

**Council on Education for Public Health
Adopted on September 20, 2014**

REVIEW FOR ACCREDITATION
OF THE
COLLEGE OF PUBLIC HEALTH
AT THE
UNIVERSITY OF GEORGIA

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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SITE VISIT TEAM:

LuAnn E. White, PhD, DABT, Chair

Craig H. Blakely, PhD, MPH

Wendy E. Braund, MD, MPH, MEd

SITE VISIT COORDINATOR:

Brittney D. Lilly, MPH

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the College of Public Health (CPH) at the University of Georgia (UGA). The report assesses the college's compliance with the *Accreditation Criteria for Schools of Public Health, amended June 2011*. This accreditation review included the conduct of a self-study process by college constituents, the preparation of a document describing the college and its features in relation to the criteria for accreditation and a visit in March 2014 by a team of external peer reviewers. During the visit, the team had an opportunity to interview college and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the college and verify the self-study document.

UGA is a public, land and sea grant institution founded in 1785 by the Georgia General Assembly. UGA, along with all other Georgia state-supported institutions, are a part of the University System of Georgia, which is governed by the Board of Regents. UGA is located in Athens, GA, in Clarke County, about 60 miles northeast of Atlanta. UGA also operates satellite campuses throughout the state with locations in the cities of Atlanta, Griffin, Lawrenceville and Tifton. The university's main campus in Athens contains 389 buildings on 759 acres of land. The university enrolls over 26,000 undergraduate and over 8,000 graduate students and employs nearly 3,000 faculty members. UGA offers more than 140 bachelor's degree majors, 137 master's degree concentrations and 96 doctoral degree concentrations. UGA comprises 18 academic schools and colleges, which include the CPH.

The CPH was founded in 2005 and is housed in several buildings located on the university's Health Sciences Campus, approximately three miles from the university's main campus. The college includes the Department of Environmental Health Science, Department of Epidemiology and Biostatistics, Department of Health Policy and Management, Department of Health Promotion and Behavior, Institute of Gerontology, Institute for Disaster Management and the Center for Global Health. The college offers five degrees, with 18 different concentrations, and six joint degree programs.

The CPH was initially accredited by CEPH in June 2009, resulting in a five-year term. The college was required to submit an interim report in spring 2011, which was reviewed and accepted by the Council.

Characteristics of a School of Public Health

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

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

These characteristics are evident in the college of public health at the University of Georgia. The institution is regionally accredited by the Southern Association of Colleges and Schools, and underwent its most recent accreditation review in March 2011. Reaffirmation of accreditation was granted to the institution for a 10 year term. The CPH, its faculty and students have the same rights, privileges and status as other professional preparation programs of the institution. The college has sufficient resources to provide the depth and breadth of educational content necessary to support its degree offerings. The CPH maintains an organizational culture that embraces the vision, goals and values common to public health. The development of professional public health concepts and values are evident in the college's robust research agenda, participatory student engagement in research and service-learning curricular components. The college is actively engaged in addressing the health of populations in the Athens community and beyond by working with community partners to translate research into practice.

1.0 THE SCHOOL OF PUBLIC HEALTH.

1.1 Mission.

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

This criterion is met. The CPH has articulated a clear mission statement that was developed as part of the strategic planning process completed in 2012. The strategic planning process was led by a consultant and included focus group interviews with faculty, students, alumni and community partners. The CPH Executive Committee, composed of the dean, associate deans, department heads and institute and center directors, vetted the plan that included review of the mission, goals and values and presented it to the faculty. Discussions during the strategic planning process examined, strengthened and confirmed the college's mission, goals, vision and values. The revised mission, vision, goals and objectives were disseminated through the college newsletter and are currently available on the CPH website.

The CPH mission statement is as follows: The College of Public Health at the University of Georgia promotes health in human populations, protects the environment and prevents disease and injury in Georgia, the United States and globally through innovative research, exemplary education and engaged service.

In 2013, The CPH re-examined and strengthened the vision statement and values at an Executive Committee retreat. The resultant outcome of retreat deliberations and faculty input are the college's current values, which are presented in the self-study document. The values, however, are not made available on the college's website but are expressed in the newly articulated vision statement, which is available on the website.

The college has identified four goals that include: (1) exemplary education, (2) innovative research, (3) engaged service and (4) increased resources and structural support. Each goal has two to five objectives with an indicator for each objective. The goals and objectives reflect the effort to continue to build and strengthen the relatively new college with an emphasis on growing and improving education, research activity, community engagement and fiscal, human and physical resources.

1.2 Evaluation and Planning.

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

This criterion is met with commentary. The CPH utilizes formal and informal mechanisms of assessment including student course evaluations, exit surveys, faculty annual reports, faculty CVs, SOPHAS

admissions data and feedback from the Practicum Advisory Council and the Dean's Advisory Council. The outcome measures and targets identified in the self-study document were developed through iterative processes of the Reaccreditation Self-Study Committee (RSSC). The RSSC is led by the associate dean for academic affairs and is composed of faculty from the college's five departments, the Institute of Gerontology director, two student representatives and two CPH staff members. The RSSC met monthly to develop the self-study document and ensure that it adequately addressed CEPH criteria. RSSC members produced the initial draft of the self-study document and the Dean's Advisory Council, Practice Advisory Council and CPH student associations participated in reviewing and revising the document. The college also distributed the self-study document for review and comment from stakeholders.

The final self-study document represents a tremendous amount of work and is responsive to the CEPH accreditation criteria. With examination and searching, the site visit team was able to find additional information in the electronic resource file and during discussions with faculty, students and community members to fill in gaps.

For each of its four goal statements, the college maintains a set of measurable objectives with qualitative and quantitative indicators. Responsibility for evaluating the college's objectives for its four goal statements are divided among staff members in the offices of the dean and associate deans. The Office of the Associate Dean for Academic Affairs is the primary unit responsible for collecting and evaluating objectives related to the instructional goal, whereas objectives related to the college's research goal are collected and evaluated by the Office of the Associate Dean for Research. The Office of the Associate Dean for Outreach and Engagement collects and evaluates data related to the college's service goal, and the Office of the Dean is the primary unit responsible for collecting and evaluating data related to the college's resources and structural support goal.

Outcome measures for the first goal, exemplary education, contain targets regarding graduation and job placement rates, but the outcomes could not fully be assessed due to the short period that many degree programs have been in operation. Objectives for the second goal, innovative research, include measures such as the number of faculty publications and research grant applications. After review of the research outcome measures and discussions with constituents on-site, reviewers conclude that some targets are overly ambitious and may not be realistic considering the college's actual research expectations. Outcome measures for the third goal, engaged service, include faculty and student community service and engagement in outreach and research activities that benefit underserved communities. The college exceeded six of its eight service targets in the 2012-2013 academic year (AY). Four of the eight outcome measures have data collection methods that were recently established; thus, an assessment of the college's performance over the last three years is not possible. One such outcome measure with a newly

established data collection method in 2012 relates to graduate student involvement in community service, for which the target was unmet in AY 2012-2013. No data were available on the outcome measure related to undergraduate student involvement in community service because the college is still establishing data collection methods. Lastly, outcome measures for the fourth goal, increased resources and structural support, utilizes data from the college's previous accreditation review as a baseline for current targets. For example, one outcome measure is to increase instructional faculty over the previous three year period. The outcome measures selected for this goal are appropriate for assessing the college's progress in increasing resources and structural support.

Collective evaluation data are shared with the CPH Executive Committee by the respective offices collecting the data, and the committee determines if any college-level changes should be made. This committee is primarily responsible for developing the college's strategic plan, which undergoes revision every five years, and meets as often as necessary to have on-going discussions surrounding the strategic plan and other college-level matters.

The commentary applies to evaluation processes. While evaluation processes are clearly defined and described for each objective, the site team found minimal evidence that evaluation data are used to inform decision making or program improvements. On-site discussions with the RSSC indicate that many of the outcome measures were developed solely for the purposes of the self-study document. Thus, there is a possible disconnect between the operationalized evaluation measures and the evaluation measures and processes presented in the self-study. For example, on-site discussions with college administrators indicated that a number of unofficial measures are used in practice to monitor the college's progress such as enrollment numbers, grant funding, number of proposals submitted and faculty community engagement. Many of these measures are captured in the college's annual report required by UGA's Office of Institutional Effectiveness.

It is important to note that college administrators have been responsive to qualitative feedback received from students and have used this feedback to enhance the student experience at the college. Examples of student feedback that spurred changes include increasing computer lab hours and modifying the scheduling for MPH core classes. College administrators are also receptive to individual feedback from faculty and community members when brought to their attention. While this ad hoc process may work at this point, more formal feedback mechanisms would continue to ensure that important issues are not missed.

1.3 Institutional Environment.

The school shall be an integral part of an accredited institution of higher education and shall have the same level of independence and status accorded to professional schools in that institution.

This criterion is met. The CPH is an integral part of UGA which is accredited by the Southern Association of Colleges and Schools Commission on Colleges. The institution also responds to a number of specialized accrediting bodies including the American Veterinary Medical Association Council on Education, the Accreditation Council for Pharmacy Education and the Association to Advance Collegiate Schools of Business.

As a public institution in the state of Georgia, UGA is governed by the Board of Regents (BoR). The Board's executive officer, the chancellor, exercises supervisory control over the institution, however, UGA's chief executive officer is the president. Reporting to the president is the senior vice president for academic affairs and provost, to whom all 18 college deans report. The CPH is led by a dean and is afforded the same level of independence and status as other professional schools in the institution.

The CPH dean is responsible for overseeing the college's annual operating budgets, resource allocation and the appointment, promotion and tenure process. UGA's Office of the Vice President for Finance and Administration is responsible for monitoring each academic unit's budget and ensuring that personnel salaries align with BoR expectations, though the CPH dean develops the initial college budget and faculty salary expectations. The BoR approves the college's final budget.

While UGA has substantial control over undergraduate admissions, and the Graduate School has some oversight for graduate admissions and curricula, the CPH retains ultimate authority over the curriculum, admission of graduate students and oversight of governance and faculty affairs, within university guidelines.

The CPH dean must approve all requests for recruiting and selecting college personnel. For faculty recruitment, the hiring department will develop a search committee to screen and interview potential applicants. The search committee makes a recommendation to the department head, who then proposes the prospective candidate to the CPH dean for final approval. Recruitment and selection of staff mirrors the process used for prospective faculty, with the exception that the department head is the final hiring authority for staff position.

1.4 Organization and Administration.

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

This criterion is met. The CPH is led by a dean with four supporting associate deans responsible for academic affairs, outreach and engagement, administrative initiatives and research. Over 15 administrative staff positions exist to support the functions of the dean and associate deans. These staff positions include an IT manager, senior accountant, director of communications, director of development, business affairs manager, grants manager and program coordinators. The college is comprised of four academic departments, three institutes and one center. Academic departments include Environmental Health Science (EHS), Epidemiology and Biostatistics, Health Promotion and Behavior (HPB) and Health Policy and Management (HPAM). The center and institutes include the Institute of Gerontology, the Institute for Evidence-based Health Professions Education, the Institute for Disaster Management and the Center for Global Health. Each department is led by a department head and each research institute and center is led by a director, all of whom report to the CPH dean. Each unit has a set of faculty and support staff.

Presently, the college's departments, institutes and center are not located in a centralized location, rather departments are spread across campus and in off-campus locations, which may impede organic opportunities for interdisciplinary collaboration. College administrators recognize that the distance between its units creates a barrier to integration and collaboration and have acted swiftly to ensure that all units are in a central location. By January 2016, college administrators anticipate all CPH units to be located on UGA's 59 acre Health Sciences Campus (HSC), with the exception of the EHS Department which requires a specialized laboratory facility with which the HSC is presently not equipped. Current methods utilized by college constituents to overcome the distance barrier and engage in interdisciplinary collaboration include the following: service on CPH governance committees in which faculty from different CPH units serve on the same committee, participation in other CPH department faculty review committees and service on committees in departments external to the CPH.

To facilitate the development of the new building for the EHS Department, the CPH will need to raise a significant amount of private funds, in addition to receiving substantial contributions from the university and the state. During the site visit, administrators shared that a new EHS building, with proper laboratory facilities, is number two on the university's capital priority list. To support the development of the project, the college must raise \$7.5 million, in addition to receiving \$15 million from both the university and the state. Administrators anticipate all CPH units will be located on the HSC in 2019.

1.5 Governance.

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

This criterion is met. The college's overall governance structure is appropriately organized to carry out its functions and activities. Constituent roles and responsibilities have been delineated to address all major programmatic functions. Clear mechanisms are in place to facilitate decision making amongst college constituents and university-level administrators. Of special note is the well-organized feedback loop and communication mechanisms established between the CPH Curriculum and Academic Programs Committee (CAPC) and its subcommittees, which was evidenced by the site team after a review of committee meeting minutes and agendas.

The college is governed by a set of bylaws which outline the roles and responsibilities of the dean, institute and center directors, department heads and committees. At the college level there are a total of 11 committees. Six are standing committees, which include the following: the Executive Committee, Curriculum and Academic Programs Committee, Undergraduate Education Committee, MPH Education Committee, DrPH Education Committee and the Promotion and Tenure Committee. The five remaining committees consist of non-governing standing committees and ad hoc committees, which exist for the following purposes: informing the dean of the college's research climate and community engagement activities, recognizing faculty that make outstanding contributions to the college's mission, coordinating the CEPH self-study and developing the college's diversity policies and activities. Committees that undertake these responsibilities are the Research Advisory Committee, Outreach and Engagement Advisory Committee, Recognition Awards and Honors Committee, ad hoc CEPH Reaccreditation Committee and the ad hoc Diversity Committee.

Decision-making and oversight of programmatic functions rests with a number of college constituent groups which may include college-level committees, associate deans or department-level committees and faculty members. The CPH Bylaws state that most committees will meet biannually, though in practice most committees meet more frequently. Faculty from each academic department, institute and center are represented on college-level governance committees. Fourteen primary faculty, representing each of the college's four academic departments, are currently serving or have previously served on university-wide committees, which include the Committee on Academic and Instructional Technologies, Committee on Faculty Affairs, UGA Library Committee, University Curriculum Committee and the Committee on Student Affairs.

The college's programmatic and academic policies are adopted from the university, though the CPH Executive Committee can develop college-specific policies. Individual departments may establish departmental policies but they may not supersede college or university policies. The CAPC serves to oversee all academic policies made in the college by its departments and informs the Executive Committee of college-level academic policies that should be implemented or modified. The CAPC's function is to maintain consistency in academic standards and policies for all degree programs. The

committee's duties include reviewing, monitoring and coordinating curricula, deciding on proposals for new courses, periodically reviewing the college's educational requirements and deciding on student appeal cases. CAPC consists of the chairs of the Undergraduate Education Committee, MPH Education Committee and the DrPH Education Committee, as well as the associate dean for academic affairs, two students, a graduate coordinator from the HPB Department and one non-voting staff member. The CPH Bylaws state that the CAPC must meet biannually, or more often as needed. During AY 2012-2013 the committee met six times.

The CAPC maintains the following subcommittees that directly oversee curricular development and advising policies and procedures at each degree level: the Undergraduate Education Committee, MPH Education Committee and the DrPH Education Committee. Subcommittees consist of a faculty representative from each academic department, a student and a non-voting staff member. The CPH Bylaws were not descriptive regarding the decision-making authority of the subcommittees, but review of committee minutes by the site team revealed that subcommittees can make decisions on course grading policies, academic policies, admissions policies and the sequencing and frequency of course offerings, with input from academic departments. Student recruitment and admissions is managed by staff in the Office of the Associate Dean for Academic Affairs, in accordance with admissions standards set by each subcommittee and academic department.

Faculty recruitment and performance reviews are managed by department-level committees, but promotion and tenure is overseen by the CPH Promotion and Tenure Committee. The committee is led by a chair, appointed by the dean, and consists of all college faculty who are eligible to vote on candidates for promotion and tenure. Eligible faculty are those who are full-time and tenure-track with at least 50% appointment in the CPH, and no eligible faculty are allowed abstentions from the voting process. Each faculty on the committee is provided with the candidate's portfolio for review, which is the basis for the faculty member's voting decision. After each faculty member has voted, the committee chair presents all votes to the CPH dean who makes a recommendation to the university provost, who makes the final promotion and tenure decision.

Student participation in college-level governance committees is prominent, as students are represented on seven out of eleven college-level committees. Students are not represented on the Executive Committee, Research Advisory Committee, Promotion and Tenure Committee and Recognition, Awards and Honors Committee. Student participation in governance is also demonstrated in the student-led Public Health Association, with an active executive board consisting of seven students from various degree programs and concentrations in the CPH. Other student-led organizations include the DrPH Pump Handle Society, the Environmental Health Science Club and the Future Health Promoters Club in the HPB Department.

In addition to its formally recognized committees, the college maintains two external committees: the Dean's Advisory Council and the Practicum Advisory Council. The Dean's Advisory Council serves to provide guidance and support to the dean's overarching vision, mission and strategic plans for the college. The Practicum Advisory Council consists of practicum preceptors, and the council's primary purpose is to provide feedback on the practicum process and their experience working with students and the college. The Practicum Advisory Council meets biannually, and meetings are led by the CPH practice coordinator, who uses the information to improve the practicum experience. Reviewers noted a gap in the feedback loop from the practice coordinator to the CPH administrators. While it was expressed to the site visit team that CPH administrators will occasionally sit in on the council's meetings, it is not done systematically. Therefore, college administrators may be missing feedback that could potentially enhance the college's programs. College leaders and department heads may benefit from receiving systemic and regular input from preceptors, community members and employers to stay abreast of changing practice needs and emerging workplace skills to ensure that the college's curricula are continually advancing and persisting in relevancy.

1.6 Fiscal Resources.

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

This criterion is met. The CPH operates on four primary sources of funding: state funding, tuition return, research funding and indirect cost returns and development. State funds flow to the college through two primary pathways — directly from UGA and indirectly from the University System of Georgia (USG). The Georgia General Assembly annually allocates resources to the USG. The BoR then distributes funds across institutions based on enrollment figures, expansion of physical facilities and other operating formulae. UGA's Office of the Vice President for Finance and Administration determines salary increase guidelines, funds for temporary employees, and operating expenses and equipment. The Vice President for Finance and Administration also works with the CPH dean to establish the college's budget. The college's final budget is then approved by the BoR.

The majority of tuition dollars are retained at the university level, with funding allocated to the CPH utilizing the processes previously noted. Students in both the MPH and DrPH programs are charged a tuition differential of 7% and 10% respectively. The assessed tuition differentials are allocated directly to the CPH. In fiscal year (FY) 2013, the tuition differentials received by the college amounted to \$36,667.

The CPH was the only college in the institution to generate more external resources than their state allocation. State appropriations in FY13 totaled \$6.62 million, while funding from grants/contracts totaled \$8.2 million. The college receives 20% of indirect cost funds from the university one year after the funds are generated. In FY12, the CPH generated indirect cost recoveries that led to \$113,518 in revenue for

the college in FY13. These funds are not included in the budgeting process each year and therefore represent useful strategic resources for the college. The CPH returns 80% of these funds to the principal investigator's home unit and retains the remaining 20% for operational support.

To support the college's fundraising efforts, UGA's Office of Development maintains an alumni and donor database and provides some fiscal support for a CPH development officer. The dean and a number of faculty and staff commit meaningful time to development efforts. In FY13, the CPH received over \$64,000 in endowments.

The annual funds received by the CPH since the last CEPH review show fairly steady growth, which are linked to increases in all four sources of revenue. Since the previous self-study in 2009, the number of graduate student credit hours has nearly doubled and grant funding increased by nearly 24%. From FY09 to FY13, state appropriations gradually increased across the five years. Research successes show a strong 25% increase over the five-year period from the previous self-study. Thus, the college's resources provide a firm foundation for current operations. Table 1 presents the college's budget from FY 2009 to 2013.

The college has met its fiscal objective of increasing credit hour production for graduate students and undergraduate students in the public health major. Since the college's previous accreditation review in 2009, the credit hour production for undergraduate public health majors has increased by 42.2%. Credit hour production for undergraduate pre-public health majors has decreased by 9.6% and credit hour production for graduate students has increased by 76.5%.

Table 1. Sources of Funds and Expenditures by Major Category, FY 2009-2013

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Source of Funds					
Tuition and Fees					
Differential	\$28,964	\$28,461	\$31,202	\$33,926	\$36,667
Tech Fees	\$20,154	\$382,053	\$255,707	\$220,804	\$232,922
Tech Fee Carry-Over		(\$178,334)	(\$177,797)	(\$129,784)	(\$95,132)
State Appropriation	\$4,781,737	\$5,571,596	\$5,703,644	\$6,211,412	\$6,617,410
University Funds Amended & Carry-Overs (State)	\$545,500	\$639,884	\$558,439	\$335,847	\$349,518
Grants/Contracts	\$6,613,048	\$6,308,455	\$7,214,863	\$6,698,484	8,188,128
Prior Year Carry-Forward	\$409,560	\$538,367	\$400,001	\$604,287	\$665,349
Indirect Cost Recovery					
IDC	\$68,449	\$80,586	\$167,277	\$131,999	\$113,518
IDC Carry-Over	(\$40,762)	(\$19,580)	\$3,349	\$23,942	(\$102,010)
UGARF (rolls forward yearly)	\$53,498	\$62,170	\$92,053	\$92,052	\$81,408
Endowment	\$70,344	\$1,423	\$43,971	\$76,917	\$64,308
Other: Poster Printing Income	\$ 4,300	\$4,937	\$4,950	\$ 6,080	\$5,140
Other: Miscellaneous Income	\$63,415	\$43,531	\$105,829	\$172,100	\$382,602
Income Carry-Forward	0	0	0	(\$61,312)	(\$77,943)
Other: Study Abroad	0	0	0	\$64,629	\$19,674
Total	\$12,618,207	\$13,463,549	\$14,403,488	\$14,481,383	\$16,481,529
Expenditures					
Faculty Salaries and Benefits	\$3,685,244	\$3,825,626	\$4,620,730	\$7,115,114	\$7,663,229
Staff Salaries and Benefits	\$693,434	\$794,271	\$1,712,846	\$2,424,646	\$2,463,119
Operations (State Funds Only)	\$2,310,164	\$650,567	\$834,163	\$884,130	\$1,032,043
Operations (Grant Funds Only)	\$1,693,183	\$1,524,379	\$1,197,716	\$1,351,182	\$1,723,628
Travel (State Funds)	\$78,957	\$130,395	\$103,794	\$139,495	\$154,774
Travel (Grant Funds Only)	\$234,754	\$185,677	\$270,253	\$193,902	\$246,840
Student Support	\$263,673	\$339,988	\$717,710	\$1,078,160	\$1,124,575
Other: Equipment (State Funds Only)	\$91,627	\$90,891	\$164,166	\$57,386	\$530,126
Other: Equipment (Grant Funds Only)	\$15,810	0	\$13,624	0	0
Other: Grant Indirect	\$914,187	\$949,545	\$657,270	\$793,669	\$942,814
Other: Income	\$106,415	\$48,468	\$56,269	\$104,762	\$103,114
Total	\$10,087,448	\$8,539,807	\$10,348,541	\$14,142,446	\$15,984,263

1.7 Faculty and Other Resources.

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

This criterion is met. The college has the required number of faculty in each of the five core areas. The Epidemiology and Biostatistics Department appoints 15 full-time primary faculty. Nine faculty are dedicated to instruction in the department's two epidemiology degree programs: the MPH and PhD. The six remaining faculty are dedicated to instruction in the three biostatistics degree programs: the MPH, MS and PhD. The department's instructional component is supported by 10 secondary faculty. The department's student-faculty ratio (SFR) is 4:1 by primary faculty FTEs. This SFR figure is anticipated to increase in AY 2014-2015 as the department begins enrollment for its MS and PhD in biostatistics programs. Likewise, the PhD in epidemiology currently has 12 students enrolled in their second year of the program, and as students begin dissertation work in the coming years, departmental faculty may find themselves taxed.

The HPAM Department appoints 15 full-time primary faculty and nine secondary faculty to support its one degree program: the MPH. The department's current SFR is 8:1 by primary faculty FTEs. The EHS Department appoints 11 full-time primary faculty and nine secondary faculty to support its six degree offerings: a BS, MS, MPH and PhD in environmental health and an MS and PhD in toxicology. The department's current SFR is 11:1 by primary faculty FTEs and is likely to increase in AY 2014-2015 as the department begins enrollment for its PhD in environmental health science degree. The HPB Department appoints 15 full-time primary faculty and three secondary faculty to support its three degree offerings: a BS, MPH and PhD. The department's current SFR is 33:1 by primary faculty FTEs. It is important to note that the department is home to the largest enrollment of undergraduate students among the college's departments, which increases the department's overall SFR. In both the HPB and EHS departments, doctoral students are utilized to support the instruction in undergraduate programs; therefore, the site visit team concluded that faculty resources for these departments are adequate despite high SFRs.

The college also offers a DrPH degree, which is an interdisciplinary program supported by various faculty across departments. In addition to the five core concentration areas, the college offers two MPH degrees in the disaster management and gerontology concentration areas, administered by the institutes of disaster management and gerontology respectively. The Institute of Disaster Management appoints two full-time primary faculty and two secondary faculty to support the MPH degree. The Institute of Gerontology appoints three full-time primary faculty to support its MPH degree. The gerontology and disaster management concentrations will likely require investment in faculty numbers in the future, particularly if these prove to be popular concentrations as measured by student enrollment numbers.

Regarding staff resources, each department has at least two administrative staff members. Additional support is provided through the various central administrative offices as well. Considerable staff support also exists within the college's center and institutes. Staff resources seem adequate to meet the needs of the growing college, although the undergraduate growth, if sustained, will require increased staffing support.

The undergraduate programs do appear to have adequate instructional resources, the SFRs presented in the self-study suggest otherwise. This is due to the fact that the doctoral students who perform much of the bachelor's-level instruction are not reflected in the self-study's presentation of faculty resources and calculation of SFRs. Their absence is logical, as CEPH's instructions define faculty in a way that does not readily accommodate graduate students acting as primary instructors. With the continued growth of the college's undergraduate programs, attention will need to be paid to the carrying capacity of faculty dedicated to these programs.

The CPH is housed in three buildings on UGA's main campus, and in three buildings on the HSC campus, approximately three miles from the main campus. The HSC, constructed from the former Navy Supply Corps School, has allowed the CPH to begin the process of consolidating its departments at a single location, though in multiple proximate buildings. The new facilities that the CPH has just occupied on the HSC provide exceptional space with ample room to grow for some time. It appears that the rapid growth of the college, both in terms of student enrollment in numerous new degree programs and in research activity, occurred at an ideal time when UGA was acquiring this former Navy training school. UGA has clearly made a substantial investment in the college's physical facilities, and any college of this size would be envious of the new home being prepared for the CPH.

The only pending concern is the EHS Department's laboratories, which faculty say are unsuitable research environments that compromise research projects and that are costly to maintain. Positively, college administrators have recognized this issue and have begun the process of preparing new facilities for the EHS Department on the HSC. The quality of the EHS lab space on the HSC is anticipated to be a substantial improvement from current labs. However, faculty still express concern that the timeline for funding and completion of construction of their new facility on the HSC is very uncertain and fear that it could be as long as ten years away.

Students have access to two computer labs with 22 computers available with appropriate Microsoft Office and analytical software. In addition, the university provides campus-wide wireless access, and classroom activities are supported by WebCT. The university libraries include four facilities on the campus: the main library, a science library, a special collections library and a student learning center, staffed with a wide array of support personnel and services. UGA boasts the largest library collection in the state, and

students also have access to other institutional and national databases. These resources are deemed more than adequate for the CPH.

The CPH has established a strong working relationship with a number of community organizations. These external partnerships provide ties to practicum sites, sites for community-based participatory research and instructional contributions to classroom activities. The CPH also participates in the university's Archway Partnership, which is designed to tie university resources and faculty expertise to the needs of communities across the state. The college has participated by creating three public health faculty positions in three of Georgia's under-served communities to serve as liaisons between the communities and the college and to enhance community health, teaching, learning and research.

1.8 Diversity.

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

This criterion is met. The CPH demonstrates a commitment to diversity through its ongoing efforts to increase representation of under-represented minorities in the faculty, staff and student complement. According to data provided in the self-study, the faculty composition is 4.5% African American and 2.3% Latino; women make up 48% of the faculty. Under-represented minorities constitute 17% of the staff, with 15% African American and 2% Latino. Among the CPH student population, 15.7% are African American and 2.6% are Latino; men comprise 20.8%, and 18.3% are first generation college students. Enrollment of African Americans and Latinos at both the university and the CPH is lower than the racial/ethnic composition of the state, which is 30.8% African American and 9.0% Latino; however, the CPH has considerably more success than the university at recruiting African Americans.

The CPH supports the University of Georgia Diversity Plan and university policies prohibiting discrimination or harassment, supporting recruitment of diverse faculty, staff, and students and requiring curricula that are culturally diverse. CPH faculty members participate in two university-wide groups charged with addressing issues of diversity – the Diversity Advisory Council (DAC) and the Diversity Representatives. Participation in these groups informed the development of the CPH diversity plan. The diversity goals and supporting activities aim to promote a climate of diversity; support recruitment and retention of a diverse student body, faculty and staff; increase students' cultural competence; encourage research benefitting communities of need; foster partnerships that support mutual diversity-related goals and promulgate the college's commitment to diversity. The CPH Diversity Committee, comprised of faculty and one administrative staff member, reviews and coordinates CPH diversity policies, procedures and activities, including recruitment of faculty, staff and students. The committee is also responsible for evaluating the CPH's diversity-related efforts and reporting results to the CPH faculty and dean. In implementing the diversity plan, the CPH has initiated multiple strategic partnerships and undertaken numerous approaches to increase diversity, particularly among the student population, and promote

diversity and participation in multi-cultural activities by students and faculty. During the site visit, both faculty and students reiterated the importance of diversity to the college environment. These plans and policies indicate that the CPH has incorporated diversity as an important component of the college's identity, growth and development.

The CPH's recruitment and retention efforts have had mixed success. Efforts to recruit minority faculty have resulted in an overall increase in under-represented groups, although representation of African Americans and Latinos has remained low – partially due to challenges with retention. Because of minimal hiring, the percentage of minority staff has remained unchanged. Efforts to retain a diverse faculty and staff include mentoring, fostering a work environment that promotes social interactions with diverse co-workers and encouraging attendance at a diversity workshop. During the site visit, faculty acknowledged faculty diversity as a challenge and expressed the belief that the situation was a "Board of Regents issue," reflecting a need for a university-wide systems approach to recruiting minority candidates into faculty positions at all public universities across the state.

With regard to the student population, collaboration with the Graduate School, recruitment at historically black colleges and universities, events specifically targeted to attract under-represented populations and increased financial support for minority students (eg, assistantships for doctoral students from under-represented populations) have produced increased enrollment of African Americans. However, enrollment of Latinos, males and first generation college students has declined, despite a university policy designed to increase diversity in the student population through a "highly individualized, holistic review of applicants' files" that considers racial, ethnic, geographic, linguistic and experiential diversity, in addition to quantitative test scores, grades and curriculum, as factors in admission. Efforts to retain minority students include mentoring, inclusion of cultural diversity in all curricula and sponsoring student participation in multi-cultural conferences and fairs.

The CPH diversity goals pertaining to research, service learning and engagement in diversity-related projects create opportunities that promote diversity within CPH and strengthen ties with communities with significant minority populations. The CPH has instituted an expectation of service learning by students and has sought to increase these opportunities, particularly in communities of need, which supports student recruitment and retention efforts, increases cultural competence and positively impacts future success as a public health professional. A focus on conducting and disseminating research on vulnerable populations, health disparities and social justice supports faculty recruitment and retention, as do the college's efforts at establishing meaningful, mutually beneficial relationships with minority communities. Strategic partnerships with university and external partners support diversity efforts that benefit faculty, staff and students.

Student enrollment outcome measures related to race/ethnicity and gender equity illustrate the differing levels of success within the CPH. Tracking undergraduate and graduate students separately shows undergraduate diversity increasing but graduate student diversity decreasing. Enrollment of males at both the undergraduate and graduate level has dropped. During the site visit, however, undergraduate public health advisors explained that the undergraduate public health minor has appealed to males studying in male-dominated majors, which advisors expressed may potentially attract more males to graduate study in public health and public health practice.

The outcome measure related to increasing under-represented groups within the faculty indicates success, although it does not allow comparison among these groups; breaking out the subgroups and presenting numerical data would allow better tracking and increase the usefulness of the information.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

This criterion is met. The college offers the MPH degree in seven concentrations, which include the five core areas of public health. All MPH students must complete 15 credit hours of course work in the five core areas of public health, concentration-specific courses, elective courses, a six credit hour practicum, a three credit hour capstone project and a one credit hour public health seminar. The number of credit hours required for concentration-specific courses varies by concentration but can range from 12 to 15 credit hours. Likewise, the number of credit hours required for elective courses varies by concentration. Table 2 presents the college's degree offerings.

Table 2. Instructional Matrix – Degrees & Specializations		
	Academic	Professional
Bachelor's Degrees		
Environmental Health	BS	
Health Promotion	BS	
Master's Degrees		
Biostatistics	MS	MPH
Environmental Health	MS	
Toxicology	MS	
Disaster Management		MPH
Environmental Health Science		MPH
Epidemiology		MPH
Gerontology		MPH
Health Policy and Management		MPH
Health Promotion and Behavior		MPH
Doctoral Degrees		
Biostatistics	PhD	
Environmental Health Science	PhD	
Epidemiology	PhD	
Health Promotion and Behavior	PhD	
Toxicology	PhD	
Public Health		DrPH
Joint Degrees		
Public Health		BS/MPH
Veterinary Medicine		DVM/MPH
Business		*MBA/MPH
Medicine		MD/MPH
Social Work		MSW/MPH
Pharmacy		PharmD/MPH

*New degree - enrollment begins fall 2014

2.2 Program Length.

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

This criterion is met. UGA defines one credit hour as 750 minutes of instruction for 15 weeks of classes per semester. Faculty deliver 50 minutes of classroom instruction per classroom session. A three credit hour course, which is most common in the MPH curriculum, requires three classroom sessions per week totaling 150 minutes.

The college exceeds the minimum 42 credit hour requirement defined by CEPH, as the college requires a minimum of 45 semester-credit hours for its MPH degree. No MPH degrees have been awarded for fewer than 45 credit hours.

2.3 Public Health Core Knowledge.

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

This criterion is met. The curriculum requires students to take one course in each of the five core knowledge areas. Site visitors' review indicated that the syllabi reflect an appropriate depth and breadth in each core area. Students are required to receive a grade of "B" or better in each core course, or must retake the course. All MPH students are also required to participate in a one credit hour seminar course that explores a wide array of public health topics. Table 3 presents the college's core course offerings.

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	BIOS 7010: Introduction to Biostatistics I	3
Environmental Health Sciences	EHSC 7010: Fundamental Elements of Environmental Health Science	3
Epidemiology	EPID 7010: Introduction to Epidemiology I	3
Social & Behavioral Sciences	HPRB 7010: Foundations of Social & Behavioral Health	3
Health Services Administration	HPAM 7010: Introduction to Health Policy & Management	3

DrPH students must enter the program with an MPH degree, requiring completion of the core curriculum from a CEPH-accredited school or program of public health. The student is also permitted to take the MPH core courses at UGA as prerequisites for further study. The DrPH handbook states that waivers do not occur as a general policy. However, if a student can clearly document that competencies are met for a particular course, the student may petition to take another graduate-level course in place of the course in question. The handbook clearly indicates that such a request must comply with UGA's policy on waivers.

The DrPH curriculum requires students to complete 18 credit hours of core requirements which include the following courses: Introductory Biostatistics II, Fundamentals of Chemical and Microbial Risk Assessment, Introduction to Epidemiology II, Policy and Economic Analysis in Public Health, Human Ecology of Health and Illness and the DrPH Seminar, which emphasizes the integration and application of new knowledge and theory, analytical and critical thinking and problem solving skills to address public health problems. Much of the remainder of the curriculum includes advanced courses across the core disciplines.

2.4 Practical Skills.

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

This criterion is met. The MPH practicum is a supervised, 300-hour field experience in a public health setting, accounting for six of the 45 total credits for the degree. The field placement requirement is

competency-based, and students must specify learning objectives that link their activities to the MPH core competencies. The DrPH field residency is a 150-hour experience, accounting for three of the 57 total credits for the degree (though it may include up to 300 hours and be worth six credits). It is similarly competency-based and is designed to address elements of all seven doctoral competency areas. The practicum and residency are described in the MPH and DrPH manuals, respectively, and the manuals outline the relative responsibilities of students and faculty. Practicum waivers are not permitted for MPH or DrPH students.

Students, in consultation with their academic advisors, select a practicum site that has been approved by the practice coordinator. If a student wishes to conduct the practicum in a site that has not been preapproved, there is a review process conducted by the practice coordinator, and an MOU between the university and the site is completed. According to students interviewed during the site visit, the approval process for new sites can be quite slow. Even for practica at approved sites, students indicated that obtaining a practicum is a lengthy, self-driven process that should be started early in the course of study. Students universally praised the MPH practice coordinator but also expressed a desire for more faculty guidance and assistance in securing practica. Faculty, on the other hand, stressed the importance of students' responsibility in obtaining their own practicum as a learning opportunity.

According to the self-study, the types of practice sites include non-profit organizations, hospitals, federal/state/local government, academic institutions and private entities. There are also international placements for several types of sites.

Site preceptor qualifications are both academic and experiential. Students and preceptors receive field placement manuals, and interns must complete a field placement proposal that is agreed upon by the student, preceptor, academic faculty advisor and MPH practice coordinator. The field placement proposal describes the target core competencies and learning objectives associated with the site project. During the field experience, the practice coordinator contacts the preceptor three times: at the beginning and end of the placement via email and at the midpoint by telephone to assess the student's progress. Students undergo a three-part evaluation of their performance, consisting of a mid-term and final Likert scale assessment with qualitative feedback and a final practicum report in which students document how the learning objectives described in their proposal enabled them to demonstrate the competencies achieved. Faculty advisors assign final grades based upon the totality of the evaluation.

Students evaluate preceptors and sites via an electronic survey at the completion of the field experience. In addition, the outgoing MPH student program evaluation asks them to rate on a scale of one to three the statement, "My internship experience helped me better understand my field." The average rating over the two previous years for which the data are available is 1.78 – a below average experience that indicates a

need to further strengthen the link between what the students learn in their didactic coursework and the application during their field placements. The Practice Advisory Council, composed of preceptors and site supervisors, plays a key role in the planning and improvement process, advising the practice coordinator on all aspects of the field experience, including real world skill building that may inform curriculum and competency development. According to feedback from students at the site visit, the field experience requires them to apply classroom skills and enables them to gain valuable practice-oriented skills. Preceptors indicated a high level of satisfaction with the skill level, initiative and professionalism displayed by interns within their organizations.

2.5 Culminating Experience.

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

This criterion is met with commentary. All students in the MPH program must complete a culminating experience during the last semester of study. Students receive three credits for the culminating experience, which may take the form of a capstone paper or a publishable article. Both options require conducting a project and collecting data to generate a final product. Students choosing either option are also required to present a poster of the capstone project, which is graded by a faculty member. Site visitors' discussions with students indicated that the capstone experience is based on identified competencies.

The CPH publishes a capstone manual that describes the capstone options; however, the manual's focus is procedural and does not sufficiently address the capstone's role in demonstrating the ability to synthesize and integrate knowledge, its place in the MPH curriculum, or its aim to allow students to apply theory and principles in a way that approximates professional practice.

The capstone paper is a professional report that integrates aspects of the MPH curriculum and includes an evaluation of a public health problem. The description indicates that a project completed during the practicum serves as the basis for the paper.

The publishable article is a manuscript which should mimic the quality of an article in a scholarly journal. Faculty readers determine if the final document is of publishable quality and grade the document as satisfactory or unsatisfactory.

After a review of capstone reports and posters, site visitors conclude that deliverables do not consistently demonstrate that projects were designed to integrate knowledge across the core areas of public health. While the projects that were reviewed addressed important issues and most were well done, they were focused on students' disciplinary areas and did not show evidence of integration of other areas. Further,

no reports or posters included reference to the competencies that the student was addressing. Discussions with faculty and students on-site revealed that competencies were developed for the capstone project, however, these were not included in the final deliverables. Other discussions on-site indicated that the competencies developed were related to the disciplinary aspects of the project rather than as a guide to the integration of knowledge and skills.

The first commentary is that the capstone manual does not adequately address the purpose of the culminating experience, which is to synthesize and integrate knowledge and skills from across the curriculum. The manual serves as the primary source of guidance for both faculty and students, but it does not provide adequate information to design and carry out the rigorous, integrating project that is intended.

The second commentary is that the culminating experience papers, articles and posters do not demonstrate the integration of knowledge and skills from across the curriculum. Because competencies were not directly tied to deliverables or otherwise formally documented, it was impossible for site visitors to verify their use as a tool to display the student's demonstration of knowledge and skills from across the curriculum. The CPH's response to the site team's report indicated plans to update guides and train faculty to emphasize the integration of core competencies in the culminating projects.

2.6 Required Competencies.

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

This criterion is met with commentary. The CPH has defined core competencies for the MPH degree which are fulfilled by five required courses, the practicum experience and a public health seminar. The self-study provides a matrix that links the core competencies to one or more of these required curricular activities. Core competencies, however, are not mapped to the required culminating experience in spite of the fact that its purpose is to integrate concepts from across the curriculum.

The college also maintains competencies for the BS, MS and PhD degree programs and maps these competencies to required programmatic courses. For the most part, the competencies are in measurable terms, though some would benefit from revision for clarity.

The MPH and DrPH education committees have provided overarching leadership in the development and ongoing refinement of competencies. These groups have drawn heavily from the work done by ASPPH, the National Board of Public Health Examiners, colleagues in other accredited schools and competency-based curriculum experts across higher education. Each academic department has identified a set of

competencies according to its specialty area and degrees offered. Other college-level committees, such as the CAPC, facilitate competency development. From the competencies, departments have developed specific learning objectives that will be taught and evaluated as part of the curriculum for that course. These learning objectives are tied to learning outcomes which are assessed as part of the course. Feedback loops linked to the practice community are utilized in the form of groups like the Practice Advisory Council, in which practitioners from the different specialty areas of public health meet with the practice coordinator to discuss best practices, real-world skill building, new technology and other issues that may help mold the CPH curriculum and competency development.

The self-study describes plans for the faculty to annually evaluate competencies in order to keep them updated to meet the needs of the field of public health and to ensure that the curriculum is competency-based and linked to public health practice. The CPH committees and departmental faculty groups will conduct ongoing review. These plans will include review by the Practice Advisory Council to guide changes in practice that are occurring in the field.

The CPH also administers two surveys that contribute to the assessment of the utility of competencies – an annual exit survey and an alumni survey of graduates and their employers conducted intermittently in the summer.

The commentary relates to methods for making students and other constituents aware of the competencies. While the self-study indicates that students are informed of the required competencies, the availability of competencies for the degree programs is inconsistent. During discussions on-site, faculty report that students are informed of the required MPH competencies during the advising process, in the student handbook, on course syllabi and during the practicum and culminating experience. Faculty also indicated that during new student orientation, students are informed of the MPH competencies and how they will be acquired and evaluated. The only place the MPH competencies were found was in Appendix A of the MPH handbook, which is the last page of the handbook. Undergraduate public health competencies could not be found in any document and MPH competencies were not found on course syllabi (though most syllabi did list learning objectives) or on the college's website. However, competencies were easily located online for the PhD degrees in environmental health science and biostatistics, the MS in biostatistics and the DrPH degree (though the competencies listed online did not completely align with the DrPH competencies presented in the self-study).

Reviewers also found that competencies are not included on the MPH program of study information sheets that faculty use to disseminate degree requirements to students during the advising process. During on-site discussions, some faculty (many of whom were not directly involved in the self-study document's development) indicated confusion about the definition and documentation of competencies.

On-site discussions with student leaders indicated an awareness of the existence of competencies for the practicum and culminating experiences (though students' understanding of these competencies does not necessarily match the competencies presented in the self-study).

Overall, students did not demonstrate awareness of the MPH core competencies. It is important to note, however, that the college demonstrated a thoughtful analysis in the mapping of MPH core and concentration courses to their corresponding competencies by aligning competencies to specific course learning objectives displayed on syllabi. Thus, the misunderstanding among faculty and students appears to simply be the result of a failure to adequately communicate the translation of learning objectives into competencies. While faculty directly involved in the self-study document's development may be well aware of the competencies attained by students through coursework, the faculty complement and student body at large appear to lack awareness of competency attainment through coursework, though competencies may be inadvertently delivered and attained. The CPH plans to increase student awareness of core competencies through updating course syllabi, program information materials and instruction during relevant courses.

2.7 Assessment Procedures.

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

This criterion is met with commentary. The self-study indicates that the monitoring and evaluation of students' progress in academic programs are largely vested in the advisor. The faculty advisor monitors progress and provides assistance to the student when needed. The self-study indicates that students are expected to document achievement of the competencies in the practicum and culminating experience. However, documentation for the practicum and culminating experience does not mention either requirement serving as a means to assess competencies. The self-study and on-site discussions with CPH faculty indicate that faculty monitor student progress in individual courses, through homework assignments, examinations, written papers, class projects, class participation, group projects and internships; however, the CPH lacks procedures for conducting department-level assessment of competency achievement and program outcomes. The self-study states that program summaries are provided to detail the evaluation process for each individual degree program; however, reviewers found that these summaries are a list of program requirements and are not an evaluation of student performance. While the college has substantial student-level information, most of it remains at the broader college-level, rather than being translated to the department-level to assess individual competency attainment.

The college utilizes the following outcome measures to assess its educational performance as it relates to degree completion and job placement rates: 90%, 80% and 70% of doctoral, master's and bachelor's

students, respectively, will graduate within six years of matriculation; 90% of doctoral graduates will be employed one year after graduation; increase job placement for MPH graduates 20% over the previous three-year period and 50% of bachelor's students will be employed one year after graduation.

The selection of these particular graduation rate measures to assess CPH educational performance is difficult to put into context. Only two doctoral programs have been in existence long enough to have individuals who have reached the six year maximum time to graduate – the PhD in health promotion and behavior and the PhD in toxicology. Of the 27 students enrolled in the PhD in health promotion and behavior, 23 have completed the program within six years of matriculation. Of the 12 students enrolled in the PhD in toxicology program since 2003, 100% have completed the program within six years of matriculation. For the master's programs, the college exceeded its target in AY 2011-2012 and AY 2012-2013. Data for bachelor's programs were not collected until AY 2012-2013, and the college did meet its target.

In the college's MPH degree completion table, data were provided for cohorts entering in AY 2005-2006 through AY 2011-2012, but no data were provided for the cohort entering in AY 2012-2013. Degree completion tables were provided for the MS in Environmental Health and MS in Toxicology for cohorts entering in AY 2013-2014 through AY 2011-2012; however, no data were provided for the cohort entering in AY 2012-2013. No degree completion table was provided for the MS in Biostatistics as it is a new program. Degree completion tables were provided for the PhD in Toxicology and the PhD in Health Promotion and Behavior, but no data were provided beyond AY 2011-2012 and AY 2009-2010 respectively. No data were provided on the three remaining PhD programs as these programs are relatively new. The degree completion table for the DrPH degree began with the program's first cohort in AY 2007-2008, but no data on student progression were provided for the cohorts entering in AY 2011-2012 and AY 2012-2013. The college acknowledges that it has encountered difficulty in collecting data from its departments but intends to devise methods for centralizing data collection.

Regarding the job placement measures, the college has not established a process for collecting job placement data. At present, these outcome measures do not provide an adequate evaluation for the educational program. As with degree completion data, the CPH acknowledges that collection of job placement data has been problematic but has not yet identified a workable strategy for the future.

The first commentary relates to the absence of job placement data at the time of the site visit. While the CPH provides anecdotal information that doctoral students in two programs have jobs, there is no established mechanism for collecting quantitative job placement data. This is a required measure, and the CPH selected it as a measure for its own goals and objectives; however, if job placement data are not available, other measures for which data were available should have been selected for use in

assessments. As the CPH works to develop methods to collect job placement data, they might consult with other schools of public health that have established procedures for tracking graduates to obtain employment information. The CPH has begun to survey graduating students in the last term of the degree program and has achieved a 90% response rate. The survey is aimed at student satisfaction, however, and most students did not have jobs at this time. There does not appear to be a follow up process for collecting job placement information.

The second commentary is the low response rate (10%) for the alumni survey. Increasing the response rate is essential to obtaining information for assessing the achievement of competencies from the degree programs. Those who responded to the alumni survey were very positive, with the majority of the respondents indicating they were generally satisfied with their overall graduate education. The CPH attempted to use alumni surveys as a means to collect the job placement data, however it was not useful for this purpose. The college has attempted to work with the university's Office of Development to assist with job placement and alumni surveys. During the site visit however, college constituents explained that the office has been uncooperative and would not provide alumni names and contact information so that the college's survey needs would not hinder alumni fundraising efforts. Thus, the college must be able to find and contact alumni to provide not only job placement data, but ongoing feedback on the curriculum. Internal issues with the university's Office of Development must be worked out to facilitate contacting alumni for assessing the curriculum and educational experience.

The third commentary is the absence of an employer survey. The site visit team found no evidence that employers were surveyed.

The college's response to the site visit team's report indicated that the CPH has begun collecting alumni and employer data and has instituted a plan for continued implementation of data collection methods.

The CPH reports high rates of passing national professional examinations. Students graduating from the HPB Department take the Certified Health Education Specialist (CHES) exam, and an impressive 53 of 54 students passed this exam from 2010 to 2012. All 15 students who took the Certified Public Health exam passed.

2.8 Other Graduate Professional Degrees.

If the school offers curricula for graduate professional degrees other than the MPH or equivalent public health degrees, students pursuing them must be grounded in basic public health knowledge.

This criterion is not applicable.

2.9 Bachelor's Degrees in Public Health.

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

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

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses. Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

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

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

This criterion is partially met. The college offers Bachelor of Science degrees in environmental health (BSEH) and health promotion (BSHP). The site visit team concludes that there is sufficient faculty expertise to support the development and implementation of the bachelor's degree programs. Furthermore, the number of credit hours and the structure of the degree programs are congruent with the expectations of bachelor's degree curricula at the university, as both the degree programs require 120 credit hours to graduate.

Prior to declaring the BSEH major, students must complete 42 credit hours of general education courses and 20 credit hours of science courses related to the BSEH major, such as physics, organic chemistry and environmental physiology. Once the student has successfully completed the course requirements for entrance into the BSEH major, the student may begin taking the environmental health major courses required by the CPH. The CPH requires 36 to 37 credit hours of environmental health core courses, 18 credit hours of environmental health electives, three to four credit hours of general electives and a one credit hour physical education course.

Financial resources available to BSEH students include the John J. Sheuring Scholarship, the Irving Bell Scholarship, the Rowe Award and the Georgia Power Scholarship for students from disadvantaged

backgrounds. Furthermore, to gain research experience, BSEH students may enroll in a one credit hour course that allows them to participate in research with an environmental health faculty member.

Prior to declaring the BSHP major, students must complete 41 credit hours of general education courses and 20 credit hours of pre-major BSPH courses, which include courses such as health and wellness and anatomy and physiology. Once the student has successfully completed the course requirements for entrance into the BSHP major, the student may begin taking the health promotion major courses required by the CPH. The CPH requires 42 credit hours of health promotion major courses and 17 to 18 credit hours of health promotion elective courses. As an option, students may choose to focus in the health services emphasis area offered by the major. Students choosing this option would replace health promotion elective courses with health services elective courses. The health services emphasis area requires the same number of credit hours as students focusing on health promotion.

Financial resources available to BSEH students include the Bernard Ramsey Outstanding Senior Undergraduate Major Award (\$300.00), the Undergraduate Recognition Award (\$100.00 for up to three recipients) and the Service Award (\$100.00). Furthermore, to expose students to public health research, opportunities are available to conduct research with a faculty member in the student's area of interest.

After review of degree program curricula and core course syllabi, the site team confirmed that students complete at least 12 credit hours of coursework that provide a basic understanding of the five core public health knowledge areas, including one three credit hour course in epidemiology. Students in both concentrations receive a basic introduction to the five core public health knowledge areas through a common three credit hour Introduction to Public Health course. Additionally, environmental health students are required to complete the following courses: Intermediate Biostatistics (three credits), Fundamentals of Epidemiology (three credits) and Biostatistics for Public Health (four credits). In addition to the three credit hour Introduction to Public Health course, health promotion students are required to take each of the following three credit hour courses: Intermediate Biostatistics, Introduction to Health Policy, Introduction to Environmental Health, Fundamentals of Epidemiology and Introduction to Health Promotion. Health promotion students gain more focused and in-depth knowledge of the five core public health knowledge areas through many of the courses associated with the major. Environmental health students take fewer courses specific to the five core knowledge areas, but the curriculum meets the minimum expectations, though seven of the 12 public health core knowledge courses are in biostatistics.

The concern relates to the inconsistency in the level of core public health knowledge attained by students across the college's bachelor's degree offerings, as the site team notes that the foundational knowledge gained for environmental health students is not comparable to that gained by health promotion students.

The environmental health degree lacks courses that are solely aimed at imparting knowledge in the social and behavioral sciences and the health services administration core knowledge areas.

2.10 Other Bachelor's Degrees.

If the school offers baccalaureate degrees in fields other than public health, students pursuing them must be grounded in basic public health knowledge.

This criterion is not applicable.

2.11 Academic Degrees.

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

This criterion is partially met. The CPH offers three academic master's degrees and four doctoral degrees. The MS in environmental health requires a three credit hour introduction to epidemiology course, a three credit hour introductory biostatistics course and a one credit seminar in public health. This one credit hour seminar consists of guest lecturers from the public health community who present on various topics. Reviewers, however, do not deem the one credit hour seminar in public health sufficient to deliver the breadth of public health knowledge expected in a three credit hour introduction to public health course.

The MS and PHD in toxicology requires a three credit hour introductory biostatistics course and a three credit hour epidemiology course. Though site visitors found that the degree requirements online do not indicate that epidemiology is a required course, college constituents informed reviewers that the CPH requires an epidemiology course. Students are not required, however, to complete an introduction to public health course. The MS in biostatistics requires a one credit hour seminar in public health and three credit hours each of introductory epidemiology, fundamentals of environmental health science, introduction to health policy and management and social and behavioral foundations in public health. For the culminating experience, all academic master's candidates are required to complete a master's thesis research project with an oral defense as well as pass an oral examination.

The PhD in biostatistics requires a two credit hour seminar in public health and three credit hours each of introductory epidemiology, fundamentals of environmental health science, introduction to health policy and management and social and behavioral foundations in public health. The PhD in environmental health science requires three credits of advanced epidemiology and biostatistics but does not require a public health seminar course. For the PhD in epidemiology, entering students without formal training in public health, or public health training that occurred more than five years before matriculation, must take a placement examination to assess the need for remedial coursework in epidemiology core courses– which do not count toward degree credits. There is no requirement of these students to demonstrate public

health core competencies or take a public health seminar. The PhD in health promotion and behavior requires 12 credits of doctoral level health promotion courses in addition to master's level courses in epidemiology and biostatistics but does not require a public health seminar course. For the culminating experience, all academic doctoral candidates are required to complete a doctoral thesis research project, pass a written exam and pass a comprehensive oral examination.

The concern is that, while all programs have made efforts to ensure that students obtain a broad public health orientation, the PhD and MS interdisciplinary toxicology programs do not integrate a broad spectrum of public health courses or an introduction to public health course. Without having an explicit introductory exposure to public health in order to provide students a framework within which to organize the concepts scattered throughout the curriculum, the site team concludes that it is difficult to demonstrate that toxicology graduates acquire a foundational understanding of public health. Furthermore, there is a lack of standardization about the content and rigor of the public health curricula among the various PhD programs. While most of the college's PhD programs require doctoral-level courses in public health, some award doctoral credit for master's-level courses, while others require completion of master's-level public health courses but do not apply the credits toward the doctoral degree.

2.12 Doctoral Degrees.

The school shall offer at least three doctoral degree programs that are relevant to three of the five areas of basic public health knowledge.

This criterion is met. The CPH offers five PhD degrees and a DrPH degree. The doctoral degrees in toxicology and in health promotion and behavior are well established programs predating the formation of the college. The DrPH was developed as a college-wide degree soon after the college was formed in 2005. New doctoral programs in epidemiology, biostatistics and environmental health science were initiated in the last two to three years. The doctoral programs are based on a mentoring model, as students are mentored by selected faculty member. Students must have an identified faculty mentor to be accepted. UGA provides tuition waivers for students who are teaching assistants. The tuition waivers are not charged to the college, which is a great asset in supporting doctoral students for research.

The DrPH is designed to educate public health professionals who have a master's or other professional degree and prepares graduates for leadership responsibilities and senior-leadership positions in public health. Those entering the DrPH program must have three years of professional experience, and once in the program, students complete a practice-oriented field residency, a comprehensive exam, culminating experience and research dissertation/manuscript for publication.

The CPH reports that doctoral courses are typically designated using an 8000 or 9000 numbering system. Site visitors' review of doctoral course offerings did not indicate a consistent pattern for numbering for

doctoral-level courses, which made it difficult to determine if each PhD program, particularly new ones, had sufficient doctoral-level coursework available. On-site conversations with faculty indicated that the historical numbering system utilized by the university was inconsistent with the desired numbering. Faculty also indicated that advanced master's students frequently take courses intended for doctoral students, which raised question as to the availability of doctoral-level courses for MPH students who went on to doctoral study at the college. While there are a number of doctoral-level courses for the well-established PhD programs, there are only a few for the newer PhD programs.

The addition of new doctoral programs is rapidly growing the number of doctoral students. Epidemiology faculty reported that the increase of doctoral students may limit the number of doctoral research opportunities and will increase each faculty member's load for doctoral student mentoring. In response, the college is expecting to bring on an additional faculty member contributing 0.5 FTE to the Epidemiology and Biostatistics Department.

2.13 Joint Degrees.

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

This criterion is met. The college offers the following six joint degree programs: BS/MPH, MSW/MPH, MBA/MPH, PharmD/MPH, DVM/MPH and MD/MPH. Administrative oversight for joint degree programs is managed by the graduate coordinator of the CPH department offering the student's MPH concentration. Graduate coordinators advise joint degree students and oversee curricular components ensuring that substituted courses align with MPH curricular requirements.

Undergraduate students may concurrently complete a bachelor's of science and a master of public health degree in four to five years. After the student completes 60 credit hours of undergraduate coursework, the student is eligible to apply for admission into the MPH program by submitting an application to the Graduate School. The student must complete all core, concentration and elective courses of the MPH curriculum and their selected concentration area. Joint degree students must also complete the MPH practicum and culminating experience. Students are allowed to apply 12 graduate credits from the MPH program toward their bachelor's degree. BS/MPH degree descriptions found online seem to indicate that any graduate-level course taken by the undergraduate student may be applied to the MPH degree, even if it is not a public health course. Discussions on-site however, confirmed that only graduate courses from the MPH program may be used to fulfill the MPH degree requirements. Thus, students in the BS/MPH program fulfill the same curricular requirements as standalone MPH degree students and fulfill all the competencies associated with the MPH program and the concentration selected. There are currently no students enrolled in the BS/MPH degree program.

The MSW/MPH program is currently in its third cohort of students and enrolls approximately eight students in each cohort. Students are able to complete the joint degree in three years and may only select the MPH's health promotion and behavior concentration. There are five HPB concentration-specific courses, and comparable social work courses may be used to fulfil the following two HPB concentration-specific courses: Program Evaluation in Health Promotion and Education and Health Behavior and Theory.

A review by the site team of the two social work courses replacing the HPB concentration courses indicate that while the courses do share content, they do not address the course topics through a health promotion and public health lens. Although this is the case, reviewers still conclude that the joint MSW/MPH degree is comparable to the standalone MPH degree because all HPB concentration competencies are covered in the remaining three HPB courses that joint degree students are required to complete. Furthermore, the MSW/MPH joint degree students must complete the MPH capstone and practicum. Practica for joint degree students must meet the requirements of both the social work and public health program and contain an integrative component.

The MBA/MPH program is slated to begin enrolling students in fall 2014. Students are able to complete the joint degree in three years and may only select the MPH's health policy and management concentration. There is little information available on the CPH and Terry School of Business websites regarding curricular requirements and shared courses for the MBA/MPH degree. Information provided to site visitors indicates that joint degree students will be required to complete all core and HPAM concentration courses, but will have the freedom to substitute HPAM elective courses with MBA courses and vice versa. Students will also be required to complete the MPH practicum and capstone.

There are currently two students enrolled in the PharmD/MPH joint degree program. The program may be completed in as few as six years and students may select any MPH concentration. PharmD/MPH students are required to complete all MPH core and concentration-specific courses of their selected concentration, as well as the MPH capstone and practicum. Student may apply a maximum nine credit hours from the PharmD curriculum toward MPH electives. The nine shared credit hours may only derive from the following three PharmD courses: Public Health and the Health Professions, Pharmacy Care Management and Pharmacy Law and Ethics. Since PharmD/MPH students complete the same core and concentration requirements as the standalone MPH students and thus achieve the same competencies, reviewers conclude that the joint degree is comparable to the standalone MPH degree.

The DVM/MPH joint degree may be completed in five years and students may select any MPH concentration. The college enrolls one new DVM/MPH student each year. Joint degree students are required to complete all MPH core and concentration-specific courses of their selected concentration, as

well as the MPH capstone and practicum. Students may apply a maximum of nine credit hours from the DVM curriculum toward MPH electives. The nine shared credit hours may only derive from the following three DVM courses: Veterinary Bacteriology and Mycology, Veterinary Virology and Veterinary Parasitology. Since DVM/MPH students complete the same core and concentration requirements as the standalone MPH students and thus achieve the same competencies, reviewers conclude that the joint degree is comparable to the standalone MPH degree.

UGA began a partnership with Georgia Regents University to offer an MD degree on UGA's Health Sciences Campus called the Georgia Health Sciences University (GHSU)/UGA Medical Partnership. The CPH partnered with the GHSU/UGA Medical Partnership to offer a joint MD/MPH degree, which can be completed in five years. One student is enrolled in the program. Students have the option to select one of the following three MPH concentrations: epidemiology, biostatistics or HPAM. Joint degree students in the epidemiology and biostatistics concentrations will complete all MPH core and concentration-specific requirements, including electives, the practicum and capstone. Students in these two concentrations can apply nine credit hours of MPH coursework toward the MD curriculum. Students who select the HPAM concentration complete the MPH core, concentration, capstone and practicum requirements but may substitute six credit hours of MD coursework toward MPH electives. The following two MD courses may be applied the MPH curriculum as elective course substitutes: the Community Health Component of Essentials of Clinical Medicine and the Principles of Population Health Component of Essentials of Clinical Medicine. Since joint degree students are required to take the epidemiology, biostatistics or HPAM courses that are mapped to competencies, reviewers conclude that the joint MD/MPH degree is comparable to the standalone MPH degree.

2.14 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met with commentary. The CPH is housed in a major public research university. The college's mission commits to the establishment and maintenance of a significant research agenda that impacts local and global public health problems. The vast majority of faculty members are expected to devote at least half of their workload to research-related activities. The research productivity at the college provides clear evidence of this commitment. The research agenda is ambitious, there are some strong projects in place and overall the college is growing its research volume to the point that it is recognized as the only college on campus whose state funds account for less than half of their operational expenditures.

At the time of the CPH self-study submission, fall 2013, the faculty was comprised of 55 primary appointments. This group, in the two and one-half years prior to this point, had submitted well over 300 refereed publications, 30 book chapters, over 100 technical reports and made over 350 presentations at professional meetings.

The CPH identifies three overarching research objectives with several outcome measures by which to assess research productivity. Two outcome measures encourage annual faculty involvement in research dissemination, targeting 90% of tenure-track faculty to (1) present at scientific conferences and (2) author or co-author a peer-reviewed manuscript. Performance for both measures has consistently fallen short of their targets over the last three years, with performance ranging from 51% to 65%. A third outcome measure seeks to provide annual opportunities for students to participate in research activities, targeting a 30% participation rate. This target has been consistently met over the last three years. Another outcome measure calls for 75% of faculty to submit annual publications or grant applications that are cross-disciplinary in nature. This measure was unmet in AY 2010 and 2011 but performance rose to 77% in AY 2012. Two additional outcome measures call for (1) 67% of tenure-track faculty to apply for external funding as a principal investigator (PI) annually and (2) 90% to apply as a Co-PI annually. Performance for both measures has consistently fallen short of their targets over the last three years, with performance in AY 2012 at 52% and 54% respectively. It should be noted however, that examination of faculty CVs by the site team revealed that some faculty are currently serving as PIs or Co-PIs, which implies that they would be less likely to submit new grant applications as a PI or Co-PI in the upcoming year. Thus, the site team concludes that these measures should likely undergo review and reconsideration – taking into account those faculty that are currently funded. Two final outcome measures call for (1) 75% of tenure-track faculty to provide service to scientific journals as reviewers or editors and (2) 20% to serve on grant

review committees. The former measure unmet in AY 2012 with performance at 73%, while the latter measure was met with performance reaching 72% in AY 2012.

Extramural resources come to the college from a wide array of sources, including NSF, NIH, the Smithsonian Institution, CDC, HHS, USAID, Homeland Security and various state and non-profit sources. In addition, the college has established an internal grant support program that has distributed over \$90,000 to a dozen faculty members. All but one of these awards were made available to junior faculty members.

The college has articulated goals linked to community-based research. Nearly half of the roughly 90 current projects in the CHP grant portfolio are identified as community linked. While some seem more state or community funded (eg, Georgia Highway Safety Program Evaluations), others are very community focused (eg, Children as Change Agents for Prevention of Childhood Obesity and Violence Prevention for Latino Youth) and some are highly likely to be true community-based participatory research projects (eg, Communities Putting Prevention to Work: Chronic Disease Self-Management Program).

While data presented do not allow the site team to directly determine the proportion of doctoral and master's students provided research opportunities, some figures contribute directly to the capacity to gain insight into the situation. There were roughly 225 graduate students at the CPH at the time of the final preparation of the self-study document. Of those, it would appear that 29 were DrPH students and 49 PhD students. Only 10 were enrolled in the two MS programs, while the remaining were in the MPH program. The college provided about 30 research and teaching assistantships each year and faculty covered 76 grant supported assistantships in FY 2013. About a quarter of the PhD students were part-time students — presumably working outside the college. Assuming most of the research positions go first to academic doctoral students, there would appear to be a reasonable number of opportunities for students to be supported in the research environment. Of the grants listed as current, only one has been identified as not involving students.

The commentary relates to the apparent shortage of parallel support for faculty members that are not aligned with one of the gerontology and disaster management institutes. There is a clear presence of pre-award and post-award infrastructure support for faculty research in these institutes. Historically, the majority of support has been present at the department level; however, for those departments that are relatively new (epidemiology and biostatistics and HPAM), the strength of the administrative support for grant preparation is clearly not as strong. In addition, one of the departments has had rapid and frequent turnover in the grant support staff slot as well. Thus, there is not a level playing field for faculty research support. The CPH has, in the past 18 months, hired an associate dean for research. While most faculty

members seemed to believe that this reflects a positive move at the college level, there is unquestionably some concern about the degree to which the CPH is providing the support that some faculty members need to be successful research investigators.

3.2 Service.

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

This criterion is met. The CPH demonstrates a commitment to engaged service which is embedded in UGA's mission as a land grant institution. Faculty and students are expected to participate in community service activities – faculty as a component of promotion and tenure and students within the context of their coursework, practica and CPH-related or independent volunteerism. Faculty members participate in a variety of service activities at the local, state, national and international levels, including leadership in professional service organizations, advising scientific organizations, delivery of public health workshops, service learning and vetting publications. According to the self-study, 37 faculty members (67%) participated in a total of 147 service activities – well above the 50% target in the CPH strategic plan. Of these service activities over the previous three years, 47% (70) are categorized as “professional organization service,” followed by 18% (27) “advisory role,” 16% (24) “journal,” 8% (11) “workshops/trainings,” 7% (10) “service learning and 3% (five) “grant reviewer.” In addition, the CPH has collaborated with the Archway Partnership to place three public service, non-tenure track faculty members in Georgia communities, where they provide training and technical support in addressing local public health problems and connect the community with the CPH and university.

The CPH provides organizational support for service through the Office of the Associate Dean for Outreach and Engagement, which facilitates CPH-community linkages, provides technical support for community health needs assessments and program evaluation and oversees continuing education for practicing public health professionals. The office, in conjunction with the Dean's Advisory Council, also organizes an annual State of Public Health Conference, which provides a forum for cross-sector, interdisciplinary discussion of public health issues in the state. The CPH emphasizes community and professional services activity, and faculty members include a description of their service activities in their annual report. Candidates for promotion and tenure are evaluated with respect to their performance in teaching, research and service, with relative weights depending on hiring conditions and workload during the evaluation period.

The CPH views student participation in service activities as an essential component of public health education and the development of cultural competence, with targets of 25% participation at the undergraduate and graduate levels. Student involvement in service is heavily weighted toward activities in the Athens and metropolitan Atlanta region and primarily consists of curriculum-based service learning or student service projects. Public health undergraduates can utilize service-learning projects as a basis for

the capstone experience. At the doctoral level, the PhD in health promotion and behavior allows service learning for credit.

The Dean's Advisory Council provides a vehicle for community feedback on and involvement in the service activities of the CPH. The council, composed of public and private sector leaders, meets quarterly to advise the dean on developing fundraising strategies and partnerships with key stakeholders and facilitating the college in maximizing opportunities to achieve the university's land-grant mission.

3.3 Workforce Development.

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

This criterion is met. The CPH considers public health workforce development to be an integral part of its mission, and the activities of the college are supported by the university's commitment to providing life-long learning opportunities through the Georgia Center for Continuing Education. Workforce trainings offered by the CPH occur in a variety of formats and fall into three categories: leadership/management, communication/marketing and applied skills.

The Georgia Public Health Training Center (GPHTC), located in the CPH Office of the Associate Dean for Outreach and Engagement and funded by the US Department of Health and Human Services' Health Resources and Services Administration, conducts yearly needs assessments that serve as the basis of the areas of workforce development that are prioritized with regard to training offerings. Face-to-face continuing education programs are conducted in communities/setting that have a particular need and on-line trainings with relevant content are accessible to public health professionals across Georgia and the US. Over the two years prior to the self-study, the GPHTC conducted 106 hours of instruction to 568 trainees – predominantly practicing health care and public health professionals. The CPH also offers content-specific trainings in global health, disaster management and gerontology, all of which have consistently high participation.

The CPH encourages faculty participation in workforce development by including it as a category of the service activities in which faculty are expected to participate. There are numerous opportunities to collaborate with colleagues at other institutions in and outside of the state. Student field placements established by the GPHTC also support workforce development, exposing students to potential future worksites and providing teaching and mentoring opportunities to practicing public health professionals.

In response to the GPHTC's needs assessment revealing a critical need for leadership development, the CPH through the GPHTC established a Public Health Leadership Academy which is serving 27 public health managers located in 72% of Georgia's health districts, all of which include medically underserved

and rural communities. The GPHTC further supports public health workforce development in communities of need through faculty and student collaborative projects facilitating local needs assessments, data analysis and strategic planning.

The CPH offers three certificate programs, two of which have a workforce development component. The certificates in gerontology and disaster management can be incorporated into a graduate degree or utilized as continuing education by individuals in non-degree status. According to discussions with faculty during the site visit, the gerontology certificate is popular with people working in a variety of occupations that require knowledge of issues related to aging, thus the institute offers some evening classes to accommodate working professionals and is developing its first on-line class. Faculty from the Institute of Disaster Management described a great deal of professional interest in the disaster management certificate; however, the timing of class offerings, offered in the daytime only because of faculty limitations, and costs have prohibited individuals in non-degree status from pursuing the certificate. The third certificate, in global health, is designed to be incorporated into a graduate course of study; while very popular with students in the CPH and across UGA, it is not a workforce development program.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The college's faculty complement is well qualified in education, experience and scholarship to fully support the college's instructional, research and service enterprise. Of the 15 faculty in the Epidemiology and Biostatistics Department, two have terminal degrees in biostatistics, four in statistics, five in epidemiology, two in medicine and one each in physics and bioinformatics. Research interest for the faculty complement include areas such as clinical epidemiology, antimicrobial drug resistance, food safety and infectious disease, health care policy and longitudinal data analysis. Six department faculty are tenured and eight are on the tenure-track. Of the 11 faculty in the EHS Department, six are tenured and three are on the tenure-track. Faculty have terminal degrees in disciplines such as toxicology, ecology, biomedical sciences and pathology, with research interests in areas such as cancer prevention, human exposure assessment and environmental pollutant biomarkers. Of the 14 faculty in the HPAM Department, five are tenured and six are on the tenure-track. Faculty have terminal degrees in disciplines such as sociology, gerontology, health policy and health services research, with research interests in areas such as welfare and policy, tobacco use and control, global health and rural health. Of the 15 HPB Department faculty, six are tenured and five are on the tenure-track. Faculty have terminal degrees in disciplines such as health education, health promotion, clinical psychology and journalism and mass communication, with research interests in areas such as adolescent

risk behaviors, global mental health and violence prevention. The college is also home to 33 secondary faculty who provide occasional course instruction and visiting lectures. In general, the college is steadily growing its faculty contingent.

With regard to advancing its mission, the college has three explicit goals with respect to the faculty complement. The first goal directly targets increasing the proportion of under-represented faculty by 10% over the preceding three year period. Data for FY13 identified 16 minority faculty members out of 51 faculty members completing the annual university-level assessment and choosing to respond to this item. Thus, the current outcome of 31.3% is not meaningfully different than the previous three year period of 35.8%. UGA has however committed to expanding diversity on campus, under the direction of the associate provost for institutional diversity.

The second goal calls for 66% of all new faculty hires to have public health backgrounds. This target was met for the most recent two years, with 80% and 66% respectively. Finally, the college targets 20% of all new faculty hires to have practice backgrounds. The college's performance consistently exceeds this target.

4.2 Faculty Policies and Procedures.

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

This criterion is met. UGA establishes faculty rules and regulations at the university level under the guidance of the senior vice president for academic affairs and provost. The academic affairs policy manual includes university-level guidance for the full array of standard operating procedures. The CPH has in place bylaws that govern the college's basic operations, identifies working committees and defines faculty positions and the appointment, promotion and tenure guidelines. These documents are made available to faculty upon appointment and are all easily available on the UGA and CPH website. The site team concludes that the documents are easy to follow and straightforward.

Well-specified procedures are in place for initial appointments. UGA has a one page form that must accompany all faculty appointments. It provides a summary of the candidates background, the title to be used, work assignment proportions, salary, title, source of funding and requires several sign-offs depending upon the nature of the title and job responsibilities. There is also a UGA offer letter template and an affirmative action checklist that must be addressed. There are additional steps that must be taken with respect to credentials and foreign faculty hires.

New faculty members attend a full day orientation that provides an extensive overview of policies and procedures as well as the resources available to faculty at UGA. They are introduced to the Center for

Teaching and Learning and get an overview of the research support available from the Office of the Vice President for Research. The CPH is apparently working on a follow-up orientation at the college level. There are several forms of internal grant support available, particularly to junior faculty.

The CPH has at its disposal a number of titles into which faculty can be hired, including professor, associate professor, assistant professor, lecturer/instructor, research scientist, clinical faculty and academic professional. The college uses all of these titles except clinical faculty. Typically those hired into research scientist titles are intended to contribute to the knowledge base and help grow the research engine of the university. Instructor titles provide a parallel tool for hiring faculty members whose primary mission is to improve and expand the teaching mission. The majority of the faculty in the college are tenured or on the tenure-track. Tenure is governed by the BoR and guided by the college's own procedures within the framework of the university's guidelines.

The department head conducts annual reviews, with input from other relevant parties. The annual review directly addresses progress toward tenure for those on the tenure-track. A third year review is conducted by a committee of at least three faculty members, with one from an external department. The promotion and tenure process is managed at the college level by the CPH Promotion and Tenure Committee — presumably because the departments are relatively small. The chair of the committee convenes those faculty members eligible for review in April and initiates the process, which involves generating external letters and other standard material. The committee meets and makes recommendations to the university-level Promotion and Tenure Committee. The provost and president then make recommendations to the BoR.

Each year, faculty undergo a performance review conducted by the department head. To track activities, faculty utilize a report template which calls for annual compilation of performance across a wide array of activities including professional engagement, teaching, scholarship, grantsmanship, governance and external consulting. This report provides the foundation for the annual review, and when appropriate, this document also provides a tool when considering merit pay pools.

4.3 Student Recruitment and Admissions.

The school shall have 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.

This criterion is met. The college has defined admissions requirements for its degree offerings, which are made available in publications and advertising materials. Strategies have been identified to locate and select qualified prospective students who demonstrate the capacity to successfully complete the college's degree programs. The college employs several mechanisms for recruiting students into its degree

programs, which include CPH informational sessions held for current UGA students and CPH representation at professional conferences and career fairs. Additionally, the college has demonstrated a positive effort to actively recruit under-represented minority students by capitalizing on connections with historically black colleges and universities. The college however has experienced difficulty recruiting high-achieving minority students because the college cannot offer full tuition scholarships or grant out-of-state tuition waivers.

During the site visit, undergraduate students expressed satisfaction with pre-enrollment advising, as advisors made an effort to review the public health curriculum with prospective students to ensure that their anticipated graduation date would be unaffected by enrollment in the public health major. Students highlighted this as a key factor in choosing to major in public health.

For admission into doctoral and academic master's degree programs, prospective students must apply directly to the desired CPH department and must also submit an application to the Graduate School. For admission into the MPH program, prospective students must apply through SOPHAS as well as complete an application with the Graduate School. Along with the application, the Graduate School also requires the submission of GRE test scores with a minimum score of 1,000. In lieu of GRE scores, applicants may provide GMAT scores with a minimum score of 550. While the Graduate School sets minimum standards for admission into the CPH, individual CPH departments may also set more stringent admissions requirements. All CPH departments require applicants to be graduates of baccalaureate programs from accredited institutions and have at least a 3.0 GPA. The college also requires that applicants score above the 50th percentile on both the verbal and quantitative portions of the GRE. Once an applicant meets both the Graduate School and CPH admissions requirements, CPH departments are given autonomy to accept or reject the applicant based on the quality of recommendation letters, the applicability of previous coursework and training experience and the applicant's demonstrated commitment to public health.

In AY 2012-2013, the college received nearly 330 applications for the MPH program, with the epidemiology concentration consistently receiving the largest number of applications over the last three years. Of the 330 applicants, the MPH program accepted 157 candidates (48% of those who applied). Of the 157 applicants accepted, 50 students actually enrolled in the program during AY 2012-2013, amounting to a 32% enrollment rate.

4.4 Advising and Career Counseling.

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

This criterion is met. Academic advising within the CPH is introduced at orientation. All students are required to attend and are prohibited from registering for courses until they have participated.

Undergraduate public health majors are matched with advisors in the appropriate CPH department. The HPB Department has two full-time advisors on staff, while in the EHS Department, faculty serve as advisors. Undergraduate advisors are supported by the UGA Academic Advising Coordinating Council and receive feedback on their service via annual evaluation surveys. The majority of public health undergraduates report being “highly satisfied” on the annual academic advising survey.

MPH students are advised by faculty in their respective concentrations and also have access to advising support from program coordinators. DrPH students are advised by the DrPH Director and then their major professor. Both the MPH and DrPH handbooks define the roles of the student and his or her advisor. All MS and PhD students receive academic advising from a major professor in their department who has similar research interests. The MPH exit survey asks students to rate, on a scale of one to three, the statement, “My advisor was helpful during my time in the program.” The average rating over the previous four year period is 2.06, which indicates an average experience. This finding is consistent with site visitors’ conclusion that advising services could be strengthened, as students interviewed on-site described their advising experiences as highly variable. The undergraduate, MPH and DrPH education committees, each of which has a student member, also provide a vehicle for feedback on and improvement of academic advising services.

Career counseling in the CPH is less structured than academic advising although there are still mechanisms by which students in all degree programs may solicit career guidance. These include a Career Center, with a dedicated CPH counselor, and career preparation seminars taught by the practice coordinator. Students at the site visit specifically mentioned both of these services, although other students were unaware, indicating an opportunity to increase awareness and utilization. Extensive exposure to public health practitioners and researchers during practice experiences and other activities assists students in refining their practice and research interest, in addition to providing contact with prospective future employers. Students indicated a desire for additional, perhaps more structured, opportunities for career counseling.

The CPH has a protocol by which students may address conflicts with faculty, and the processes for student appeals are posted on the UGA Student Affairs webpage and described in the MPH and DrPH handbooks. According to the self-study, the CPH heard a total of 19 academic appeals in the last three years, of which the majority (13) were approved. At the site visit, students indicated that faculty and staff were receptive and responsive to feedback on a variety of issues.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Georgia College of Public Health

March 26-28, 2014

Wednesday, March 26, 2014

- 8:30 am College Welcome
Phillip Williams, PhD, Dean, College of Public Health
Mark Wilson, HSD, Associate Dean for Academic Affairs; Professor, Health Promotion and Behavior
- 9:00 am Site Visit Team Request for Additional Documents
Mark Wilson, HSD, Associate Dean for Academic Affairs; Professor of Health Promotion and Behavior
Mumbi Okundaye, MPH, MPH/DrPH Program Coordinator
April King Mosley, Administrative Specialist
- 9:15 am Team Resource File Review
- 9:45 am Meeting with Core Leadership Team
Phillip Williams, PhD, Dean, College of Public Health
Eric Dahl, PhD, Associate Dean for Administrative Initiatives
Mark Wilson, HSD, Associate Dean for Academic Affairs; Professor of Health Promotion and Behavior
Marsha Davis, HSD, Associate Dean for Outreach and Engagement; Associate Professor of Health Promotion and Behavior
Tim Heckman, PhD, Associate Dean for Research and Professor of Health Promotion and Behavior
Jia-Sheng Wang, PhD, MD, UGA Athletic Association Professor in Public Health; Department Head of Environmental Health Science
Chris Whalen, MD, Earnest Corn Professor of Infectious Disease Epidemiology; Interim Department Head of Epidemiology and Biostatistics
Neale Chumbler, PhD, Professor and Department Head of Health Policy and Management
Nathan Hansen, PhD, Associate Professor and Department Head of Health Promotion and Behavior
Toni Miles, PhD, MD, Professor and Director, Institute of Gerontology
Cham Dallas, PhD, Professor and Director, Institute for Disaster Management
Richard Schuster, MD, MMM, Professor and Director, Institute for Global Health
Mark Ebell, MD, Associate Professor and Director, Institute for Evidenced-based Health Professions Education
- 11:00 am Break
- 11:15 am Meeting with Self-Study Committee
Mark Wilson, HSD, Associate Dean for Academic Affairs; Professor of Health Promotion and Behavior
Steve Rathbun, PhD, Professor and Associate Department Head of Biostatistics
Mark Ebell, MD, Associate Professor and Director, Institute for Evidenced-based Health Professions Education
Jennifer Gay, PhD, Associate Professor, Health Promotion and Behavior
Erin Lipp, PhD, Associate Professor, Environmental Health Science
Neale Chumbler, PhD, Professor and Department Head of Health Policy and Management
Toni Miles, PhD, MD, Professor and Director, Institute of Gerontology
Edith Parsons, PhD, District Program Manager, Public Health District 2, Gainesville, GA (community partner)
Paula Buchanan, DrPh student
Mumbi Okundaye, MPH, MPH/DrPH Program Coordinator
April King Mosley, Administrative Specialist
- 12:15 pm Break
- 12:30 pm Lunch with Students
Chris Comerford, MPH student, Environmental Health Science
Zack King, MPH student, Health Promotion and Behavior
Shaniqua Smith, MPH student, Epidemiology
Jamila Porter, DrPH student
Justin Ingles, PhD student, Epidemiology
Elizabeth Serieux, PhD student, Health Promotion and Behavior
Keri Lydon, PhD student, Environmental Health Science
Mumbi Mwaura, Dual Degree, MPH/MSW

Lindsey Megow, Dual Degree, BS/MPH Gerontology
Abigail Meller, BS student, Health Promotion and Behavior
Osii Mbata, BS student, Environmental Health Science
Arianna Haunchey, MPH student, Epidemiology

1:30 pm Break

2:00 pm Meeting with Instructional Programs- Group 1
Chris Whalen, MD, Earnest Corn Professor of Infectious Disease Epidemiology; Interim Department Head of Epidemiology and Biostatistics
Steve Rathbun, PhD, Professor and Associate Department Head of Biostatistics
Marsha Black, PhD, Associate Professor, Environmental Health Science
Neale Chumbler, PhD, Professor and Department Head of Health Policy and Management
Jessica Muilenburg, PhD, Associate Professor, Health Promotion and Behavior Graduate Coordinator
Joel Lee, DrPh, John A. Drew Professor of Healthcare Administration; Director, Doctor of Public Health Degree Program
Mark Wilson, HSD, Associate Dean for Academic Affairs; Professor of Health Promotion and Behavior
Mumbi Okundaye, MPH, MPH/DrPH Program Coordinator
Colin Porter, MM, MPH Admission Coordinator

3:00 pm Break

3:15 pm Team Executive Session and Resource File Review

5:00 pm Adjourn

Thursday, March 27, 2014

8:30 am Meeting with Faculty Related to Research, Service and Workforce Development
Erin Lipp, PhD, Associate Professor, Environmental Health Science
Steve Rathbun, PhD, Professor and Associate Department Head of Biostatistics
Anjali Morgan, MPH, Academic Professional, Global Health
Curt Harris, PhD, Assistant Professor, Institute for Disaster Management
Sara Wagner, PhD, Assistant Professor, Epidemiology
Trina Salm Ward, PhD, Assistant Professor, Health Promotion and Behavior; Coordinator MSW/MPH program
Kevin Dobbins, PhD, Assistant Professor, Biostatistics
Colleen Cherry, PhD, Assistant Research Scientist, Center for Global Health
Matthew Smith, PhD, Assistant Professor, Health Promotion and Behavior
Phaedra Corso, PhD, Professor, Health Policy and Management
Jennifer Gay, PhD, Assistant Professor, Health Promotion and Behavior
Jessica Muilenburg, PhD, Associate Professor, Health Promotion and Behavior Graduate Coordinator
Chris Whalen, MD, Earnest Corn Professor of Infectious Disease Epidemiology; Interim Department Head of Epidemiology and Biostatistics
Steve Rathbun, PhD, Professor and Associate Department Head of Biostatistics

9:45 am Break

10:00 am Meeting with Instructional Programs- Group 2
Erin Lipp, PhD, Associate Professor, Environmental Health Science
Jessica Muilenburg, PhD, Associate Professor, Health Promotion and Behavior Graduate Coordinator
Chris Whalen, MD, Earnest Corn Professor of Infectious Disease Epidemiology; Interim Department Head of Epidemiology and Biostatistics
Steve Rathbun, PhD, Professor and Associate Department Head of Biostatistics

11:00 am Break and Resource File Review

12:00 pm Lunch with Alumni and Community Stakeholders
Edith Parsons, PhD, District Program Manager, Public Health District 2, Gainesville, GA
Debbie Furbish, Community Stakeholder, RN, BSN, Regional Director of Georgia, Compassionate Care Hospice
Gary Nelson, Community Stakeholder, PhD, President, Healthcare Georgia Foundation
Ron Shipman, Community Stakeholder, MBA, Vice President of Georgia Power's Environmental Affairs Organization
Nancy Paris, Community Stakeholder, MPH, President and CEO, Georgia Center of Oncology Research and Education
Tiffany Fowles, Alumni DrPH
Sarah Hines, Alumni, MPH, Health Policy and Management
Sarah McKinney, BSW, Community Stakeholder, Athens Community Council on Aging
Sister Patricia Loomer, Community Stakeholder, St. Mary's Healthcare System
Kevin Horton, Alumni, DrPH, CDC Surveillance and Registries Branch

Tracy Thompson, Community Stakeholder, Executive Director, Mercy Health Center
Nazeera Dawook, MPH, Community Stakeholder, Georgia Department of Public Health/Fulton County Health and Wellness
Marlena Wald, MPH, MLS, Community Stakeholder, CDC Center for Injury Control and Prevention
Paige Cummings, Director, Athens Nurses Clinic
David Westfall, MD, MPH, CPE, Community Stakeholder, District Health Director, District 2, Gainesville, GA
Grace Johnson, Alumni, BS-HPB, Assistant Director, Mercy Health Center

1:30 pm Break

1:45 pm Meeting with Instructional Programs- Group 3
Anne Marie Zimeri, PhD, Assistant Professor, Undergraduate Coordinator and Internship Program Coordinator, Environmental Health Science
Katie Hein, PhD, Assistant Professor and Undergraduate Coordinator, Health Promotion and Behavior
Christina Proctor, MPH, Instructor and Practicum Coordinator, Health Promotion and Behavior
Candace Parker, PhD, Assistant Professor and Director of the Public Health Minor, Health Policy and Management
Heather McEachern, Undergraduate Student Serviced Director
Dell Whitehead, Academic Advisor III, Health Promotion and Behavior
Priscilla Carter, Academic Advisor III, Health Promotion and Behavior

2:30 pm Break and Resource File Review

3:00 pm Meeting with Faculty and Key Staff Related to Faculty Issues, Student Recruitment and Advising
Nina Cleveland, MPH, College of Public Health Practice Coordinator
Mumbi Okundaye, MPH, MPH/DrPH Program Coordinator
Colin Porter, MM, MPH/DrPH Admission Coordinator
Ming Zhang, PhD, Assistant Professor, Epidemiology
Steve Rathbun, PhD, Professor and Associate Department Head of Biostatistics
Carol Cotton, PhD, Lecturer, Health Promotion and Behavior
Candace Parker, PhD, Assistant Professor, Health Policy and Management
Kerstin Emerson, PhD, Assistant Professor, Institute of Gerontology
Trina Salm Ward, PhD, Assistant Professor, Health Promotion and Behavior; Coordinator MSW/MPH program
Pamela Orpinas, PhD, Professor, Health Promotion and Behavior
Travis Glenn, PhD, Associate Professor, Environmental Health Science
Su-I Hou, PhD, Associate Professor, Health Promotion and Behavior
Andreas Handel, PhD, Epidemiology
Matthew Smith, PhD, Assistant Professor, Health Promotion and Behavior
Phaedra Corso, PhD, Professor, Health Policy and Management
Jayani Jayawardhana, PhD, Assistant Professor, Health Policy and Management
Karen Hilyard, PhD, Assistant Professor, Health Promotion and Behavior
Koichiro Otani, PhD, Associate Professor, Health Policy and Management
Jessica Muilenburg, PhD, Associate Professor, Health Promotion and Behavior Graduate Coordinator
Anne Marie Zimeri, PhD, Assistant Professor, Undergraduate Coordinator and Internship Program Coordinator, Environmental Health Science
Xiaozhong Yu, PhD, Associate Professor, Environmental Health Science
Katie Darby Hein, PhD, Assistant Professor, Health Promotion and Behavior
James Oloya, PhD, Assistant Professor, Epidemiology
Ye Shen, PhD, Assistant Professor, Biostatistics
Kun Lu, PhD, Assistant Professor, Environmental Health Science
Xiao Song, PhD, Associate Professor, Biostatistics
Kyle Turner, MPH, Lecturer, Biostatistics
Tamora Callands, PhD, Assistant Research Scientist, Health Promotion and Behavior
Heather McEachern, Undergraduate Admissions, Dean's Office
Chris Whalen, MD, Earnest Corn Professor of Infectious Disease Epidemiology; Interim Department Head of Epidemiology and Biostatistics

5:30 pm Adjourn

Friday, March 28, 2014

9:00 am Meeting with Leadership of University
Jere Morehead, JD, UGA president
Pamela Whitten, PhD, Senior Vice President for Academic Affairs and Provost

10:00 am Executive Session and Report Preparation

12:00 pm Working Lunch, Executive Session and Report Preparation

12:30 pm Exit Interview