African American faculty, staff, and students</b>		
	ASPPH	Emory
Black/African American faculty	5%	6%
Black/African American staff	Data not available	36%
Black/African American master’s students	10%	20%
Black/African American doctoral students	9%	14%
<b>Goal 2: Increase representation of Latino faculty, staff, and students</b>		
Latino faculty	6%	4%
Latino staff	Data not available	5%
Latino master’s students	10%	6%
Latino doctoral students	7%	4%

\*Based on reports generated on 8/21/19 from the 2018 reporting cycle of member schools

**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 school-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.**

The actions and strategies that we take to improve diversity at RSPH include a mix of approaches taken by the administrative units as well as faculty, staff, and students who work collectively to enhance the school's diversity. The actions and strategies implemented by school-level committees (e.g., the Education Committee, the Faculty Council, the Community and Diversity Committee) align with the purpose of that particular committee. Our decision-making structure involves appropriate vetting and development of policies, practices, and recommendations for action that are either implemented by the committees or recommended to the RSPH Leadership Group as described in Section A1 for approval and adoption. Other strategies, nevertheless, are simply implemented by relevant organizational units (e.g., the "special events" are largely organized and facilitated by the RSPH Fulfillment Services Team, the work of Human Resources).

Below is a list of actions and strategies that were implemented to increase the diversity of RSPH faculty and students. Where applicable, we also describe the process used to define the actions and strategies. These processes and activities are ongoing and are meant to work together to increase diversity (i.e., no single action is intended to address this issue on its own). This is a complex challenge that requires a coordinated, multipronged approach.

- *Intentional recruitment and outreach:*

Department chairs play a central role in the recruitment of a diverse faculty. Each of our six department chairs deeply understands the value of using personal networks to recruit promising and successful URM faculty. They routinely encourage search committees to use this more personalized recruitment strategy. We have also received resources by the Office of Equity and Inclusion to ensure the greatest amount of diversity in the candidate pool and document efforts to achieve greater diversity. See <https://member.hercjobs.org/recruitment/selection/search-toolkit> and the OEI Documents in ERF G.

- *Requirements for an open search:*

Emory University's Affirmative Action/Equal Employment Opportunity guidelines stipulate that an open search must be conducted for any regular faculty appointment. RSPH departments receive permission from the dean's office to conduct searches for faculty positions and must file a report on search procedures and process with the Emory Office of Equal Opportunity Programs before initiating the search and at its conclusion. New faculty appointments are recommended by departments and approved by the dean, who may consult the school's Appointments, Promotion, and Tenure (APT) Committee.

- *Required implicit bias training of all members of RSPH search committees:*

All faculty members participating on search committees are required to attend a training designed to create awareness and reduce the effect of unconscious bias. Search committees are expected to reflect diversity among the current faculty complement, and open recruitments are expected to reach all segments of the applicant pool.

- *Availability Analysis:*

Each year, the Emory University Office of Institutional Research provides the school with a list of its faculty by department, rank, and category (tenure or CRT) by race/ethnicity and gender. It compares faculty by background with the number of externally available faculty in that category as indicated by

faculty profiles at 53 public and private institutions, all members of the Association of American Universities (AAU) and the AAU Data Exchange (AAUDE). The report indicates for each department, rank and category of faculty where the RSPH faculty composition is less than availability. This information is disseminated to department chairs with the intent of drawing their attention to the need for greater diversity in specific areas (e.g., women on the tenure track). The reports are monitored annually by the deans and department chairs for progress and given to newly appointed search committee chairs for each department that is undergoing a faculty search. The 2019 report is available in ERF G.

- *Emory University Faculty Distinction Funds:*

In the fall of 2018 the University made a \$75 million commitment to recruiting faculty of excellence as part of the University's strategic framework. The Faculty Distinction Funds (which were reinstated from a previous round of funding) includes a category of funding that is used to recruit and retain URM faculty. The dean has communicated to the department chairs that these funds are available to assist them in generating competitive offers for faculty being recruited to the school that enhance its diversity. The provost himself is also firmly committed to diversifying the faculty and has personally helped with the recruitment of URM faculty. There were at least two URM faculty recruited to the school within the 2017-2018 academic year with assistance from the provost, both personally in terms of his setting aside time to meet with candidates and with the allocation of University-level funds to assist with the start-up package.

- *RSPH Office of Admission and Student Services activities:*

The OASS participates in a number of events throughout the academic year to attract URM students into the MPH/MSPH programs. This includes representing the school at numerous minority recruitment fairs across the country (e.g., the National Hispanic Medical Association's Health Professional School Recruitment Event); conducting specific URM-focused recruitment sessions (e.g., the Gates Millennium Scholars Open House at Emory University); providing travel stipends for students who need financial assistance to attend the RSPH annual open house event, Destination Public Health as well as our admitted student event, Visit Emory; and engaging in direct outreach to historically Black and Hispanic-serving institutions such as Morehouse College, Spelman College, Tougaloo College, and San Jose State University. More details around these initiatives are described in Section H.

- *Fellowships to promote diversity among doctoral students:*

The LGS provides the Centennial Scholars Fellowship, which is given to doctoral program applicants who have demonstrated outstanding academic achievement and who will contribute to the development of a richly diverse student body. As of August 2019, 11 current doctoral students are receiving funding from the Centennial Scholars Award.

- *Monitoring of ASPPH data on students:*

The RSPH Office of Academic Affairs organized a training on February 22, 2018 in which ASPPH staff (Emily Burke) trained RSPH MPH/MSPH program directors and department assistant/associate directors of academic programs in the use of ASPPH demographic data to guide their admissions decision-making processes. In particular, this process of monitoring data is particularly helpful for programs to target their recruitment in ways to increase diversity in that particular area.

- *Policies and procedures:*

Policies and procedures for ensuring a diverse candidate pool are a component of the Emory University Human Resources Policies and Procedures Manual and included in ERF G. Finally, the school adheres to the Emory University Equal Opportunity Policy, the Emory University Affirmative Action Policy, and the Americans with Disabilities Act, all of which are described in the school's catalog and admission guide.

**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. (self-study document)**

The RSPH and Emory University as a whole engage in a range of actions and strategies designed to create and maintain a culturally competent environment. The RSPH student body has been instrumental in bringing issues related to diversity, equity, and inclusion to the attention of school administrators, faculty, and staff. In some cases, the students are able to implement the actions themselves. In other cases, school-level committees implement them, and in other cases, the RSPH administration is responsive to student ideas and moves forward with implementation. At RSPH, we know that there is much work to be done in this area. We are making progress by way of the activities described below. It is worth noting that there are two overarching structural supports that shepherd some of the work being conducted to ensure that RSPH maintains a culturally competent environment:

- In 2013, RSPH created a school-wide standing Community and Diversity Committee. Chaired by a faculty member, this committee includes faculty, staff, and student representatives from each academic department as well as representatives of student organizations and OASS, and they work to actively foster a diverse community of inclusion and equity within the RSPH community (see Section A1 for a list of current members). The committee was initially established when Emory University's central administration requested that all schools across the University establish a committee to monitor issues related to diversity and inclusion and provide annual reports to the administration. However, the committee has evolved over this past six years. Its scope has expanded beyond the mandate of annual reporting to the university and now includes programming to help create an inclusive environment, various data collection activities to characterize the climate at RSPH, and an assessment of the RSPH curriculum.
- The MPH/MSPH cohort that graduated in spring 2016 was particularly well-organized, developing a detailed Diversity and Inclusion Strategic Plan. The mission of the plan was to challenge RSPH to have an explicit, systematic, and timely approach to addressing issues of diversity and social equity in the campus's social and academic climate. There were four pillars of the plan: Academic Achievement, Student Life, Communication, and Monitoring and Evaluation, with specific goals, strategies, and tasks associated with each pillar. Implementation of this plan has been taken up by members of the RSGA Diversity and Inclusion Committee, which is also represented on the larger, school-level Community and Diversity Committee (described above). This document is located in ERF G.

Below, we provide a list of strategies that contribute to the cultural competence of the RSPH environment. They are organized into four categories:

- I. Ensuring that the curriculum prepares students to effectively engage with diverse populations
- II. Ensuring that the environment is characterized by diversity and inclusion
- III. Ensuring that faculty scholarship addresses gaps in health equity
- IV. Ensuring that there is broad RSPH community engagement with diverse communities

### **I. Curriculum with Attention to Diversity**

#### **1. Departmental Course Offerings:**

RSPH offers a variety of courses that address sensitivity around working with diverse populations across almost all departments. These courses sensitize students to health issues of a range of different populations, including those around the globe, aging populations, and correctional

populations. These courses help students understand the role of social environments, religion, and social injustice on the health of diverse populations. There are other courses that address engagement with diverse populations in smaller ways, but see Table G1-4.a below for a sample of the courses with a more prominent focus on diversity.

**Table G1-4.a: Sample Courses by Department**

Department	Course Name
Behavioral Sciences and Health Education	<ol style="list-style-type: none"> <li>1. Macrosocial Determinants of Health</li> <li>2. LGBTQ Health</li> </ol>
Environmental Health	<ol style="list-style-type: none"> <li>1. Global Environmental Health Policy</li> <li>2. Global Climate Change: Health Impacts and Response</li> </ol>
Epidemiology	<ol style="list-style-type: none"> <li>1. Overview of Children with Special Health Care Needs</li> <li>2. Issues in Women’s Health</li> <li>3. Correctional Health Care</li> <li>4. Religion and Public Health</li> <li>5. Epidemiology of Aging Populations</li> <li>6. Methods in Advanced Social Epidemiology</li> <li>7. Social Epidemiology</li> <li>8. Foundations in Maternal and Child Health</li> </ol>
Global Health	<ol style="list-style-type: none"> <li>1. Health as Social Justice</li> <li>2. Community-Based Participatory Action Research</li> <li>3. Faith and Health: Transforming Communities</li> <li>4. Religion and Health in Context, Gender and Global Health</li> </ol>

2. *Clarkston Rollins Connection (ClARC):*

For the past 10 years, the ClARC Community Engaged Learning Seminar administered at the school level has been a combination of facilitated seminars and community volunteering that aims to strengthen RSPH students’ ability to make positive and sustainable contributions to improving the health and well-being of vulnerable populations both locally and internationally through grassroots, relationship-based community development. It was described more fully in Section E3-5, along with a description of its temporary suspension and planned restructure for Fall 2020. With a revised staffing structure, there will be additional staffing to support implementation of the restructured course as well as diversity and inclusion initiatives relevant to students throughout the school.

3. *Certificates:*

RSPH offers a variety of certificate programs that may or may not be earned in conjunction with an MPH or MSPH degree. The purpose of these certificate programs is to train our public health graduates in specialized areas of practice that have been identified as critical in the public health discipline. There are several certificate programs that pay particular attention to issues of diversity, as indicated by their competencies. These certificates are described in Table G1-4.b below.

**Table G1-4.b: RSPH Certificates with Attention to Diversity**

Certificate Name	Relevant Competency
Certificate in Humanitarian Emergencies	Develop public health programs and strategies responsive to the diverse cultural values and traditions of the community being served.
Certificate in Maternal and Child Health	Use data to identify issues related to the health status of a particular MCH population group, describing health disparities within MCH populations, and offering strategies to address them
Certificate in Public Mental Health	Describe how cultural differences affect the experience of mental illness and the seeking of health services
Certificate in Socio-Contextual Determinants of Health	Describe the role of social and community factors in both the onset and solution of public health problems
Certificate in Water, Sanitation, and Hygiene	Examine potential solutions for WASH-related challenges at the household and community level

Of note, there are also university-level certificates that are relevant to working with diverse communities (e.g., The Emory Graduate Certificate in Human Rights, Religion and Health Certificate) that our students are encouraged to participate in.

## II. An Environment Characterized by Diversity and Inclusion

RSPH Resources for Diversity and Inclusion and a Culturally Competent Environment:

### 1. *Collect Data on Student Perceptions via Course Evaluations:*

Following recommendations from the Community and Diversity Committee, in 2016, the RSPH Education Committee approved the revision of the student course evaluations to include the question: “The classroom environment was respectful and inclusive of students’ diverse background and ideas.” Students respond on a scale from 1 (strongly disagree) to 5 (strongly agree). In spring 2019 (the most recent semester in which data are available), only 11 of 232 courses (5%) had a mean score less than 4, with virtually all of these courses in the 3-4 range. The overall mean score across all courses for spring 2019 was 4.5 for this item. Individual department chairs and MPH program directors received department-specific information from the executive/assistant deans for academic affairs to encourage them to further discuss the matter with faculty members.

### 2. *Faculty Climate Survey:*

In 2014 and 2018, the RSPH Faculty Council initiated a faculty climate survey to assess a range of faculty perceptions regarding their satisfaction with their working environment at RSPH (including the intellectual environment, collegiality, faculty governance, faculty development and promotion, work-life balance, compensation, and feeling valued). In the most recent survey, there were also questions added about experiences of discrimination and harassment. Findings from the 2014 survey resulted in actions taken by the school’s Faculty Council, the APT Committee, and the school’s administration to change policies and procedures and ensure appropriate mentoring for all faculty members, changes in the promotion process—particularly for CRT faculty—and actions to reduce the distinctions between tenure track and CRT faculty members. The most recent survey findings indicate that faculty satisfaction varies based on track (tenure track vs. not) and gender in particular. At the time of this writing, the Faculty Council was working on conducting additional analyses of the data and making recommendations for action based on the findings.

### 3. *Student Organizations That Seek to Build Community Within Members of Diverse Groups:*

Nine of the 19 chartered student organizations exist to create understanding and awareness of major public health issues affecting diverse populations and to support diverse groups of students as they matriculate at RSPH. These groups include: The Association of Black Public Health Students, the Emory Global Health Organization, the Health Organization for Latin America, Jewish Students in Public Health, the Queer/Trans\* Collaborative at Rollins, the Rollins Association for South Asian Health, the Rollins Latinx Alianza, the Emory Mental Health Association, and Students for Social Justice. There is also the Diversity and Inclusion Committee, which is a subcommittee of the RSGA. Students on this committee also serve on the school-level Community and Diversity Committee, which is comprised of faculty, staff, and students. Students collaborate across the organizations in their programming and initiative because of overlapping interests in enhancing the spirit of inclusivity here at RSPH. The Student Organization Handbook provided in ERF G provides guidance to students on how to create and maintain a student organization. In 2017, the RSGA changed their bylaws to include two new positions on the legislative board. One representative from RSGA now sits on the RSPH Community and Diversity Committee, and two representatives from the Rollins International Student Advisory Board sit on the RSGA legislative board. These new positions allow RSGA to gain different perspectives in order to truly represent the student body.

### 4. *Space for Meditation and Ablution:*

Two Muslim wudu/ablution rooms (one for women, another for men) and an interfaith meditation space were built on the first floor of the Claudia Nance Rollins (CNR) building in order to support faculty, staff, and students' ability to practice religious and/or spiritual rituals as desired.

### 5. *Creation of All-Gender Bathrooms in the Summer of 2018:*

This was created out of acknowledgement that there are individuals in our community who do not identify as male or female. There are two bathrooms, one each in the Grace Crum Rollins (GCR) and CNR buildings. In GCR, there is a single-stall all-gender bathroom located on the first floor. The all-gender bathroom in the CNR building is also located on the first floor and offers individual stalls and a communal sink. Traditional male and female bathrooms are located above and below this level of the building for those who choose not to utilize these spaces.

### 6. *Inclusive Teaching:*

At the school level, the 2017 RSPH Faculty Career Development Series devoted two of seven sessions to faculty-led discussions around Cultivating a Spirit of Inclusiveness and Strategies for Inclusive Teaching (with 14 and seven faculty participating, respectively). There are also University-level resources, provided by the CFDE, which are described below.

### 7. *Workshop on Difficult Conversations:*

The Community and Diversity Committee sponsored an event for faculty, staff, and students on February 8, 2018, the goal of which was to support an atmosphere of healthy debate on topics that are potentially contentious. Twenty-three faculty, staff, and students attended this workshop facilitated by Ed Lee, CEO of the Emory University Barkley Forum ([http://barkleyforum.emory.edu/campus\\_engagement/index.html](http://barkleyforum.emory.edu/campus_engagement/index.html)), which exists to encourage competitive debate, community outreach, and campus engagement activities among students. A second Community Conversation was held on December 4, 2018, also facilitated by Ed Lee, in order to gain broader input on developing a policy statement and setting priorities for the Community and Diversity Committee. This event was attended by 41 faculty, staff, and students.

#### 8. *Cultural Events:*

The RSPH Fulfillment Services Department works to create a spirit of inclusivity by creating visual displays throughout the two buildings that celebrate diverse populations and major health observances (e.g., breast cancer awareness month). These visual displays seek to celebrate the accomplishments of diverse groups and raise awareness of relevant public health needs. For example, one country per month is highlighted (i.e., Mexico, China, India, Kenya) typically during the last week of the month for January-April, which includes foods (in collaboration with the Rollins Café), decorations, presentations, etc. There are also special events to celebrate Black History, Gay Pride, and Saudi Day, among others.

#### 9. *MLK Community Service Awards:*

For over 20 years, the RSPH and the Goizueta Business School have honored the legacy of Dr. Martin Luther King Jr. through the Martin Luther King Jr. Community Service Awards Program, held as part of the University's King Week activities in January. With the diligent work of faculty, staff, and students, this program seeks to honor the work of individuals and community organizations in metro Atlanta that raise awareness of social injustice, speak on behalf of justice, celebrate diversity, and impel action in building a better future for all. This has become a major event on the calendar of King Week activities held at Emory. More information about the 2019 program can be found on the program's website: <https://apps.sph.emory.edu/MLK/>.

#### 10. *Community Fora:*

In addition to ongoing efforts to address issues of diversity, equity, and inclusion in the classroom, RSPH occasionally hosts events in response to social issues that arise precipitously and that palpably impact the RSPH community. For example, in the summer of 2016, following a succession of violent events impacting diverse communities around the country and the world, the RSPH Office of Academic Affairs organized a forum to give voice to the impact of such events on our community. This forum, *Strengthening the RSPH Community & Beyond: A Candid Dialogue and Experiences of Race, Religion, and Sexuality*, was specifically designed to offer a safe space for candid dialogue about the social climate at that specific time as well as to facilitate a deeper understanding of others' lived experience related to issues such as policing and community violence, racial and religious profiling, and homophobia. The forum involved faculty, staff, and students, and sought to cultivate an RSPH community that is characterized by a spirit of inclusiveness.

#### 11. *Resources for Lower-Income Students:*

As described above, we value diversity in terms of economic background. Thus, we provide resources to support students who face greater financial challenges than others. To that end, the RSPH Career Development Ambassadors (student group) loan suits and other professional clothing for students in need of interview attire. They also coordinate a clothing swap in which students can "shop" for free for clothing suitable for many workplaces. Items are donated by other members of the RSPH community. Additional resources for low-income students are available from the University and described below. Additionally, the Emory Eagle Food Co-op provides low-income students at Emory with access to a free supply of canned goods, fresh fruit and vegetables, non-perishable items, and hygiene products.

#### 12. *Scholarships to Increase Diversity among Master's Students:*

RSPH admits students regardless of financial need and attempts to recruit students through several different types of funding opportunities. Additionally, through the Executive MPH Program, RSPH recruits students who may be employed in the public health workforce but who may not have advanced degrees, which contributes to substantial age diversity. Our on-campus program offers multiple scholarship opportunities to enhance diversity such as the Reynaldo Martorell Scholarship which includes a partial tuition scholarship to support outstanding Hispanic students who want to study public health at RSPH; the Lettie Pate Whitehead tuition scholarships, which are given annually to over 20

women from southern states; and the RSPH merit scholarships, which are awarded to top students with a focus on leadership, service to others, and contribution to diversity as other desired characteristics.

Of particular note, in the past three years, we have noticed increasing percentages of URM students (American Indian, Black, Hispanic and multiracial) receiving merit scholarships and need-based funding. In 2017, 31% of students who received a merit- or need-based award were from an URM group and by 2019 that percentage grew to 39%. The numbers of URM students receiving need-based awards specifically show us that these awards are particularly useful for attracting URM students. In 2017, URM students made up 58% of Lettie Pate Whitehead recipients, and in 2019 that percentage grew to 68%. The URM group representation among awardees of the Lupton and Henson need-based grants has remained greater than 40% over the past three years. The RSPH Incentive Award is another need-based funding opportunity with URM representation that has been consistently more than 30%. The AmeriCorps Service Award has also been helpful in attracting URM students to Rollins. The URM representation among those awardees has remained above 36% in the past three years. These outcomes suggest that URM enrollment is maximized when need-based funding in particular is offered.

### *13. Transitional Programming:*

During our admitted student program, Visit Emory, RSPH begins engaging admitted students in conversations around cultural competency. Students participate in a one-hour session regarding social justice facilitated by both the Office of Racial and Cultural Engagement and RSPH student organizations. Additionally, for the past two years, students have organized a Students of Color networking mix and mingle event, where admitted students meet with current students, faculty, staff, and PhD students within RSPH. During New Student Orientation, all master's students participate in mandatory cultural humility training. Through this session, students discuss how to connect with others in a sincere way, as well as use direct communication and genuine curiosity to engage with others in intercultural situations. Intercultural competence is a life-long process that begins with self-reflection, and this session allows students to begin that process through activities and dialogue about the things that make our lived experiences unique.

### *14. Support for a Global Student Population:*

The RSPH hosts a growing population of over 200 international students from about 40 different countries outside of the United States. International students represent approximately 1/5 of the incoming class of 2019. This vibrant community enriches our classrooms with global perspectives and contributes to the diversity of the institution as a whole. Ongoing support for incoming international students includes pre-arrival webinars and communications, a tailored orientation upon arrival, academic and language development resources (ESL classes, RSPH Academic Writing Center, and writing workshops), and social support (Rollins International Student Association, Global Peer Network, social media, and virtual resources). These resources are described in ERF G. Rollins International Orientation, for instance, is a three-day event designed to support students transitioning to graduate studies in the U.S. The program includes introductions to key campus resources for international students, tools to aid in the cultural adjustment process, and logistical support to ease the relocation process. The Rollins International Student Association partners with stakeholders such as the RSGA to create community among international students as well as to promote intercultural competency and connectedness within the larger student body.

### *15. Gates Millennium Scholars:*

As of the fall of 2019, there are 29 Gates Millennium Scholars (GMS) within our two cohorts of master's students. RSPH offers a unique engagement opportunity to GMS students by creating two Graduate Assistantships in the OASS, specifically for GMS student liaisons. These liaisons conduct recruitment and engagement events for GMS students interested in public health. Additionally, the liaisons created the Rollins Speaks program for the RSPH student body. Rollins Speaks is a seminar series exploring current events related to health equity and professional development issues in public health that may not

be included in the students' curriculum. Over the past two years, Rollins Speaks topics included: the Flint water crisis, violence prevention, having difficult conversations, and being a public health professional with integrity and vulnerability.

#### *16. Office of Career Development Partnerships:*

The OCD has collaborated with student organizations and groups to address issues related to race, gender-identity, and age. Examples of partnerships include:

- Collaborations with the Association of Black Public Health Students in 2017 and 2018 to host discussion panels centered on professionalism, stereotypes, and the pressures and challenges Black professionals encounter in the workplace
- Collaborations in 2017 and 2018 with a group of "non-traditional students" (those with work experience prior to earning an MPH/MSPH degree) to offer a workshop that addressed their specific professional needs of transitioning back into an academic setting and creating success during their program
- Staff from OCD and OASS participate in a leadership committee comprised of staff across the campus who serve international students with meetings held monthly. In addition, the OCD continues to collaborate with the International Student and Scholar Services Office to offer Curricular Practical Training and Optional Practical Training information sessions annually for students.
- In 2017-2018, the OCD started leading roundtable discussions for small groups of international students to identify barriers and challenges with professional and career development and address those concerns in a more comfortable and familiar setting. Previous topics focused on communication, managing expectations, cultural competency, and the U.S. interview process.

#### **University-Level Resources for Diversity, Inclusion, and a Culturally Competent Environment:**

##### *1. Office of LGBT Life:*

The mission of the Office of Lesbian, Gay, Bisexual, and Transgender Life is to engage the University community in the creation of an affirming and just campus environment while supporting the development of students of all genders and sexual identities. RSPH students participate in many offerings from this office including Safe Space training, the Queer Graduate Student discussion group, and the Annual Pride Awards (see <http://lgbt.emory.edu/get-involved/programs-events/pride-awards.html>). In 2019, four RSPH students participated in the Lavender Graduation, in which a lavender diploma and rainbow honor cords are given to celebrate the achievements of LGBTQ students.

##### *2. Center for Women at Emory:*

The Center for Women at Emory helps Emory University provide the best possible environment for women as students, scholars, and employees. They advocate for gender equity throughout the University; provide resources and skill-building opportunities; and bring faculty, students, practitioners, activists and other learners together to examine gender issues and work toward ethical solutions. They offer programs tailored for graduate students, and RSPH students take advantage of these, including the women's thesis and dissertation writing groups.

##### *3. Office of Student Success Programs and Services:*

###### *Office of Respect:*

The Respect Program is Emory's central hub for interpersonal violence prevention and survivor resiliency. They work with students and campus partners to end violence by ending oppression. Respect provides a 24-hour on-call advocate for survivors of violence. They co-create prevention and education

opportunities for students and employ at least one RSPH student each year through the Rollins Earn and Learn (REAL) program. By addressing violence through a social justice lens, they are sensitive to the ways that race, class, religion, sexuality, gender, and other intersectional identities may impact experiences of discrimination and violence, reporting of sexual assault, and perpetration of violence. At the beginning of each academic year, staff from this program come to RSPH to re-orient faculty toward the availability of this resource to help students.

#### *1915 Scholars:*

RSPH students who are the first in their family to go to college volunteer as graduate mentors to the 1915 Scholars. The 1915 Scholars Program celebrates the heritage and on-going journey of undergraduate students who are the first in their family to attend college. The program seeks to provide informational, academic, and social support to first-generation students in order to alleviate some of the barriers commonly faced by this population and encourage persistence in the collegiate environment. The 1915 Scholars Program involves faculty, peer, and alumni mentorship; specialized orientation programs; on-going academic workshops and community-building events; and structured interactions with Campus Life, the Office of Undergraduate Education, the Alumni Association, and various support services to highlight resources available on campus.

#### *4. Inclusive Teaching:*

At the University level, the CFDE offers workshops and seminars designed to assist faculty in creating inclusive teaching environments. For example, the Inclusion and Diversity Workshop was an interactive half day event drawing faculty across Emory University in August 2017. Dr. Becky Wai-Ling Packard, an expert on mentoring, persistence, and inclusive practices at Mount Holyoke College, was the invited speaker and workshop facilitator (with five RSPH faculty participating). Discussions and interactive activities focused on exploring the experiences of first-generation college students, people of color and low-income students as well as generating mentoring plans to best meet the needs of students with these diverse backgrounds. Additionally, over the course of one semester of that same academic year, CFDE sponsored a book discussion group based on Claude Steele's book, *Whistling Vivaldi* to elicit discussion on the short- and long-term impacts of stereotype threat on teaching and learning (with four RSPH faculty attending). In 2019, CFDE conducted an Inclusive Pedagogy workshop at the request of one of the six RSPH departments in which 25 faculty attended. There are also individual consultations and other types of technical assistance that faculty can receive to work towards more inclusive classrooms.

#### *5. Center for Civic and Community Engagement (CCE):*

The CCE helps students learn more about themselves through service to others and provides a vehicle for members to live what they learn by understanding the importance of service and making meaningful connections at Emory, in the greater Atlanta community, and beyond. These opportunities are often in marginalized communities and are related to matters of health equity. Several service programs are available through CCE described in more detail here: <http://community.emory.edu/programs/index.html>

#### *6. Counseling and Psychological Services:*

RSPH students are eligible for services at Emory University's Counseling & Psychological Services (CAPS). They provide free, confidential services for students including: initial assessments; crisis intervention; community referrals; brief individual, couples, and group counseling; consultations; community outreach services; and educational workshops. There are interpersonal processing groups tailored specially to graduate students, people of color, LGBTQ students and more.

#### *7. Office for Racial and Cultural Engagement (RACE):*

RACE provides opportunities for the Emory community to explore concepts of race and racial justice. They promote dynamic and cohesive learning communities by creating space for individual, cultural, and communal development. This is done while observing their three tenets: Education & Awareness,

Activism, and Identity Development. Overall, they encourage and challenge individuals to explore racial identities and enhance their awareness of exploration of why and how race informs identity development.

8. *Commencement Celebrations:*

In 2019, eight RSPH students participated in Modupe Dayo, an African-themed commencement celebration that aims to celebrate graduating students who are members of and/or involved with the African/African American/Black community and is sponsored by the Emory University Office of Racial and Cultural Engagement. Additionally, three RSPH students participated in the Latinx-themed commencement celebration in 2019 (CARAS), which aims to celebrate graduating students who are members of and/or involved with the Latinx/Hispanic Community, and is also sponsored by the Office of Racial and Cultural Engagement.

9. *Open Expression Policy and Observers:*

As members of the Emory Community, RSPH students, staff, and faculty are expected to abide by and respect the principles of the Open Expression Policy. Some RSPH members are trained and volunteer as open expression observers.

Respect for Open Expression:

As a community of scholars, Emory University is committed to an environment where an open expression of ideas is valued, promoted, and encouraged, as outlined in the Open Expression Policy. Recognizing that the educational process of our institution requires diverse forms of open expression, including freedom of thought, inquiry, speech, activism, and assembly, the University affirms the rights of members of the community to assemble and demonstrate peaceably within the limits of this policy. Simultaneously, the University must maintain the right of community members to pursue their day-to-day activities and to be protected from physical injury or property damage. Two RSPH faculty served on the task forces that initially developed the policy in 2011-2012 and developed the implementation plan in 2012-2013. The Respect for Open Expression Policy was therefore implemented in 2013 to affirm Emory's unwavering commitment to open expression while acknowledging the challenges and tensions these actions could create in an ever-changing community.

Open Expression Observers Program:

Emory Campus Life supports the Respect for Open Expression Policy by coordinating the Open Expression Observers Program. Open Expression Observers may be sent to or requested to attend meetings, events, or protests to ensure the rights of community members and protesters are protected. The Chair of the Community and Diversity Committee has served as an Open Expression Observer since 2014. Currently, one additional faculty member and two staff members from RSPH serve in this capacity as well.

10. *Office of Equity and Inclusion (OEI):*

The OEI strives to provide a safe environment that is conducive to intellectual engagement, learning, and working in positive ways. They focus their work on systemic issues by addressing policy and procedural concerns. "Equity and Inclusion" is more than a name, it is a spirit. Their daily work focuses not only on what our laws call for but also what Emory's strong collective spirit of fairness demands. They respect the dignity and worth of each human being in our community and support the sharing of different values and perspectives. OEI works to:

- Foster an inclusive community that promotes a positive educational environment, fairness, and access, and
- Support compliance efforts as they relate to equal opportunities and affirmative action laws and regulations

Offered by OEI, implicit bias training is available to staff, faculty, and students. Many RSPH members participate in implicit bias prevention training, offered during orientation and at other times throughout the year such as upon joining a faculty search committee.

#### 11. *Office of Accessibility Services (OAS):*

OAS is committed to advancing an accessible and “barrier-free” environment for students, faculty, staff, patients, guests, and visitors by ensuring that the principles of access, equity, inclusion, and learning are realized in and by the Emory community. OAS is adding a testing site specifically for graduate students who have registered with a disability and who are receiving test-taking accommodations.

#### 12. Chief Diversity Officer/Vice Provost for Diversity and Inclusion

In August, 2019, the university hired its first Chief Diversity Officer, Dr. Carol Henderson, who is charged with helping lead the realization of Emory’s vision for diversity, equity, and inclusion by working with campus leaders and representatives to define community goals, establish guiding principles, and create a strategy for moving forward and communicating progress. Dr. Henderson accepted the invitation to join the August 2019 all-school faculty retreat by giving a presentation and leading a discussion of how she can help us as a school make progress towards our own goals related to diversity and inclusion.

### **III. Faculty Scholarship**

Faculty research grants have a strong focus on improving the health of disadvantaged populations. There are also multiple research centers within RSPH that have a commitment to serving disadvantaged communities, including the Center for AIDS Research; the Center for Global Safe Water, Sanitation, and Hygiene; the Center for the Health of Incarcerated Persons; the Center for Humanitarian Emergencies; the Emory Global Diabetes Research Center; the Rollins Program on Substance Use Disorders Research; and the Emory Prevention Research Center. Importantly, as faculty research expertise related to diverse populations increases, the school is increasingly successful at attracting students whose interests and backgrounds are also diverse. Section E4 (faculty scholarship) demonstrates faculty commitment to disadvantaged communities more comprehensively.

### **IV. Engagement with Diverse Communities**

Community engaged learning is an integral part of the RSPH experience and is a vital part of a well-rounded public health education. Through community engagement, students get the chance to put public health to practice while positively affecting the community. Students engage with the community through courses, volunteer work, faculty relationships, global field experiences, their thesis or capstone, special projects, certificates, the practicum program, REAL opportunities, the Clarkston-Rollins Connection (see Section E3-5), and student organizations.

#### **5) Provide quantitative and qualitative data that document the school’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.**

RSPH has faced great challenges with advancing diversity and cultural competence as have many other schools of public health. Our challenges reflect the larger changes taking place in society as a whole, that seek to undermine the importance of creating a diverse, inclusive environment. Instead, our resolve is strengthened. Creating a diverse, inclusive environment characterized by a culturally competent curriculum remains integral to the success of RSPH, which is why our efforts in this area will remain steadfast. The activities described above are intended to work together to create and maintain a culture where everyone is valued. Below we present quantitative and qualitative data that document our successes and challenges in increasing representation and supporting persistence and ongoing success of African American and Hispanic faculty, staff, and students.

Quantitative Data:

Faculty:

Increasing faculty diversity remains a persistent goal of the school, yet it remains a great challenge. A few observations can be made of Tables G1-5.a – G1-5.e below: a) The racial/ethnic diversity of the faculty has remained relatively constant over the short period of time from 2016-2018, as has gender diversity (something we also examine); b) The number of African American women on the tenure track has almost doubled from four to seven over this short time period but the proportion of African American men remains extremely small; and c) A greater proportion of men are on the tenure track, and a greater proportion of women are CRT faculty. As of August 2019, four of the 16 department chairs and senior administrators (dean, executive associate/associate or assistant dean) were URMs, and nine were women.

**Table G1-5.a: RSPH Faculty by Ethnic Group – Years 2017-2019**

Ethnic Group	2017		2018		2019	
	N	%	N	%	N	%
Asian/Pacific Islander	32	17	38	19	37	19
Black/African American	9	5	12	6	12	6
Hispanic	7	4	7	4	8	4
Multi-ethnic	1	1	2	1	2	1
Caucasian	140	74	140	70	137	70
<b>Total</b>	<b>189</b>	<b>101</b>	<b>199</b>	<b>100</b>	<b>196</b>	<b>100</b>

Source: Emory Human Resources

Note: Percents do not always total 100 due to rounding error.

**Table G1-5.b: RSPH Faculty by Gender – Years 2017-2019**

Gender	2017		2018		2019	
	N	%	N	%	N	%
Female	98	52	107	54	104	53
Male	91	48	91	46	92	47
<b>Total</b>	<b>189</b>	<b>100</b>	<b>199</b>	<b>100</b>	<b>196</b>	<b>100</b>

Source: Emory Human Resources

**Table G1-5.c: RSPH Faculty by Gender, Race/Ethnicity, and Academic Title – 2017**

	2017			
	CRT*	T/TT**	Other***	Total
<b>Female</b>	N (%)	N (%)	N (%)	N (%)
African American	3 (5)	4 (4)	0 (0)	7 (4)
Caucasian	32 (50)	35 (32)	9 (50)	76 (40)
Hispanic/Latino	0 (0)	1 (1)	0 (0)	1 (1)
Asian/Pacific Islander	4 (6)	7 (6)	2 (11)	13 (7)
Native American	0 (0)	0 (0)	0 (0)	0 (0)

Unknown/Other	1 (2)	0 (0)	0 (0)	1 (1)
International	0 (0)	0 (0)	0 (0)	0 (0)
<b>Male</b>				
African American	1 (2)	0 (0)	1 (6)	2 (1)
Caucasian	17 (27)	42 (39)	5 (28)	64 (34)
Hispanic/Latino	2 (3)	4 (4)	0 (0)	6 (3)
Asian/Pacific Islander	3 (5)	15 (14)	1 (6)	19 (10)
Native American	0 (0)	0 (0)	0 (0)	0 (0)
Unknown/Other	0 (0)	0 (0)	0 (0)	0 (0)
International	0 (0)	0 (0)	0 (0)	0 (0)
<b>Total</b>	<b>63 (33)</b>	<b>108 (57)</b>	<b>18 (10)</b>	<b>189</b>

Source: Emory Human Resources

Note: Percents do not always total 100 due to rounding error.

\*CRT=Clinical/Research track faculty;

\*\*T/TT=Tenured and tenure-track faculty;

\*\*\*Other=Associates, Senior Associates, Lecturers, and Instructors.

**Table G1-5.d: RSPH Faculty by Gender, Race/Ethnicity, and Academic Title – 2018**

2018				
	CRT*	T/TT**	Other***	Total
Female	N (%)	N (%)	N (%)	N (%)
African American	3 (4)	7 (6)	0 (0)	10 (5)
Caucasian	33 (47)	35 (32)	9 (47)	77 (39)
Hispanic/Latino	0 (0)	1 (1)	0 (0)	1 (0)
Asian/Pacific Islander	8 (11)	8 (7)	2 (11)	18 (9)
Native American	0 (0)	0 (0)	0 (0)	0 (0)
Unknown/Other	1 (1)	0 (0)	1 (5)	2 (1)
International	0 (0)	0 (0)	0 (0)	0 (0)
<b>Male</b>				
African American	1 (1)	0 (0)	1 (5)	2 (1)
Caucasian	18 (25)	40 (37)	5 (26)	63 (32)
Hispanic/Latino	2 (3)	4 (4)	0 (0)	6 (3)
Asian/Pacific Islander	5 (7)	14 (13)	1 (5)	20 (10)
Native American	0 (0)	0 (0)	0 (0)	0 (0)
Unknown/Other	0 (0)	0 (0)	0 (0)	0 (0)
International	0 (0)	0 (0)	0 (0)	0 (0)
<b>Total</b>	<b>71 (35)</b>	<b>109 (55)</b>	<b>19 (10)</b>	<b>199</b>

Source: Emory Human Resources

Note: Percents do not always total 100 due to rounding error.

\*CRT=Clinical/Research track faculty;

\*\*T/TT=Tenured and tenure-track faculty;

\*\*\*Other=Associates, Senior Associates, Lecturers, and Instructors.

**Table G1-5.e: RSPH Faculty by Gender, Race/Ethnicity, and Academic Title – 2019**

2019				
	CRT*	T/TT**	Other***	Total
Female	N (%)	N (%)	N (%)	N (%)
African American	3 (4)	7 (6)	0 (0)	10 (5)
Caucasian	32 (44)	34 (31)	7 (47)	73 (37)
Hispanic/Latino	1 (1)	1 (1)	0 (0)	2 (1)
Asian/Pacific Islander	8 (11)	8 (7)	1 (7)	17 (9)

Native American	0 (0)	0 (0)	0 (0)	0 (0)
Unknown/Other	1 (1)	0 (0)	1 (7)	2 (1)
International	0 (0)	0 (0)	0 (0)	0 (0)
<b>Male</b>				
African American	1 (1)	0 (0)	1 (7)	2 (1)
Caucasian	18 (25)	41 (38)	5 (33)	64 (33)
Hispanic/Latino	3 (4)	4 (4)	0 (0)	7 (4)
Asian/Pacific Islander	5 (7)	14 (13)	0 (0)	19 (10)
Native American	0 (0)	0 (0)	0 (0)	0 (0)
Unknown/Other	0 (0)	0 (0)	0 (0)	0 (0)
International	0 (0)	0 (0)	0 (0)	0 (0)
<b>Total</b>	<b>72 (37)</b>	<b>109 (56)</b>	<b>15 (8)</b>	<b>196</b>

Source: Emory Human Resources

Note: Percents do not always total 100 due to rounding error.

\*CRT=Clinical/Research track faculty;

\*\*T/TT=Tenured and tenure-track faculty;

\*\*\*Other=Associates, Senior Associates, Lecturers, and Instructors.

#### Staff:

Examination of the staff data in Tables G1-5.f and G1-5.g indicates that the racial/ethnic background of the staff has remained relatively stable over the past three academic years as well. The proportion of African Americans in particular has hovered around 36% over the past three years, with Hispanic proportions remaining quite small. The staff has also remained disproportionately female over time.

**Table G1-5.f: RSPH Staff by Ethnic Group – Years 2017-2019**

	2017		2018		2019	
	N	%	N	%	N	%
American Indian	0	0	0	0	0	0
Asian/Pacific Islander	26	7	31	8	37	9
Black/African American	134	37	137	35	146	36
Hispanic	9	3	13	3	19	5
Multi-ethnic	6	2	8	2	6	1
Caucasian	184	51	197	51	202	49
<b>Total</b>	<b>359</b>	<b>100</b>	<b>386</b>	<b>100</b>	<b>410</b>	<b>100</b>

Source: Emory Human Resources

**Table G1-5.g: RSPH Staff by Gender – Years 2017-2019**

	2017		2018		2019	
	N	%	N	%	N	%
Female	282	79	311	81	327	80
Male	77	21	75	19	83	20
<b>Total</b>	<b>359</b>	<b>100</b>	<b>386</b>	<b>100</b>	<b>410</b>	<b>100</b>

Source: Emory Human Resources

### *Students:*

Based on data in Table G1-5.h, in the most recent year (2019-2020) 38% of incoming RSPH students self-identified as minority compared to 37% White students and 19% international students. This proportion has remained roughly the same over a three-year period. Moreover, the proportion of minority students accepted (31-32% over the past three years) and the proportion of minority students who applied over the past three years (31-33%) has also remained stable. The proportion of international students has also remained stable over time, hovering at around 20%. The most represented countries include China, India, Saudi Arabia, Nigeria, and South Korea. Table G1-5.i documents a slight upward trend over time for international, female, and Asian doctoral students who are U.S. citizens or permanent residents over the past three years.

Supporting the persistence and ongoing success of underrepresented groups, particularly African Americans and Hispanics, is of paramount importance. The OASS in collaboration with the faculty and staff of the academic departments/programs, works to develop and sustain accessible advising and programmatic opportunities for our students. For instance, for more than 15 years, our admitted student event, Visit Emory, has always included a forum where our current and visiting admitted students engage in a dialogue about topics that include community building, health disparities in minority communities, and public health research ethics. This event was initially organized by the Association for Black Public Health Students and in later years grew to include other organizations with similar missions around advancing public health practice through inclusivity and diversity. With the financial and logistical support of OASS, this one forum has evolved into a series of discussions and panels during Visit Emory. In addition to offering our current students the opportunity to further develop their own understanding around community building and inclusion, it is also our intent that anyone previewing our school understands that our community takes the success of underrepresented students seriously. Other such efforts are more fully described in detail in Section G1-4.

We are proud that our students have been at the center of driving these initiatives; the progress that has been made has been the result of collaborative efforts among faculty, staff, and students. At the heart of this work is to ensure an environment characterized by the highest level of inclusivity. Of course, "inclusivity" is a perception. It varies over time among individuals and is based on the context in which it is asked. Nevertheless, the goal is for all RSPH stakeholders to feel that RSPH is a place where all members are valued, their perspectives honored, and their potential maximized. We aspire to ensure that progress is being made toward inclusivity by executing the actions and strategies described in Section G1-4.

**Table G1-5.h: Racial/Ethnic Characteristics of MPH Students for Academic Years 2017 – 2019**

		2017-2018		2018-2019		2019-2020	
		N	%	N	%	N	%
Black or African-American	Applied	297	13	323	14	332	14
	Accepted	203	12	232	12	236	12
	Enrolled	93	16	118	21	125	19
White	Applied	686	30	741	31	673	29
	Accepted	594	34	647	34	628	33
	Enrolled	198	34	188	34	244	37
Hispanic/Latino	Applied	124	6	135	6	152	7
	Accepted	100	6	113	6	130	7
	Enrolled	38	7	32	6	45	7
Asian	Applied	271	12	298	13	276	12
	Accepted	235	13	255	14	244	13
	Enrolled	85	15	75	13	76	12
American Indian/Alaska Native	Applied	3	0	5	0	0	0
	Accepted	2	0	3	0	0	0
	Enrolled	0	0	1	0	0	0
Native Hawaiian/Pacific Islander	Applied	0	0	0	0	0	0
	Accepted	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0
Two or More Races	Applied	90	4	66	3	60	3
	Accepted	74	4	56	3	54	3
	Enrolled	32	5	20	4	21	3
Race Unknown	Applied	91	4	63	3	39	2
	Accepted	77	4	59	3	36	2
	Enrolled	21	4	10	2	15	2
Unspecified, Non-U.S. Citizens	Applied	687	31	730	31	784	34
	Accepted	477	27	520	28	594	31
	Enrolled	107	19	113	20	126	19
<b>TOTAL</b>	<b>Applied</b>	<b>2,249</b>		<b>2,361</b>		<b>2316</b>	
	<b>Accepted</b>	<b>1,762</b>		<b>1,885</b>		<b>1922</b>	
	<b>Enrolled</b>	<b>574</b>		<b>557</b>		<b>652</b>	

Source: PeopleSoft Student Administration System

**Table G1-5.i: Demographic Characteristics of Enrolled RSPH Doctoral Students for Academic Years 2017-2019**

Characteristic	2017	2018	2019
<b>Citizenship</b>	<b>N=184</b>	<b>N=179</b>	<b>N=187</b>
US Citizen/Permanent Resident	70%	69%	67%
International	30%	31%	33%
<b>Gender</b>	<b>N=184</b>	<b>N=179</b>	<b>N=187</b>
Female	64%	66%	71%
Male	36%	34%	29%
<b>Ethnicity (US Citizens/Permanent Residents Only)</b>	<b>N=129</b>	<b>N=124</b>	<b>N=126</b>
White	60%	56%	55%
Black	16%	17%	14%
Asian	11%	14%	20%
Hispanic	4%	4%	4%
2 or More	2%	3%	4%
Not indicated	9%	6%	4%

Source: LGS Online Reports Available through Tableau

*Qualitative Data:*

Below, we present two sources of qualitative data that supplement the quantitative data to document our challenges in increasing representation and supporting persistence in increasing the inclusivity of our environment: annual faculty survey data and course evaluation data generated by students:

*Faculty:*

In the Spring of 2019, the Faculty Council initiated an Annual Faculty Survey, which is a brief survey that was intended to supplement the Faculty Climate Survey that is conducted every four years. This past survey focused on faculty awareness of existing policies that support their professional development as a way to inform efforts to educate the faculty about these policies. Aside from the policies, the survey recognized the work that the Faculty Council had done over the past year to promote gender equity (e.g., studying salary inequity and promoting upgrades to the lactation room) and asked for other suggestions. There were two themes that came from this open-ended question that relate to this criterion:

1. The need to consider how gender intersections with other underrepresented identities (sample quotes follow):
  - a. *“Gender equity should be inclusive of ensuring there is opportunity and inclusiveness of underrepresented populations in faculty (and students), inclusive of Black men, transgender persons, etc.”*
  - b. *“Improve the mechanisms for women minority faculty to receive support and be able to advance their careers by accounting for the historic inequities. What programs support this faculty after they are hired?”*
2. The need to address the challenges of adult caregivers (above and beyond parental leave)
  - a. *“This emphasis on childcare support rather than family support seems heteronormative given how few LGBTAIQ couples rear children. A broader family leave policy to include care for sick (adult) relatives would be welcome.”*
  - b. *“Many of us have faced caring for/supporting elderly parents. With faculty at different life stages it’s important to address specific issues, e.g., time off, leave of absence, that are needed at all stages, including caring for elderly parents.”*

Both of these themes encourage the school and university to think carefully about how to address gender equity in a way that honors the different needs of diverse populations across the lifespan.

## Students:

Towards the end of each semester, students are encouraged to complete course evaluations that provide some indicator of their satisfaction with the instructor and the course. There is one question that asks students to rate the extent to which the classroom environment was respectful and inclusive of students' diverse background and ideas (see Table G1-6.c below). Of the 232 sections of courses taught in spring 2019, only 11 (5%) had a mean score below 4 on a 5-point scale (note that the overall mean was 4.5). Because this represented more courses than had been seen in previous semesters, we examined the open-ended questions particularly carefully to better understand if students pointed to specific issues with individual faculty or teaching assistants.

As stated above, we value having students who represent a range of different perspectives based on differences in race, color, religion, ethnic or national origin, gender identity, age, disability, economic background, etc. To that end, we were particularly interested in whether any students felt singled out or less valued for *any* reason. We noticed that response rates were extremely low for these 11 courses. With the exception of two sections in which the instructor incentivized participation in the course evaluations, all had response rates between 11 and 33%, which indicates that the responses may not be representative of the class. Most of the open-ended responses focused on wanting the instructor to be more flexible to course revisions throughout the semester, wanting greater engagement from the instructor in the class, and concerns about the grading of tests and homework assignments. However, we did find several instances of students commenting on a lack of inclusivity in the classroom:

- *"Most of the jokes or rhymes were US-based, which made it difficult for international students to understand what he was trying to say. It made me feel uncomfortable, to a point that I started to not like the lectures....The environment did not feel inclusive. It was just for domestic students."*
- *"The instructor was extremely disrespectful and degrading to any students who were not EPI students. He continuously made comments such as "Oh well, global health students might be able to understand a part of this" or "They might be able to do enough math for this."*
- *"[INSTRUCTOR] was rude to the students, infantilized and belittled people-who are literally in the room because they care about the topic and want to learn. A student privately asked her a question on a M&E concept and [INSTRUCTOR] loudly told the class how this is the reason first years should not take this course as they are unprepared."*
- *"I felt that some of the comments the professor made in class were inappropriate in regards to discussing students race and ethnicities."*
- *"I wish [INSTRUCTOR] could think about some of the things that he says and how they can be hurtful to students. I understand he means well but discussing topics like cancer in class or making jokes about certain countries can sometimes be difficult for some people."*
- *"The disrespectful tone of the instructor was really not helpful."*

It is clear from both the qualitative and quantitative data that these concerns are highly uncommon. Instead, they appear to be somewhat unique to particular faculty members. As a school, we take this feedback very seriously, regardless of whether it is representative across instructors. Thus, concerns about these particular course evaluations were shared with the department chairs and MPH program directors by the assistant dean for academic affairs so that they could work with the faculty member to address the issues that were raised. Through open communication and other practices, we will continue to work to create a culture in which all members of the RSPH community feel valued, both within and outside of the classroom setting.

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

Two key sources of data inform progress in this area: the Faculty Climate Survey and Student Course Evaluation data. Each is described below:

*Faculty Climate Survey:*

A Faculty Climate Survey was administered in 2014 and 2018. The response rate in 2014 was virtually the same as that of 2018 (73% and 70%, respectively). There are two items that are relevant to this criterion, which are listed in Tables G1-6.a and G1-6.b below. A majority of faculty who responded indicated agreement with the statement that the school demonstrates commitment to diversity. However, faculty tended to be much more equivocal on the question of whether enough support is provided to faculty from underrepresented backgrounds across both surveys.

**Table G1-6.a: Commitment to School Diversity**

	Commitment of the school to diversity	
	2014 (N=128)	2018 (N=130)
Very Dissatisfied	2%	2%
Dissatisfied	9%	6%
Neutral	20%	20%
Satisfied	36%	39%
Very Satisfied	33%	26%

Data Source: 2014 and 2018 Faculty Climate Survey

**Table G1-6.b: Provision of Support to Faculty from Underrepresented Backgrounds**

	Enough support provided to faculty from underrepresented backgrounds	
	2014 (N=126)	2018 (N=130)
Strongly Disagree	4%	10%
Disagree	19%	17%
Neither Agree/Disagree	26%	32%
Agree	28%	13%
Strongly Agree	10%	2%

Data Source: 2014 and 2018 Faculty Climate Survey

Percentages do not total 100 due to the "Not Applicable" response option and missing data for these items.

*Student Course Evaluations:*

In 2016 we began including a question on the course evaluations about the feeling of inclusivity in the classroom. The specific item is stated in Table G1-6.c below. Results indicate that only a very small proportion of courses had a mean score of less than four on this question for each semester this question was asked on the course evaluation form. We do notice a slight increase in the most recent semester that we attribute to increased efforts to encourage course evaluation completion. Even still,

the 11 courses identified for spring 2019 only represent 5% of the courses taught, and the overall mean was 4.5. It is unclear whether this uptick is an artifact of survey implementation or is representative of student experiences. We will continue to monitor this very carefully.

**Table G1-6.c: Student Evaluation of Classroom Environment for 500-Level Courses  
Years 2016-2019**

	Number of Courses with a Mean Score Below 4					
	2016-2017		2017-2018		2018-2019	
	Fall (N=250 Courses)	Spring (N=284 Courses)	Fall (N=254 Courses)	Spring (N=298 Courses)	Fall (N=257 Courses)	Spring (N=232 Courses)
The classroom environment was respectful and inclusive of students' diverse background and ideas	1	3	3	6	5	11

Source: Course evaluation data for the past three academic years.

Note: Response options ranged from 1 (Strongly Disagree) to 5 (Strongly Agree).

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

*Strengths:*

- RSPH's efforts demonstrate a high level of collaboration with resources both within the school and across the University to enhance the diversity of faculty and students, in particular.
- RSPH has also embarked upon multiple initiatives to ensure that the environment is characterized by a spirit of inclusivity. Course evaluation data indicate that faculty generally create learning environments that are respectful and inclusive of diverse backgrounds.

*Weaknesses and Plans for Improvement:*

- The Faculty Climate Survey demonstrated mixed results regarding the perception that enough support is provided to faculty from underrepresented backgrounds. This is something that the administration is sensitive to and continues to grapple with. For example, pay equity is considered for underrepresented faculty and female faculty in the context of annual pay increases. Additionally, the Provost's Office purchased an institutional membership to the National Center for Faculty Development and Diversity, which is a national resource for professional development support for all faculty, but with particular attention to the needs of females and faculty of color.
- The school is in the process of hiring a staff member in OASS to serve as Assistant Director for Community-Engaged Learning to facilitate coordination of the various community-focused activities across the school. This individual will also support initiatives relative to diversity and inclusion among students.

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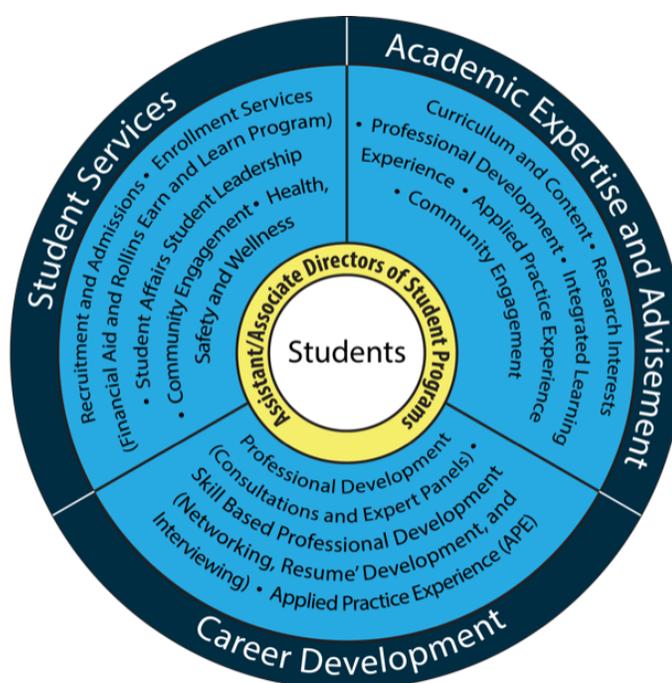
**H1. Academic Advising**


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The school 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 school'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 school's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.

Figure H1-1. Lifecycle of Advisement for MPH/MSPH students



The lifecycle of advisement for RSPH MPH/MSPH students, as illustrated in Figure H1-1, spans from point of inquiry through graduation. Three core areas of advisement are found in the OASS, the academic department/program, and the OCD. Career advisement will be discussed in section H2. The Student Leadership Team, comprised of representatives from each of the core areas of advisement, seeks to enhance the student experience by ensuring consistent, cohesive communication with prospective and current students on processes, policies, and curriculum requirements. An overview of each responsible unit and their advisement functions follows.

#### OASS:

The associate dean of admission and student affairs oversees OASS. The mission of OASS is to advance the public health profession through the recruitment and development of engaged scholars. The OASS oversees most school-wide functions pertaining to student support, including recruitment and admissions, orientation, community engaged learning, enrollment services (academic advisement and support, registrar, and financial aid), the Rollins Earn and Learn (REAL) program, and student

leadership and affairs—including international student affairs and the English as a Second Language (ESL) program.

All admitted students receive a series of communications and one direct mail piece, which leads them to the online admitted student portal

([https://www.sph.emory.edu/prospective\\_students/admitted\\_students/index.php](https://www.sph.emory.edu/prospective_students/admitted_students/index.php)). Here, they have access to explore the support services and resources available through OASS, the academic departments/programs, OCD, and Emory University. This is one of the first opportunities students have to learn about the academic support resources available. If the student participated in recruitment events such as our fall open house (Destination Public Health) or our admitted student program, Visit Emory, they were already exposed to these resources prior to matriculation.

Students also obtain information about school-wide academic requirements, support services, and administrative policies online through the academic course catalog and the Rollins Life section of the website: <https://www.sph.emory.edu/rollins-life/index.html>

The spectrum of advisement services offered by OASS are described in detail in ERF H1-1 and include:

- a) Recruitment and Admissions
- b) Student Orientation
- c) Enrollment Services
- d) International Student Affairs
- e) Community-Engaged Learning
- f) Student Leadership
- g) The Writing and Student Academic Support Center
- h) English as a Second Language
- i) Referral Services to Emory University Liaisons in Campus Life, Student Health, Registrar, Financial Aid, Office Equity & Inclusion, and International Student and Scholar Services

Academic Expertise and Advisement:

Students are advised within academic departments/concentrations by an assigned faculty advisor, related faculty, and the staff assistant/associate directors of academic programs (ADAPs). Departments assign every entering master's student to a faculty member, normally based upon shared interests or experience as communicated in the student's admissions materials. The ADAPs advise students about their academic program working in close coordination with faculty in the department, OASS, and OCD.

The academic programs provide individualized advisement about the program-specific curriculum, policies, procedures, and resources through either a student handbook and/or a web portal usually housed on Canvas. Additional information is provided on the departments' websites. The full set of information is in ERF H1-3, advising materials and resources.

OCD:

The mission of OCD is to provide education, resources, and knowledge through personal advising and programming to collaborate in the professional success of RSPH students and alumni to empower the future leaders of public health service. This is further described in section H2.

Faculty Advisement:

All entering **MPH/MSPH students** are assigned to a full-time faculty member in the student's academic department who serves as their academic faculty advisor. Department ADAPs may change the assignment of faculty advisors at the request of students.

**EMPH students** are advised by their track's associate director, who is a faculty member, and the program's ADAP until they begin their culminating experience. EMPH students are encouraged to consult with the Applied Practice Experience (APE) Advisor about practice and professional development requirements.

Departments in which MPH/MSPH students write a thesis either assign or allow students to select a faculty member (often related to the student's topic) as the chair of the thesis committee. This may be someone other than the initially assigned department faculty advisor.

Many students are also employed by faculty members as research or teaching assistants and may be advised on thesis tasks by their employing faculty. Adjunct faculty members may serve on thesis committees and, in some departments, are formally recognized as field advisors for student theses. Adjunct faculty members also may serve as field supervisors for students during APEs in the community.

All **PhD students** are initially assigned a faculty advisor who shares their academic interests. In rare cases, the DGS serves as the student's advisor until a faculty member is assigned. Students may select a different faculty member to serve as a dissertation advisor or member of the dissertation committee once they reach that stage in the program.

Staff Advisement:

In addition to faculty advisors within each department, all departments have at least one ADAP, who supports master's students. This staff person(s), typically holds a master-level degree, is knowledgeable about the academic requirements of the school and department, and provides advisement to students on course enrollment and other school-related activities.

The ADAPs, along with the APE Advisor and OCD staff, may assist the student in identifying an APE. ADAPs may also assist students in finding an appropriate thesis advisor. ADAPs work across the school as a team, led by the associate dean for admissions and student affairs in scheduling courses, the admissions process, student recruitment, and large-scale events such as New Student Orientation. ADAPs monitor student progress from the point of matriculation through graduation and beyond, serving as both advisors and advocates based on individual student needs.

Though not formal advisors, program administrators support administration of the doctoral programs. Their role includes organizing the logistics around recruitment at the program level, helping to enroll students in courses, and publicizing dissertation defenses and social events. They provide additional support for students who may be experiencing challenges in completing their degrees by serving as a liaison between the student and DGS when needed.

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

Staff Advisors:

ADAPs normally hold master's degrees in counseling and guidance, higher education, or a related field and have a minimum of three years of experience working with students. As part of the Student Leadership Team (all ADAPs and others providing student services), they learn about available resources, expectations, and policies and procedures. ADAPs meet monthly as a group to discuss common matters and attend the school's standing Education Committee, which meets monthly and focuses on the curriculum and academic policies and procedures. The director of enrollment services and senior associate director of academic programs meet with each ADAP during onboarding to discuss their interaction with the office and to review school and University academic policies and procedures. The Office of Enrollment Services serves as an advisory unit for ADAPs beyond the orientation period. Each ADAP also meets with her respective department faculty or department chair who manages the master's programs to receive guidelines about their roles and responsibilities within each department.

Faculty:

Departments assign each entering MPH/MSPH student to a faculty member, normally based upon shared interests or experience as communicated in the student's admissions materials. Department ADAPs will change the advisor at the request of students once they arrive. The faculty advisor normally helps orient the student to the academic program during initial meetings, and later serves as a consultant on academic and, sometimes, career and professional development matters. New faculty are orientated to their advisement role by peers or assigned mentors within the departments.

Students select faculty members to supervise a thesis or serve on thesis committees to meet requirements of the Integrated Learning Experience. The faculty member normally shares academic interests with the student. When students complete (or propose in the case of the Department of Environmental Health) a capstone project, which is one form of the Integrated Learning Experience, they enroll in a course and the instructor of that course serves as the capstone project advisor.

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

The following materials (for the most recent academic year) are available in the ERF:

- School Catalog (ERF A5-2)
- Admitted Student Portal (Includes Orientation and Advisement for incoming students; available at: [https://www.sph.emory.edu/prospective\\_students/admitted\\_students/index.php](https://www.sph.emory.edu/prospective_students/admitted_students/index.php))
- A link to the program handbooks and recruitment materials for MPH/MSPH Students (ERF H1-3)
- Dual degree and other advisement materials (included in program handbooks and recruitment materials provided in ERF H1-3)

**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.**

Students evaluate support services in the school at the time of graduation through the completion of the RSPH Graduate Outcomes and Exit Survey administered by OCD. Findings are distributed to Student Services leaders, deans, and department/program chairs who may use them as a guide to improving services and programs and measure the achievement of department and school goals for serving and supporting students. The RSPH has recently transitioned to a new graduate outcomes data collection platform powered by 12Twenty, which is accessible online. The new platform contains quantitative survey questions that address student satisfaction with the school's services in the areas of student services, information technology, advisor support, and career development. Responses to these questions will be used to evaluate services and inform future changes throughout RSPH.

RSPH Graduate Outcomes and Exit Survey Findings Related to Academic Advising:

Table H1-4 presents student evaluations of advising and career counseling in response to the school's Graduate Outcomes and Exit Survey over the past three years. Advisement primarily pertains to assessment of the department ADAPs and OCD staff, but evaluations of other school support units, including Student Services and IT are also captured. Students generally agree that the educational support units across the school have met their needs. Some students who did not utilize various school services, or were unaware of the offices providing services available, may have declined to agree with the statements on whether the various offices met their needs.

**Table H1-4: Graduates' Satisfaction with Student Support Services**

Item	2015 – 2016 N = 482 <sup>1</sup>	2016 – 2017 N=497 <sup>2</sup>	2018 – 2019 N=379 <sup>3</sup>
Needs met by department-related services (e.g. academic advising, faculty)	80%	89%	85%
Needs met by Student Services (e.g. Enrollment Services, Registrar, Admissions)	Data not available <sup>4</sup>	85%	79%

<sup>1</sup>Of 528 graduates in 2015-2016, 482 completed the survey for a 91% response rate.

<sup>2</sup>Of 505 graduates in 2016-2017, 497 completed the survey for a 98% response rate.

<sup>3</sup>Of 573 graduates, there were 379 respondents as of June 5, 2019, but data collection is still ongoing.

<sup>4</sup>Data for the 2017-2018 academic year are not available due to the school's transition to a new data collection platform.

Source: Graduate Outcomes and Exit Survey

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

At RSPH, we have designed a variety of orientation programs that support students' transition to the school. With best practices, program requirements, and student feedback in mind, we have customized offerings and activities in a way that address students' needs and curiosities. We start the orientation of our MPH/MSPH students at the time of admission through a series of spring and summer communications and access to the admitted student portal.

The majority of orientation activities are coordinated by the assistant director of student life under OASS. Two second-year RSPH MPH/MSPH students serve as graduate assistants and provide administrative support and peer advisement to incoming students. Leading our International Student Orientation efforts is the assistant director of international student affairs, also under the OASS. All orientation activities for master's-level students are evaluated annually by student participants (see ERF H1-5, *2016-2018 New Student Orientation Evaluation Report*).

The EMPH program oversees orientation of new EMPH students both online and in person and is described in more detail later in this section. Doctoral student orientation is separate from the orientation activities described below and is therefore described separately.

**Communications and Online Interactions:**

All admitted master's-level students are granted access to an online admitted student portal. This web portal includes information about next steps to confirm enrollment, campus services/resources, course registration advising, and orientation programming information. In addition to the portal, a series of electronic communications are sent to students with action items for them to complete prior to coming to campus. These same communications are posted in the portal for students to reference. The communications include information about on-campus and school services, academic advisement, pre-registration information, and the on-campus orientation schedule. Webinars and Facebook Live sessions are also conducted by the assistant director and graduate orientation assistants over the summer. The Admitted Student Portal is available at:

[https://www.sph.emory.edu/prospective\\_students/admitted\\_students/index.php](https://www.sph.emory.edu/prospective_students/admitted_students/index.php)

**International Student Orientation:**

International Student Orientation takes place prior to the main orientation program over two-and-a-half days. The online admitted student portal also provides specific information for international students prior to their arrival. The face-to-face session allows additional time for students who are in the United States for the first time to become acquainted with the U.S. education and visa system, in addition to the city of Atlanta and their new home at Emory University. Students are introduced to services on campus,

including International Student Affairs, Career Development, and the International Student and Scholar Services Office. Shopping excursions to nearby retail stores and the international farmers market offer students the opportunity to settle into their new home.

#### Main Orientation for Master's Students:

Main orientation comprises five days of in-person activities prior to the first day of classes. Main orientation includes required and optional sessions related to the curriculum, school and University resources, an overview of the field of public health, and community engagement with partner organizations in Atlanta. A highly-rated activity of the on-campus orientation is CDC Day, which is held at the Paul D. Coverdell Global Communications Center at the Centers for Disease Control and Prevention in coordination with the Office of Public Health Scientific Services. Department meetings and Rollins-teer Day are also key activities during the orientation program.

#### *Department Meetings:*

Main Orientation begins with a face-to-face departmental session introducing students to the leadership and staff in their respective academic departments. This important first session focuses on an overview of the curriculum, program requirements, and the APE. Most sessions also include an introduction to program concentrations where available, school-wide certificate programs, and faculty within the departments. These sessions include a student/faculty lunch.

#### *CDC Day:*

For the past 11 years, RSPH has collaborated with the CDC's Division of Scientific Education and Professional Development to offer incoming MPH/MSPH students an introduction to the field of public health. Students hear from the dean of the school, CDC leadership, RSPH alumni, faculty, and other public health dignitaries. In 2018, Dr. William Foege provided the keynote address with remarks from his book *The Fears of the Rich, the Needs of the Poor: My Years at the CDC*, followed by an alumni panel from key public health agencies in the Atlanta area (CARE, CDC, Carter Center, Task Force for Global Health). In 2019, students were expected to read *Walk out Walk On: A learning Journey into Communities Daring to Live the Future Now* by Margaret Wheatley and Deborah Frieze. There was a faculty panel and a keynote address from Dr. Sandra Ford, the District Health Director for the DeKalb County Board of Health.

#### *Rollins-teer Day:*

Rollins-teer Day introduces incoming students to the Atlanta community for a day of service. Students, staff, faculty, and alumni spend the day serving community partners through a variety of hands-on activities (everything from park clean-up to assisting at local HIV/AIDS shelters). The goal is to connect students to community organizations they may interact with during their time at RSPH and to introduce them to their new home in Atlanta. Rollins-teer Day culminates with a student picnic in the courtyard at RSPH and an activities fair co-hosted by the RSGA to reintroduce students to campus and school resources.

#### EMPH Program Orientation:

The EMPH program oversees the planning and coordination of orientation for incoming EMPH students. All incoming EMPH students participate in a two-week online orientation course, PRS 500D: Strategies and Resources for Online Learning (0 credits). The course, which is comprised of seven assignments, orients students to the design and structure of program courses, provides instruction on course navigation and use of Canvas tools, and simulates activities that students will encounter in their academic courses. The orientation course is graded on a pass/fail basis and appears on the student's transcript. In addition to PRS 500D, EMPH students also participate in a day-long in-person orientation session where they interact with EMPH administration and staff, RSPH leadership, and the RSPH OCD. During the in-person

orientation, students also learn more about the APE and Integrated Learning Experience requirements and talk with a panel of EMPH students and faculty.

#### Doctoral Student Orientation:

Doctoral students undergo orientation by LGS, RSPH, and their individual programs. LGS has an orientation schedule that orients students to the academic, financial, health-related, and career development resources they offer to support students; curricular requirements at the University level; and the peer support networks that are available to support them. This orientation provides information to support students' ability to thrive academically and to grow professionally. It also includes information about campus resources to support student mental and physical health, safety, and desires to join affinity groups. This orientation concludes with a welcome picnic. The RSPH orientation focuses on school-level resources and expectations and encourages the students to develop peer social support networks. It involves the deployment of new laptops for the first-year doctoral students and brief words of welcome from relevant service units at RSPH (e.g., Career Development, Fulfillment Services, IT) and includes a welcome reception with current students, department chairs, and faculty advisors. At the department level, there is an emphasis on the particular curricular requirements of that degree program, and an introduction to both the role of the DGS and program administrator in supporting students. Most department sessions conclude with some sort of welcome reception as well. All of these orientation sessions occur within the two-week period prior to the start of class.

#### **6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)**

##### *Strengths:*

- RSPH provides an accessible and supportive academic advising system for all students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the RSPH curriculum and about specific courses and programs of study.
- Qualified faculty and staff serve in complementary roles as advisors in monitoring student progress and identifying and supporting those whom may have difficulty in completing degree requirements.
- RSPH provides a comprehensive orientation program for master's students that begins online and continues through student arrival on campus. The school takes a proactive approach to communicating resources to students prior to matriculation. Additionally, RSPH, LGS, and the individual programs offer a robust orientation schedule for doctoral students to ensure their ability to fully and quickly acclimate to their new environment.

##### *Weaknesses and Plans for Improvement:*

- In the 2015-2016 academic year the Graduate Outcomes and Exit Survey was separate. We sought to streamline this process to make things easier for students by consolidating them into one survey starting in the 2016-2017 academic year. However, there was a technical glitch in the system that caused the students to miss completion of a series of items including the student services item.

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## H2. Career Advising

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The school 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 school provides such resources for both currently enrolled students and alumni. The school 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.

### Required Documentation:

- 1) Describe the school'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.

All RSPH MPH/MSPH/PhD matriculated students and RSPH alumni have access to the following career advising services and events:

#### Office of Career Development:

The OCD is centered on supporting, training and guiding students and alumni in their efforts to secure employment and to establish careers in public health. OCD offers both events and services to help students prepare for professional careers in public health. The office provides personalized attention and assistance during the career process, including identifying career goals and skills through individual coaching sessions, interviewing and networking techniques.

Incoming students are introduced to the office and its services prior to arriving on campus through emails containing a variety of resources, including VMOCK (virtual resume reviewer), Handshake (appointment scheduling, event registration, job postings), Interview Stream (virtual mock interview platform), and webinars focused on preparing an effective resume and cover letter. Once on campus, students meet the OCD staff and learn more about resources and services during a one-hour orientation session.

The office helps current students and alumni during the employment search process by identifying career goals and developing tangible skills, such as interviewing and networking techniques. Examples of services include: one-on-one tailored consultation services for resumes and cover letters; interviewing practice and consultation; and other career-development related needs, such as applications for other degree programs, personal essays, elevator speeches, and career fair preparation, among other services. Data on career development consultations and events are available in H2-3.

The office employs staff who serve as career advisors and who work directly with Masters, PhD students and alumni on career and professional development. The office maintains partnerships and communications with internal and external partners, including student groups that have public health related opportunities and services. The office support staff oversees office and event logistics and provides technical assistance for the career development online platforms, including Handshake/ROL, VMOCK, and Interview Stream. The office also has a group of student volunteers called Career Development Ambassadors, who assist with events and serve as liaisons between the office and

students to provide feedback and insight on student needs. The Career Development Ambassadors also organize their own events to meet the needs of students. A summary of major OCD events related to career advising and development is provided below.

- One-on-One Appointment Scheduling:

Appointment scheduling is primarily conducted through the online scheduling system, Handshake (more details available in a later section). Students request an appointment, select the type of appointment (i.e. general career coaching, resume review, mock interview, etc.), and provide a brief summary of their specific needs. The career coach reviews and accepts the appointment within 24-48 business hours. All students requesting an appointment receive an appointment. Appointments typically occur within one to two weeks depending on volume, availability of coaches, and students' preferred availability. If a student is having difficulty finding an appointment time or needs an immediate appointment, they can email the office or send an email directly to one of the career coaches who will ensure the student request is fulfilled within the timeframe requested.

- Mock Interview Events:

Mock interview events take place each fall and spring semester and provide students the opportunity to practice their interviewing and networking skills in a supportive environment where they receive constructive feedback on critically important professional development skills essential for the success of their public health career. Public health professionals, alumni, RSPH staff, and faculty serve as mock interviewers conducting two 30-minute interviews in person, via telephone, video chat and/or Interview Stream (an online practice interview tool) and provide valuable feedback upon the conclusion of the interviews. The fall event is followed by a networking reception to provide an opportunity for students and public health professionals, RSPH alumni and staff, and other public health professionals to further connect and continue conversations stemming from the mock interview session.

- Career Fairs:

Career fairs are hosted by OCD twice a year at the Emory Conference Center and Hotel. Each career fair hosts over 50 organizations and more than 200 students and alumni attendees. The career fairs provide an opportunity for public health and health care organizations to network with Rollins degree-seeking students and alumni. The event enables students to learn about opportunities, hiring practices, desired skill sets, and future needs of the organizations in attendance.

- Dad's Garage Networking Event:

This improvisational theater serves as a networking event that is held each fall during orientation week and allows students the opportunity to learn the art of networking in a fun, supportive, improvisational environment. This annual event helps students improve their communication skills by building confidence and learning how to better communicate in various situations.

- Mentoring Program:

The RSPH Mentoring Program annually matches public health professionals with RSPH students to enhance students' professional development, promote conversation and communication, and increase knowledge of public health as practiced in the community. Mentors serve as a resource to their assigned mentee and provide career development advising based on their personal and professional experiences in public health. Mentors represent a range of different types of organizations including government, health care facility, nonprofit, private practice, and for-profit organizations.

Mentor-mentee pairs are selected based on the experience of professionals and the public health aspirations of students. Pairs arrange their own meeting times and discussion topics throughout the student's academic career with the goal to exchange ideas and interests about the field of public health with their mentor and begin the networking process with public health professionals as soon as possible.

This program is a vital resource for students' future career development as they establish their professional networks and gain valuable advice from mentors.

Administrative data on number of mentors and mentees for the past three academic years are presented in Table H2-1 below. Mentor and mentee evaluations are conducted at the end of the program to identify areas for improvement and success. The information collected is also used for future data collection/reporting purposes and updates to alumni records.

**Table H2-1: Mentoring Program**

	<b>Number of Mentors</b>	<b>Number of Mentees</b>	<b>Number of Pairs</b>
2016-2017 <sup>1</sup>	185	273	273
2017-2018 <sup>2</sup>	183	287	287
2018-2019	124	131	131

Source: OCD Administrative Records

<sup>1</sup>The 2016-2017 academic year was the first year PhD students participated and were matched with a mentor. A total of 185 mentors were recruited for the program. Of the 185 mentors, 89 mentors served as a mentor for two students. The requirements for the program were decreased that year to encourage more applications and to assess whether the program outcomes would improve over the next two years.

<sup>2</sup>After the 2017-2018 academic year, the Mentoring Program requirements and feedback were reviewed and adjustments were made to recruit mentors and mentees in fall 2018 for a start date of January 2019. This adjustment will allow students the opportunity to have a mentor throughout their tenure at the RSPH and also gives students the opportunity to acclimate to the new environment and better assess their professional/career goals prior to committing to the program.

Based on the evaluation data that were collected, the following strengths and areas of improvement were identified:

*Mentoring Program Strengths:*

- introduction video from mentee to mentor in Interview Stream
- rewarding opportunity for mentors to give back
- helpful and insightful
- responsive OCD staff when concerns arise
- easy and accessible registration process
- increasing number of mentor-mentee matches each year

*Mentoring Program Areas of Improvement:*

- offer professional development training materials and relationship-building resources for mentees and mentors as well a repository for accessing available resources
- provide guidance for interaction opportunities between mentees and mentors

*Career Development Ambassadors:*

The Career Development Ambassadors program offers students the opportunity to represent the school at OCD-hosted events, including career fairs and networking events. The ambassadors serve as liaisons between OCD and students to continuously evaluate program/event offerings and services. An example of an initiative that was the result of feedback received from ambassadors was the Professional Dress Blueprint, which helped address concerns for gender non-conforming students and provided information and tips for building a professional wardrobe regardless of gender identification. In addition,

ambassadors plan and organize professional development events and workshops, including an elevator speech workshop, LinkedIn presentation, and networking events.

Electronic Resources:

OCD provides several electronic resources for students, including resume, cover letter, and networking guides. The office maintains a website available here <https://apps.sph.emory.edu/PHEC/> as a resource of public health jobs used by other schools of public health and organizations around the country to disseminate timely job openings in the field. In addition to the available electronic resources, the office also utilizes other career development tools that can be accessed from anywhere and anytime, providing 24-hour services to students.

- VMock:

A powerful resume critiquing system, VMock allows RSPH graduate students to receive customized suggestions for their resume based on criteria gathered from employers and RSPH resume standards. VMock provides line-by-line suggestions to improve resume content based on the academic major and level of experience, including feedback on students' communication skills and leadership experiences based on RSPH standards.

- Handshake/Rollins Opportunity Link (ROL):

Students can use this management platform to upload their resumes, apply for internships and jobs, register for career events, and schedule one-on-one appointments with career coaches.

- Interview Stream:

Using a webcam, students are able to simulate job interviews online by responding to pre-recorded interview questions and practicing both verbal and non-verbal communication skills. The interviews can be sent to career coaches, professors, mentors, family, and friends for feedback.

- C3M:

OCD uses C3M to document notes and information on student appointments and interactions. The database also allows the office to capture and track attendance data from events, info sessions, and workshops. Within the system, there are features for tracking employers, employer contacts, and on-campus interview schedules. Reporting features are easily accessible and allow users to export data for evaluation and review purposes.

Job, Internship, and APE Resources:

OCD maintains a repository for all work opportunities shared with the office or secured through RSPH partnerships called, Handshake/ROL. Students and alumni can post and apply for jobs using the system. Using Handshake/ROL, students also have the ability to track organizations and employment postings to receive updated information on job opportunities or events posted by specific organizations. In addition, students can use a number of options to search for opportunities based on specified preferences (e.g. full-time/part-time employment, location, date posted). Opportunities in the platform include REAL opportunities, APEs, volunteer opportunities, external employment opportunities (including internships), and research positions with faculty.

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

- **Background of Current Staff Career Advisors:**

The career advising staff in the OCD have work experience in the field of public health and industry (e.g., government, for-profit, consulting, etc.) to assist in supporting, training, and guiding students for entering public health practice.

Career advising staff have graduate-level degrees in public health, career counseling, human resources, and other related master's level degrees. Successful candidates for career coaching are expected to have a minimum of three to five years of prior work experience. Most often, career advising staff have past work experience in public health, academia working directly with students, and/or career advising and counseling experience, which is an important asset when working with students and alumni with career interests in public health.

- **Selection of Career Advising/Coaching Staff:**

Career advising/coaching staff are selected based on a combination of their experience and educational background. Experience in assisting students with individual career development goals along with experience in public health is preferred. A minimum of three years of experience in a public health environment along with a graduate-level degree from a CEPH-accredited institution is also preferred. Additional requested skillsets include experience advising international students and prior experience advising and training/mentoring public health graduate students. Presentation skills to both small and large audiences and experience assisting in the recruitment of prospective students is preferred. Strong teamwork and a high level of collaboration is required to provide career-related events and programming. Workshop skills are desired to deliver various career development presentations related to resumes, cover letters, networking, and a range of other topics.

- **Career Advising Orientation Process:**

Included in ERF H2-2 is a detailed orientation schedule utilized for all new career advisors hired for the OCD. Orientation also involves one-on-one training by an experienced career advisor for a two-week period on topics including resumes, cover letters, how to utilize the job search database, and career coaching best practices. Staff are monitored and receive ongoing training in specific areas of need over the first six months of starting the position. Thereafter, continued ongoing trainings are provided to staff throughout the year.

- **Staff Roles and Responsibilities:**

Career advising/coaching staff are expected to provide one-on-one coaching sessions to RSPH degree-seeking students and alumni. Typical sessions are scheduled for 45 minutes for general career advising, resume or cover letter assistance, and career advising requests. These sessions are tailored based on the career development needs of the student/alumni and resources, and recommendations are provided upon assessing those needs. Appointments for mock interviews are scheduled for one hour and are conducted with either one or two career advising staff.

Career advising/coaching staff are also responsible for organizing, planning, and executing information sessions, workshops, and other events throughout the academic year. Information sessions are focused on highlighting an organization and opportunities available at that organization. Workshops are intended to enhance or provide a new skillset to students. Past topics have included Excel, storyboarding using PowerPoint, emotional intelligence, etc. Other events focus on networking opportunities for students to engage with public health professionals and peers, including mock interview events.

- 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 OCD advises a large number of current students and alumni each year (see Table H2-3.a). Individual advising visits are student-centered and cover a variety of topics such as resume preparation, job search consultations, interviewing, and salary negotiation. A more detailed list of topics discussed during advising visits is provided in Table H2-3.b. In any given advising session, career coaches typically address more than one topic, depending on the students/alumni needs. Consequently, we provide below examples of typical advising visits with students and alumni.

#### Current Student Advising:

1. Career coaches review students' resumes and discuss the factors that have influenced their decisions to pursue public health including how their past experiences and motivations intersect and add value to their current and future goals. This requires active listening and asking open-ended questions in order to create connections and clarity for students to form the foundations of a collaborative relationship with the office for continued professional development.
2. A second key aspect to advising is exploring motivations, skillsets, experiences and potential career paths in the public health field, and then using this knowledge to create an effective career strategy to help students reach their goals. This is accomplished through discussions during career consulting sessions around various opportunities in public health based on students' expressed motivations, experiences, and skillsets to align areas where they can have a high level of motivation, impact, and success. Integral in this process is assisting students in understanding how to relay their past and present experiences, motivations, and skillsets to the public health realm in order to effectively market themselves to be competitive in the public health workforce to obtain their desired goals during and post-graduation. Career coaches assist students with drafting cover letters, preparing them for the job search process, and linking them to networking opportunities.
3. A third approach relies on sharing general information through large group sessions and subsequently tailoring that information to individual students' needs during individual advising sessions. Table H2-3.c lists the variety of career development events available to students during the academic year. These sessions include informative sessions in the form of career pathways in public health and employer information sessions describing public health roles within their organizations. A critical component of professional development and readiness is the ability to receive career trainings around job search strategies, effective networking, resume tailoring, interviewing strategies, emotional intelligence, and salary negotiations so students are well prepared to evaluate and pursue opportunities in the field of public health. This helps to ensure skillset alignment, motivation, and competitiveness.

#### Alumni Advising:

1. The OCD helps also assists alumni during their employment search process by helping them re-define and identifying career goals as needed. OCD's services targeting the development and refinement of interviewing skills, resume preparation, and networking techniques, among other services, are available to RSPH alumni indefinitely. For examples, an OCF Career Coach recently discussed with an alumnus their job searching strategy since their previous employment had ended. The alumnus was interested in using their skills acquired through government work for consulting, research, or opportunities in a university setting. The alumnus was actively engaging in interviews and networking with previous colleagues. The Career Coach provided a list of contacts and resources to help with the alumnus' job search. Lastly, the Career Coach reviewed the alumnus' resume and provided guidance on formatting and presentation of previous professional experience. The alumnus will use the contacts provided to network and conduct informational interviews in an effort to learn more about potential opportunities and relationship building. Topics covered in the session included: resume review, career coaching, contact referral, and job search resources. The Career Coach and alumnus

plan to follow-up in two weeks for an update on the job search as well as to determine what adjustments, if any, are needed to the current strategy. A summary of the number of annual advising visits, topics covered in individual visits as well as types of events held by OCD are summarized in Tables H2-3.a-c below.

**Table H2-3.a: Number of Annual Advising Visits**

	2016-17	2017-18	2018-19
<b>Student Visits</b>	1,753	1,459	1,271
<b>Alumni Visits</b>	240	256	214
<b>Overall Visits</b>	1,994	1,716	1,485
Source: OCD administrative data			

**Table H2-3.b: Number of Topics Covered During Advising Visits with Students and Alumni**

Consultation Discussion Topics	2016-17	2017-18	2018-19
Resume or CV	679	656	534
Job Search Resources	386	337	224
Cover Letter	217	162	135
Interview Skills	147	99	93
Salary Negotiation/Job Offers	118	57	63
Mock Interview	126	65	55
Internship/Practicum	111	88	71
Application Process	120	31	38
Networking/Info Interviews	77	53	29
Fellowship	66	35	21
Personal Statement/Essay	40	23	34
RSPH Practicum Award	7	15	6
Further Schooling	29	47	33
Other (ROL assistance, career fair prep advice, contact referral)	68	72	56
Unknown	n/a	99	220
<b>Total*</b>	<b>2,191</b>	<b>1,839</b>	<b>1,612</b>
Source: OCD administrative data			

\*The total numbers do not reflect the total number of visits in the academic year, as a career coaching visit may include the discussion of multiple topics.

**Table H2-3.c: Summary of Career Development Event Types**

Events	2016-2017		2017-2018		2018-2019	
	# of Events	Student Attendance	# of Events	Student Attendance	# of Events	Student Attendance
Fall Opportunities Fair	1	322	1	382	1	417
Spring Opportunities Fair	1	253	1	282	1	267
Mock Interview & Networking Night	1	55	1	30	1	60
Mock Interview Week	1	67	1	90	1	71
Mock Phone Interview	n/a	n/a	1	20	n/a	n/a
Mentoring Kick-off	1	27	1	39	1	31
Employer Presentations	28	956	21	598	19	669
Prep Sessions	3	208	2	149	2	125
Special Event (networking events, international student events)	12	79	13	311	24	697
Panel Events	8	282	9	243	7	112
Resume Workshops	3	172	2	156	3	108
Professional Development Series	11	223	6	144	12	123
Other Workshops	26	805	27	699	25	749
<b>Grand Total</b>	<b>96</b>	<b>3,449</b>	<b>86</b>	<b>3,143</b>	<b>97</b>	<b>3429</b>

Source: OCD administrative data

**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.**

Recent graduates of the MPH/MSPH degree-seeking programs are surveyed each year via the Graduate Outcomes and Exit Survey on their satisfaction with the OCD meeting their needs, including availability and support. Students reporting may or may not have utilized the services provided by the office. Table H2-4.a includes satisfaction rates for the past three years.

**Table H2-4.a: Proportion of Students Reporting Satisfaction with the Office of Career Development meeting their needs (including availability and support)**

Student Satisfaction	2016-2017 N=238	2017-2018 N=92	2018-2019* N=379
Strongly Agree/Agree	71%	58%	69%
Response Rate	47%	16%	66%

Source: OCD administrative data

\*Data from the 2018-2019 graduates are still being collected through May 2020 in compliance with the one-year timeframe allotted by CEPH.

The OCD conducts regular assessments of the student experience through the Appointment/Walk-in Feedback Survey. In previous years, the survey was sent out monthly to all students/alumni that completed an appointment. As of June 2018, surveys are disseminated at the conclusion of each appointment to students/alumni. The change was made in an effort to increase response rates which were previously between 4-5% and feedback for improvement of services. Table H2-4.b below shows the proportion of students that responded “strongly agree” or “agree” regarding their satisfaction with the outcome of the appointment over the past three years.

**Table H2-4b: Proportion of Students Reporting Satisfaction with Career Advising Visits**

Item	2016-2017 N=78	2017-2018 N=91	2018-2019 N=97
Appointment/Walk-in Feedback Survey	92%	92%	94%

Source: OCD administrative data

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

*Strengths:*

- Every student that requests an appointment either through the appointment scheduling system in Handshake or via email receives an appointment with a career coaches. Appointments are usually approved within 24-48 business hours and typically occur within one to two weeks depending on demand for appointments.
- The OCD provides a range of different events and resources to students and alumni with a staff of four professional staff and two support staff, including one-on-one appointments, networking events, career development workshops, mock interviews sessions/events, a mentoring program, information sessions, panel discussion, and career fairs.

*Weaknesses and Plans for Improvement:*

- The OCD recently changed the process of getting assessments of the student experience through the Appointment/Walk-In Feedback Survey in an effort to improve response rate. As a result of this change, the response rate improved to over 90%. We will continue using this new strategy to collect evaluation data in order to maintain a high response rate.

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### H3. Student Complaint Procedures

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The school 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 school 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 school officials, and about how these procedures are publicized.**

RSPH students may communicate formal complaints and/or grievances to school or program officials through a variety of mechanisms outlined in the school and University policy and procedure manuals and through the website. The ADAPs and Student Services personnel often serve as conduits to assist students through the grievance/complaint process. The school works to ensure avenues for open communication between the student and school leadership through committees and formal meetings with leadership to proactively identify and resolve issues before they rise to the level of formal complaints.

Grievance Procedures for MPH/MSPH Students:

*Honor or Conduct Code Violations and Appeals*

Allegations are reported by students or faculty to the associate dean for admissions and student affairs. This dean (or designee) investigates the allegations, normally by meeting with the complainant and alleged violator. If there appears to be a violation, an honor code hearing is held with a panel made up of students and faculty. The honor code and conduct code process, including the preliminary investigation and arbitration, the informal hearing as well as the appeals as necessary are described in both the catalog and *Clifton Notes for MPH/MSPH Students*. It is available on the web at <https://www.sph.emory.edu/rollins-life/enrollment-services/clifton-notes/index.html> and in ERF A5-2. Honor and Conduct Code is also reviewed through an online session during orientation and a face to face session during International Student Orientation (ISO).

*Appeal of Grades or Academic Evaluation and Exclusion*

Students first present their concerns to the course instructor or project advisor and, if not satisfied with the response, may appeal to the department chair (or EMPH director) through the department's ADAP(s). The next step of appeal, if necessary, is the executive associate/associate deans for academic affairs who may in some cases (for grade appeals) bring the case to the Academic Standards Committee, an ad hoc committee of faculty representatives from the Education Committee, for resolution. Included in this process are appeals related to academic exclusion (dismissal from school) following a period of probation. Procedures for appealing a course grade or other academic evaluation are included in the catalog and the *Clifton Notes for MPH/MSPH Students*.

*Student Grievance Procedure*

Students should first present their concern to ADAPs or another department official. The student may formally submit a complaint to the associate dean for admissions and student affairs if not resolved satisfactorily within the department or if the complaint is outside the scope of the department. Procedures for submitting a complaint that are outside of the honor/conduct code or appeal of grades are included in the catalog and *Clifton Notes for MPH/MSPH Students*.

### *Faculty and Staff*

All faculty and staff are expected to be responsive to student concerns. Overseen by the executive associate/assistant dean for academic affairs, faculty members post office hours and are normally available through email communications. Student Services staff and ADAPs are expected to be regularly available to students.

### *Communicating Student Grievances, Honor Code Appeal, and Appeal of Grades*

The *Clifton Notes for MPH/MSPH Students*, policies and procedures web page (<https://www.sph.emory.edu/rollins-life/enrollment-services/clifton-notes/index.html>), and the school catalog include information about academic policies and procedures and methods of communicating concerns to school authorities. The ADAPs and Student Services staff are also available to advise students on grievances, the honor code, and grade appeals. There are various avenues or methods for communication about these policies and procedures including the student listserv, website, and orientation.

### *Rollins Student Government Association:*

RSGA represents the interests of students. This organization allocates funds collected as student activities fees to chartered student organizations. The RSGA may also propose policies and procedures to the school. Its president attends meetings of the school's Leadership Group where she or he may propose policies or programs and engage in discussions of related issues. Each department and the EMPH program have a representative who is part of the Executive Committee of RSGA. Communication opportunities facilitated by RSGA include:

- *Input on Policy by Representation on School Committees:* Students are represented on department and school committees and may provide input on the development of policies and procedures or other school functions through those avenues.
- *Lunches and Meetings with Senior Members of the School's Administrative Staff:* The RSGA schedules lunches with the dean three or more times per semester. Any students may attend, and the agenda is determined by those in attendance. Discussions involve the school or public health matters more generally.
- The executive associate/associate dean for administration and finance and department leads from IT, OCD, and OASS meet with the RSGA Executive Board and student departmental representatives to discuss operational and logistical matters once per semester.
- The assistant director of student engagement, representing OASS, meets at least monthly with the RSGA Executive Board and at least three times per semester with student organization leaders to advise on student leadership strategies and troubleshoot issues or concerns.

### *Grievance Procedures for Doctoral Students:*

Doctoral students have a different set of grievance procedures, which are communicated in the LGS student handbook as follows:

- Students who wish to outline grievances or disagreements of an intra-program nature should first address either the DGS or the appropriately designated committee in their program. Students who do not receive satisfaction through these channels contact the LGS, which convenes the Graduate School Committee on Grievances. This committee is composed of three graduate faculty members. Any student who wishes to present grievances in academic matters to the LGS Committee on Grievances should communicate with the associate dean of LGS.

- To file a formal complaint, the student is required to submit a written statement to the committee addressed to the associate dean of LGS. This statement must state concisely the charge to be considered; describe fully the nature of the complaint, the evidence available in support of the charge, and all circumstances surrounding the events in question; and describe previous efforts to resolve the difficulty. This written statement and any supporting documentation may be shared with others deemed appropriate by the committee.
- Upon receipt of the formal complaint, the committee may request additional information from or about the student and statements from other parties. The committee may also request to meet with the student or other parties involved. Such meetings are for informational purposes only. No party may be represented by another, or accompanied by a representative, except on the express invitation of the committee. The committee may meet and discuss the case after sufficient information has been acquired.
- On the basis of the written statement and any other information requested or available to it, the committee will make a recommendation to the dean. The committee will provide the dean all supporting documentation relevant to its considerations. Ultimate responsibility for deciding the legitimacy of the grievance and determining any further action rests with the dean. The dean will inform the student and the committee of his or her decision.
- Student appeals beyond the LGS Committee on Grievances may be addressed to the LGS Executive Council. The dean of the LGS or an elected faculty member designated by the dean will preside, and, consistent with the policy that the faculty has final authority in academic matters, the decision of the Executive Council will be final.

Use of the LGS grievance procedure does not prejudice in any way a student's rights under the University's student grievance procedure.

### **The Emory University Policy 10.12 Addresses Student Complaints:**

Emory University is committed to receiving and addressing written student complaints against the University, its faculty, staff, or administrative personnel in a timely manner. Appropriate procedures are described below and should be adhered to in response to student complaints. Students should first attempt to resolve their complaints with the office most directly responsible for the action being challenged. Each school at Emory has an office of Student Services that can further assist students and direct them within their specific school if they are uncertain about where to start. In addition, students may use the ombudsperson (<http://ombudsperson.emory.edu/index.html>) to assist with complaints if they are uncertain or wish to discuss a situation confidentially before taking more formal action.

Federal financial aid laws and regulations require that each state has a process to review and act on complaints concerning educational institutions in the state. You may file a complaint about Emory University with the State of Georgia Office of Inspector General (OIG) by following the directions at the OIG website. In the event that OIG receives a student complaint related to financial aid, it will forward it to the Office of Inspector General of the U.S. Department of Education.

### **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.**

Each school at Emory University is responsible for its own complaint or grievance process. However, there are several resources available to students related to complaints and grievances at the University level. The Ombudsperson is a confidential resource to whom students may speak regarding a problem, conflict, or concern. The office is neutral and independent of the administration or schools. It provides a private sounding board and source of assistance to help students find the right resources, navigate Emory systems, and figure out their next steps in addressing an academic or nonacademic concern. The Ombudsperson does not adjudicate honor/conduct code hearings or render decisions regarding

complaints or grievances. Students may reach out to the Ombudsperson via telephone or email at [dyarbr3@emory.edu](mailto:dyarbr3@emory.edu).

Emory University also urges all members of the University community to report incidents of bias and sexual misconduct through the following processes.

#### Bias Incident Reporting:

Bias incident refers to the use of language and/or actions that demonstrate bias (prejudice) against persons because of, but not necessarily limited to, their actual or perceived race, color, religion, ethnic or national origin, gender, genetic information, age, disability, sexual orientation, gender identity, gender expression, or status as a military veteran. Emory University has a bias incident reporting process for faculty, staff, and students. Bias incidents are submitted through a web form and a member from the Bias Incidence Reporting Team (representing members from Campus Life and the Office of Equity and Inclusion) responds to the submission.

#### Sexual Misconduct Reporting:

Any member of the University community can file a report of sexual misconduct, and the university strongly urges any community member impacted by sexual misconduct to file a report. The University's process is independent from any criminal process. Students, faculty, and staff may report incidents to Emory's Title IX Coordinator and Associate Vice Provost, Lynell Cadray, [lynell.cadray@emory.edu](mailto:lynell.cadray@emory.edu), or Title IX Coordinator for Students, Judith Pannell, [jpanne2@emory.edu](mailto:jpanne2@emory.edu). Students may report problems to the RSPH associate dean for admissions and student affairs who will make the appropriate links to the University offices and services. Staff and faculty may report problems to their director of human resources who will also link persons to University offices and services. In any process to adjudicate sexual or gender-based violence and harassment, the standard of proof that applies is "preponderance of evidence," and sanctions may include disciplinary action, up to and including, suspension, exclusion, or—in the case of employment—termination.

#### Discrimination and Harassment Reporting:

Any student, faculty, or staff member who has experienced discrimination, discriminatory harassment, or retaliation by a faculty or staff member may file a complaint with the Emory Office of Equity and Inclusion. The complaint may be written or verbal to Maurice Middleton, Senior Director of Equity and Inclusion, or Lynell Cadray, Vice Provost. All efforts are made to keep information confidential. The process is outlined here: <http://equityandinclusion.emory.edu/discrimination/reporting.html>

#### Accessibility and Disability:

The Office of Accessibility Services (OAS) assists qualified students along with faculty and staff in obtaining equal access and reasonable accommodation. OAS ensures opportunities for reasonable access and participation in all programs, as it promotes the value of a full and rich living, learning, and working experience in our community. Students may be certified as qualified for educational accommodations by this office. Students who experience obstacles or barriers to their functioning on campus or who believe their authorized accommodations are not being met may report them to this office for investigation and appropriate action. Similar support and services are provided to faculty and staff. Students are introduced to OAS through the admitted student portal and on-campus orientation. OAS has also been invited to participate in the Faculty Career Development Series (for the past three years) as part of the *Help Us, Help You* conducted in collaboration between OASS and the Office of Academic Affairs.

#### Federal Financial Aid:

Federal financial aid laws and regulations require each state to have a process for reviewing and acting on complaints concerning educational institutions in the state. If a student has a complaint she may file a

complaint with Emory's financial aid office or call the Trust Line at 1-888-550-8850 or file a report online at: [www.mycompliance.com/EmoryTrustLineOnline](http://www.mycompliance.com/EmoryTrustLineOnline). Students may also file a complaint about Emory University with the State of Georgia OIG by following the directions on the OIG website. In the event that OIG receives a student complaint related to financial aid, it will be forwarded to the OIG of the U.S. Department of Education.

#### Honor or Conduct Code Appeals:

Initial allegations are reported by students or faculty to the associate dean for admissions and student affairs and admission or to the RSPH Honor Code Liaison. This liaison investigates the allegations, normally by meeting with the complainant and alleged violator. If there appears to be a violation, an Honor Code Hearing is held with a panel made up of students and faculty. Their recommendation is made to the associate dean for admissions and student affairs who transmits it to the executive associate/assistant deans for academic affairs who normally acts on that recommendation. The student may appeal the decision to the executive associate/assistant deans for academic affairs who then brings it to the school's Academic Standards Committee for their review and recommendation.

#### Appeal of Grades or Academic Evaluation and Exclusion:

Students first present their concerns to the course instructor or project advisor and, if not satisfied with the response, may appeal to the department chair through the department's ADAPs. The next step of appeal, if necessary, is the executive associate/assistant deans for academic affairs who may, in some cases, bring the case to the Academic Standards Committee for resolution. Included in this process are appeals related to academic exclusion (dismissal from school) following a period of probation.

#### Student Grievance Procedure:

Students first present their concern to the ADAPs or other department official. The student may formally submit a written complaint to the executive associate/assistant deans for academic affairs if not resolved satisfactorily within the department or if the complaint is outside the scope of the department. The student may then choose to submit a written formal complaint. The executive associate/assistant deans for academic affairs will convene a meeting of a grievance committee comprised of two faculty members and one student who are not affiliated with the department linked to the grievance. The grievance committee will review the written complaint and make a recommendation to the executive associate/assistant deans for academic affairs. The executive associate/assistant deans for academic affairs will inform the student and the grievance committee of the final determination. The student may appeal the determination to the grievance appeal council. The decision of the grievance appeal council is final.

#### Sexual Misconduct:

Any member of the University community can file a report of sexual misconduct, and the University strongly urges any community member impacted by sexual misconduct to file a report. The University's process is independent from any criminal process. Students, faculty, and staff may report incidents to Emory's Title IX Coordinator and Associate Vice Provost, Lynell Cadray, [Lynell.cadray@emory.edu](mailto:Lynell.cadray@emory.edu), or Title IX Coordinator for Students, Judith Pannell, [jpanne2@emory.edu](mailto:jpanne2@emory.edu). RSPH students may report problems to the associate dean for admissions and student affairs who will make the appropriate links to the University offices and services. Staff and faculty may report problems to their director of human resources who will also link persons to University offices and services. In any process to adjudicate sexual or gender-based violence and harassment, the standard of proof that applies is "preponderance of evidence," and sanctions may include disciplinary action, up to and including, suspension, exclusion, or—in the case of employment—termination.

- 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.

Table H3-1 reports the formal complaints submitted to the school in the last three years by category: Honor/conduct code appeals, grade appeal/academic exclusion, grievance.

**Table H3-1: Formal Student Complaints and Grievances: 2016 – 2019**

Type of Formal Complaint	Number	General Nature or Content	Current Status/Progress Towards Resolution <sup>a</sup>
<b>2016-2017</b>			
Honor/Conduct Code Appeal	0	N/A	N/A
Grade Appeal/Academic Exclusion	5	4 students failed to raise their GPA to 2.70 after being on academic probation and were excluded from the master's program.	The 4 excluded students were notified of their exclusion.
		1 student appealed a failing course grade to the school.	The Academic Standards Committee convened, reviewed the case, and denied the appeal. The student was notified of the decision.
Grievance	1	1 student alleged that a faculty member treated her unfairly throughout the course and impacted her grade.	The school did not find enough evidence to make a judgement. The case was referred to OEI for review, and recommendations were made to the school.
<b>2017-2018</b>			
Honor/Conduct Code Appeal	0	N/A	N/A
Grade Appeal/Academic Exclusion	4	3 students failed to raise their GPA to 2.70 after being on academic probation and were excluded from the master's program.	The 3 students were notified of their exclusion.
		1 student received a failing course grade and appealed the decision to the school.	The Academic Standards Committee convened, reviewed the case, and denied the appeal. The student was notified of the decision.
Grievance	1	1 student submitted a complaint regarding faculty member comments at an open forum.	Part of the case was referred to OEI for review. Recommendations were made to the school.
<b>2018-2019</b>			
Honor/Conduct Code Appeal	0	N/A	N/A
Grade Appeal/Academic Exclusion	6	3 students failed to raise their GPA to 2.70 after being on academic probation and were excluded from the master's program.	The 3 excluded students were notified of their exclusion.

		3 students appealed an assignment or course grade decision to the school.	The Academic Standards Committee convened, reviewed the case, and denied the appeals. The 3 students were notified of the decision.
Grievance	0	N/A	N/A

Source: OASS and Academic Affairs administrative data

<sup>a</sup>All complaints have been resolved.

When students submit formal complaints, grievances and/or appeals, departments have great flexibility in addressing the presenting issue. Often, issues are resolved at the department level without further action at the school level. It is only after department chairs, faculty, and MPH program directors in collaboration with ADAPs who serve as students advocates, are unable to satisfactorily resolve the complaint/grievance/appeal that the issue is elevated to the school. This comes in the form of a formal complaint filed by the student to the Office of Academic Affairs at which point the Academic Standards Committee is tasked with reviewing the documentation. As a result of this process, the committee typically only reviews the most severe complaints/grievances/appeals. The Academic Standards Committee reviews each presenting case and weighs all sides of the complaint/grievance, including students' unique circumstances. However, the committee is ultimately tasked with upholding the school's academic standards; therefore, in the most recent cases described above, the committee unanimously upheld the original decision. Student complaints are captured each year and reported annually through the Office of the Provost for Emory University.

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

*Strengths:*

- The school and University have well-established and accessible policies and procedures for student grievances and complaints. Such procedures are clearly articulated and communicated to students.
- RSPH provides a variety of avenues for students to communicate with school leadership and participate in school-wide committees in an effort to address complaints proactively.
- Students and faculty both participate in grievance council reviews of complaints.
- The number of formal complaints and grievances filed remains small over time.

*Weaknesses and Plans for Improvement:*

- The school will continue to communicate complaint procedures proactively throughout the year to both students and faculty to ensure that everyone is aware of how these complaints are processed.

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#### **H4. Student Recruitment and Admissions**

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

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

The school seeks students with the motivation and ability to achieve and be successful in a graduate academic program, along with a firm commitment to the advancement of public health research and practice as evidenced by their interests, backgrounds, and experiences. The school attempts to reach a wide audience of prospective students in its recruitment efforts and adheres to Emory University's Affirmative Action and Equal Opportunity policies in all of its recruitment activities. The RSPH recruits and admits qualified students regardless of race, ethnicity, religion, sex, sexual orientation, national origin, age, disability, or veteran's status.

Department chairs and the EMPH director, in consultation with the school's administration, set annual enrollment goals for the number of MPH/MSPH students each department targets. The enrollment targets are based on the capacity of the current faculty to provide quality instruction and the depth of the applicant pool.

Recruitment and Outreach Activities:

The recruitment and admissions processes of MPH/MSPH students is under the supervision of the associate dean for admissions and student affairs and the assistant dean of enrollment management and communications within OASS. The team leading recruitment and outreach efforts further consists of a senior director of admissions and recruitment, a director of admissions and recruitment, and an admissions communications manager. The ADAPs and designated faculty who lead departmental admissions work collaboratively with OASS to provide departmental support for recruitment and admission activities.

Outreach begins with a robust communications strategy that includes electronic communications to the current prospect pool, which consists of individuals we may have met at a graduate school fair, on-campus tour, or virtual event. Using data from Association of Schools and Programs of Public Health (ASPPH), the team works to further identify prospects across the country. These efforts are among the first points of interaction a prospect may have with RSPH.

Furthermore, prospective students may learn about the school through a variety of options including walk-in requests, admissions information sessions, and electronic (email or web) requests for information. Prospective MPH/MSPH students may request an admission view book through a web-based form. In order to manage interactions and communications with prospects, the school uses the customer relationship management system, Slate. Promotional materials are distributed to prospective students at information sessions, events, and graduate school fairs as well as through Slate messaging and other electronic communications.

The school participates in the Schools of Public Health Application Service (SOPHAS), a central application for accredited schools of public health. The associate dean for admissions and student affairs has been a national leader in the development and implementation of SOPHAS.

Doctoral programs manage their own recruitment efforts under the direction of each program's DGS. Doctoral programs reside in LGS, which works with the executive associate dean for academic affairs to coordinate marketing and promotional materials as well as campus visits for prospective students. The visitation schedule is coordinated across all six doctoral programs (typically during the first or second week of February) to allow for a one-hour school-level recruitment breakfast that all prospective doctoral

students are invited to attend. All prospective doctoral students are reimbursed up to \$500 to cover the cost of their travel to campus, aside from their hotel expenses and most meals being covered in the context of the recruitment events.

#### **Additional On-Campus Recruitment Efforts:**

Visiting a campus can encourage an undecided student to lean toward committing to an institution. To that end, we have multiple on-campus recruitment events.

#### *Admissions Information Sessions:*

RSPH hosts monthly information sessions where participants are provided with an overview of the school; a panel session with key staff, alumni, and current students; and a campus tour highlighting the key student resources of the RSPH community.

#### *Destination Public Health:*

RSPH's fall open house, Destination Public Health, generally attracts more than 150 attendees annually, and is designed to stimulate interest in public health—specifically in RSPH's programs. The school advertises the event via its website and sends invitations to area colleges and universities as well as to prospects who have requested application information. The day-long Saturday program includes a faculty panel, departmental meetings, RSPH student support resources, and a preview of career opportunities in public health. Attendees have the opportunity to meet with current RSPH students, faculty, and ADAPs from any area of study in which they have an interest.

#### *Visit Emory:*

Each spring, the school hosts Visit Emory, which is specifically designed to introduce admitted students to the RSPH community, Emory University, and our community partners. A two-day yield event, the Visit Emory program aims to attract students to commit to RSPH. The activities focus on the school's academic programs, as well as its setting within Emory University and the value of its proximity to the CDC; American Cancer Society; CARE; and health agencies at the federal, state, and local levels. Prospective students have an opportunity to meet with school administrators, faculty, department/program ADAPs, current students, and alumni to learn about their course of study and to explore research opportunities. Tours of the campus, local residential communities, and the David J. Sencer CDC Museum are a few of the activities offered during the program. The dean and department chairs invite all merit scholarship finalists to a reception in an effort to recruit the top candidates to the school during Visit Emory. During the 2018-2019 academic year, a third, smaller recruitment event, titled Experience Emory was held two weeks after Visit Emory, targeting those who could not attend Visit Emory. Additionally, we have campus tour options and an ambassador program to round out our on-campus offerings. We understand that cost may be prohibitive for many of the students we hope to attract and to that end, we offer travel stipends to visiting students who have self-identified as having need.

Table H4-1 shows consistent attendance at each of the school's major recruitment events for the past three years.

**Table H4-1: Prospective Student Attendance at Recent  
Open House and Visit Emory Day Events**

Number of Attendees		
Academic Year	Open House (Fall)	Visit Emory (Spring)
2016-17	170	261
2017-18	166	313
2018-19	163	371

Data Source: OASS administrative data

*Rollins Student Ambassadors:*

In addition to these events, the Rollins student ambassadors, coordinated by the director of admissions and recruitment, offer tours of campus to prospective students, write blog articles about their experiences, and assist in the coordination of large-scale events such as Destination Public Health and Visit Emory. The student ambassadors are also available throughout the year to answer prospective students' questions via phone, email, or the student ambassador blog, in addition to webinars and other recruitment events. Some department ADAPs also sponsor Facebook pages and blogs where student representatives answer prospective students' questions.

*Campus Tours:*

Tours of the school are offered at least twice a week and are generally conducted by one of OASS's graduate assistants. Often, the graduate assistant is also a student ambassador. While pre-registration for tours is strongly encouraged, we do accommodate prospects who walk in as staff availability permits. A self-guided tour packet is offered to any visitor who is unable to participate in a regularly scheduled campus tour.

Virtual Recruitment Efforts

*Webinars and Virtual Chats:*

RSPH offers webinars throughout the admissions cycle related to a variety of topics including: application preparation, concentration interest, scholarships, and financial aid and student life. RSPH also participates in several virtual recruitment fairs hosted by ASPPH.

Off-Campus Recruitment Efforts

*Fairs, Information Sessions, and Events:*

OASS participates in recruitment fairs and college campus information sessions throughout the year (a list of recruitment activities is provided in ERF H4-1). In addition, some departments recruit at meetings associated with their specialties (e.g., Society of Public Health Education, Academy Health, and National Environmental Health Association). Because of the backgrounds of EMPH students, the EMPH program holds recruitment events and advertises in venues that are specific for the students they hope to attract. RSPH also works with partner organizations to educate prospective students about the field of public health and the application process for graduate professional programs. Examples of these events include Spelman College's Research Day, The Gates Millennium Scholars Graduate School Conference, Annual Peace Corps Coordinators Conference and Graduate Recruitment Fair and the Bonner Scholars Summer Leadership Institute.

## Diversity Recruitment Efforts

OASS also participates in a number of events throughout the academic year to attract underrepresented students to our MPH/MSPH programs. As a member of the common application service (SOPHAS), the school has been represented at numerous minority recruitment fairs across the country, including the Annual Biomedical Research Conference for Minority Students (ABRCMS), which is one of the largest professional conferences for underrepresented students who are seeking to pursue advanced training in STEM fields. We also partnered with the Emory University Graduate Division of Biological and Biomedical Sciences to attend this conference with other Emory graduate programs.

Additionally, our partnership with LGS's Director of Diversity, Community, and Recruitment has offered us the opportunity to further extend our outreach to underrepresented students. Through this partnership, we have sent promotional materials and/or attended recruitment activities. Some of these collaborative efforts over the course of the past few years include the following:

- 22<sup>nd</sup> Southeastern Association of Educational Opportunity Program Personnel McNair/SSS Scholars Research Conference
- Gates Millennium Scholars Open House (occurred at Emory University)
- Gates Millennium Scholars Leadership Institute (Panelist, Houston, TX)
- Hispanic Association of Colleges and Universities

OASS has also hosted its own open house program for the Gates Millennium Scholars in the Atlanta area. We regularly hire Gates Scholars with the specific purpose of engaging in outreach efforts with undergraduate Gates Scholars. Additionally, OASS was asked to staff a panel for the annual Gates Millennium Scholars Leadership Institute hosted in Houston, Texas to discuss preparing a successful graduate admissions application.

The school also supports travel stipends for students who need financial assistance to attend Destination Public Health and Visit Emory.

Additionally, there are opportunities in which we are invited to participate. For instance, the school was invited to exhibit at the National Hispanic Medical Association's Health Professional School Recruitment Event in Washington, D.C.

RSPH also has partnerships with several historically black and Hispanic-serving institutions where we participate in fairs or facilitate admissions information sessions. The following reflects outreach activities the school has done at these institutions:

*Atlanta University Center (AUC)*  
(includes Morehouse College, Spelman College, and Clark Atlanta University)  
AUC Graduate School Fair  
AUC Health Professions Fair

*Morehouse College*  
IMHOTEP at Morehouse College

*San Jose State University*  
Rollins Admissions Information Session

*Spelman College*  
Spelman College Health Careers Fair  
Social Sciences Graduate School Fair  
Rollins Admissions Information Session for Spelman and Morehouse Students  
Public Health Awareness Conference and Recruitment Fair at Spelman College

*Tougaloo College*  
Tougaloo College Jackson Heart Study Scholars (visit to Rollins)

*Tuskegee University*  
Tuskegee University Graduate School Fair

*Xavier University*  
Xavier University Graduate School Fair

Scholarship Awards for MPH/MSPH Applicants:

RSPH offers merit, mission, need-based, and work-study awards for master's-level students. Applicants are automatically considered for awards once they have been admitted to a degree-seeking program. Recipients are notified in February and March during the financial aid processing season. EMPH students are notified in late spring due to the later application deadline. Need-based awards require the submission of the Free Application for Federal Student Aid for consideration.

*Merit Scholarships:*

The school allocates a limited amount of merit scholarship support for master's level applicants. Available scholarships are listed in the school's catalog and the admissions website. Departments rank their most academically qualified applicants and forward them to the associate dean for admissions and student affairs, normally by mid-February. An ad hoc committee with representation from each department ranks this pool. Merit scholarships are awarded to those most highly ranked until the budget is expended. Merit awards range from approximately 50-100% tuition plus stipend support and includes the prestigious Robert W. Woodruff and James W. Curran Scholarship programs. The EMPH program ranks students and awards funds separately due to the unique nature of the program and admissions timeline. Endowed funds include the Hearst, Seretean and Sencer funds, in addition to EMPH merit awards.

*Need-Based and Work-Study Awards:*

Additional need-based grants are awarded in coordination with the Emory University Office of Financial Aid and are reflected in the financial aid package of students who apply for this support. The Emory University Office of Financial Aid also oversees the awarding of student loans and, in collaboration with the RSPH Office of Admission, awards school-based work program funding to over 600 admitted students through the REAL program.

*Mission-Driven Awards:*

Mission-driven awards are allocated to MPH/MSPH students who meet certain criteria related to the public health mission of RSPH. In general, awardees are either identified through self-reported criteria on the SOPHAS admission application or nominated by the department/selection committee.

*Yellow Ribbon:*

The Yellow Ribbon GI Education Enhancement Program is a provision of the Post 9/11 Veterans Educational Assistance Act of 2008. RSPH offers tuition assistance for two post 9/11 veterans.

*Dual Degree Awards:*

The school also offers half-tuition scholarships to medical students entering the MD/MPH dual degree program and to PhD students in LGS entering the PhD/MPH dual degree program. It offers partial scholarships to students entering the MPH or MSPH program while enrolled in Emory-related medical residency programs and the Preventive Medicine Residency Program at the CDC and Emory University. Students in Emory University Health Sciences dual degree programs, including nursing, physician assistant, and physical therapy are also offered partial scholarship support.

*Coverdell Fellowships:*

Paul D. Coverdell Peace Corps Fellowships offer returning Peace Corps Volunteers half scholarship support and an assistantship working with community organizations serving refugee populations in the Atlanta area. Those selected as Peace Corps Fellows also mentor Global Service Prep students through a weekly seminar. These are students anticipating enrolling in the Peace Corps following completion of their studies.

*Returned Peace Corps Scholarship Service Award:*

All admitted Returned Peace Corps Volunteers working toward the MPH or MSPH degree receive a partial tuition scholarship award for their service.

*Americorps/Teach for America:*

RSPH provides a one-time educational award match for graduates of Americorps/Teach for America who are admitted to the MPH or MSPH degree program.

*Rollins Pathway Award:*

Awarded annually to deserving MPH/MSPH students, both domestic and international students are eligible for this partial tuition award. Students are nominated by the academic department and selected by the Office of Admission based upon fit with academics and public health mission.

*International Program Partnership Awards:*

Five special RSPH programs provide scholarship support to students from outside the United States:

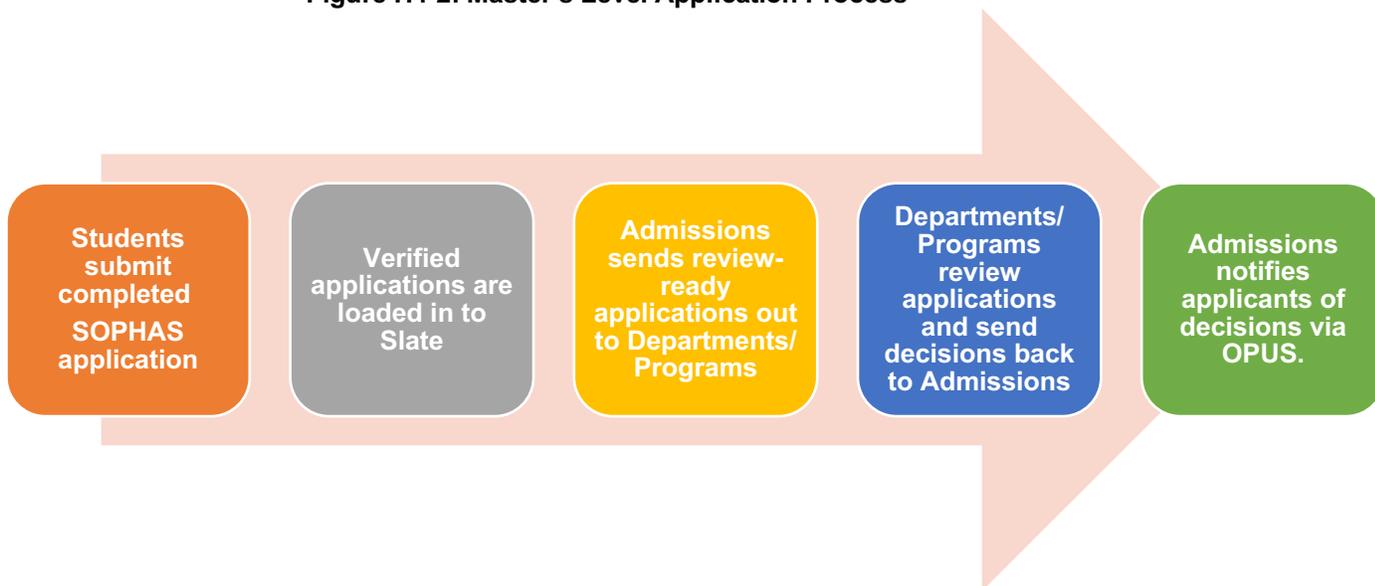
- The Hubert H. Humphrey Fellowship Program is sponsored by the U.S. State Department, which brings mid-career professionals from developing countries to the US for a year of professional development and academic studies. RSPH is one of two schools of public health to receive this distinction. The RSPH is the only program focusing on HIV/AIDS in the Humphrey Fellowship Program.
- The William Foege Fellowship Program was established in 2003 by the Bill & Melinda Gates Foundation to honor the global health contributions of Dr. William H. Foege. Scholars are nominated by Atlanta-based public health agencies from a pool of individuals in developing countries who have demonstrated the potential for public health leadership in their home countries.
- The Fulbright Program for Foreign Students is sponsored by the U.S. State Department and brings citizens of foreign countries to the United States for master's degree study at U.S. universities. Many foreign Fulbright grantees are early-career professionals who will return to take leadership positions in their home countries, often working at universities or in government service.
- The King Abdullah bin Abdul-Aziz Al Saud fellowship program began in fall 2011. The goal of the fellowship program is to build public health human capacity in the Kingdom of Saudi Arabia by providing MPH/MSPH training for Saudi Ministry of Health students at RSPH.

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

Application and Admission to Master's Programs:

Decisions to admit are made by faculty in the department/program to which the student applies. In keeping with the diversity goals of the school, the department/program aims to consider a broad range of candidate qualifications including non-cognitive factors. Departments/programs generally admit applicants to matriculate starting in the fall semester. Applicants use the SOPHAS application. The following diagram illustrates the workflow of the application process at RSPH.

**Figure H4-2: Master's Level Application Process**



The deadline for the receipt of the completed application and all required supporting documents for fall semester is early January (in 2018-2019, January 5). The deadline for students applying to the EMPH program is March 15. Applicants are admitted on a space-available basis after the deadline. SOPHAS charges an application fee of \$135 for the first application and \$50 for each additional application. Admissions provides applicants with information about SOPHAS fee waivers if the applicant discloses financial hardship.

Required application components include:

- Online SOPHAS application
- Statement of purpose and objectives
- Two official transcripts from each post-secondary institution attended
- Two letters of recommendation
- Graduate-level entrance examination score report when required by the department (normally the Graduate Record Examination)

Additional International Requirements:

- Official Test of English as a Foreign Language (TOEFL) or International English Testing System (IETS) scores
- Official transcript evaluation by World Education Services or comparable agency

- Financial certificate and financial verification process (required upon admission)
- Visa information sheet (required upon admission)

#### Admission Requirements for the MPH/MSPH Programs:

- Satisfactory completion of a four-year baccalaureate degree or its equivalent
- Strong interest in a public health career and demonstrated involvement in public health or comparable activities
- Recommended undergraduate grade point average (GPA) of 3.0
- Graduate Record Examination (GRE) scores or equivalent exam

Master's program applicants who have completed doctoral-level degrees at U.S. institutions are not required to submit GRE scores. Test score requirements by degree program are listed on the following web page: <https://www.sph.emory.edu/admissions/master/requirements/index.html>. Departments participating in dual-degree programs accept entrance examinations required by the other degree program in lieu of the GRE. Minimum scores desired vary by department and are considered in the context of the complete application. Other preferred qualifications of applicants for each department are described in the catalog and on the RSPH website. Work or academic experience in the health field is highly desirable but not required, but preference is normally given to students who have advanced training and applied experience.

The program encourages applications from international students who are proficient in speaking, reading, writing, and understanding the English language. All applicants whose native language is not English are required to take the TOEFL and to earn a minimum score of 79 - 80 on the internet-based exam. The IELTS may be accepted in lieu of the TOEFL exam. International applicants must submit financial certification forms ensuring that they have available funds to pay tuition and living expenses.

#### Admissions Decisions for the MPH/MSPH Programs:

On a weekly basis, electronic batches of applications are retrieved from SOPHAS, loaded into the Slate and PeopleSoft database, reconciled for complete information, and forwarded to the selected department for review. Each department has a process by which the faculty (typically as members of a committee) review applications and the department makes admission decisions. If a department rejects an applicant and the applicant has indicated an additional preference, the application materials are forwarded to the second and in some cases third choice department. When a final admission decision is made, the department forwards the decision to OASS who then formally notifies the applicant of the outcome. Applicants who apply by the deadline are normally informed of their admissions status within four to six weeks of receipt of the application.

#### Application and Admission to the Doctoral Programs:

Students apply to doctoral programs through LGS (<http://www.gs.emory.edu/admissions/index.html>). Each RSPH doctoral program selects the students for admission to its doctoral programs on the basis of an applicant's prior academic record, standardized test scores (Graduate Record Examination), professional interests, alignment with faculty expertise, recommendations from others familiar with the applicant's work, and the availability of an appropriate course of study. To that end, each program varies in terms of its minimum qualifications for admissions as described on its website (other than requiring a baccalaureate degree). For example, a master's degree is encouraged, but not required for five of the six programs (i.e., all but BSHE where a master's degree is required). As another example, college-level biology and calculus is required for the Epidemiology doctoral program. Typically, a doctoral program committee (or some similarly named body) or the DGS conducts an initial review of applications before advancing a subset of applications to the graduate faculty of that program to inform decision-making.

This selection process is overseen by the DGS (with support from the program administrators) and includes substantial faculty input. Given that all doctoral students receive five years of stipend support guaranteed as long as they maintain good academic standing, admissions decisions are also influenced by projections about the ability to provide this financial support on faculty research grants in the outyears of the program (i.e., years three to five depending on the program). The LGS and RSPH jointly support student stipends for the first two to three years, depending on the program. Thus, faculty buy-in and support for the students selected to join the incoming cohort are integral to the selection process. Moreover, there are efforts to assign faculty advisors to students of the incoming cohort in ways that are equitable and honor the distribution of faculty among existing students, which further underscores the need for strong faculty input.

Prospective doctoral students are typically notified of their admissions decisions in February and are given until April 15 to make their decision known to the program using the online application system.

**3) Select at least one of the following measures that is meaningful to the school 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 that follows, the school may add measures that are significant to its own mission and context.**

- **Quantitative scores (e.g., GPA, SAT/ACT/GRE, TOEFL) for newly matriculating students**

Tables H4-3.a and H4-3.b below provide information on the GPA of master’s applicants, accepted, and matriculated students (and analogous data for the doctoral students), and they demonstrate that the GPAs of those who matriculate do not greatly differ from those who are accepted into our programs at the masters and doctoral levels.

**Table H4-3.a: Mean Undergraduate GPA – Master’s Students**

Academic Year	Applicants	Accepted	Matriculated
2017	3.40	3.46	3.37
2018	3.43	3.49	3.40
2019	3.42	3.47	3.40

Source: Emory University PeopleSoft Enrollment Services

**Table H4-3.b: Mean Master’s GPA – Doctoral Students**

Academic Year	Applicants	Accepted	Matriculated
2017	3.78	3.83	3.82
2018	3.83	3.87	3.84
2019	3.76	3.86	3.87

Source: LGS administrative data compiled from applications

RSPH seeks to recruit and matriculate a diverse class of students from a variety of backgrounds and interests. Over the past three years, RSPH has increased enrollment of underrepresented students by 6%. Most of that growth has been an increase in the enrollment of African American students from 16% to 21%. RSPH also outpaced other schools and programs of public health, matriculating the third and fourth highest numbers of African American students in the country for the Master of Public Health and Master of Science in Public Health programs over the past three years (Reference: ASPPH Data Portal). In this same vein, RSPH continues to matriculate the highest number of Gates Millennium Scholars across schools and programs of public health. Over the past three years, recruitment efforts have yielded

an increase in Gates Millennium applicants to RSPH, surpassing the target of increasing Gates Millennium Scholar applicants by 20%.

**Template H4-1: Quantitative Scores for Newly Matriculating Master’s Students**

Outcome Measures for Recruitment and Admissions				
Outcome Measure	Target	Year 1	Year 2	Year 3
Increase matriculation rate of admitted applicants who are Returned Peace Corps Volunteers	50%	41%	43%	49%
Maintain academic quality of matriculated students through mean grade point average of incoming students.	3.5 or above	3.39	3.37	3.40

Source: OASS data compiled from PeopleSoft Student Administration System

Additionally, RSPH seeks to attract Returned Peace Corps Volunteers to its programs, especially to those programs with global experience requirements due to the substantial public health-related experience they bring that is significant to our context. RSPH has had a long-running relationship with the United States Peace Corps, hosting two former directors, and participating in Atlanta-area Returning Peace Corps Volunteers and national Peace Corps events. RSPH provides scholarship support to Returned Peace Corps Volunteers and seeks to matriculate 50% of admitted students (see Template H4-1 above). Over the past three years, RSPH has increasingly come close to meeting that target with 49% of Returned Peace Corps Volunteers matriculating in 2018. The mean undergraduate grade point average is also used to monitor quality of the incoming cohort. Across the past three years, RSPH has been consistent in matriculating a quality pool of applicants to the school based on the data presented in Template H4-1 above.

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

*Strengths:*

- RSPH has a robust outreach strategy that includes a variety of options for prospect engagement and a concerted effort around the recruitment of underrepresented minority students. There is a diverse offering of scholarship and funding packages to help attract quality students to the school.

*Weaknesses and Plans for Improvement:*

- We acknowledge the need for additional scholarship support for Masters students. This is critical to enrolling a qualified student body. This is a priority for the Office of Advancement and Alumni Relations, and the school is arranging to match donations for scholarships out of its endowment.

## H5. Publication of Educational Offerings

Catalogs and bulletins used by the school 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.

**Table H5-1.a: Documentation of Degree Programs, Guidelines and Procedures**

Course Catalog	<a href="https://www.sph.emory.edu/academics/documents/Catalog_2020.pdf">https://www.sph.emory.edu/academics/documents/Catalog_2020.pdf</a>
Academic Calendar	<a href="https://www.sph.emory.edu/rollins-life/events/important-dates/index.html">https://www.sph.emory.edu/rollins-life/events/important-dates/index.html</a>
Grading Policies	<a href="https://www.sph.emory.edu/rollins-life/enrollment-services/policies/index.html">https://www.sph.emory.edu/rollins-life/enrollment-services/policies/index.html</a>
Academic Integrity Standards	<a href="https://www.sph.emory.edu/rollins-life/enrollment-services/honor-code/index.html">https://www.sph.emory.edu/rollins-life/enrollment-services/honor-code/index.html</a>
Master's Degree Programs, Concentrations, and Degree Completion Requirements	Behavioral Sciences & Health Education <a href="https://www.sph.emory.edu/departments/bshe/programs/index.html">https://www.sph.emory.edu/departments/bshe/programs/index.html</a> Biostatistics & Bioinformatics <a href="https://www.sph.emory.edu/departments/bios/degree-programs/index.html">https://www.sph.emory.edu/departments/bios/degree-programs/index.html</a> Dual Degrees <a href="https://www.sph.emory.edu/academics/dual-degree/index.html">https://www.sph.emory.edu/academics/dual-degree/index.html</a> EMPH <a href="https://www.sph.emory.edu/departments/emph/index.html">https://www.sph.emory.edu/departments/emph/index.html</a> Environmental Health <a href="https://www.sph.emory.edu/departments/eh/degree-programs/index.html">https://www.sph.emory.edu/departments/eh/degree-programs/index.html</a> Epidemiology <a href="https://www.sph.emory.edu/departments/epi/degree-programs/index.html">https://www.sph.emory.edu/departments/epi/degree-programs/index.html</a> Hubert Department of Global Health <a href="https://www.sph.emory.edu/departments/gh/degree-programs/index.html">https://www.sph.emory.edu/departments/gh/degree-programs/index.html</a> Health Policy & Management <a href="https://www.sph.emory.edu/departments/hpm/degree-programs/index.html">https://www.sph.emory.edu/departments/hpm/degree-programs/index.html</a> Master of Public Health/Master of Science in Public Health <a href="https://www.sph.emory.edu/academics/mph-msph/index.html">https://www.sph.emory.edu/academics/mph-msph/index.html</a>
Doctoral Program Degree Completion Requirements	Public Health Sciences Doctoral Programs <a href="https://www.sph.emory.edu/academics/doctoral-programs/index.html">https://www.sph.emory.edu/academics/doctoral-programs/index.html</a>
Recruitment Materials	Recruitment Materials-School and Departments <a href="https://www.sph.emory.edu/academics/recruitment-materials/index.html">https://www.sph.emory.edu/academics/recruitment-materials/index.html</a>