LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF PUBLIC HEALTH

SELF-STUDY REPORT FOR ACCREDITATION

Prepared for the Council on Education for Public Health
Preliminary Report for Review and CEPH Councilors

June 12, 2018

TABLE OF CONTENTS

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Introduction

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

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

Louisiana State University (officially Louisiana State University and Agricultural and Mechanical College, commonly referred to as LSU) began as a public military school near Pineville, Louisiana in 1853. After the Civil War, it reopened in Baton Rouge, where the main campus has since remained. It became Louisiana's land grant university in 1874, its sea grant college in 1978 and its space grant college in 1991. The Louisiana State University Health Sciences Center – New Orleans (LSUHSC) School of Medicine was founded in 1931 in New Orleans. LSUHSC added the School of Graduate Studies in 1965, followed by the School of Dentistry in 1966, the School of Nursing in 1968, and the School of Allied Health Professions in 1970. The School of Public Health was established in 2003.

b. Number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

LSUHSC has six schools and offers a total of 22 degrees in 31 programs. Allied Health Professions (1 undergraduate, 6 professional); School of Dentistry (1 associates, 1 undergraduate and 2 professional); School of Graduate Studies (1 master's and 1 doctoral with 8 programs); School of Medicine (1 professional); School of Nursing (1 undergraduate, 3 professional and 1 doctoral); School of Public Health (1 master's, 1 doctoral with 3 programs, and 1 professional – the Master's in Public Health). A detailed list of degrees and programs is included in Table 1.e. along with the list of LSUHSC accreditations.

c. Number of university faculty, staff and students

The number of faculty, staff and students at LSUHSC is presented in Table Introduction 1.c., based upon data specifications from the Louisiana Board of Regents. This count consists of active full-time and part-time employees as of November 1, 2017 and students as of the start of spring semester 2018. The count excludes Residents, Fellows, Transients, Student Workers and Gratis employees. The faculty of the entire Health Sciences Center is composed of approximately 1,100 professionals including physicians, dentists, nurses, research scientists and other allied health professionals, nearly 800 of whom are involved in full-time teaching and research activities in one of its professional schools. Full-time faculty are augmented by more than 300 professionals who are involved part-time in the Health Sciences Center's academic programs and are included in the counts of staff. Professionals with administrative responsibilities (e.g. deans, associate deans, directors of major research and service programs) are included in staff counts in reports from the Board of Regents. Counts of the number of School of Public Health faculty presented in this Self-Study Report may employ alternative definitions in response to the specific criteria being addressed.

Table Introduction 1.c: Number of Faculty, Staff and Students

Unit	Full-time Faculty	Staff, including part-time Faculty	Students
Allied Health Professions	45	53	496
School of Dentistry	93	160	372
School of Graduate Studies	#	4	70
School of Medicine	550	450	795
School of Nursing	60	28	991
School of Public Health	25	99	113
Institutional	--	514	--
University Total	**772**	**1,309**	**2,837**

Note #: There are no full-time faculty in the School of Graduate Studies; primary appointments are in one of the other five Schools.

d. Brief statement of distinguishing university facts and characteristics

LSUHSC has teaching, research, and health care functions state wide, through its six professional schools and eight Centers of Excellence, as well as the more than one hundred hospitals and other health science related institutions throughout the State, Region, Nation, and the World, with which they maintain affiliations. The LSUHSC School of Medicine welcomed its first class of students 85 years ago. A critical mission of the School of Medicine then, as it is to this present day, was to address the statewide shortage of physicians in Louisiana and to provide care for the underserved citizens of our state. LSUHSC includes the only School of Dentistry in Louisiana. The School of Nursing received the 2017 Stellar School Award from the National Student Nurses Association.

The focus of the School of Public Health is on building and enhancing ties to public health practice and providing community service in key areas. This is particularly evident through the strong relationships that we have nurtured within the public health community by serving as home of Louisiana Tumor Registry and the Louisiana Cancer Prevention and Control Program. In building our research program, we have focused on enhancing areas of existing research strengths, such as cancer epidemiology, as well as modifiable disease risk factors such as tobacco and obesity, while actively seeking research in new areas important to the state. We are aiming to improve the health status of Louisianans through a Cooperative Endeavour Agreement with the Louisiana Department of Health that created a Consortium for Health Transformation. Research and service programs in the School offer rich opportunities for student training and experiences, as well as salary support for faculty and staff, all grounded in collaboration.

LSUHSC-NO is also leading the curricular implementation of interprofessional education through the establishment of the Center for Interprofessional Education and Collaborative Practice. Through this campus-wide center, led by a director and team of faculty representatives from each school, a multi-year educational experience has been created. Team Up is a two-year longitudinal interprofessional education experience integrated within the curriculum of all six LSU Health Sciences Center Schools for first and second-year students. The inaugural student cohort participated in Team Up in September 2017. There were approximately 700 first-year students from nineteen academic health programs representing five Schools that convened in sixty-five teams on a monthly basis on a Monday from 4:00-6:00pm from September to April (excluding December) across both downtown and dental school campuses. In September 2018, Team Up will be inclusive of all six Schools with the addition of Graduate Studies.

e. Names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds (list may be placed in the electronic resource file)

LSUHSC is accredited by the Southern Association of Colleges and Schools Commission on Colleges. It was first accredited in 1931 and current accreditation is valid through 2025. The Louisiana Board of Regents Academic Affairs Policy 2.13 reads: *The Board of Regents recognizes accrediting agencies that it considers as mandatory, recommended, or optional for eligible programs offered by two- and four-year institutions of higher education and the Louisiana Technical College. A program that is eligible for accreditation by an agency that is considered mandatory must be accredited for continued program approval. The Board of Regents encourages institutions to obtain accreditation of programs that are eligible for accreditation by an agency that it recommends, but the accreditation is not essential for continued program approval.* The list of schools, programs, degrees, accreditation and enrollment at the LSUHSC is provided in Introduction Table 1.e.

Table Introduction 1.e: Schools, Programs, Degrees, Accreditation and Enrollment at the LSUHSC

School / Program, Degree / • Accreditation	**Enrollment**
Allied Health Professions	
Cardiopulmonary Science, BS • Respiratory Therapy, Commission on Accreditation for Respiratory Care • Adult echocardiography, Commission on Accreditation of Allied Health Education Programs, upon the recommendation of the Joint Review Committee on Education in Cardiovascular Technology	33
Medical Technology, BS • National Accrediting Agency for Clinical Laboratory Sciences	54
Audiology, AuD • Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association	44
Clinical Rehabilitation & Counseling, MHS • Council on Rehabilitation Education • Council for the Accreditation of Counseling and Related Educational Programs	22
Communications Disorders, MCD • Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association	46
Occupational Therapy, MOT • Accreditation Council for Occupational Therapy Education of the American Occupational Therapy Association	103
Physical Therapy, DPT • Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association	105
Physician Assistant, MPAS • Accreditation Review Commission on Education for the Physician Assistant	89
School Total	496
School of Dentistry • Commission on Dental Accreditation (all Degrees)	
Dental Hygiene, BS	74
Dental Laboratory Technology, AS	5
Dentistry, DDS	253
Graduate Dentistry, MSD (Endodontics, Orthodontics, Pediatric Dentistry, Periodontics and Prosthodontics) • Commission on Dental Accreditation Advanced Specialty Education Programs	38
Non-Degree, Dental Graduate	2
School Total	372
School of Graduate Studies	
Graduate Biochemical & Molecular Biology, PhD	7

Biomedical Sciences, MS	10
Cell Biology & Anatomy, PhD	7
Human Genetics, PhD	4
Interdisciplinary Grad Studies, PhD	4
Microbiology, Immunology & Parasitology, PhD	9
Neuroscience, PhD	6
Non Degree, Graduate Studies	0
Pharmacology & Experimental Therapeutics, PhD	16
Physiology, PhD	7
School Total	70

Table Introduction 1.e: continued

School of Medicine	
Medicine, MD • Liaison Committee on Medical Education • Accreditation Council for Graduate Medical Education (Complete list below)	795
School Total	795
School of Nursing • Commission on Collegiate Nursing Education (all Degrees)	
Bachelor of Science Nursing, BSN	669
Career Alternative RN Education, BSN	88
Primary Care Family Nurse Practitioner, MS	0
Graduate Nursing, MS	3
Nursing Practice, DNP • Council on Accreditation of Nurse Anesthesia Educational Programs	216
Nursing Science, DNS	15
School Total	991
School of Public Health • Council on Education for Public Health (ass Degrees)	
Masters of Science, MS	4
Masters in Public Health, MPH	70
Biostatistics, PhD	11
Community Health Sciences, PhD	13
Epidemiology, PhD	9
Non-Degree seeking (not included in successive tables or counts)	6
School Total	113
University Total	2,837

Medical School **Accreditation Council for Graduate Medical Education** **Complete List**	
Addiction psychiatry	Obstetrics and gynecology
Allergy and immunology	Ophthalmology
Anesthesiology	Orthopaedic surgery
Cardiovascular disease	Otolaryngology
Child and adolescent psychiatry	Pain medicine (multidisciplinary)
Child neurology	Pathology-anatomic and clinical

Clinical cardiac electrophysiology	Pediatric cardiology
Clinical neurophysiology	Pediatric endocrinology
Colon and rectal surgery	Pediatric gastroenterology
Dermatology	Pediatric hematology/oncology
Emergency medicine	Pediatric nephrology
Endocrinology, diabetes, and metabolism	Pediatric orthopaedics
Female pelvic medicine and reconstructive surgery	Pediatrics
Gastroenterology	Physical medicine and rehabilitation
Geriatric medicine (Internal medicine)	Plastic surgery
Hematology and medical oncology	Plastic Surgery - Integrated
Infectious disease	Psychiatry
Internal medicine	Psychosomatic medicine
Internal medicine/Pediatrics	Pulmonary disease and critical care medicine
Interventional cardiology	Radiology-diagnostic
Interventional radiology - integrated	Rheumatology
Neonatal-perinatal medicine	Surgery
Nephrology	Surgical critical care
Neurological surgery	Urology
Neurology	Vascular surgery

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

Public health activities at LSUHSC date back to the founding of the School of Medicine in 1931, which included a Department of Preventive Medicine and Public Health. After a lapse in coverage, the Department of Public Health and Preventive Medicine was reactivated in 1994. The LSU Board of Supervisors and the Board of Regents for Higher Education for the state of Louisiana approved the MPH Program in 1997. By 2003, the breadth and depth of public health teaching, research and service activities had grown to the point where the Louisiana Board of Regents approved the formation of a School of Public Health. The MPH program was accredited by CEPH later that year.

The School was in CEPH applicant status in 2005, with a self-study scheduled for October 2005 and a site visit scheduled for April 2006. The School withdrew from applicant status after the levee failures during Hurricane Katrina seriously damaged LSUHSC facilities and much of New Orleans in August 2005. Administration of the School temporarily relocated to Baton Rouge from September 2005-January 2006. Teaching for the fall 2005 semester resumed electronically within 30 days of Katrina using interactive software to link course directors and students located throughout the country. The School returned to New Orleans in late January 2006 and, after a couple of moves, is now permanently located on the LSUHSC campus.

During 2006-2007, the criteria for CEPH accreditation changed significantly, including the requirement for three doctoral programs rather than one. Because of the hurricanes and associated economic upheavals in the state, the Louisiana State Board of Regents declared several consecutive, lengthy moratoria on creation of new degree programs. A Biostatistics PhD program was originally planned pending final approval prior to the storm; approval was deferred until 2008. The PhD in Epidemiology began two years later in 2010 and the PhD in Community Health Sciences first enrolled students in 2011.

In 2012, a self-study was prepared that highlighted three years of progress towards accomplishing the School's mission through specific goals and objectives. The School formalized a competency-based curriculum to achieve the essential and relevant elements of public health and revised the culminating experience to assure good experiences that would be consistent across all concentrations and link directly to specific competencies. The SPH received full, initial accreditation from CEPH in 2013.

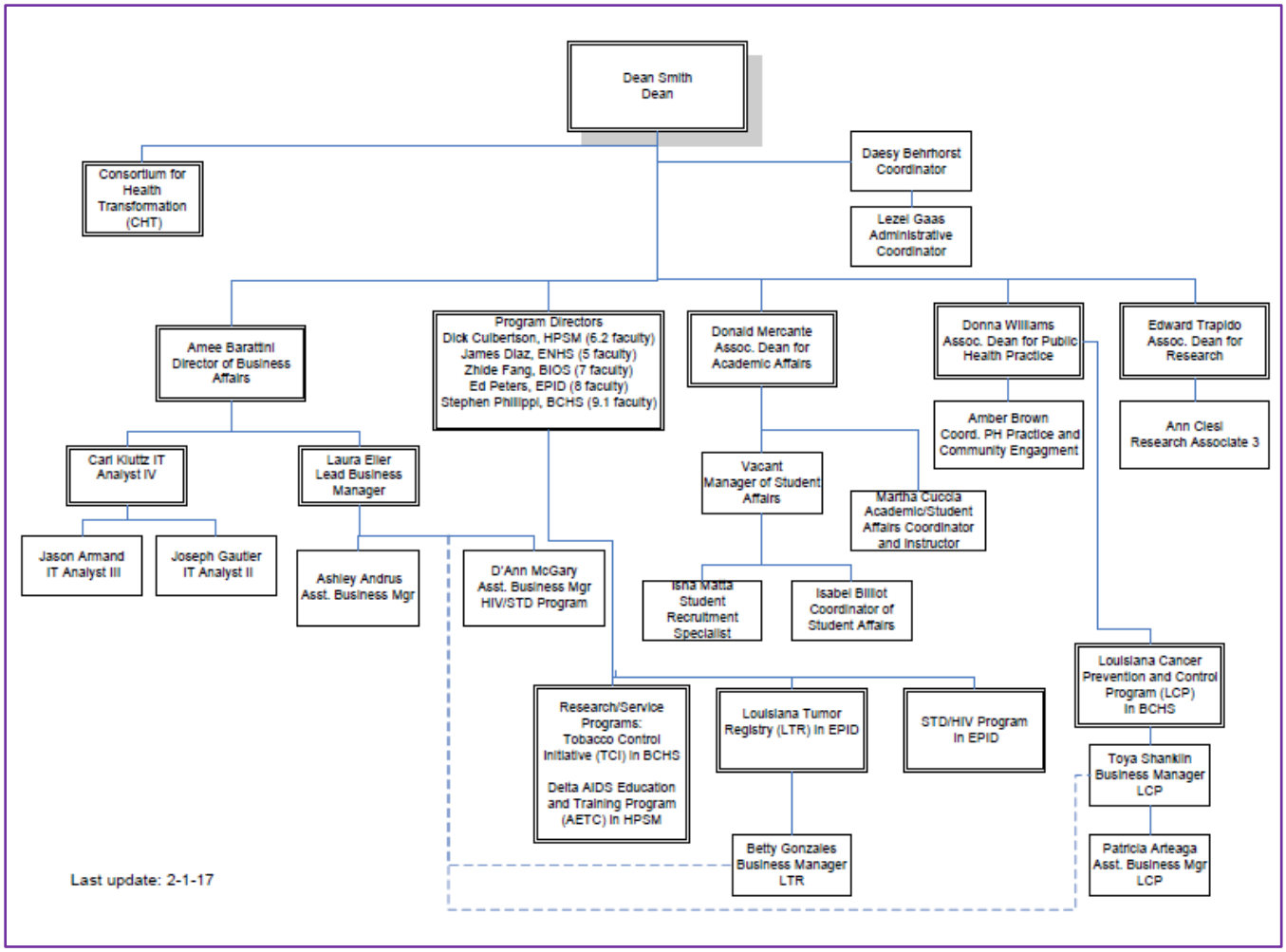
The School of Public Health is now comprised of five Academic Programs: Behavioral and Community Health Sciences (BCHS), Biostatistics (BIOS), Environmental and Occupational Health Sciences (ENHS), Epidemiology (EPID), and Health Policy and Systems Management (HPSM). The School offers both professional and academic degrees. The School offers the professional Master of Public Health (MPH) degree with concentrations in BCHS, BIOS, ENHS, EPID and HPSM. Academic degrees offered by the School include the Master of Science (MS) in BIOS and the PhD in BIOS, BCHS and EPID.

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

a. The school or program's internal organization, including the reporting lines to the dean

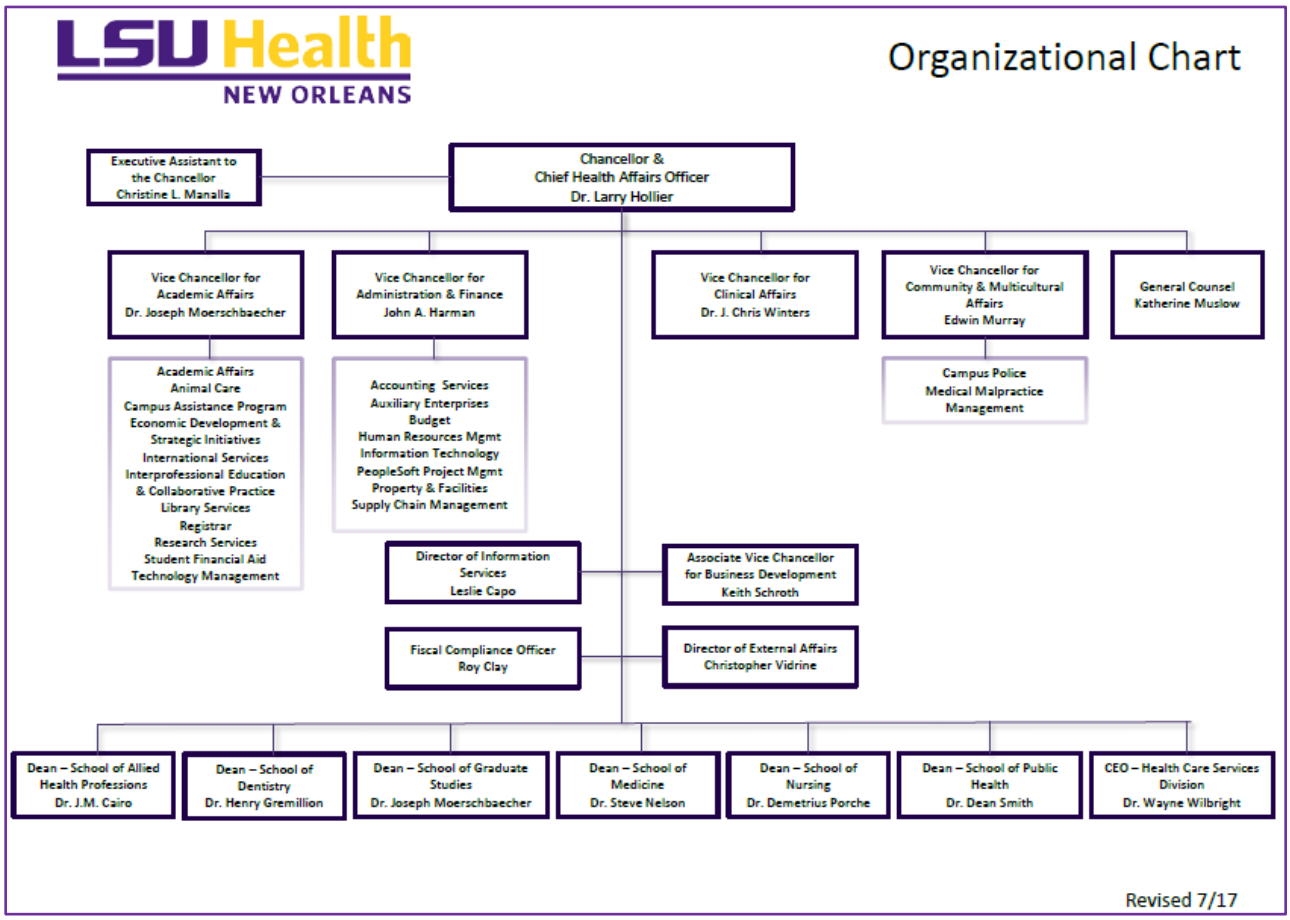
The School of Public Health has a simple organizational structure. There are five programs, each with a Director who reports to the Dean. There are four main offices that report to the Dean: Academic Affairs, Public Health Practice and Community Engagement, Research, and Business Affairs. Associate Deans lead the offices of Academic Affairs, Public Health Practice and Community Engagement and Research. A Director leads the office of Business Affairs. There are also a set of research and/or service programs sufficient in terms of the number of employed staff to merit mention on the organizational chart. A faculty member (principal investigator) leads each research and/or service program, with Business Affairs support and administrative oversight.

School of Public Health Organizational Chart

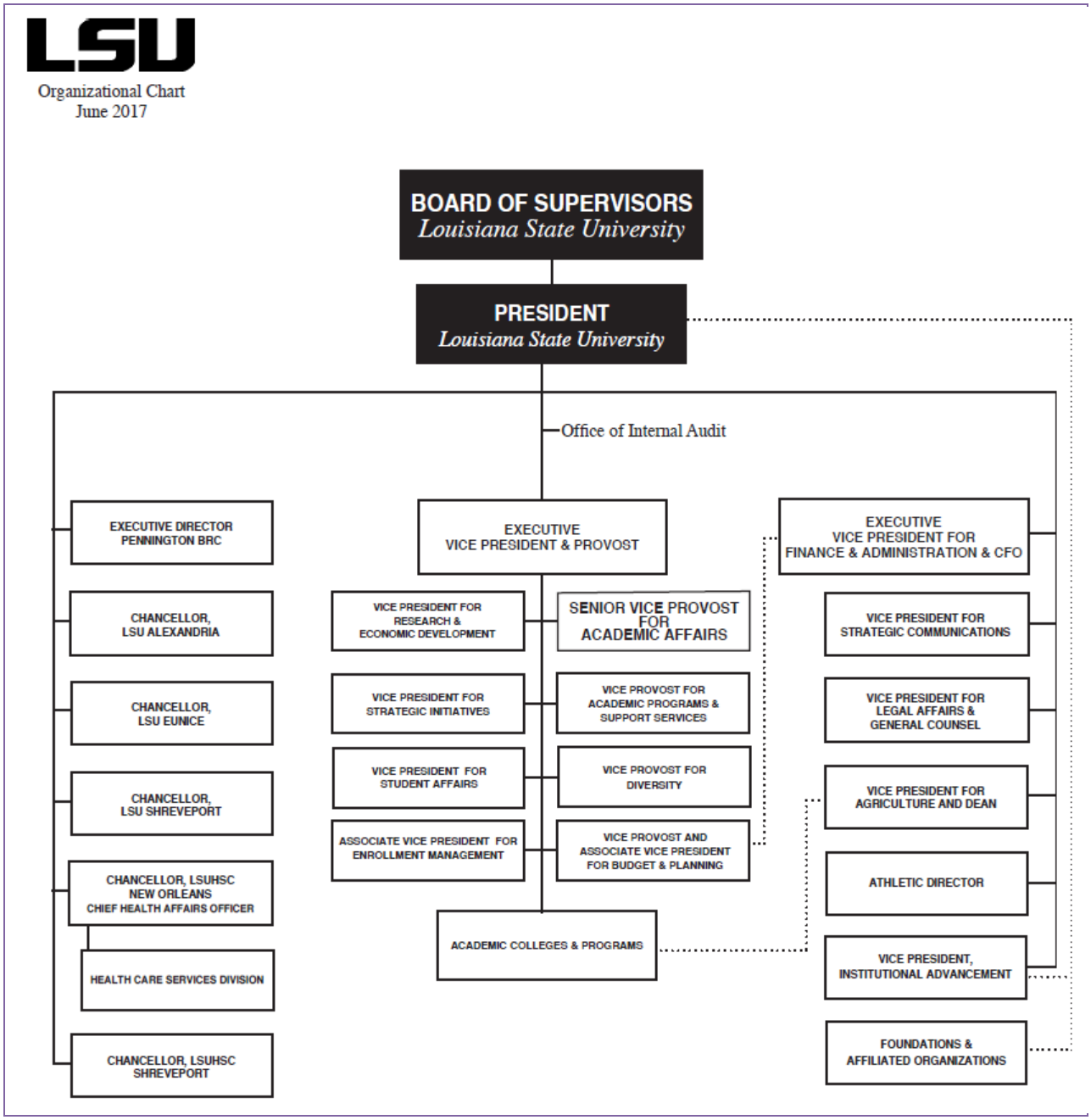


b. The relationship between the school or program and other academic units within the institution.

The School of Public Health is one of six schools in the LSUHSC. A Dean leads each school and reports directly and independently to the Chancellor. There is no Provost at the LSUHSC. Matters related to academic affairs are referred to the Vice Chancellor for Academic Affairs. Matters related to business affairs, including human resources and information technology, are referred to the Vice Chancellor for Administration and Finance.



LSUHSC is one of 10 institutions in the LSU System. The LSUHSC Chancellor is appointed by the President of the LSU System and approved by the Board of Supervisors. The Board of Supervisors of LSU and Agricultural and Mechanical College serves as the management board for the LSU System. The Louisiana Board of Regents coordinates the efforts of the state's 33 degree granting public institutions through the Board of Supervisors of the four systems: University of Louisiana System, Louisiana State University System, Southern University System and Louisiana Community & Technical College System. The Louisiana Board of Regents provides statewide academic planning and review, budgeting and performance funding, research, and accountability.



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

The matrix must:

- show undergraduate and graduate degrees
- distinguish between professional and academic degrees for all graduate public health degrees offered
- identify any public health degrees/concentrations that are offered in distance learning or executive formats
- SPH only: distinguish public health degrees from other degrees
- Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

Template Intro-1: Instructional Matrix					**Categorized as public health***	**Campus based**
Concentration			*Degree*			
Bachelor's Degrees - NONE			**Academic**	**Professional**		
Master's Degrees			**Academic**	**Professional**		
Concentration			*Degree*	*Degree*		
Behavioral and Community Health Sciences				MPH	x	MPH
Biostatistics			MS	MPH	x	MPH
Environmental and Occupational Health Sciences				MPH	x	MPH
Epidemiology				MPH	x	MPH
Health Policy and Systems Management				MPH	x	MPH
Doctoral Degrees			**Academic**	**Professional**		
Concentration			*Degree*	*Degree*		
Biostatistics			PhD		x	PhD
Community Health Sciences			PhD		x	PhD
Epidemiology			PhD		x	PhD
Joint Degrees			**Academic**	**Professional**		
	Existing concentration	**Joint-specific concentration**				
2nd (non-public health) area			*Degrees*	*Degrees*		
Undergraduate (Dillard University)	Any MPH concentration			BS-MPH		
Coast & Environment	Environmental and Occupational Health Sciences			BS-MPH		
Medicine	Any MPH concentration			MD-MPH		
Social Work	Behavioral and Community Health Sciences			MSW-MPH		

4) **Enrollment data for all of the school or program's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2. Schools that house "other" degrees and concentrations (as defined in Criterion D19) should separate those degrees and concentrations from the public health degrees for reporting student enrollments. For example, if a school offers a BS in public health and a BS in exercise science, student enrollment data should be presented separately. Data on "other" degrees and concentrations may be grouped together as relevant to the school.**

Template Intro-2: Enrollment		
Degree		**Current Enrollment**
Master's		
	MPH*	89
	Behavioral and Community Health Sciences	21
	Biostatistics	0
	Environmental and Occupational Health Sciences	17
	Epidemiology	33
	Health Policy and Systems Management	18
	Academic public health master's*	4
	Biostatistics	4
	All remaining master's degrees (SPH)	N/A
Doctoral		
	DrPH*	N/A
	Academic public health doctoral*	33
	Biostatistics	11
	Community Health Sciences	13
	Epidemiology	9
	All remaining doctoral degrees (SPH)	
Bachelor's		
	BA/BS in public health*	N/A
	All remaining bachelor's degrees (SPH)	N/A

Note that the total for Table Enrollment-Intro-2 reflects spring 2018. It does not include the 6 Non-Degree seeking students included on Table Introduction 1.e, nor are these students included in successive tables or counts.

A1. Organization and Administrative Processes

The school or program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

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

School or program faculty have formal opportunities for input in decisions affecting the following:

- **degree requirements**
- **curriculum design**
- **student assessment policies and processes**
- **admissions policies and/or decisions**
- **faculty recruitment and promotion**
- **research and service activities**

The school or program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (e.g., participating in instructional workshops, engaging in program- or school-specific curriculum development and oversight).

Required documentation:

1) **List the school or program's standing and significant ad hoc committees. For each, indicate the formula for membership (e.g., two appointed faculty members from each concentration) and list the current members. (self-study document)**

   Programs should generally focus the response on the specific committees that govern the unit of accreditation, not on departmental or school committees that oversee larger organizational units. (self-study document)

The School has established three sets of faculty committees: (1) SPH Standing Committees, (2) the Faculty Assembly and its Standing Committees, and (3) ad hoc committees. The relevant Faculty Assembly and SPH standing committees are listed in this section. The aim is to have an appropriate structure of committees for decision making and implementation – balancing having charges to each committee that are sufficiently narrow to assure focused coverage, and having charges that are sufficiently broad to limit the number of committees in the School.

Through the SPH Administrative Council, and the Faculty Assembly, the faculty and Dean are responsible for policy development at the SPH other than those policies that pertain to all schools in the LSUHSC and/or all institutions within the LSU System. General administrative policies impacting the operations of the School are developed by the Dean, Associate Deans and Director of Business Affairs, in consultation with Program Directors faculty, staff and students on relevant topics.

School of Public Health Standing Committees

SPH Administrative Council

Charge: to provide an update to Program Directors, administrators, and representatives of the Faculty Assembly (FA) on current issues and initiatives of the School, LSUHSC and LSU System and related issues by the Dean; to provide a forum for oversight of the strategic plan and progress in meeting its goals and objectives; to review and discuss school finances, academic,

administrative, and student affairs policies and procedures as well as new or modified LSUHSC policies; to evaluate progress in student recruiting and admissions; to share academic program-specific initiatives to enhance multidisciplinary opportunities school-wide; and to recommend changes to policies and procedures to the Dean for consideration.

Composition: Dean, Chair
Associate Deans for Academic Affairs, Practice and Community Engagement, Research
Director of Business Affairs
Academic Program Directors (5)
Two faculty members, elected from Faculty Assembly (1 junior and 1 senior)
Current President of the Faculty Assembly
Current President of the Staff Assembly
Director of Admissions and Academic Affairs
Coordinator of Academic Affairs Office
Dean's Administrative Coordinator

2017-2018 Members

- Donald Mercante, Associate Dean for Academic Affairs
- Donna Williams, Associate Dean for Practice and Community Engagement
- Edward Trapido, Associate Dean for Research
- Amee Barattini, Business Manager
- James Diaz, Program Director, ENHS
- Richard Culbertson, Program Director, HPSM
- Zhide Fang, Program Director, BIOS
- Edward Peters, Program Director, EPID
- Stephen Philippi, Program Director, BCHS
- Ching-Yang Hu, Associate Professor ENHS, Faculty Assembly President
- Tekeda F. Ferguson, Assistant Professor, EPID, Faculty Assembly Elected Jr. Faculty
- Peggy A. Honore, Associate Professor, HPSM, Faculty Assembly Elected Sr. Faculty
- Christina M. Lefante, Staff Assembly President
- Kari Brisolara, Associate Professor, ENHS, Chair of Evaluation Committee
- Martha L. Cuccia, Coordinator of Academic Affairs Office
- Daesy Behrhorst, Administrative Coordinator/Staff Assembly

SPH Evaluation Committee

Charge: to participate in all evaluations needed related to the School's strategic plan, including but not limited to student exit surveys, alumni surveys, employer/agency surveys, focus groups and others annually; to render advice and assistance for the Self Study to ensure effectiveness in meeting School mission, goals and objectives; to report the findings of all evaluations to the Administrative Council and faculty in a timely fashion.

Composition:

Associate Dean for Academic Affairs (ex officio, non-voting); Five Faculty Assembly members - one selected by each academic program (Biostatistics, Environmental Health, Epidemiology, Behavioral and Community Health Sciences, and Health Policy/Systems Management). Representatives from Business Office, Academic Affairs, Research, Recruitment, Staff Assembly and Practice. A minimum of two student Representatives, eligible for a two-year term of service, selected by SGA (one MPH/MS and one PhD). Membership on this Committee should not overlap with that of the Curriculum Committee, with the exception of the Associate Dean for Academic Affairs.

2017-2018 Members

- Donald Mercante, Associate Dean for Academic Affairs

- Donna Williams, Associate Dean for Practice and Community Engagement
- Kari Brisolara, Associate Professor, ENHS, Chair
- Evrim Oral, Assistant Professor, BIOS
- Edward Trapido, Professor, EPID, Associate Dean for Research
- Christine Brennan, Associate Professor, HPSM
- Henry Nuss, Assistant Professor, BCHS
- Amee Barattini, Business Manager
- Megan Bronson, Epi Data Center
- Ann Clesi, Staff Assembly
- Isha Matta, Recruiting and Admissions
- Randi Kaufman, Diversity
- Ondrej Blaha, PhD Student
- Caroline Gilchrist, MPH/MS Student

SPH Diversity and Inclusion Committee

Charge: in conjunction with the LSUHSC Multicultural Advisory Committee, to promote and develop a culture of collaboration and a climate of inclusion without regard for race, color, gender, age, national origin, handicap, veteran status, or any non-merit factor. The committee will initiate policies and actions delineated in the strategic plans of the SPH and the LSUHSC and share information on SPH efforts to increase representation of those currently underrepresented in faculty, staff, and student body of the SPH, LSUHSC, and in the public health workforce.

Composition: Diverse volunteers from faculty, students and staff including SPH members on the LSUHSC Multicultural Advisory Committee

<u>2017-2018 Members</u>

- Randi Kaufman, Assistant Professor, HPSM, Chair
- Martha Cuccia, Coordinator for Academic Affairs and Student Activities, HPSM
- BCHS MPH student
- EPID MPH student
- BCHS MPH student
- EPID PhD student

SPH Research Committee

Charge: to assist the School in achieving its research goals by developing and reviewing SPH policies related to research; assisting with their implementation; discussing interprogrammatic research; providing a forum for discussion of research resources; and review of proposals upon request.

Composition: Associate Dean for Research, Chair
Associate Dean for Academic Affairs
Academic Program Directors (5)
Faculty Assembly Representative
PhD students, one each BIOS, EPID, CHS
MPH students, one each in five programs

<u>2017-2018 Members:</u>

- Edward Trapido, Associate Dean for Research, CHAIR
- Donald Mercante, Associate Dean for Academic Affairs
- Donna Williams, Associate Dean for Practice and Community Engagement
- James Diaz, Program Director, ENHS
- Richard Culbertson, Program Director, HPSM
- Zhide Fang, Program Director, BIOS

- Edward Peters, Program Director, EPID
- Stephen Philippi, Program Director, BCHS
- Melinda Sothern, FA Representative
- Taylor Mathis, Student
- Jacobi Owens, Student
- Catherine Callen, Student
- Lara Berghammer, Student
- Hayley Capello, Student
- Helen Lindau, Student
- Ann Clesi, Coordinator of Research Office

SPH Information Technology Steering Committee

Charge: to assess and direct efforts to meet the School's current IT infrastructure needs, including website design and applications; to evaluate and assess asynchronous and synchronous lecture capture technology to ensure adequate infrastructure exists to support distance learning initiatives and plans; identify and evaluate emerging technologies that support the School's current and future operational plans and goals; and to coordinate all plans with HSC central administration IT to ensure the School's initiatives are aligned with HSC initiatives and are mutually supporting.

Composition: Representatives from faculty, staff, students, and IT support personnel who are knowledgeable about information technology issues, School plans and goals, and needs of all users.

<u>2017-2018 Members:</u>

- Daesy Behrhorst, Staff, Dean's Office, Chair
- Carl Kluttz, Staff, IT
- Edward S. Peters, Professor, EPID
- Daniel J. Harrington, Assistant Professor, ENHS,
- Kari Brisolara, Associate Professor, ENHS
- Christine Brennan, Associate Professor, HPSM
- Peggy A. Honore, Associate Professor, HPSM
- Jacobi J. Owens, Student
- Amy E. Hendrix, Student
- Amee Barattini, Business Manager

Faculty Assembly and its Standing Committees

Faculty Assembly

Charge: to implement the legislative powers of the faculty in the course of their fulfillment of the mission of the SPH. The goal of the Faculty Assembly in the governance of the School of Public Health is to foster an active, informed faculty, and to promote open communication among all members of the community of the School of Public Health pursuant to the School's Mission and Strategic Plan.

Composition: All non-administrative faculty members are granted membership and are invited and encouraged to participate. All non-administrative academic faculty employed at 75% FTE level or greater by the SPH and having an academic rank of instructor or above shall be voting members of the Faculty Assembly. Adjunct, joint and part-time non-administrative faculty (at 74% or less FTE) members are non-voting members of the organization but may attend meetings and speak to any issue. Administrative faculty is defined as faculty members who are Deans, Associate Deans, Assistant Deans, Academic Program or Department Heads, Directors of

Offices and other administrators appointed by the Dean.

Executive Board - 2017-18 Members

- President – Ching-Yang Hu, Associate Professor, ENHS
- President-elect – Peggy Honore, Associate Professor, HPSM
- Secretary – Lee McDaniel, Assistant Professor, BIOS

The President-Elect is elected in the second year of the President's term and serves a term of one year. The President-Elect becomes President in even-numbered years, and the Secretary is elected in even-numbered years. The Past President serves for one year upon completion of his/her presidency. Officers may not serve more than one term consecutively.

Delegates - 2017-18 Members

- Henry Nuss, Assistant Professor, BCHS
- Qingzhao Yu, Associate Professor, BIOS
- Chih-yang Hu Associate Professor, ENHS
- Tekeda Ferguson, Assistant Professor, EPID
- Christine Brennan, Associate Professor, HPSM

Delegates provide a mechanism for establishing a quorum of regular voting members while also ensuring broad representation. Quorum is two thirds of the Delegates. One delegate will be selected from each Academic Program according to procedures established by each Program. Each Delegate shall serve for two years or until their successor is selected. Delegates are not subject to term limits. Delegates are required to attend Faculty Assembly meetings.

Faculty Appointments, Promotions and Tenure Committee

Charge: to recommend faculty for appointments to the ranks of Associate Professor and Professor in accordance with the guidelines of the LSUHSC SPH; to recommend faculty for promotion to the ranks of Assistant Professor, Associate Professor, and Professor in accordance with the guidelines of the LSUHSC SPH; to recommend applications for grants of tenure for tenure-track faculty in accordance with the guidelines of the LSUHSC SPH; and to recommend changes to the LSUHSC SPH guidelines for appointments, promotions and tenure.

Composition: Academic Program Representatives – one senior faculty member appointed from each of the five academic programs by the Program Director; if no eligible senior faculty member is available the Program Director shall serve until an appropriate senior faculty member becomes available.
Two senior faculty members elected by the Faculty Assembly
One senior faculty member appointed by the Dean

2017-18 Members:

- Ariane Rung, Associate Professor, Appointed by Dean, Chair
- Melinda Sothern, Professor, BCHS, Program designee
- Hui-Yi Lin, Associate Professor, BIOS, Program designee
- Chih-yang Hu, Associate Professor, ENHS, Program designee
- Peggy Honore, Associate Professor, HPSM, Program designee
- Richard Scribner, Professor, EPID, Elected
- Kari Brisolara, Associate Professor, ENHS, Elected

Curriculum Committee

Charge: to plan, review and monitor academic programs to ensure consistency with the philosophy and mission of the LSUHSC SPH and the LSUHSC and in accordance with the criteria of the Council on Education for Public Health; to provide educational oversight and

strategic policy recommendations for the development of instructional courses and programs offered by the School; and to coordinate curricula among SPH and partner institutions (e.g. LSUHSC School of Graduate Studies).

Composition: Associate Dean for Academic Affairs (ex officio, non-voting)
One representative appointed by each academic program
Three student representatives selected by the SGA: two MPH and one PhD student

2017-2018 Members

- Donald E. Mercante, Associate Dean for Academic Affairs
- Tung Sung Tseng, Associate Professor, BCHS
- Hui Yi Lin, Associate Professor, BIOS
- Adrienne Katner, Associate Professor, ENHS
- Susanne Straif-Bourgeois, Assistant Professor, EPID
- Christine Brennan, Assistant Professor, HPSM
- John Person, EPID MPH student
- Skyllar Trusty, BCHS MPH student
- Kiva Fisher, CHS PhD student

Faculty and Student Grievance Committee

Charge: to provide formal recommendations to the Dean on unresolved matters of grievance; to represent the School faculty position on unresolved matters of grievance

Composition: Five faculty members: three elected by the Faculty Assembly and two appointed by the Dean.
Two students elected by the student body serve on the committee only when matters of student grievances are being considered.

2017-2018 Members

- Randi Kaufman, Assistant Professor, HPSM, Elected, Chair
- Qingzhao Yu, Associate Professor, BIOS, Elected
- Mei-Chin Hsieh, Assistant Professor, EPID, Elected
- Adrienne Katner, Assistant Professor, ENHS, Appointed by Dean
- William Robinson, Associate Professor, BCHS, Appointed by Dean
- Zaida Salame, MPH Student, Elected
- Hollie Shay, MPH Student, Elected

Bylaws, Nominations & Elections

Charge: to maintain, interpret and revise the Bylaws as required in order to sustain the integrity of the organization; and to establish nomination and election policies and procedures for the LSUHSC School of Public Health.

Composition: Two faculty members elected from the Faculty Assembly; President-Elect

2017-2018 Members

- Peggy Honore – President-Elect, Associate Professor, HPSM
- Kari Brisolara, Associate Professor, ENHS, Elected
- Adrienne Katner, Assistant Professor, ENHS, Elected

Note: In the years when a new President takes office, the Immediate Past President will serve on the BNE Committee. The President-Elect serves during the year before he/she becomes President.

2) **Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:**

a. degree requirements
b. curriculum design
c. student assessment policies and processes
d. admissions policies and/or decisions
e. faculty recruitment and promotion
f. research and service activities

Each committee with some responsibility for each of the six key decisions are indicated in Table A1.2.

The Bylaws & Regulations of the LSU Board of Supervisors, Chapter 1, Section 1-2.3b, delineates the responsibilities of the faculty for the curricula. Responsibility for development of the curriculum and specific courses contained therein is the purview of the faculty. Academic Program Directors submit revisions including establishment of new courses, updates to existing ones and discontinuation of courses to the Curriculum Committee for review and approval. Once approved, the appropriate forms are signed by the Associate Dean for Academic Affairs and the Vice-Chancellor for Academic Affairs. Information and required forms are available on the SPH website. These requirements are also listed in the LSUHSC Faculty Handbook. New programs must also be approved by the LSU Board of Supervisors and the Louisiana Board of Regents.

Table A1.2: Committees and Decisions

Committee / Decision	a. degree requirements	b. curriculum design	c. student assessment policies and processes	d. admissions policies and/or decisions	e. faculty recruitment and promotion	f. research and service activities
Faculty Assembly Executive Board						
Faculty Appointments, Promotions and Tenure					X	
Curriculum Committee	X	X				
Faculty and Student Grievance Committee			X			
Bylaws, Nominations & Elections Committee						
SPH Evaluation Committee			X			
SPH Diversity and Inclusion Committee					X	
SPH Administrative Council				X		
SPH Research Committee						X
SPH Information Technology Steering Committee						

Degree Requirements and Curriculum Design are the primarily responsibility of the School of Public Health Curriculum Committee. The Curriculum Committee, with the Associate Dean for Academic Affairs as an ex officio member, plans, reviews and monitors academic programs to ensure consistency with the mission of the LSUHSC School of Public Health and the LSU Health Sciences Center, and in accordance with the criteria espoused by CEPH. They conduct rolling reviews of existing courses throughout the year as well as review and approve new courses. The Curriculum Committee also promotes optimum

coordination among curriculum areas and provides a forum for faculty and students with regard to curriculum issues. In accordance with the new CEPH requirements (2016), the content and format of course syllabi have been modified to ensure direct links between learning objectives and competencies in each respective course. The Curriculum Committee reviewed the syllabi. The Culminating Experience (CE) has also recently been modified to better insure consistency across programs and more clearly assess core and program competencies.

Student Assessment Policies and Processes are developed and monitored by the Evaluation Committee. The Evaluation Committee (EC) was a standing committee of the Faculty Assembly through June 30, 2012. Effective July 1, 2012, the EC became a standing committee of the SPH. This committee is responsible for developing evaluation procedures and conducting evaluations, including alumni surveys, student exit questionnaires, employer interviews, and other related evaluation tools, as needed for monitoring efforts in meeting our goals and objectives. Student/alumni surveys have a focus on competencies, as well as on processes within their respective programs and for the entire SPH. The EC provides written reports on surveys and in-person data collection to the Dean, Administrative Council and Faculty Assembly. The committee provides recommendations and assistance for the self-study to ensure effectiveness in meeting School goals and objectives. The Epidemiology Data Center of the School compiles and summarizes the results of surveys for the EC. The Epidemiology Data Center also compiles and summarized course evaluations, which are given to the Associate Dean for Academic Affairs (ADAA) who maintains and shares them with the respective Academic Program Directors and individual course instructors. The Academic Program Directors are responsible for discussing each course evaluation summary with the faculty instructor for that course. The findings of course evaluations are used to improve individual teaching performance, to assess the overall program-specific curriculum and faculty performance, and to make modifications when needed. The practice experience is evaluated by both the students and the agency preceptors each semester. This feedback is used to improve future practice experiences.

While each Program is concerned with Student Assessment, it was recognized that standardization across the School and formalization of policies and procedures would be associated with more consistent and formal actions. The Evaluation Committee assists in ensuring that graduates receive educational competency, quality instruction and satisfaction with the educational experience. The Grievance Committee addresses instances of dissatisfaction. Complaints brought by and against members of the student body and/or faculty go to the Grievance Committee only after informal conflict resolution is not effective. No student or faculty grievances were filed with the Grievance Committee during the past three years.

Faculty in each academic program reviews application materials for those seeking admission to each of the degree programs and selects the applicants for admission. Selection criteria for students at the master's level through 2017-18 include the attainment of an undergraduate degree with an adequate grade point average, adequate GRE scores, or MCAT scores in the case of Joint MD-MPH degree students, and appropriate letters of recommendation. Admission to PhD programs adds the attainment of a master's degree and knowledge of public health. Knowledge of public health and its relationship to the student's area of interest is demonstrated by having a MPH degree or by completion of master's level relevant coursework offered by the School, in addition to the doctoral curriculum. Recommendations are made by the program faculty to the Dean, who approves recommendations for admissions.

The Administrative Council provides further oversight over Admissions Policies and/or Decisions. Monthly meetings include a review of data on applicants, admissions and acceptances for all degrees by program. The Council discusses recruitment activities in the context of on-going admissions rates, and recommends changes as needed. An example includes the addition of open houses for potential applicants during key recruitment times to increase the applicant pool. The School maintains data for tracking of applicants and students, and provides data for annual assessments in addition to monthly updates.

The Program Director and faculty within the respective academic program and the Dean of the SPH lead the recruitment and hiring for faculty positions. A search committee is formed and is generally diverse

ethnically and in terms of gender. A position is advertised in the standard places for faculty applicants in graduate schools of public health (American Journal of Public Health, The Nation's Health, and the Chronicle of Higher Education, etc.); discipline-specific journals, various discipline-relevant web sites. The search committee may contact deans and department chairs at other institutions. The committee and Program Director screen candidates, and the most promising candidates are invited to interviews by phone and/or on campus to give a formal presentation about their work to faculty, students, and public health practice staff. Attendees at such interviews and presentations provide feedback. Candidates are chosen based on their academic record, research experience and/or public health practice productivity, other professional experience, and degree of fit with the needs of the academic program. The selection is made by the faculty and program director with concurrence of the Dean.

The Faculty Appointments, Promotions & Tenure Committee is involved in Faculty Recruitment and Promotion by reviewing the credentials of new faculty who seek advanced appointments (Associate or Full Professor) and making recommendations to the Dean. The Dean, the Vice-Chancellor for Academic Affairs for LSUHSC and the LSU Board of Supervisors must each approve appointment. Hiring policies are based on the policies of the LSUHSC and the LA Board of Supervisors. The Diversity and Inclusion Committee is also involved in Faculty Recruitment and Promotion by reviewing policies and procedures for hiring and review of LSUHSC reports on the diversity of faculty and staff. Promotion and tenure policies for the schools of the LSUHSC are included in the LSUHSC Faculty Handbook. The SPH Appointments, Promotion & Tenure Committee is responsible for the application of these policies for the SPH faculty.

The Research Committee has primary responsibility for Research and Service Activities by developing and reviewing SPH policies related to research; assisting with their implementation; discussing interprogrammatic research; providing a forum for discussion of research resources; and review of proposals upon request.

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school or program. (electronic resource file)

Bylaws of the Faculty Assembly, Version effective September 1, 2016 included in ERF.

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation. (self-study document)

Faculty in the School of Public Health have the same rights and responsibilities as all other faculty within the LSHHSC. Faculty are included in the LSUHSC Faculty Senate and the full range of committees that guide the development and application of LSUHSC policies and procedures. The Faculty Senate is the collective voice of the faculty and provides a forum for communication with the Chancellor and his administration. The Senate meets on the second Tuesday of each month, and these meetings are open to any recognized group within the LSUHSC community that wishes to present suggestions or raise problems for consideration by the Senate. The Senate also communicates regularly with the Faculty Assemblies within each school and communicates with the faculty senates of the other colleges and universities within the State of Louisiana through the Association of Louisiana Faculty Senates. Representatives from the Faculty Senate also attend the monthly meetings held by the Board of Supervisors.

The following is a list of SPH faculty involvement in LSUHSC decision-making.

LSUHSC Faculty Senate Members 2017-18:

- Kari Brisolara, Associate Professor, EOHS
- Tekeda Ferguson, Assistant Professor, EPID
- Henry Nuss, Assistant Professor, BCHS
- Evrim Oral, Assistant Professor, BIOS
- Tung Sung Tseng, Associate Professor, BCHS

LSUHSC Standing Committees, Members 2018-19:

Honorary Degree Committee
- James Diaz

Environmental Health and Safety Committee
- James Diaz

Faculty Appeals Committee
- Melinda Sothern

Faculty Handbook Committee
- Edward Peters

Infectious Disease Committee
- James Diaz

Information Technology Committee
- Donald Mercante
- Tung-Sung Tseng

LSUHSC Institutional Review Board
- Edward Peters, Professor, EPID

International Programs Committee
- Edward Trapido

Interprofessional Education & Collaborative Practice Committee
- Kari Brisolara

Scientific Misconduct Committee
- Edward Trapido, Chair

Student Health Committee
- James Diaz

LSUHSC Multicultural/Diversity Advisory Committee
- Randi Kaufman [and Chair of the SPH Multicultural/Diversity Committee]

LSUHSC Gender Equity Committee
- Donna Williams, BCHS
- Edward Peters, EPID

Chancellor and Deans Council
- Dean Smith

LSUHSC Executive Research Council

- Edward Trapido

LSUHSC Safety Council

- Dean Smith

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

The key means of regular interaction among all faculty of the School is through the Faculty Assembly. The Faculty Assembly. Guided by an elective Executive Committee, the Faculty Assembly meets at least monthly. The Faculty Assembly invites Deans and Program Directors to provide comments and notices at each meeting. Following comments and notices, the meetings are closed to non-administrative faculty for discussion. All minutes of meetings are available in the ERF and also via the secure intranet of SPH for faculty access.

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

Strengths

The governance of the School is shared with specific rights and responsibilities allocated to administration, faculty and students. Faculty members are actively engaged in and lead key functions, such as curriculum, evaluation and appointments, promotion and tenure, and other procedures, policy-setting and decision making functions essential to the School. Academic Program Directors and program faculty are responsible for program-specific planning and policies, such as admissions. Students also serve on important committees such as curriculum, evaluation and research. Student participation provides an important constituent perspective. SPH faculty also provide key input on institution-wide committees. There is also a Staff Assembly, formed after the last CEPH accreditation that added input form this important constituency of the School.

Weaknesses

At the present time, our SPH is relatively small, therefore our faculty members and students are asked to participate on multiple SPH committees.

Plans for Improvement

The shared governance of the school allows for continual feedback and improvement opportunities. As the SPH grows, we may achieve better distribution of participation in governance throughout the many committees and workgroups, such that individual faculty members and students are not unduly burdened.

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

Not Applicable

A3. Student Engagement

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

Required Documentation:

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

Students at the LSUHSC School of Public Health participate in policy-making and decision-making as individuals and through the Student Government Association (SGA). The student government association is the student voice of Louisiana State University Health Sciences Center School of Public Health. It is positioned to develop and further academic achievement; to maintain a high standard of ethics; to ensure consistency and cohesion in the regulation of the student body; to promote understanding among students, faculty, administration and alumni; to coordinate student activities of SPH; and to guide all current and future students in LSUHSC tradition of excellence in scholarship and public service. Details are included in the SGA Constitution.

The SGA actively promotes participation in community service activities. It has developed an electronic newsletter through which it communicates volunteer opportunities and school activities. It coordinates intramural sports, sponsors a "Mentor Match-Up" each year for students and faculty interested in research.

All students in the School are entitled to membership in the SGA. Officers, who comprise the Executive Committee are:

Office	2017-18	2016-17	2015-16
President	Enijah Smith-Joe	Matthew Spence	Molly Ariail
Vice President	Hasheemah Afaneh	Saskia Vos	Glenn Buck
Treasurer	Lisa Staples	Stephen Patin	Kaelen Medeiros
Secretary	Sarah Bui	Kristin Cornwall	Joana Lutterodt
Faculty Advisor	Daniel Harrington	Daniel Harrington	Daniel Harrington

The SGA selects/elects representatives to the following SPH and Faculty Assembly committees at the beginning of each fall semester. Student members of these committees have the same voting rights as all other members.

- Curriculum Committee (3)
- Evaluation Committee (2)
- Grievance Committee (2)
- Information Technology Committee (2)
- Research Committee (3 PhD, 5 MPH)

There are three additional student committees that are important to the operations of SPH, in addition to the involvement of students on faculty-directed committees:

Students for Sustainability. Students for Sustainability comprises of a group of students from all disciplines of the Louisiana State University Health Sciences Center who have united to develop, implement, and oversee campus-wide initiatives that will make LSUHSC and its surrounding community a more environmentally conscious place to learn.

SOAR: Student Organization for the Advancement of Research. SOAR is a student led organization within the Louisiana State University Health Sciences Center School of Public Health whose mission is to enhance student's research interest capacity through increased awareness, collaboration, and skill building. The three areas of focus are to match faculty need to student desire for research/ manuscript

development, to improve student awareness of faculty research interests, and to provide mentoring and grantsmanship opportunities to students.

LSUHSC-NO School Science Partnership Program. SPH students believe that New Orleans students need a strong educational foundation in the sciences and should be exposed to professional role models from the scientific community to enhance their academic enthusiasm and opportunity for success.

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

The SPH has a very close working relationship among the students, faculty and administration. The current committee structure allows the involvement of students from all degrees and programs. Additional methods of maintaining this close working relationship is a priority to ensure continual feedback and improvement opportunities.

A4. Autonomy for Schools of Public Health

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

Required documentation:

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

The School of Public Health is one of six schools in the LSUHSC, as presented in the organizational chart presented in the Introduction 2.b. Each Dean reports directly and independently to the Chancellor, the chief executive officer of the institution. There is no Provost at the LSUHSC.

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

LSUHSC is comprised solely of professional schools. Each Dean reports directly and independently to the Chancellor, the chief executive officer of the institution. There are no differences between the School of Public Health's reporting lines/level of autonomy and those of any of the other five schools.

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

The equal reporting lines and levels of autonomy among the professional schools at LSUHSC – and there being only six schools – makes for a very collaborative campus. The SPH strives to be a leader within the LSUHSC and maintain its full and independent relationship among peers, taking advantage of the organizational strengths of an HSC with six strong schools.

A5. Degree Offerings in Schools of Public Health

A school of public health offers a professional public health master's degree (e.g., MPH) in at least three distinct concentrations (as defined by competencies in Criterion D4) and public

health doctoral degree programs (academic or professional) in at least two concentrations (as defined by competencies in Criterion D4). A school may offer more degrees or concentrations at either degree level.

Required documentation:

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

The School offers professional public health master's degree concentrations in five areas and public health doctoral degree programs of study in three areas. The master's degree program areas are Behavioral and Community Health Sciences (BCHS), Biostatistics (BIOS), Environmental and Occupational Health Sciences (ENHS), Epidemiology (EPID), and Health Policy and Systems Management (HPSM). The doctoral degree program areas of study are Biostatistics, Community Health Sciences (CHS), and Epidemiology.

2) **An official catalog or bulletin that lists the degrees offered by the school. (electronic resource file or hyperlink in self-study document)**

The current Louisiana State University Health Sciences Center at New Orleans Catalog / Bulletin 2017-2018 is available on-line: http://catalog.lsuhsc.edu/. Archived Catalogs are also available on-line going back to 2005: http://catalog.lsuhsc.edu/content.php?catoid=8&navoid=1640

B1. Guiding Statements

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

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

The school or program defines *goals* that describe strategies to accomplish the defined mission. The school or program defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

Together, the school or program's guiding statements must address instruction, scholarship and service and

- **must define the ways in which the school or program plans to 1) advance the field of public health and 2) promote student success.**
- **may derive from the purposes of the parent institution but also reflect the school or program's own aspirations and respond to the needs of the school or program's intended service area(s).**
- **are sufficiently specific to allow the school or program to rationally allocate resources and to guide evaluation of outcomes.**

Required documentation:

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

   This document may take the form of the executive summary of a strategic plan, or it may take other forms that are appropriate to support the school or program's ongoing efforts to advance public health and student success. (self-study document)

As revised during the 2017-18 academic year, the Strategic Plan of the School of Public Health 2015-2020 includes confirmation of the Mission Statement and Diversity Statement and revised versions of the School's Vision, Values and Goals. The guiding statements for the School address instruction, scholarship and service. The mission of the School has remained unchanged from its founding: *To advance the public's health and well-being through education, research and service, with a focus on issues affecting Louisiana*. Unique to LSUHSC is the last part of this statement. As the state's land grant, sea grant and space grant university, there is always a consideration of how Louisiana and Louisianans are affected by our work.

Consistent with the mission is our vison of a "healthier Louisiana", we read too often about the numerous ways in which Louisiana ranks at the bottom on so many dimensions of health status and quality of life. By educating the future and current workforce on the core functions of public health, providing data and knowledge, and having our faculty, students and staff supporting public health, we believe that we can create a healthier Louisiana.

The School works to (1) advance the field of public health [teaching, research and service] and (2) promote student success. Students are not *just* people in the classroom, they are *also* participants in our research, service and community engagement. Additional discussion of each of the Goals that are derived from the Mission and Vision is provided in various sections and Template B5-1: Goals (Evaluation measures), Objectives (Data collection methods) and Responsibility for review.

The guiding statements have portions that are unique to the School and portions derived from the plans of the LSUHSC and LSU System. The mission and vision of the School are consistent with the LSUHSC, yet unique to the School and what it means to be a school of public health. The mission of LSUHSC is "*To provide education, research, patient care, and community outreach*." SPH does not have a focus on direct patient care, yet the School does house the Louisiana Cancer Prevention and Control Program (LCP). A component of the LCP is the Louisiana Breast and Cervical Health Program that offers no-cost mammograms and Pap tests to low-income, uninsured or underinsured women across the state. While this program has a counterpart in every state, it is the only such program housed at an academic institution and has been singled out by the CDC as one of the best-run programs of its kind, making it a learning opportunity unique to LSUHSC.

The faculty of the School revised the statement of values in 2018, from a prior statement of values to those presented in the LSU Strategic Plan 2025. The development of LSU Strategic Plan 2025 did not directly involve faculty from the School, yet the key values and underlying plans resonated with the faculty; *Collaborative, Creative, Culturally Adept, Globally Engaged, Innovative and Transformative*. Within the details of the LSU Strategic Plan 2025 is a section on Improving Health and Wellbeing. The Plan notes that quality of life issues affect all aspects of the socio-economic outlook for not only Louisiana, but for citizens across the globe. The need is great as evidenced by health issues ranging from an alarming rate of low-weight births to early onset of disabilities caused by diabetes, heart disease, cancer, and obesity. LSU will use collaborative approaches to move forward with the design and implementation of a One Health initiative.

Given the university's vast expertise and research capabilities in the health care arena encompassing all Colleges and LSU partners, it is imperative to create and implement strategies to transform health and well-being through research, education, clinical studies, interventions, and outreach.

The School of Public Health is highlighted as a school that will be relied upon for LSU to achieve its goals, which include being "… the role model for improving the world's health outcomes, where Louisiana citizens will see a 20 percent reduction in chronic diseases in the next 20 years." It has yet to be determined how the One Health initiative will be managed and how the goals will be accomplished. The School of Public Health will work closely with LSU to achieve its lofty goals.

Each of the listed goals are measurable and will allow the school rationally allocate resources and evaluate outcomes. We may or may not be in a position to enable Louisiana to see a 20 percent reduction in chronic diseases in the next 20 years, but the School-specific goals can be accomplished with due attention to the processes employed and the measured listed.

Mission

> To advance the public's health and well-being through education, research and service, with a focus on issues affecting Louisiana.

Vision

> A healthier Louisiana with a workforce addressing the core functions of public health, equipped with data and knowledge, and supported by LSU's faculty, students and staff.

Values

> *Collaborative*. We foster a culture that values and rewards collaboration at all levels of the university: across disciplines; among faculty, staff, and students; with other universities and institutions; and those we serve.
>
> *Creative*. We nurture ingenuity throughout all areas of the university by creating a culture that encourages excellence, risk-taking, and an open-minded approach to challenges, while also

recognizing and rewarding emerging talent and ingenuity.

Culturally Adept. We celebrate our own uniqueness combined with an awareness and respect of local and global values and beliefs, which help to strengthen the intellectual environment and support our commitment to diversity and inclusion.

Globally Engaged. We understand that global events and culture affect our university, just as our scholarship, discovery, and experiences contribute to the world around us. Only through a conscious and consistent effort to connect with our global neighbors can we ensure that we advance the greater good for our entire planet.

Innovative. We innovate in the classroom, through discovery, and during engagement with the community. Innovative thinking across the university can help solve the challenges of those we serve and enhance LSU's role as a global leader.

Transformative. We are a catalyst for transformation; a force for good that changes lives and makes a significant, positive impact on the world around us.

Diversity Statement

LSUHSC School of Public Health is committed to increasing diversity in public health education, research and practice by providing impartial opportunities to individuals and populations, regardless of race, ethnicity, economic status, gender, sexual orientation, age, disability, religion, political affiliation, veteran status or national origin. This commitment is reflected in its recruitment, admission, employment, and retention of students, faculty and staff.

Goals

Education

1: Recruit and retain qualified students and prepare them to improve the public's health.
2: Produce graduates to fulfill the public health needs of Louisiana and the nation.
3: Demonstrate excellence in teaching quality.
4: Enhance our diverse student body, qualified to appropriately address public health issues.

Research

1: Increase success in faculty research applications by capitalizing on LSUHSC resources.
2: Increase students' participation in research.

Community Engagement and Service

1: Insure involvement in community service.
2: Demonstrate excellence by faculty in extramural service.
3: Establish community relationships with faculty, staff, and students.
4: Insure that the workforce is developed / educated in scientific areas that reflect the serious health issues in Louisiana.

Diversity

1: Prepare students to address the changing needs of society, diverse in economic status, race/ethnicity, religion, sexual orientation and sexual identity.
2: Address health disparities by race/ethnicity, gender, sexual orientation/identify and economic status.
3: Enhance diversity and appreciation of diversity within the School of Public Health

2) **If applicable, a school- or program-specific strategic plan or other comparable documents. (electronic resource file)**

Three Strategic Plans are included in the ERF:

- The Strategic Plan of the LSUHSC School of Public Health 2015-2020 (revised March 2018)
- LSUHSC-New Orleans Five Year Strategic Plan (Pursuant to Act 1465 of 1997), FY 2017-2018 Through FY 2021-2022, (revised June 2016)
- LSU Strategic Plan 2025: Leading Louisiana. Impacting the World (July 2017)

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

The guiding statements for the School are important, and therefore subject to continuing inspection, discussion and refinement. As we work towards goals, we will undoubtedly uncover opportunities to address other needs in the State, and in public health, and will update plans accordingly.

B2. Graduation Rates

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

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

Required documentation:

1) **Graduation rate data for each public health degree. See Template B2-1. (self-study document)**

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

Template B2-1. (the electronic version adds sections for MD/MPH, MSW/MPH, MS)

MPH Students

Students in MPH Degree, by Cohorts Entering Between 2014-15 through 2017-18					
	Cohort of Students	2014-2015	2015-16	2016-17	2017-18
2014-15 sum14 1144 Fall14 1147 Spr15 1151	# Students entered	28			
	# Students withdrew, dropped, etc.	4			
	# Students graduated	2			
	Cumulative graduation rate	7%			
2015-16 sum15 1154 Fall15 1157 Spr16 1161	# Students continuing at beginning of this school year (or # entering for newest cohort)	22	39		
	# Students withdrew, dropped, etc.	0	1		
	# Students graduated	16	0		
	Cumulative graduation rate	64%	0%		
2016-17 Sum16 1164 Fall16 1167 Spr17 1171	# Students continuing at beginning of this school year (or # entering for newest cohort)	6	38	40	
	# Students withdrew, dropped, etc.	1	2	2	
	# Students graduated	5	29	0	
	Cumulative graduation rate	82%	74%	0%	
2017-18 Sum17 1174 fall17 1177	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	7	38	32
	# Students withdrew, dropped, etc.	0	0	0	3
	# Students graduated	0	0	33	0
	Cumulative graduation rate	82%	82%	83%	0%

MD/MPH Students

Students in MPH Degree, by Cohorts Entering Between 2014-15 through 2017-18					
	Cohort of Students	2014-15	2015-16	2016-17	2017-18
2014-15 sum14 1144 Fall14 1147 Spr15 1151	# Students entered	1			
	# Students withdrew, dropped, etc.	0			
	# Students graduated	0			
	Cumulative graduation rate	0%			
2015-16 sum15 1154 Fall15 1157 Spr16 1161	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1		
	# Students withdrew, dropped, etc.	0	0		
	# Students graduated	0	0		
	Cumulative graduation rate	0%	0%		
2016-17 Sum16 1164 Fall16 1167 Spr17 1171	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	8	
	# Students withdrew, dropped, etc.	0	0	1	
	# Students graduated	0	0	0	
	Cumulative graduation rate	0%	0%	0%	
2017-18 Sum17 1174 fall17 1177	# Students continuing at beginning of this school year (or # entering for newest cohort)	1	1	7	13
	# Students withdrew, dropped, etc.	0	0	0	0
	# Students graduated	0	0	0	0
	Cumulative graduation rate	0%	0%	0%	0%

MSW/MPH Students

Students in MPH Degree, by Cohorts Entering Between 2014-15 through 2017-18		
	Cohort of Students	2017-18
2014-15 sum14 1144 Fall14 1147 Spr15 1151	# Students entered	
	# Students withdrew, dropped, etc.	
	# Students graduated	
	Cumulative graduation rate	
2015-16 sum15 1154 Fall15 1157 Spr16 1161	# Students continuing at beginning of this school year (or # entering for newest cohort)	
	# Students withdrew, dropped, etc.	
	# Students graduated	
	Cumulative graduation rate	
2016-17 Sum16 1164 Fall16 1167 Spr17 1171	# Students continuing at beginning of this school year (or # entering for newest cohort)	
	# Students withdrew, dropped, etc.	
	# Students graduated	
	Cumulative graduation rate	
2017-18 Sum17 1174 fall17 1177	# Students continuing at beginning of this school year (or # entering for newest cohort)	1
	# Students withdrew, dropped, etc.	0
	# Students graduated	0
	Cumulative graduation rate	0%

MS

Students in MS Degree, by Cohorts Entering Between 2014-15 through 2017-18					
	Cohort of Students	2014-15	2015-16	2016-17	2017-18
2014-15 sum14 1144 Fall14 1147 Spr15 1151	# Students entered	3			
	# Students withdrew, dropped, etc.	0			
	# Students graduated	0			
	Cumulative graduation rate	0%			
2015-16 sum15 1154 Fall15 1157 Spr16 1161	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	3		
	# Students withdrew, dropped, etc.	0	0		
	# Students graduated	3	0		
	Cumulative graduation rate	100%	0%		
2016-17 Sum16 1164 Fall16 1167 Spr17 1171	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	3	1	
	# Students withdrew, dropped, etc.	0	0	0	
	# Students graduated	0	1	0	
	Cumulative graduation rate	100%	33%	0%	
2017-18 Sum17 1174 fall17 1177	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	2	1	1
	# Students withdrew, dropped, etc.	0	0	0	0
	# Students graduated	0	1	0	0
	Cumulative graduation rate	100%	67%	0%	0%

Doctoral Students

Students in PhD BIOS Degree, by Cohorts Entering Between 2014-15 through 2017-18									
	Cohort of Students	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
2010-11 sum10 1104 Fall10 1107 Spr11 1111	# Students entered	9							
	# Students withdrew, etc.	0							
	# Students graduated	0							
	Cumulative graduation rate	0%							
2011-12 sum11 1114 Fall11 1117 Spr12 1121	# Students continuing	9	10						
	# Students withdrew, etc.	1	0						
	# Students graduated	1	0						
	Cumulative graduation rate	11%	0%						
2012-13 Sum12 1124 Fall12 1127 Spr13 1131	# Students continuing	7	10	11					
	# Students withdrew, etc.	0	0	0					
	# Students graduated	1	0	0					
	Cumulative graduation rate	22%	0%	0%					
2013-14 Sum13 1134 fall13 1137 Spr14 1141	# Students continuing	6	10	11	5				
	# Students withdrew, etc.	1	3	0	0				
	# Students graduated	0	0	0	0				
	Cumulative graduation rate	22%	0%	0%	0%				
2014-15 sum14 1144 Fall14 1147 Spr15 1151	# Students continuing	5	7	11	5	9			
	# Students withdrew, etc.	0	0	2	2	2			
	# Students graduated	4	0	0	0	0			
	Cumulative graduation rate	67%	0%	0%	0%	0%			
2015-16 sum15 1154 Fall15 1157 Spr16 1161	# Students continuing	1	7	9	3	7	9		
	# Students withdrew, etc.	0	0	0	0	1	0		
	# Students graduated	1	5	3	0	0	0		
	Cumulative graduation rate	78%	50%	27%	0%	0%	0%		
2016-17 Sum16 1164 Fall16 1167 Spr17 1171	# Students continuing	0	2	6	3	6	9	4	
	# Students withdrew, etc.	0	0	0	0	0	2	1	
	# Students graduated	0	0	3	0	1	0	0	
	Cumulative graduation rate	78%	50%	55%	0%	11%	0%	0%	
2017-18 Sum17 1174 Fall17 1177 Spr18 1181	# Students continuing	0	2	3	3	5	7	3	9
	# Students withdrew, etc.	0	0	0	0	0	0	0	0
	# Students graduated	0	0	1	0	1	0	0	0
	Cumulative graduation rate	78%	50%	64%	0%	22%	0%	0%	0%

3) **Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors. (self-study document)**

The data above represents all degree programs within the School. The only combined data above is for the MPH and our 3-2 program due to the degree requirements being identical. The School has met the expectations of the criterion.

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

Graduation rates at SPH meet criterion. Current actions will be closely monitored and adapted as necessary to achieve higher graduation rates.

B3. Post-Graduation Outcomes

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

The school or program chooses methods that are explicitly designed to minimize the number of students with unknown outcomes. This expectation includes collecting data that accurately presents outcomes for graduates within approximately one year of graduation, since collecting data shortly before or at the exact time of graduation will result in underreporting of employment outcomes for individuals who begin their career search at graduation. In many cases, these methods will require multiple data collection points. The school or program need not rely solely on self-report or survey data and should use all possible methods for collecting outcome data.

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

Required documentation:

1) **Data on post-graduation outcomes (employment or enrollment in further education) for each public health degree. See Template B3-1. (self-study document)**

Template B3-1: Post-Graduation Outcomes - MPH	**2017 (Graduating Class of 15-16) #/ %**	**2016 (Graduating Class of 14-15) #/ %**	**2015 (Graduating Class of 13-14) #/ %**	**2014 (Graduating Class of 12-13) #/ %**
Employed	23 / 85%	38 / 93%	25 / 68%	21 / 62%
Continuing education/training (not employed)	2 / 7%	3 / 7%	7 / 19%	3 / 9%
Not seeking employment or not seeking additional education by choice	0	0	0	1 / 3%
Actively seeking employment or enrollment in further education	2 / 7%	0	1 / 3%	4 / 12%
Unknown	0	0	4 / 10%	6 / 18%
Total	**27 / 100%**	**41 / 100%**	**37 / 100%**	34 / 100%

Post-Graduation Outcomes - PhD	2017 (Graduating Class of 15-16) #/ %	2016 (Graduating Class of 14-15) #/ %	2015 (Graduating Class of 13-14) #/ %	2014 (Graduating Class of 12-13) #/ %
Employed	8 / 89%	4 / 100%	3 / 100%	2 / 100%
Continuing education/training (not employed)	0	0	0	0
Not seeking employment or not seeking additional education by choice	0	0	0	0
Actively seeking employment or enrollment in further education	1 / 11%	0	0	0
Unknown	0	0	0	0
Total	9 / 100%	4 / 100%	3 / 100%	2 / 100%

Post-Graduation Outcomes - MS	2017 (Graduating Class of 15-16) #/ %	2016 (Graduating Class of 14-15) #/ %	2015 (Graduating Class of 13-14) #/ %	2014 (Graduating Class of 12-13) #/ %
Employed	4 / 80%	2 / 100%		
Continuing education/training (not employed)	1 / 20%	0		
Not seeking employment or not seeking additional education by choice		0		
Actively seeking employment or enrollment in further education		0		
Unknown		0		1 / 100%
Total	5 / 100%	2 / 100%	0	1 / 100%

Note: Percentages may not add to 100% due to rounding.

2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors. (self-study document)

Data presented in Template B3-1 is collected via two mechanisms for alumni tracking. The evaluation Committee administers the Alumni Survey to all graduates a minimum of one-year post graduation. Additionally, Student Affairs also maintains a database of all graduates with contact and employment information. Any alumni not responding to the survey are tracked using the Student Affairs database. The Alumni Survey tool is administered online utilizing a logic system to determine questions applicable to each of our three graduate types (MPH, MS and PhD). Included is a core section of questions related to employment and overall school services followed by competency self-assessment. Competencies for self-assessment are delivered utilizing logic based upon degree type and program selections. Alumni only received the competencies related to their program of graduation. Data collection by the Epi Data Center (EDC) allows the identification of non-responders at any point of survey distribution without disclosing participants' responses. Using this respondent tracking tool, weekly emails were sent to any alumnus who had not completed the survey. The raw Excel© response report was compiled and submitted to the EC by the EDC for analyses.

For MPH students, we identified only one person graduating in the past four years who was not seeking employment or not seeking additional education by choice. We identified 7 people who actively seeking

employment or enrollment in further education. There is only one doctoral graduate seeking employment and are highly confident that this person will secure employment soon. We also have 10 people whom we have not been able to track down. In 2015 we created the position Student Recruitment Coordinator, with one part of the job being to seek-out graduates.

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

A very high percentage of graduates are employed or continuing studies. Given the small numbers of students, we are able to track most of the recent graduates and are pleased that they are creating public health careers. We fully expect that the Student Recruitment Coordinator, with assistance as required, will track-down almost all of the graduates of the School.

B4. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the school or program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The school or program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

The school or program documents and regularly examines its methodology as well as its substantive outcomes to ensure useful data.

Required documentation:

1) **Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation. (self-study document)**

As a school, we recognize the importance of alumni, including their perceptions of their time in school. In 2009, the school's Evaluation Committee established the alumni survey as a mechanism for tracking alumni perceptions of curricular effectiveness and early career experiences in order to provide information that can be used to further develop and improve of our educational programs. The survey includes characteristics of alumni's current public health practice, the SPH's roles in helping alumni secure professional positions, and how well the SPH programs have prepared alumni to apply SPH's competencies to public health practice.

The survey is conducted on an annual basis with cohorts 12 months post-graduation. The assessment tool used 5-point Likert scales to collect quantitative data. It also included open-ended questions that allowed participants to provide comments about their experiences at SPH, as well as how their SPH experiences impacted their current public health practice. In order to maximize survey response, faculty representatives on the Evaluation Committee from each program reach out directly to their program's alumni to encourage participation.

Alumni were asked to describe the support they received while job hunting or for further academic endeavors from faculty and/or Student Affairs. Since the question was added to the survey (2013), respondents have consistently reported a high level of support for career and/or further education endeavors. Between 88% and 100% of alumni reported that SPH provided some type of career or further educational endeavor support by either faculty members or the Office of Student Affairs. In the 2017 survey, 52% reported assistance. Assistance included letters of recommendation (77%), advice about organizational culture of employer(s)/schools (46%), school/employment ads or notices (58%), advice on

finding employer/school's websites (54%), cover letter edits (19%), resume edits (46%), introductions to potential employers (39%), and interviewing advice (42%). How only 52% indicated receiving assistance, and yet 77% received letters of recommendation is difficult to reconcile.

The EC submits reports to the SPH Administration including the Program Directors who received a report specific to their program alumni. These reports and included data are then utilized in the further development of the SPH, and its programs along with course evaluations, exit surveys, and data from the community and graduates' employers to inform curriculum revisions and program designs. The Evaluation Committee also provides a copy of the report to the Faculty Assembly and the Administrative Council to assure both administration and faculty have an opportunity to review the data and provide Evaluation Committee with recommendations to improve future administrations of SPH alumni survey.

Table B4-1. MPH/MS Alumni Survey Summary

Questions	2013 *n=13*	2014 *n=29*	2015 *n=18*	2016 *n=35*	2017 *n=26*
Conduct research or be a member of a research team	4.1 (1.3)	4.0 (1.1)	3.9 (1.2)	3.7 (1.2)	3.3 (1.3)
Effectively communicate via oral and written means to both colleagues and community members	4.4 (1.9)	4.2 (1.0)	4.1 (1.1)	4.3 (0.9)	4.3 (0.8)
	n=13	*n=28*	*n=15*	*n=35*	*n=26*
Employed	85%	75%	83%	92%	81%
Reason not employed: further education	100%	43%	67%	100%	75%
SPH Assisted in gaining Position (Yes)	45%	90%	97%	89%	52%
Employment: Of those employed…	*n=11*	*n=21*	*n=14*	*n=33*	*n=21*
Work addressed health issues affecting Louisiana	55%	76%	86%	72%	67%
Employed in Louisiana	55%	86%	86%	81%	67%
Fields:	*n=10*	*n=21*	*n=14*	*n=32*	*n=21*
( ) Government	10%	-	-	6%	14%
( ) Healthcare	30%	29%	36%	34%	14%
( ) Non-health related	10%	-	21%	-	5%
( ) Nonprofit	-	10%	-	25%	43%
( ) Private practice	10%	-	-	3%	5%
( ) Proprietary (industry, pharmaceutical company, consulting)	10%	-	-	22%	10%
( ) University/research	30%	19%	21%	6%	10%

Alumni responses to the survey related to achievement of competencies are presented in Table B4-2. Rating of Core Competency at 4+/5. We selected a response of 4 or 5 out of 5 as an indicator of a graduate's self assessment of being competent. Overall assessments of competency are above 60%, with substantial variation by competency in both a high level of self-assessed competence and the graduate having been called-upon in the work setting to apply the skill. A very high percentage of graduates responded with competence in the first listed area: Examine social, developmental and behavioral theories of health. A much lower percentage of graduates responded with confidence in the fourth area: Apply common statistical methods.

Table B4-2. Rating of Core Competency at 4+/5

Core Competency List 2009-2017 *% Rating the competency at 4+/5* *(% stating they have applied the skill)*	*2014 (Graduating Class AY 2013)*	*2015 (Graduating Class AY 2014)*	*2016 (Graduating Class AY 2015)*	*2017 (Graduating Class AY 2016)*
Response Rate	29/35	18/37	35/43	26/32
OVERALL	79%	74%	64%	66%
Examine social, developmental and behavioral theories of health, health behavior and illness, and their applicability to different types of health problems.	93% (39%)	93% (77%)	69% (69%)	76% (53%)
Design social and behavioral change interventions based on these theories that are appropriate and responsive to the social and cultural context.	79% (25%)	80% (62%)	63% (34%)	76% (35%)
Apply exploratory data analysis and descriptive statistics to summarize public health data.	86% (50%)	73% (75%)	73% (70%)	53% (35%)
Apply common statistical methods for estimation and inference appropriately according to underlying assumptions and study design principles.	81% (48%)	73% (67%)	66% (59%)	41% (18%)
Examine public health problems in terms of magnitude, person, time and place, and calculate basic epidemiologic measures.	89% (43%)	80% (67%)	69% (41%)	76% (29%)
Propose valid and efficient epidemiologic studies to address public health problems, including understanding the strengths and limitations of descriptive, observational and experimental studies.	75% (29%)	87% (58%)	65% (36%)	65% (35%)
Appraise the human health effects, both acute and chronic, of major environmental and occupational hazards such as air pollution, metals, organic pollutants, microbial contamination of drinking water, and physical hazards.	71% (21%)	73% (31%)	72% (34%)	65% (24%)
Assess the mechanisms and the degree to which environmental and occupational exposures impact public health and welfare.	68% (25%)	73% (39%)	61% (42%)	71% (24%)
Examine the main components and policy issues regarding the organization, financing and delivery of health services and public health systems in the United States.	68% (36%)	67% (54%)	47% (47%)	71% (35%)
Illustrate the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.	74% (37%)	47% (46%)	59% (56%)	71% (41%)
Apply biological principles toward the development and implementation of disease prevention, control, or management programs.	82% (36%)	60% (33%)	53% (50%)	65% (29%)
Analyze issues of public health practice and policy based upon basic principles of ethics (e.g. the Public Health Code of Ethics, human rights framework, other moral theories).	81% (37%)	80% (69%)	75% (66%)	65% (59%)

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

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

Strengths

Since 2009 the School has collected information on collects on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements, for every degree and program. In addition to the survey, personal contact information and employment status are also tracked by Admissions. This information serves to supplement the alumni survey. We have reached out to all of our alumni, and in recent years have added out-reach as a staff function. The data are used in discussions of curricular changes as well as discussions of improving alumni relations. We are unable to reach all alumni.

Weaknesses

How only 52% indicated receiving assistance, and yet 77% received letters of recommendation is difficult to reconcile. With no change in the overall structure or process of facilitating the job search process, the overall response of assistance decreased from 97% to 89% to 52%. We are engaging our students in discussion of their expectations of assistance.

On the issue of self-assessed competence and use of the skills, it is hypothesized that student who have the opportunity to use skills on the job will recognize their competence at a higher level. Table B4-3 presents the results of a simple analysis of this hypothesis using the data from Table B4-2. Using an ordinary least squares regression model, the dependent variable is the self-assessed Rating of Core Competency at 4+/5. The independent variables are The Percentage Stating They Have Applied the Skills, and dummy variables for years 2015, 2016 and 2017, with 2014 being the excluded group.

Table B4-3. Competency – Applied Analysis

Independent Variable	Coefficients	Standard Error	t Stat	Lower 95%	Upper 95%
Intercept	0.66	0.05	14.8	0.57	0.75
Applied	0.36	0.10	3.4	0.15	0.57
2015 v. 2014	-0.13	0.04	-3.0	-0.21	-0.04
2016 v. 2014	-0.20	0.04	-5.1	-0.28	-0.12
2017 v. 2014	-0.12	0.04	-3.4	-0.20	-0.05

Observations: 48; Adjusted R-Square: 0.38

As hypothesized, competencies that have higher rates of being applied are associated with statistically significantly higher rates of self-assessed competence. Each class after the 2014 survey (graduating class of AY 2013) has a lower rate of self-assessed competence than the baseline class.

Plans for Improvement

The Evaluation Committee will continue to refine the survey questions to assure that is the survey tool effectively measures the SPH's achievement of its *Strategic Plan.* The EC will also continue to partner with Student Affairs to improve alumni tracking. There will also be an educational effort to share with students the skill use – competence relationship.

B5. Defining Evaluation Practices

The school or program defines appropriate evaluation methods and measures that allow the school or program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the school or program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

Required documentation:

1) **Present an evaluation plan that, at a minimum, lists the school or program's evaluation measures, methods and parties responsible for review. See Template B5-1. (self-study document)**

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

As indicated in the discussion of guiding statements, the School works to (1) advance the field of public health [teaching, research and service] and (2) promote student success. Faculty discussion of each of the Goals that are derived from the Mission and Vision have led to the contents of Template B5-1: Goals and Objectives (Evaluation measures), Data collection methods, and Responsibility for review. The evaluation plan, set forth in the charge to the Evaluation Committee, involves assuring that the missions of the School, the LSU Health Sciences Center, and the LSU System are addressed.

Template B5-1: Goals and Objectives (Evaluation measures), Data Collection Methods, and Responsibility for Review

Evaluation measures	Data collection method for measure	Responsibility for review
EDUCATION GOAL 1: Recruit and retain qualified students and prepare them to improve the public's health		
Percent of matriculating students with GPA and standardize test scores (MCAT and/or GRE) above benchmark.	Application data from SOPHAS and joint degree applications; People Soft matriculation confirmation	Student Affairs initial data collection with confirmation from ADAA
Percent of full time students graduating within recommended timeline.	Matriculation and graduation data from People Soft.	Student Affairs initial data collection with confirmation from ADAA
EDUCATION GOAL 2: Produce graduates to fulfill the public health needs of Louisiana and the nation		
Percent of MPH graduates contributing to the Louisiana workforce or continuing their education within one year of graduation.	Alumni survey annual report and/or Student Affairs alumni database.	Evaluation Committee and Student Affairs initial data collection with confirmation from ADAA
Percent of MPH alumni who graduated on or after May 2013 reporting attainment of the competencies at a high level (4+/5)	Alumni survey annual report.	Evaluation Committee initial data collection with confirmation from ADAA
EDUCATION GOAL 3: Demonstrate excellence in teaching quality		
Percent of faculty attaining a grade of B or better as rated by course evaluation (last 2 questions – on evaluation – course content	Course Evaluation annual summary report.	Epi Data Center initial data collection with confirmation from ADAA

and instructor effectiveness)		
EDUCATION GOAL 4: Enhance our diverse student body, qualified to appropriately address public health issues		
Percent of minority representation (including domestic and international students) in the student body	People Soft data and Diversity Committee survey reports.	Student Affairs and Diversity Committee initial data collection with confirmation from ADAA
RESEARCH GOAL 1: Increase success in faculty research applications by capitalizing on LSUHSC resources		
Percent of faculty salaries generated from external grants and contracts annually.	Business office records	Reviewed by Associate Dean of Research (ADR)
Number of full time faculty participating in at least one grant/contract annually.	ORPH records	Reviewed by ADR
Increase per year in the number of research and contract awarded with a fulltime faculty member as PI or Co-Investigator.	Business office and ORPH records	Research Committee and ADR
Increase in the number of individuals coauthoring interprogrammatic publications.	Faculty CVs	Reviewed by ADR
Evaluation measures	**Data collection method for measure**	**Responsibility for review**
RESEARCH GOAL 2: Increase students' participation in research		
Increase percentage of annual participation by full time students in grants and contracts.	Business office records and SOAR	Reviewed by ADR
Increase number of instructional offerings related to grant writing.	Records of Academic Affairs and ORPH	Reviewed by ADR and ADAA
COMMUNITY GOAL 1: Insure involvement in community service		
Percentage of students participating in public health related community service events.	Practice Office database, CVs / ADPHP	Strategic Plan discussions
COMMUNITY GOAL 2: Demonstrate excellence by faculty in extramural service		
Percentage of fulltime faculty demonstrating membership in professional organizations related to their field annually	CVs/ADPHP and program directors	Strategic Plan discussions, required for promotion (APT)
Percentage of fulltime faculty participating in extramural service including professional external committee membership and/or leadership role in a professional or community organizations annually (defined as board membership, committee leadership, etc.).	CVs/ADPHP and program directors	Strategic Plan discussions
COMMUNITY GOAL 3: Assure community relationships with faculty, staff, and students		
Percentage increase in formal working relationships with public health related organizations and agencies such as DHH, AHECs, LSU Extension, etc.	Business office records/ADPHP	Strategic Plan discussions
Percentage of full time faculty members demonstrating involvement in community-based funded projects (research or service).	CVs and business office records/ADPHP and program directors	Strategic Plan discussions
COMMUNITY GOAL 4: Insure that the workforce is developed / educated in scientific areas that reflect the serious health issues in Louisiana		
Number of continuing education opportunities per year addressing the state workforce needs related to the serious health issues in Louisiana.	CVs and business office records/ADPHP and program directors	Strategic Plan discussions
DIVERSITY GOAL 1: Prepare students to address the changing needs of society, diverse in		

economic status, race/ethnicity, religion, sexual orientation and sexual identity		
Number of educational training or awareness programs each year to increase awareness of the diversity of students, staff, and faculty based on available statistics on diversity-related matters.	Diversity Committee minutes, ADAA and Office of the Dean calendar	Diversity Committee and ADAA
Number of multicultural public health-related activities/events sponsored by LSUHSC or in metro New Orleans area annually.	Diversity Committee minutes, ADAA and Office of the Dean calendar	Diversity Committee and ADAA
DIVERSITY GOAL 2: Address health disparities by race/ethnicity, gender, sexual orientation/identify and economic status		
Percentage of MPH core courses integrating health disparities.	Curriculum Committee minutes, Diversity Committee minutes	Diversity Committee, Curriculum Committee, and ADAA
Percentage of grants and service programs integrating health disparities.	ORPH records	Diversity Committee and ORPH
DIVERSITY GOAL 3: Enhance diversity and appreciation of diversity within the School		
Increase in participation of students in serving as SPH mentors to promote the school to underserved high school and undergraduate students.	ADPHP and ADAA student records	Diversity Committee, ADAA, and ADPHP
Initiation of an LSUHSC caucus of five foreign national students in public health.	Student charter, Diversity Committee minutes, ADAA calendar	Diversity Committee and ADAA
Percentage of students addressing diversity and/or health disparities issues in the required MPH Practice Experience	ADPHP records on practice experience	ADPHP and Diversity Committee

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

A summary of the results of the data collected for the evaluation plan are presented in Table B5.1. Each measure was collected in the manner presented in Template B5-1.

Table B5.1: Goals, Objectives and Data

Goals	Objectives	2015-2016	2016-2017	2017-2018
EDUCATION				
1. Recruit and retain qualified students and prepare them to improve the public's health.	Objective 1: Of incoming students, 60% have an undergraduate GPA of 3.25 or greater, and 70% have (GRE – verbal and/or quantitative; MCAT) above the 60th percentile	GRE/MCAT: 55% above 60th percentile GPA: 53% above 3.25	GRE/MCAT: 34% above 60th percentile GPA: 63% above 3.25	GRE/MCAT: 57% above 60th percentile GPA: 61% above 3.25
	Objective 2: Retain qualified fulltime MPH and MS students, 80% of which graduate within 2	MPH/MS: 85% fulltime students graduate with 2	MPH/MS: 92% fulltime students graduate with 2	Not available until May 2019

Goals	Objectives	2015-2016	2016-2017	2017-2018
	years of fulltime enrollment, and PhD students, 80% of which graduate within 6 years.	years	years	
2. Produce graduates to fulfill the public health needs of Louisiana and the nation.	Objective 1: At least 75% of MPH graduates will contribute to the Louisiana workforce or continue their education within one year of graduation.	Graduates 2013-14, survey administered 2015 86% (n=12) of those employed are working in Louisiana 67% (n=2) of those not currently employed are pursuing further education	Graduates 2014-15, survey administered 2016 81% (n=27) of those employed are working in Louisiana 100% (n=2) of those not currently employed are pursuing further education	Graduates 2015-16, survey administered 2017 67% (n=14) of those employed are working in Louisiana 75% (n=3) of those not currently employed are pursuing further education
	Objective 2: At least 75% of MPH alumni who graduated on or after May 2013 report attainment of the competencies at a high level (4+/5).	74%	64%	66%
3. Demonstrate excellence in teaching quality.	Objective 1: At least 90% of students will respond with a B or better on the course evaluation questions related to grading course content and instructor effectiveness.	% of student responses of B or better Instructor Effectiveness: 89.5% Course Content: 91.6%	% of student responses of B or better Instructor Effectiveness: 83.2% Course Content: 85.0%	% of student responses of B or better Instructor Effectiveness: 84.3% Course Content: 84.1%
4. Enhance a diverse student body, qualified to appropriately address public health issues.	Objective 1: Seek to achieve a diverse student population with minority representation in the student body of 50% or greater annually (includes domestic and international students).	52.8%	57.7%	57.4%
RESEARCH				
1. Increase success in faculty research applications by capitalizing on LSUHSC resources.	Objective 1: Generate an average of 50% or more of faculty salaries from external grants and contracts annually.	35%	43%	41%
	Objective 2: All fulltime faculty will participate in at least one grant/contract proposal each year.	28/35=82%	28/34=82%	29/32 = 90%
	Objective 3: Over the next five years, increase by 5% per year the number of research and contract awards with a fulltime faculty member as PI or Co-	88	84	93

Goals	Objectives	2015-2016	2016-2017	2017-2018
	Investigator.			
	Objective 4: Over the next five years, increase the number of individuals coauthoring interprogrammatic publications to 90%.	21/35=60%	25/34=74%	24/32=75%
2. Increase students' participation in research.	Objective 1: Over the next five years, increase by 5% per year participation by full time students in grants and contracts to a level of 30% or more annually.	19%	20%	Available summer 2018
	Objective 2: Over the next five years, increase instructional offerings related to grant writing to a minimum of 7 per academic year.	4- Epid, BCHS Seminars, ORS Presentation, BCHS Adv. Class	5-Epid, BCHS Seminar, ORS presentation, 2 ORPH Presentations	6- 2 ORPH pres to fact, 1 ORPH pres to MPH, 1-ORS pres, 1 pres to HPSM adv students, 1 Bus. Office pres to students, staff
COMMUNITY ENGAGEMENT AND SERVICE				
1. Insure involvement in community service.	Objective 1: By 2019, School demonstrates 40% of students participate in public health related community service events.	18/108 17%	33/124 27%	34/132 26%
2. Demonstrate excellence in extramural service by faculty.	Objective 1: 100% of fulltime faculty will demonstrate membership in professional organizations related to their field annually	36/38 95%	35/37 95%	38/39 97%
	Objective 2: 40% of fulltime faculty will demonstrate participation in extramural service including professional external committee and/or leadership roles in professional or community organizations annually (defined as board membership, committee leadership, etc.).	55%	58%	44%
3. Assure community relationships with faculty, staff, and students.	Objective 1: By 2019, increase formal working relationships with public health related organizations and agencies such as DHH, AHECs, LSU Extension, etc. by 10% each year. (Documented by contracts and MOUs)	152	173 +14%	Available summer 2018
	Objective 2: By 2019, 25% of	8/39	6/37	/38

Goals	Objectives	2015-2016	2016-2017	2017-2018
	fulltime faculty members demonstrate involvement in community-based funded projects (research or service).	21%	16%	Available summer 2018
4. Insure that the workforce is developed / educated in scientific areas that reflect the serious health issues in Louisiana.	Objective 1: By 2019, offer at least 12 continuing education opportunities per year addressing the state workforce needs related to serious health issues in Louisiana.	24	57	66
DIVERSITY				
1. Prepare students to address the changing needs of society, diverse in economic status, race/ethnicity, religion, sexual orientation and sexual identity.	Objective 1: Offer two educational training or awareness programs each year to increase awareness of the diversity of students, staff, and faculty based on available statistics on diversity-related matters.	1 – "Mass Incarceration: A Public Health Issue" Panel Discussion; Lead in our Drinking Water – Preliminary Data on the Environmental Justice Issue in NOLA	3 – Book Signing and Presentation – *Health Disparities, Diversity and Inclusion: Context Controversies and Solutions*; Panel Discussion - "Uncertain Times In Public Health"; Career and Advocacy Fair	2 – LSUHSC LGBTQ+ Health Care Symposium; Keynote address by Dr. Peggy Honore at AcademyHealth Center for Diversity, Inclusion and Minority Engagement Diversity Networking Reception
	Objective 2: Promote participation in at least 6 multicultural public health-related activities/events sponsored by LSUHSC or in metro New Orleans area annually.	4	8	5
2. Address health disparities by race/ethnicity, gender, sexual orientation/identify and economic status.	Objective 1: By 2019, integrate health disparities in 90% of MPH core courses.	5 out of 8 total core courses (BCHS 6212, HPSM 6238, ENHS 6238, PUBH 6800, PUBH 6600)	5 out of 8 total core courses (BCHS 6212, HPSM 6238, ENHS 6238, PUBH 6800, PUBH 6600)	6 out of 9 total core courses (BCHS 6212, HPSM 6238, ENHS 6238, PUBH 6150, PUBH 6800, PUBH 6600)
	Objective 2: By 2019, address the reduction of health disparities in 70% of grants and service programs.	48% (24/50)	55% (32/58)	57% (26/46)
3. Enhance diversity and	Objective 1: Increase student satisfaction to 75% with their	Not available	22.0% (to a great extent, Q	23.0% (to a great extent)

Goals	Objectives	2015-2016	2016-2017	2017-2018
appreciation of diversity within the School of Public Health.	environment regarding sense of belonging and community (Q49) along with multiculturalism (Q50).		49) 48.8% (satisfied, very satisfied, Q50)	40% (satisfied, very satisfied)
	Objective 2: By 2018-2019, initiate an LSUHSC caucus of five foreign national students in public health; to expand to students in other schools in LSUHSC in subsequent years.	As a result of international student feedback, discussions were initiated for the formation of student organization.	A Student Committee was formed to fill leadership roles and create the formal structure of a student organization supporting international student issues.	The organization was formally added as an official committee of the SPH SGA "International Student Peer Committee"
	Objective 3: By 2019, ensure that 50% of students address diversity and/or health disparities issues in the required MPH Practice Experience	36% (9/25)	35% (12/34)	24% (10/42)

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

Strengths

The school or program defines appropriate evaluation methods and measures that allow the school or program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented.

Weaknesses

The evaluation methods and measures used by the School track the school or program's progress, but longer ranges plans and the speed by which the School is addressing public health issues and students' successes have not yet matured.

Plans for Improvement

With measures and methods in place, the School is planning for measurement of longer-range outcomes.

B6. Use of Evaluation Data

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

The school or program implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

Required documentation:

1) **Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself. (self-study document)**

Over the past three years, multiple opportunities have been taken advantage of to progress the school's pursuit of improving public health outcomes.

Direct feedback from students in particular have helped shape the structure and delivery of our curriculum to facilitate student learning and changing student needs. One example from the academic arena is in the integrative experience. Beginning in spring 2015, a pilot was conducted with HPSM students to move from individual project-based experiences to a case-based team format. The feedback from the nine HPSM students was very positive. Students rated the course an average of 4.9 out of 5.0 (Median=5) on teacher effectiveness and course format. The contextual feedback from students indicated they enjoyed the course, particularly the step-by-step critical analysis and problem solving aspect. From this feedback, starting in spring 2016, the case-based interdisciplinary team format was enacted at the school-wide level. The current format evolved from a series of faculty committee discussions to address concerns over the increasing faculty workload as a result of increased enrollment. This format also address concerns expressed in the CEPH accreditation review (2013) regarding the heavy workload concentrated at the end of the semester, particularly for those faculty serving on the school-wide proposal review committee. In addition, at the end of each semester data was collected not only through standard course evaluations, but also with focus group interactions to garner further details on the aspects of the class that could be improved. Based on these sessions, coupled with feedback from course evaluations, the following changes were instituted:

- 2016 feedback for 2017: Final individual paper was changed to a poster presentation incorporated into the Delta Omega Honor's Day in which the student chose the issue to be presented and was required to incorporate an interdisciplinary perspective. This change allowed an opportunity for the students to enhance their community and conference presentations skills. A volunteer/community involvement requirement was added of a minimum of eight hours of service to provide a more direct community link with the course. The overall workload was changed from three issue-based presentations and one case-based presentation to two cases and one issue to allow for the community/volunteer time and place more emphasis on the problem solving approach cases offered. Concern was also expressed by the students regarding consistency of evaluation. This was addressed through the faculty experts providing immediate oral feedback following each presentation, and written feedback would be consistently provided by the course director.
- 2017 feedback for 2018: There was a return to individual paper submission instead of poster to allow for more complete evaluation of the students on an individual basis. For this paper, students were given a theme/issue that they applied to their concentration including program competencies demonstrated and included explanation on how the competencies selected address the issue and why they chose those particular competencies. The volunteer hour requirement was removed as this was now being directed by SGA who in conjunction with the Office of Practice was tracking student volunteer hours and establishing a graduation service cord award system. Also, the Interprofessional Student Alliance provided leadership service awards (1 MPH graduating student awarded in May 2018) and the IPSA award of interprofessional distinction (10 MPH graduating students received this award in May 2018). Students also requested more team-building activities at the beginning of the semester along with example demonstrations. These were incorporated through the addition of sessions related to establishment of group norms and in-class activities related to team building and example case analysis. An official rubric was added regarding class participation via self evaluation.

The LSUHSC School of Public Health (SPH) School Administration Evaluation (SPH-SAE AY17) was conducted by the SPH Evaluation Committee (EC) in April 2017. The survey was designed to measure the level of satisfaction of SPH Faculty, Staff and Student Workers with the School's administrative offices. The EC members developed this survey after studying other SPHs throughout the US along with those conducted by other schools within LSUHSC-NO. The topics covered included assessment of the

administrative offices: Office of the Dean, Office of Research in Public Health, Business Office, Information Technology Office, Practice Office, Office of Academic Affairs and Office of Student Affairs. Eligibility to participate in this survey was reserved for all SPH faculty, staff and student workers. In total 193 recipients were given access to the survey, of which 80 (41.5%) participated the survey. Of the 80 respondents, five partially completed the survey. The assessment tool included questions with a 5-point Likert scale, (1-Strongly Disagree to 5-Strongly Agree) to collect quantitative data, as well as open-ended questions. Raw, anonymous data from the survey were compiled into an Excel database and analyzed. After data cleaning, standard statistical analyses were conducted using R software on quantitative items; qualitative data are reported verbatim. All offices were asked to provide a plan for responding to the survey results with follow up to take place in summer 2018. The Office of Research in Public Health (ORPH) has provided their response and already taken action to make changes based upon the feedback and plan. For example, the office has created a flow sheet of activities to help faculty in their grant preparation efforts. To improve interdisciplinary research efforts and match investigators to RFPs, interest groups have begun to be organized. The initiative began with interest groups related to cancer research and infectious diseases. The office has also initiated one on LBGTQ research which is underway, and another on HIV related research with the School of Nursing.

The SPH Office of Practice has also incorporated regularly scheduled feedback into the MPH Practice Experience requirements. For example, in spring 2017 the office conducted a survey of students to identify potential professional topics of interest. Based upon results of that survey, the didactic portion of the practice experience was added.

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

Strengths

The school or program engages in regular, substantive review of all evaluation findings. Results from the Evaluation Committee reports are widely discussed, and used in planning for programmatic changes. Changes to recruitment activities and community outreach might not have been made without Evaluation Committee findings.

Weaknesses

The evaluation methods and measures used by the School track the school or program's progress, but longer ranges plans and the speed by which the School is addressing public health issues and students' successes have not yet matured.

Plans for Improvement

Thus far, Evaluation processes have been used to identify areas in need of improvement and expansion, which may be appropriate for a relatively new school. The next phase of evaluation, in addition to engaging in planning for longer-range outcomes, is to assess how evaluation measures change with process improvements.

C1. Fiscal Resources

The school or program has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

Required documentation:

1) **Describe the school or program's budget processes, including all sources of funding. This description addresses the following, as applicable:**

a) **Briefly describe how the school or program pays for faculty salaries. For example, are faculty salaries fully guaranteed, or are faculty expected to raise funds to support salaries? If this varies by individual or appointment type, indicate this and provide examples. For programs, if faculty salaries are paid by an entity other than the program (such as a department or college), explain.**

The School's sources of funding are state appropriations (which include tuition revenue), grants, contracts, indirect cost recovery revenue, endowed chairs, and gifts to the LSUHSC Foundation accounts. State funds are appropriated by the Louisiana Department of Planning and Budget and the Legislature on a fiscal year basis, and subsequently allocated by the Board of Regents to the state university systems, including the LSU System. The Board of Regents uses a full-time equivalent employee and enrollment-based formula model supplemented by a non-formula component. The LSU System then allocates funding to its campuses, which includes the LSUHSC.

The LSUHSC then utilizes mission-based budgeting to assist in the decision-making process of allocating state funds to each of the schools, including the SPH. The University level allocation process prioritizes fund allocation based on teaching effort, the amount of tuition revenue, supporting salary for faculty with at least 25% external research funding, and supporting administrative needs. Capital requests are also submitted for approval during the mission-based budgeting process. The availability of estimated external grant and contract funding for supporting faculty effort, beyond the University's allocation of state funds, is also reviewed to ensure sufficient funding.

Faculty salaries are paid from state funds, including tuition revenue, and external grants and contracts. Expectations of funding from state funds versus external grants and contracts vary for each individual depending on teaching effort and effort being expended on research and service projects. The School utilizes a faculty dashboard prepared each semester by the Director of Business Affairs to show how faculty effort is distributed. The Program Directors, Associate Dean of Academic Affairs, and the Dean use this information in decision-making regarding faculty effort and funding distribution.

Faculty salaries are effectively fully guaranteed for tenure-track and tenured faculty. Faculty contracts include a clause stating an expectation of 25% coverage through external grants, though there are no terms that would permit reductions in salary for failure to comply with this expectation. Faculty salaries are fully guaranteed on a term basis for research-track faculty. Failure to comply with external support expectations for research-track faculty can be enforced through non-renewal of contracts.

b) **Briefly describe how the school or program requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.**

Additional funding for new position(s) requires justification to be submitted by the Dean and discussed with the Chancellor for approval, regarding the need for the position(s) and funding distribution for the position(s). For tenure-track faculty, the justification focuses on teaching requirements for specific degrees and programs. The addition of a new degree or program, the expansion of a degree or program and/or accreditation requirements are all justifications for additional funding for new tenure-track

positions. For research-track faculty, the justification focuses on external grant and contract support. Associated with the Cooperative Endeavour Agreement with the State of Louisiana Department of Health creating the Consortium for Health Transformation, the Dean requested approval for a new Assistant Professor, Research Track in Health Policy and Systems Management. The justification of being fully supported by external funding was sufficient for approval of the position. For staff, the justification focuses on administrative requirements for academic-related support, or external funding for research-related support. No discussions are required for creating new research-related staff positions.

c) Describe how the school or program funds the following:

a. operational costs (schools and programs define "operational" in their own contexts; definition must be included in response)

Operational costs of the School include, travel, supplies, and on-going operating expenses, such as telephones, subscriptions, software licenses, membership dues, office furniture, and equipment. Operational costs are funded from state resources. There are no charges to the School for physical space, utilities, and furniture and equipment for shared classroom space. There are requests for cost sharing by individual schools associated with security system or computing service upgrades, which are infrequent and are not substantial in nature. Funds for operational costs may be supplemented by external grants and contacts. The majority of travel and equipment expenses are paid for by grants and contracts.

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

Student support is funded from multiple sources. State funds are available for PhD tuition waivers and foundation funds are available for MPH/MS Scholarships. Student conference travel may be funded by state funds, School indirect cost recovery revenue, external grants and contracts, and/or program level indirect cost recovery revenue, depending on the purpose of the travel and funding available in each of those categories. Student activities are generally hosted by the Student Government Association (SGA) and are funded via SGA fees and/or foundation donations. The students sell promotional items each semester (e.g. t-shirts, mugs) for additional student activity funds.

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

Faculty development expenses are budgeted annually from program level indirect cost recovery revenue. Any requests above and beyond the availability of program level funds are approved on a case-by-case basis using state funds or School indirect cost recovery revenue. Some exceptions that may be approved include travel as an invited speaker at a conference or money to support data storage needs for research-related work. There are no systematic way in which faculty development expenses are budgeted by individual or faculty appointment type. In practice, decisions are approval of faculty development expenses tend to favor junior faculty. Senior faculty are generally expected to secure external funding for most of their travel to meetings and other development expenses.

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

Additional funding for operational costs, student support, and faculty development expenses require justification to be submitted by the Dean to the Chancellor for approval for funds to be added to the School's state allocation of funds on a one-time or continuing basis. Beyond state allocations (which include tuition revenues), additional funds must be raised through external grants and contracts, and/or program level indirect cost recovery revenue, or philanthropy through the LSUHSC Foundation.

e) Explain how tuition and fees paid by students are returned to the school or program. If the school or program receives a share rather than the full amount, explain, in general

terms, how the share returned is determined. If the school or program's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

Tuition and fees are included in the state allocated funds from the university, with the exception of student government association fees and student technology fees, which are allocated directly for student use. Any tuition and fees above and beyond the original budget allocation are returned to the School at the close of the end of the fiscal year, at the discretion of the Chancellor. Again, the University utilizes mission-based budgeting to assist in the decision-making process of allocating state funds to each of the schools. The mission-based budgeting process takes into consideration all activities of the school, beyond just the number of students and associated tuition and fees.

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

Indirect cost recovery revenue at the full federally negotiated indirect cost rate are allocated to the School at a rate of 26% of the revenue received and the University retains the remaining 74%. Indirect cost recovery revenue charged to projects at a rate lower than the federally negotiated indirect cost rate are retained fully by the University. At the School level 2/3 of indirect cost recovery is allocated to support School administration and student education and services, and 1/3 is allocated to support the Programs.

The 2/3 allocated for School administration and student education and services is primarily used to cover faculty salary support beyond what is available from state allocated funds and tuition revenue. Other examples of how the funds may be used are to support student travel for conference presentations and/or any other expenses not covered by state funds. Funds that are not expended in the current year are retained in a surplus account. These reserves are available for use in future years.

The allocation to each Program is proportionate to the percentage of indirect cost recovery revenue each Program's grants generated and is used to pay research incentive compensation to the principal investigators and co-principal investigators of the grants that generated the revenue. Remaining program funds may be used for faculty development expenses. Any funds not utilized in the current year may be used for expenses incurred in future years.

Additionally, the School has residual balance funds available from revenue contracts in prior years that are available for any years in which there is a deficit.

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

As shown in table C1-1, state funds have remained stable over the last five years. The increase in-state allocations in fiscal year 2015-2016 was due to a shift of the funding source for the Louisiana Tumor Registry's cost share requirements from the Health Care Services Division state hospitals partnership to being directly funded by the Legislature to the University. While there has been a decline over the last five years in grant and contract funding, funding has stabilized over the last three years.

Faculty salaries have slight fluctuations from year to year due to turnover. Some vacant positions with teaching responsibilities are in the process of being refilled. However, there are other vacant non-teaching faculty positions that will not be refilled. Staff salaries fluctuate due to turnover and the level of grant and contracting funding as staff positions are primarily funded via grants and contracts. However, within School administration one staff member has been added for student recruitment and one has been added for practice and community engagement over the last three years. Given reduced grant and contract funding, operational expenses have a corresponding decrease.

Template C1-1: Sources of Funds and Expenditures by Major Category, Fiscal Years 2014-2018					
	2013-14	2014-15	2015-16	2016-17	2017-18 [5]
Source of Funds					
Tuition & Fees	956,531	992,081	1,156,500	1,177,970	
State Appropriation [1]	5,635,490	5,523,391	6,642,675	6,642,205	
Grants/Contracts	15,745,073	14,697,628	12,076,267	12,622,889	
Indirect Cost Recovery	430,027	396,141	410,525	458,384	
Endowment [2]	172,382	167,937	131,397		
Other -Self Generated[3]	43,838	43,109	77,110	24,356	
Other - Interest Income	35,973	30,435	39,444	27,063	
Other - University Support[4]		713,663			
Total	23,019,314	22,564,385	20,533,919	20,952,866	-
Expenditures					
Faculty Salaries & Benefits	7,025,672	7,435,156	7,352,307	7,122,705	
Staff Salaries & Benefits	6,702,674	6,591,627	5,921,909	6,201,581	
Operations	5,588,993	5,076,908	4,524,282	4,674,829	
Travel	320,029	258,718	289,897	369,361	
Student Support	966,281	1,032,328	1,010,775	974,632	
University Tax (Indirect Costs)	1,890,080	1,902,359	1,724,219	1,950,473	
Other - Capital Equipment	258,256	77,592	66,400	21,544	
Other - Facilities/Rental	(850)				
Other (explain)					
Total	22,751,135	22,374,688	20,889,790	21,315,125	-

Notes: 1. State appropriations include restricted funds for the Louisiana Tumor Registry (LTR) and Louisiana Cancer Prevention and Control Program (LCP). $730,130 for LTR and $700,000 for the LCP in FY 13-14 and 14-15 and $1,255,130 for LTR and $700,000 for LCP in FY 15-16, 16-17, and 17-18.

2: Endowment income posted at the end of each fiscal year for funds to be used in the following fiscal year through FY 15-16. Beginning in FY 16-17 endowment income is posted at the beginning of each FY. Therefore, the endowment income for 16-17 is reflected in the FY 15-16 data.
3: Self-Generated funds include EPI Data Center $30,680, $8,585, $30,898, $1,935; LTR Linkage $13,158, $15,958, $5,615, $22,420 in FYs 13-14,14-15,15-16, and16-17 respectively; $40,596 in AETC program income in FY 15-16; $18,566 and $14,602 in FEMA recovery in FY 14-15 and 16-17 respectively
4: This amount was provided by the University to cover state funds deficit per an agreement between the Chancellor and the new Dean.

5: Year 5 data will be updated after July 1, 2018.

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

Strengths

With the exception of indirect cost recovery revenue, the School has a centralized budget to support

school administration, which is advantageous in being able to reallocate financial resources within Program areas as needed. It is also a disadvantage, as a decentralized budget would allow for more accountability within the Program areas. Given a centralized administrative budget, Program Directors' input is less impactful than it would be with a decentralized budget. Program Directors do provide input to the Dean and Director of Business Affairs regarding resource needs within their Program Areas which is taken into consideration during the budget process.

Weaknesses

Despite historically stable state funding at the School level, the School must take into consideration the instability of State funding in general given the financial climate within the State of Louisiana. The School's deficits in recent years are associated with investments in the teaching, research and service capacity of the School.

Plans for Improvement

A School goal is to increase its educational reach and tuition revenues. The School has increased tuition revenue slightly each year due to joint degree programs, such as the MD/MPH program. Most recently the School has added a MSW/MPH degree program and a DVM/MPH degree program. Additionally the School is currently awaiting approval of a Bachelor's program. It is anticipated the Bachelor's program will not only increase the tuition base by adding Bachelor's level students, but also will provide a pipeline for additional Master's level students. It is expected the School will have increased financial sustainability through increases in the student base and tuition.

The School continues to encourage and support faculty in submitting grant proposals to ensure stability and promote growth of grant and contract funding in future years. Additional resources have been allocated to an expanded pilot grant program. To expand service, the School opened an Office of Public Health Practice and Community Engagement. In each case, additional personnel are supported based on the expectation of additional revenues in academic years 2019-20 and beyond.

C2. Faculty Resources

The school or program has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

Primary instructional faculty, as defined in these criteria, provide the basis for initial levels of review of the adequacy of a school or program's resources.

This criterion employs a three-step review (outlined in C2-A through C2-C) in assessing adequacy of faculty resources.

Definitions

SPH only: Primary instructional faculty must meet BOTH requirements outlined below:

- **Employed full-time as faculty members appointed in the school (i.e., 1.0 FTE in the unit of accreditation). The school uses the university's definition of "full-time." Individuals appointed in the school with honorary appointments in other disciplines or occasional teaching/advising duties outside the school may count as primary instructional faculty members in some circumstances, but the primary expectation of the individual's employment must be activities associated with the school.**

- **Have regular responsibility for instruction in the school's public health degree programs as a component of employment. Individuals whose sole instructional responsibility is**

advising individual doctoral or research students do not meet CEPH's definition of primary instructional faculty, nor do faculty whose regular instructional responsibilities lie with non-public health degrees within the school, if applicable.

A. Minimum faculty requirement by accreditation unit

Schools employ, at a minimum, 21 primary instructional faculty.

Faculty FTE is reflected in Template C2-1 for primary instructional faculty at 1.0 FTE each. (Since the School does not have a Bachelor's Program, that column has been omitted.) Non-primary instructional faculty FTE reflected in table C2-1 include both part-time and adjunct faculty. For part-time faculty, effort is based on the FTE paid by the School and for adjunct faculty, effort is based on teaching effort calculated at .0416 FTE per credit hour. As illustrated by the table, the School has sufficient faculty resources. The School of Public Health employs 31 (>21) primary instructional faculty, which exceeds the minimum required, and allows flexibility and reserve in the event of turnover and attrition.

Template C2-1. Faculty Requirements

		MASTER'S			DOCTORAL	ADDITIONAL FACULTY+
CONCENTRATION		**PIF 1***	**PIF 2***	**FACULTY 3^**	**PIF 4***	
Behavioral and Community Health Sciences		Stephen Phillippi	Donna Williams	Melinda Sothern	William Robinson	PIF: 3 Non-PIF: 1.016
MPH		1.0	1.0			
PhD				1.0	1.0	
Biostatistics		Zhide Fang	Mercante Donald	Qinghzao Yu	Hui-Yi Lin	PIF: 2 Non-PIF: 0
MS		1.0	1.0			
MPH		1.0	1.0	1.0	1.0	
PhD				1.0	1.0	
Epidemiology		Edward Peters	Edward Trapido	Richard Scribner	Ariane Rung	PIF: 3 Non-PIF: 0
MPH		1.0	1.0			
PHD				1.0	1.0	
Environmental and Occupational Health Sciences		James Diaz	Chih-Yang Hu	Kari Brisolara	NA	PIF: 2 Non-PIF: 0
MPH		1.0	1.0	1.0		
Health Policy and Systems Management		Dean Smith	Richard Culbertson	Peggy Honore	NA	PIF: 3 Non-PIF: .438
MPH		1.0	1.0	1.0		
TOTALS:	**NAMED PIF**	18				
	TOTAL PIF	31				
	NON- PIF	1.454				

B. Minimum faculty requirement by range of offerings

Students' access to a range of intellectual perspectives and to breadth of thought in their chose n fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

To provide this basic breadth and range and to assure quality, schools and programs employ, at a minimum, three faculty members per concentration area for the first degree level offered.

Each additional degree level in a concentration requires the addition of one faculty member. Thus, a concentration area that solely offers master's degrees requires three faculty members. A concentration offering bachelor's and master's degrees OR master's and doctoral degrees requires four faculty members. A concentration with bachelor's, master's and doctoral-level degrees requires a minimum of five faculty members.

Additional definitions and specifications for these faculty requirements differ between schools and programs, due to the differing appointment and resource structures in these organizational units. Definitions and specifications are as follows:

SPH

The three faculty per concentration for the first degree level include the following:

- **Two primary instructional faculty members**
  - **These individuals may count among the two faculty (or additional faculty required for adding a degree level) in no more than one additional concentration.**

- **One additional faculty member of any type (faculty from another university unit, adjunct faculty, part-time faculty or primary instructional faculty associated with another concentration area).**

The additional faculty member required for adding a degree level in a concentration area must be a primary instructional faculty member.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

SPH

All identified faculty must be qualified to provide instruction in the concentration area, as defined in Criterion E1.

Criterion E assesses an individual's qualifications vis-à-vis his or her association with a concentration, degree level and type of degree (e.g., professional or academic).

In multi-partner schools and programs (i.e., institutions responding to Criterion A2), faculty may be drawn from any of the participating institutions to demonstrate compliance with this aspect of the criteria.

C. Faculty resource adequacy, beyond minimum eligibility

In addition to meeting the minimum quantitative standards above, the size of the school or program's faculty complement is appropriate for the size of the student body and supports and encourages effective, regular and substantive student-faculty interactions.

The school or program documents the adequacy of the faculty complement through multiple

quantitative and qualitative measures, including the following: advising ratios; availability of faculty to supervise MPH integrative learning experiences and doctoral students' final projects; and data on student perceptions of class size and faculty availability.

Required documentation:

1) **A table demonstrating the adequacy of the school or program's instructional faculty resources in the format of Template C2-1. (Note: C2-1 has different formats for schools vs. programs.)**

   The school or program need not list all faculty but must list sufficient faculty to demonstrate compliance with C2-B and C2-C. For example, if the school or program exceeds the number of faculty needed to document compliance (as defined in these criteria), the school or program may note the number of faculty available in addition to those identified by name in Template C2-1.

   The data reflect the most current academic year at the time of the final self-study's submission and should be updated at the beginning of the site visit if any changes have occurred since self- study submission. (self-study document)

2) **Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. For schools only, all primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1. Programs must present calculation methods for primary instructional and non-primary instructional faculty. (self-study document)**

3) **If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)**

4) **Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.**

   a. **Advising ratios (faculty and, if applicable, staff) by degree level (bachelor's, master's, doctoral), as well as the maximum and minimum. If both faculty and staff advise, present and calculate both ratios**
   b. **If applicable, average number of baccalaureate students supervised in a cumulative or experiential activity**
   c. **Average number of MPH students supervised in an integrative learning experience (as defined in Criterion D7), as well as the maximum and minimum**
   d. **Average number of DrPH students advised, as well as the maximum and minimum**
   e. **Average number of PhD students advised, as well as the maximum and minimum**
   f. **Average number of academic public health master's students advised, as well as the maximum and minimum**

   As noted in Template C2-2's instructions, schools should only present data on public health degrees and concentrations. If primary instructional faculty, non-primary instructional faculty and/or staff are all regularly involved in these activities, indicate this and present data separately for each group, as applicable.

   Though the self-study requires only the most recent year, the school or program may wish to present additional years of data for context. For example, if the most recent year's results are anomalous, additional data may be helpful. (self-study document)

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

General advising & career counseling			
Degree level	**Average**	**Min**	**Max**
Bachelor's	NA	NA	NA
Master's	3.5	1	8
Doctoral	2	1	4

Advising in MPH integrative experience		
Average	**Min**	**Max**
*	*	*
Supervision/Advising of bachelor's cumulative or experiential activitiy		
Average	**Min**	**Max**
NA	NA	NA

Mentoring/primary advising on thesis, dissertation or DrPH integrative project			
Degree	**Average**	**Min**	**Max**
DrPH	NA	NA	NA
PhD	1.6	1	3
Master's other than MPH	1	1	1

* The integrative experience in AY 17-18 had 33 students enrolled with 5 core faculty and 23 faculty participants.

Each academic program assigns a faculty advisor to each student upon entry into the School. The advisor must approve registration, course additions and withdrawals, assuring regular contact between advisors and advisees. Advisors have electronic access to student transcripts in order to track and support academic progress. As part of curriculum guidance, advisors also provide students discipline-specific information, and assistance in choosing practice experiences and culminating experience topics. They also help students with academic or personal problems, and refer to the Campus Assistance Program if personal problems are serious.

Each academic program assigns advisees differently to meet its needs. As explained in more detail in the Advising section of H, ENHS and HPSM distribute the number of advisees equally unless the advisee expresses an interest in a certain faculty member's specialty. Whenever an inequality occurs from an uneven assignment, the advisee-short faculty member(s) get the next advisee(s). However all dual degree and 3-2 candidates are assigned to the Program Director. EPID also utilizes the same process, but also takes into consideration workload of doctoral versus masters versus dual degree students. BCHS determines student advising based on faculty expertise in a student's particular interest area, amount of faculty effort available on state funds, and number of current advisees for each faculty member. BIOS typically has more doctoral students and very few masters level student. As such, BIOS has a faculty member designated as graduate coordinator who advises all first-year students, which is the Maximum

value of 8 presented in Template C2-2. Second-year students meet with faculty and decide which faculty member's interests align with the advisee's interests and the advisee chooses the faculty advisor.

The School has sufficient faculty to meet the advising needs of students. The advising ratios and maximum number of students per faculty, as shown in table C2-2, are favorable and allow faculty to be available to provide guidance to students on a one-to-one basis as needed by each student.

The current format of the integrative experience evolved from a series of faculty committee discussions to address concerns over the increasing faculty workload as a result of increased enrollment. This format also addresses concerns expressed in the CEPH accreditation review (2013) regarding the heavy workload concentrated at the end of the semester prior to registration, particularly for those faculty serving on the school-wide proposal review committee. This format also facilitates a more real world, interdisciplinary approach to public health practice that allows the students to work as a team to address case-based public health issues further reinforcing the importance of each discipline. The current format has wide-spread acceptance of the faculty and all program directors. The LSUHSC School of Public Health Curriculum Committee reviewed and approved the proposed changes.

Dr. Kari Brisolara, Associate Professor of Environmental and Occupational Health Sciences acts as course director and leads a team of faculty from each of the five core areas. Case-based learning is the core of the class utilizing cross-cutting, competency-based scenarios that require the students to examine the role of their discipline in the larger realm of public health. Students are grouped into teams with an emphasis on diversity of discipline, the ultimate goal being teams of five students with one from each core discipline. Faculty are subject-matter experts, assigned based on the issue/case to serve as a resource for the student teams and also attend the presentations to provide comments/feedback. Additionally, the core competencies for interprofessional practice will be introduced to emphasize the importance of collaborative problem-solving starting in spring 2019. Within each case/issue discussion, team members will be required to indicate in their individual reflection assignment the discipline specific competency they feel best represents their role in that case/issue discussion.

In spring 2018, the format changed to include a return to individual paper submission (instead of poster presentations for individual assessment of students. For this paper, students are given a theme/issue that they then apply to their concentration including program competencies demonstrated (explain how the competencies selected address the issue, why they chose those particular competencies). In addition, community stakeholders were invited to all presentations within the class via Facebook and Twitter announcements. Targeted invitations will be sent based up the topic of the group selected to present at the SPH Delta Omega Honor's Day. The selection of the best presentation will be based upon analysis quality, presentation skill and public health importance.

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

a. Class size and its relation to quality of learning (e.g., The class size was conducive to my learning)
b. Availability of faculty (i.e., Likert scale of 1-5, with 5 as very satisfied)

Present data by degree level (bachelor's, master's, doctoral), at a minimum. If the school or program wishes to collect and present data by degree (MPH, MS, PhD, DrPH, etc.), degree data may be presented. Schools should only present data on public health degrees and concentrations.

In the AY 17-18 course evaluations students were asked to answer the question, "The class size was conducive to my learning" using a five point likert scale with 5 representing strongly agree and 1 representing strongly disagree. Of the 18 respondents in doctoral classes 94% responded agree or strongly agree. Of the 280 respondents in masters level classes 93% responded agree or strongly agree.

In the AY 17-18 course evaluations students were asked to answer the question, "The instructor(s) was/were available" using a five point likert scale with 5 representing strongly agree and 1 representing

strongly disagree. Of the 18 respondents in doctoral classes 94% responded agree or strongly agree. Of the 279 respondents in masters level classes 91% responded agree or strongly agree.

Though the self-study requires only the most recent year, the school or program may wish to present additional years of data for context. For example, if the most recent year's results are anomalous, additional data may be helpful. (self-study document)

Course evaluations have not varied meaningfully from year-to-year.

6) **Qualitative data on student perceptions of class size and availability of faculty. Schools should only present data on public health degrees and concentrations. (summary in self-study and full results/backup documentation in electronic resource file)**

Students also provide open-ended feedback on course evaluations. Overall feedback from the students in the AY 17-18 course evaluations was positive. Seven students responded to, "What are the strongest aspects of this course?" with "class size", and eighteen responded with "faculty availability". Two students responded to, "What are the weakest aspects of this course?" with "class size was too small and hindered discussions" and one responded faculty were not available. In response to, "What would most improve this course?" one student responded "larger enrollment", one responded "small in size", and one responded "supplement with a teaching assistant".

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

Strengths

Based on the quantitative and qualitative feedback from students, the small class sizes in SPH are generally supportive to quality of learning, and faculty are available to meet with the students.

Weaknesses

Some classes may be too small.

Plans for Improvement

As the School increases enrollment, it will need to be attentive to what might be an "optimal" class size. The literature suggests that larger class sizes can inhibit student involvement, particularly for minority students [Irenee R. Beattie & Megan Thiele (2016) Connecting in Class? College Class Size and Inequality in Academic Social Capital, *The Journal of Higher Education*, 87:3, 332-362]. Smaller classes were associated with broader student involvement – where small as defined as fewer than 60 students. Clearly, graduate level education has different practices and expectations than overall higher education, so we will be attentive to class sizes well before having an average of 60 students per class.

C3. Staff and Other Personnel Resources

The school or program has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

"Staff" are defined as individuals who do not have faculty appointments and for whom staff work is their primary function. "Other personnel" includes students who perform work that supports the program's instructional and administrative needs (eg, individuals who enroll first as students and then obtain graduate assistant or other positions at the university are

classified as "other personnel," while individuals hired into staff positions who later opt to complete coursework or degrees are classified as "staff").

Required documentation:

1) **A table defining the number of the school or program's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation. (self-study document)**

Template C3-1. Staff support

Role/function	FTE	FTE	Total
Staff	**School Administration**	**Research/Service Area**	
Accounting and Financial	3	5	8
Administrative, Non-Clinical	4	40.8	44.8
Clinical	0	4	4
Information Technology	2.5	1.5	4
Research	1	16	17
Student Services	2	0	2
Subtotal Staff	**13**	**67**	**80**
Other Support	**School Administration**	**Research/Service Area**	
Student Workers	3.5	12.5	16
Graduate Assistants	1	9	10
Subtotal Other Support	**5**	**22**	**26**
Total Staff and Other Personnel Resources	**17**	**89**	**106**

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

The "other personnel" in the School are almost exclusive our students. (Occasionally there are students from other schools who are employed.) Student worker staff the front desks of the School, answer the phones, and serve as the first face of the School for visitors. They enable the School to make a good first impression. In these roles under School Administration, student learn more about the people and operations of the School, which we think also makes them a part of the team that makes the School work effectively.

A larger number of student workers and graduate assistants support research and service projects. These other personnel engage in a range of activities, depending upon their prior education and work experiences, and their availability given the academic demands on their time. Student workers collect and enter data, perform literature searches, provide support for external events, and perform a range of other duties than enable research to be conducted and service programs to be offered. Further, the research and service activities become an important aspect of the professionalization of our student workers and graduate assistants. In these roles under Research/Service, student learn more about the people and research and service activities of the School, which we think also makes them a part of the team that makes the School work effectively.

3) Provide narrative and/or data that support the assertion that the school or program's staff and other personnel support is sufficient or not sufficient. (self-study document)

The School employs 80 full-time staff and 26 other personnel, which includes student workers and graduate assistants, to support both the administrative and research/service programs within the School, as shown in Template C3-1. It is our assessment that there are sufficient staff to support both the administrative and the research/service needs of the School. The administrative support areas within the School include the Office of the Dean Office, Office of Research, Office of Business Affairs, including the Information Technology (IT) Office, Practice Office, Office of Academic Affairs, and Office of Student Affairs. These offices collectively support planning, development, management and coordination of administrative functions, operations, and activities of the School. This includes supporting research activities, fiscal and administrative oversight, computer support, practice and training support, academic program and curriculum support, and student recruitment and services for the faculty and students of the SPH. Each office is able to complete tasks on-time and with a high level of effectiveness. It is within the purview of School to assess whether there are too many or too few staff and other personnel and adjust the numbers, subject to available funds.

For staff supporting Research/Service, the majority of the funding comes from grants and contracts. The largest numbers of staff are supported by the Louisiana Tumor Registry (LTR), the Louisiana Cancer Prevention and Control Programs, the Tobacco Control Initiative and the STD/HIV program. Each of these areas receives Federal and/or State support for hiring. The level of support determines the numbers of persons that are employed. The LTR data have received Gold Certificates from the North American Association of Central Cancer Registries every year since 1997, and they also meet the high-quality standards of the NPCR and SEER. Given this award to the LTR and the recognition provided to each of these areas, personnel support is sufficient. Of course, we continuously seek additional funding to enable a broader and deeper reach for our research and services.

There are two areas of support that are assessed by the students: information technology (IT, by both MPH/MS and PhD students) and library services (by MPH/MS students). Results are presented in Table C3.3 Student Satisfaction with Services. Students indicate a high level of satisfaction with IT and library services, indicative of appropriate levels of staffing.

Table C3.3 Student Satisfaction with Services

MPH/MS Student School Survey	2013 *n=20*	2014 *n=19*	2015 *n=25*	2016 *n=16*	2017 n=26
My IT issues have been addressed efficiently and effectively.	4.5 (0.8)	4.3 (0.9)	4.6 (0.7)	4.7 (0.6)	4.4 (1.0)
The Library Services at LSUHSC-NO meet my needs	4.3 (1.1)	4.1 (0.9)	3.9 (1.1)	3.8 (1.4)	4.5 (0.7)
PhD Student School Survey	2013 *n=9*	2014 *n=5*	2015 *n=7*	2016 *n=3*	2017 n=9
My IT issues have been addressed efficiently and effectively.	4.4 (0.9)	4.8 (0.5)	4.0 (1.2)	5.0 (0.0)	4.6 (0.5)

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

Strengths

The current level of staffing meets the administrative and research/service needs of the School.

Weaknesses

A weakness of the small School administrative support team is a lack of back-up support and cross

training between administrative areas to ensure smooth transitions when vacancies arise. It is however advantageous from a cost standpoint to operate with a lean administrative infrastructure.

Plans for Improvement

As the School realizes it plans to increase the number of students, it will operationalize plans for additional staff to support the administration of the School.

C4. Physical Resources

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

Required documentation:

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

    - **Faculty office space**
    - **Staff office space**
    - **Classrooms**
    - **Shared student space**
    - **Laboratories, if applicable to public health degree program offerings (self-study document)**

2) **Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient. (self-study document)**

The School has two floors of space in the LSUHSC Lions Eye Clinic building (LEC). There are 131 offices available for faculty and staff. Given the number of staff, some are in shared office space. Additionally, there are 4 classrooms available within the School's space, in addition to access to classrooms in the University's Medical Education Building (MEB) and elsewhere on campus. Students have lounge space available as well as access to a 24-seat computer lab.

The LEC is connected to the University's other buildings via an elevated walkway, which allows easy accessibility for students to reach the classroom space located in the MEB and other areas. The School has a dedicated laboratory in the Clinical Science and Research Building (CSRB). The laboratory has a refrigerated centrifuge for processing biospecimens prior to storage and a -80 biospecimen repository for epidemiologic and other students. In addition, the School has access to the University's available lab space in the CSRB should the need arise for additional laboratory resources.

Overall, the School has sufficient space to meet its needs; however office space for faculty and staff is currently at its maximum capacity. As such, the Dean has discussed the need for additional space and the School is in the process of obtaining an additional floor of space to accommodate future growth of the number of faculty, staff and students. The School also faces scheduling challenges for the shared classroom space in the MEB and is planning on creating additional dedicated classroom space with the additional floor being remodeled for the School.

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

Strengths

In terms of physical space it is advantageous for the School to be on the Health Science Center campus.

It allows for sharing of classroom space and offers flexibility in acquiring additional space for future growth as needed.

Weaknesses

The current disadvantage is in order to expand space for the School, renovation costs will need to be incurred which may delay the availability additional space.

Plans for Improvement

There is currently a planning process on-going with the LSUHSC building services group for renovation of the first or fourth floor of our current building for expansion.

C5. Information and Technology Resources

The school or program has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

Required documentation:

1) **Briefly describe, with data if applicable, the following:**
    - **library resources and support available for students and faculty**

The LSUHSC John P. Ische Library is located on the third, fourth, and fifth floors of the LSUHSC Resources Center, which is adjacent to the School and connected via an elevated walkway. The library has seating for 614 individuals including seven study rooms with audio-visual equipment available in each room. The library is equipped with laptop ports and wireless access on all three floors. The library has a variety of resources including, access to a variety of online databases, digitally available books and journals, searching capabilities via INNOPAC (which can be used to search for books, journals and other materials, both in-print and online, from the LSUHSC libraries). The library has a variety of staff available to assist faculty, staff, and students including, John Bourgeois, who is the Reference Librarian Liaison for the School. The library also has a variety of consortia agreements and partnerships to ensure availability of resources beyond what can be housed on campus. The library also has a Dental Library branch, located off-campus at the Dental School which is also available to faculty, staff, and students. As noted in Table C3.3 Student Satisfaction with Services, students are satisfied with library services.

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

Students have access to a computer lab equipped with twenty-eight workstations. The workstations have various software packages available including, Office Suite 2016, ArcGIS, SAS 9.4, STATA 15.0, Open Geoda, Mplus, Epi Info 7, and R. Students have up to five free installations available of Office Pro Plus for his/her personal computers and/or laptops. Therefore students are not limited to the use of only one device. Students also have access to a secure wireless connection while on campus and access to purchase any specific software needed for instructional programs through the Campus Technology Store at academic rates.

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

Faculty have laptops with docking stations which are replaced every five years. Software includes, Office Suite 2016, Stata, SAS, SPSS, Nvivo, mPlus, and ARC GIS in addition to any research specific software

needed for individual faculty members. Faculty have the option of classes being recorded utilizing Mediasite Lecture capture software and hardware. In addition, Moodle is utilized as the Course Management System for the School. All classrooms are equipped with a computer and software, as well as Mediasite Lecture capture software and projectors, to assist faculty with classroom instruction.

- **technical assistance available for students and faculty (self-study document)**

The School has 2.5 full-time equivalent staff available to meet the information technology needs of faculty and students. As noted in Table C3.3 Student Satisfaction with Services, students are satisfied with IT support. The PhD Alumni Survey, also addressed IT support and the average of those responses was 4.2. Based on the respondents of the surveys, students are satisfied with the technical assistance available. The School Administration Evaluation Survey was conducted in 2017 and in regards to Information technology staff accessibility there was one question on a scale of one (strongly disagree) to five (strongly agree) included in the survey. The survey was given to faculty, staff, and student workers and faculty made up 27% of the 80 respondents. Overall, 71 respondents answered the question regarding information technology staff accessibility and 70 answered with a 4 or 5 and 1 answered NA. As such, the respondents to the survey were satisfied with technical assistance availability.

2) **Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient. (self-study document)**

The School has sufficient information technology resources to meet its current needs. The surveys suggest satisfaction with the current level of support. As the number of students increases the School will need to consider adding additional information technology staff and will need to assess what additional information technology investments are needed to accommodate a larger student body.

Beyond the simple numbers in the surveys, information and technology support is a valued service in the School. The Information Technology group provide a high level of assistance, from desk-top support, to web-site design and support, to taking photographs at graduation and other events.

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

Strengths

One strength of being on-campus at the LSU Health Sciences Center, N.O. is accessibility to not only the School's information and technology resources but also accessibility to University level resources if needed.

Weaknesses

The only weakness in information technology resources is not being able to replace computers more frequently as a result of the limited availability of funding. Currently, faculty computers are replaced every five years. Absent alternative revenue streams, there are no current plans for improvement.

Plans for Improvement

Every couple of years, most recently 2017, there is a discussion about whether information technology services and support should be a centralized function across campus or distributed to the School level. Given the personnel employed and satisfaction at the School-level, the Dean has championed for the distributed model. The heavy emphasis of information technology support in SPH is academic and research. In the other schools on campus there is an emphasis on clinical support. Therefore, the personnel are not immediately interchangeable.

D1. MPH & DrPH Foundational Public Health Knowledge

The school or program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

Grounding in foundational public health knowledge is measured by the student's achievement of the learning objectives listed below, or higher-level versions of the same objectives. [This document uses the term "learning objectives" to denote that these intended knowledge outcomes are defined in a more granular, less advanced level than the competencies typically used to define outcomes of a graduate-level program of study.]

Profession & Science of Public Health

1. **Explain public health history, philosophy and values**
2. **Identify the core functions of public health and the 10 Essential Services**
3. **Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health**
4. **List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program**
5. **Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.**
6. **Explain the critical importance of evidence in advancing public health knowledge**

Factors Related to Human Health

7. **Explain effects of environmental factors on a population's health**
8. **Explain biological and genetic factors that affect a population's health**
9. **Explain behavioral and psychological factors that affect a population's health**
10. **Explain the social, political and economic determinants of health and how they contribute to population health and health inequities**
11. **Explain how globalization affects global burdens of disease**
12. **Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)**

The school or program validates MPH and DrPH students' foundational public health knowledge through appropriate methods, which may include the following:

- **The school or program verifies students' previous completion of a CEPH-accredited bachelor's degree in public health or MPH degree**
- **The school or program implements a test or other assessment tools that address the learning objectives listed above, or higher-level versions of the same objectives**
- **The school or program offers an online or in-person course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the same objectives**
- **The school or program includes the learning objectives listed above, or higher-level versions of the same objectives, in courses required of all MPH or DrPH students**

Required documentation:

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

Template D1-1: Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	**Course number(s) & name(s) or other educational requirements**
1. Explain public health history, philosophy and values	EPID 6210 (F), HPSM 6268 (F), ENHS 6238 (P), PUBH 6150 (P)
2. Identify the core functions of public health and the 10 Essential Services*	PUBH 6150 (F), BIOS 6100 (P), ENHS 6238 (P), EPID 6210 (P)
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	BIOS 6100 (F), BIOS 6200 (F), ENHS 6238 (F), EPID 6210 (F), HPSM 6268 (F), BCHS 6212 (P)
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	EPID 6210 (F), HPSM 6268 (F), ENHS 6238 (P), BCHS 6212 (P)
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	EPID 6210 (F)
6. Explain the critical importance of evidence in advancing public health knowledge	EPID 6210 (F), BCHS 6212 (P), BIOS 6100 (P), BIOS 6200 (P), ENHS 6238 (P), HPSM 6268 (P)
7. Explain effects of environmental factors on a population's health	ENHS 6238 (F)
8. Explain biological and genetic factors that affect a population's health	PUBH 6216 (F), ENHS 6238 (P), EPID 6210 (P)
9. Explain behavioral and psychological factors that affect a population's health	BCHS 6212 (F), PUBH 6216 (F), EPID 6210 (P)
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	BCHS 6212 (F), HPSM 6268 (F), ENHS 6238 (P), EPID 6210 (P)
11. Explain how globalization affects global burdens of disease	PUBH 6150 (F), EPID 6210 (P), HPSM 6268 (P)
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	ENHS 6238 (F)

All LSUHSC SPH MPH students are obtaining the recommended foundational knowledge primarily through the established core courses required of all MPH students across the five programs. Additionally, all MPH students are required to take PUBH 6150 Foundations and Ethics in Public Health. PUBH 6216 Biological Basis of Health is required of all MPH students who do not possess a professional clinical background.

The five core courses are EPID 6210 Principles of Epidemiology; BIOS 6100 Biostatistical Methods I (for non-BIOS program students)/BIOS 6200 Principles of Applied Statistics (for BIOS program students); BCHS 6212 Behavioral Science Theories in Public Health Practice; ENHS 6238 Principles of Environmental Health, and HPSM 6268 Health Services Administration and Management.

The core course directors, facilitated by the program directors, conducted a matrix analysis of the core courses. This analysis (as shown in Template D1-1) shows the distribution of coverage of this foundational knowledge. The distinction in the template of (F) and (P) represents the full versus partial coverage of that objective. The partial coverage is of note only due to the course addressing that particular programmatic view of the foundational objective. For example, in ENHS 6238, the history of environmental health is covered in depth. Even though this alone would not fully meet the objective, it

does contribute to the overall attainment of the larger history of public health.

2) **Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable. (electronic resource file)**

ERF Contains Courses/Sections

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

Strengths

Though the required curriculum for all students in all programs of the school or program, both MPH and DrPH graduates are grounded in foundational public health knowledge and faculty measure students' achievement of the learning objectives.

Weaknesses

As present, the curriculum could provide further definition and more complete coverage of an ecological perspective.

Plans for Improvement

Additional coverage of an ecological perspective is being planned for selected courses.

D2. MPH Foundational Competencies

All MPH graduates demonstrate the following competencies.

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

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school or program must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (e.g., joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.

These competencies are informed by the traditional public health core knowledge areas, (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences), as well as cross-cutting and emerging public health areas.

Evidence-based Approaches to Public Health

1. **Apply epidemiological methods to the breadth of settings and situations in public health practice**
2. **Select quantitative and qualitative data collection methods appropriate for a given public health context**
3. **Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate**

4. **Interpret results of data analysis for public health research, policy or practice**

Public Health & Health Care Systems

5. **Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings**
6. **Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels**

Planning & Management to Promote Health

7. **Assess population needs, assets and capacities that affect communities' health**
8. **Apply awareness of cultural values and practices to the design or implementation of public health policies or programs**
9. **Design a population-based policy, program, project or intervention**
10. **Explain basic principles and tools of budget and resource management**
11. **Select methods to evaluate public health programs**

Policy in Public Health

12. **Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence**
13. **Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes**
14. **Advocate for political, social or economic policies and programs that will improve health in diverse populations**
15. **Evaluate policies for their impact on public health and health equity**

Leadership

16. **Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making**
17. **Apply negotiation and mediation skills to address organizational or community challenges**

Communication

18. **Select communication strategies for different audiences and sectors**
19. **Communicate audience-appropriate public health content, both in writing and through oral presentation**
20. **Describe the importance of cultural competence in communicating public health content**

Interprofessional Practice

21. **Perform effectively on interprofessional teams**

Systems Thinking

22. **Apply systems thinking tools to a public health issue**

Required documentation:

1) **List the coursework and other learning experiences required for the school or program's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree. (self-study document)**

The full curriculum description of each of the five MPH programs is described in the SPH section of the LSUHSC Catalog. The direct link is: http://catalog.lsuhsc.edu/preview_program.php?catoid=8&poid=736.

Template D2-1: Requirements for MPH degree, Behavioral and Community Health Sciences (BCHS) Concentration		
Course number	**Course name***	**Credits**
BCHS 6213	COMMUNITY ANALYSIS, ECOLOGY AND HEALTH DISPARITIES	3
BCHS 6214	HEALTH COMMUNICATION	3
BCHS 6215	MONITORING AND EVALUATION	3
BCHS 6216	HEALTH PROGRAM DEVELOPMENT AND PLANNING	3
BCHS 6230	PUBLIC HEALTH PROJECT MANAGEMENT	2
	Electives	5

Template D2-1: Requirements for MPH degree, Biostatistics (BIOS) Concentration		
Course number	**Course name***	**Credits**
BIOS 6202	APPLIED LINEAR MODELS	3
BIOS 6204	STATISTICAL THEORY I	3
BIOS 6206	STATISTICAL THEORY II	3
BIOS 6210	CATEGORICAL DATA ANALYSIS	3
BIOS 6212	SURVIVAL ANALYSIS	3
BIOS 6610	BIOSTATISTICAL CONSULTING I	2
BIOS 6700	RESEARCH SEMINAR IN BIOSTATISTICS	2

Template D2-1: Requirements for MPH degree, Environmental and Occupational Health Sciences (ENHS) Concentration		
Course number	**Course name***	**Credits**
ENHS 6239	PRINCIPLES OF OCCUPATIONAL HEALTH	3
ENHS 6241	MEDICAL TOXICOLOGY	3
ENHS 6243	AIR QUALITY, AIR POLLUTION AND DISPERSION MODELING	3
ENHS 6245	HEALTH RISK ASSESSMENT AND MANAGEMENT	3
ENHS 6246	WATER QUALITY MANAGEMENT	3
	Electives	4

Template D2-1: Requirements for MPH degree, Epidemiology (EPID) Concentration		
Course number	**Course name***	**Credits**
EPID 6211	INTERMEDIATE EPIDEMIOLOGY	3
EPID 6226	EPIDEMIOLOGIC DESIGN AND ANALYSIS	3
BIOS 6102	BIOSTATISTICAL METHODS II	4
	Electives	9

Template D2-1: Requirements for MPH degree, Health Policy and Systems Management (HPSM) Concentration		
Course number	**Course name***	**Credits**
HPSM 6248	ORGANIZATIONAL BEHAVIOR	3

HPSM 6269	HEALTCARE ECONOMICS AND ECONOMIC EVALUATION OF HEALTHCARE SERVICES	3
HPSM 6270	FINANCIAL MANAGEMENT AND ACCOUNTING IN HEALTHCARE ORGANIZATIONS	3
HPSM 6288	HEALTH POLICY AND LAW	3
	Electives	7

2) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies listed above (1-22). If the school or program addresses all of the listed foundational competencies in a single, common core curriculum, the school or program need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the school or program must present a separate matrix for each combined degree. If the school or program relies on concentration-specific courses to assess some of the foundational competencies listed above, the school or program must present a separate matrix for each concentration. (self-study document)

Template D2-2: Assessment of Competencies for MPH		
Competency	*** Course number(s)**	**Specific assessment opportunity**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	EPID 6210	Written exams 1 - 3 with critical thinking based questions for application of concepts along with calculation based questions; workshops1 - 3 with team based exercise submissions
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	BIOS 6100, EPID 6210	BIOS 6100: Exam 1 questions that provide scenarios where students must choose most appropriate sampling methods. EPID 6210: Written exams 2 - 3 with critical thinking based questions for application of concepts along with calculation based questions; workshops4-6, 9-10 with team based exercise submissions
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	BIOS 6100/6200, EPID 6210	BIOS 6100: Lab Exercise on Simple Linear Regression using the data from Brent et al. (1999), who measured baseline plasma glycolate and arterial pH on 18 patients admitted for ethylene glycol (anti-freeze) poisoning. EPID 6210: Written exams 1 - 3 with critical thinking based questions for application of concepts along with calculation based questions; workshops4-8 with team based exercise submissions
4. Interpret results of data analysis for public health research, policy or practice	BIOS 6100/6200, EPID 6210	BIOS 6100: Lab Exercise on ANOVA performed on data studying stress in the work place. EPID 6210: Written exams 2 - 3 with critical thinking based questions for application of concepts along with calculation based questions; workshops 4-8 with team based exercise submissions

Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	HPSM 6268	Group Project 1: Health System Assessment. Groups will discuss the U.S. health care system and its differences from other developed countries. Homework 1: student will analyze and discuss important topics in the field of health policy and management. Exam 1: covers learning objectives 1, 3-6. Short answer and essay questions to demonstrate knowledge of organization, structure and function of health care systems.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	BCHS 6212	Diversity in Healthcare assignment – student is assigned a specific underserved population and asked to investigate and report on specific challenges to health and healthcare access.
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	PUBH 6160	Discussion of community needs assessments and supply of public and private resources (Class Participation Rubric)
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	BCHS 6212	Group project – use a behavioral health theory to explain a public health issue and propose an intervention for a specific population. Student receives half of grade by instructor as a group grade and half from other group members for participation in and contributions to group. Test questions – essays using behavioral theories as applied to specific populations to address public health policies or programs. All three tests.
9. Design a population-based policy, program, project or intervention	BCHS 6212	Group project – use a behavioral health theory to explain a public health issue and propose an intervention for a specific population. Student receives half of grade by instructor as a group grade and half from other group members for participation in and contributions to group. Test questions – essays using behavioral theories as applied to specific populations to address public health policies or programs. All three tests.
10. Explain basic principles and tools of budget and resource management	HPSM 6268	Exam 3 covers objectives 3,7,16. Short answer questions to demonstrate knowledge of budget and resource management discussed in class.
11. Select methods to evaluate public health programs	PUBH 6160	Essay on goals of a public health-based program and measures of success.
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	HPSM 6268	Group Project 2: Policy Brief. Each group will choose a policy issue in the US, state or local health system. Students will explore and analyze an important health policy issue and recommend a realistic approach to addressing the issue. Homework 2: Health status and population assessment. Student will discuss the effectiveness of various policy options on population health. Exam 2: covers objectives 2, 8, 9. Short answer and essay questions to demonstrate knowledge of the policy-making process

13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	PUBH 6160	Essay on strategies for working across public health and personal health services.
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	PUBH 6150	Class participation (Rubric 1) including self-assessment and rationale/reflection; Moodle activity/online discussion board posts; discussion leadership with group (Rubric 1).
15. Evaluate policies for their impact on public health and health equity	HPSM 6268	Group Project 2: Policy Brief. Each group will choose a policy issue in the US, state or local health system. Students will evaluate the policy selected for its impact on public health and health equity. Exam 2: covers objectives 8 & 9. Short answer and essay questions to demonstrate knowledge of health policy and health equity.
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	HPSM 6268	Group Project 3: Health Care Management Case Analysis. Students will identify and address a major issue or problem in the case assigned. Students will apply managerial skills to propose solution and make recommendation. Homework 3: SWOT analysis. Exam 2: covers learning objectives 10,16. Exam 3: covers learning objectives10-14. Short answer and essay questions to demonstrate knowledge of management theories and performance management concepts to address organizational issues.
17. Apply negotiation and mediation skills to address organizational or community challenges	HPSM 6268	Group Project 5: Health Care Management Case Analysis. Students will apply negotiation and mediation skills to address organizational issues. Exam 3: covers learning objectives10,12,13. Essay question to demonstrate knowledge of negotiation and mediation techniques discussed in class.
Communication		
18. Select communication strategies for different audiences and sectors	PUBH 6150	Interview with a public health professional and 2-page report that includes a summary processing the experience including subjective perceptions of ethical choices discussed during the interview. (Rubric 2)
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	PUBH 6150, BCHS 6212	PUBH 6150: This assignment serves to begin work on the overall MPH portfolio. The use of an academic portfolio will be required here and continue throughout to the practice experience. This stage includes resume, references, personal philosophy, and competencies. (Rubric 3); BCHS 6212: Media assignment – either: 1. Select a poorly designed targeted public health message, describe how to improve or 2. Design a targeted public health message. Present to class.
20. Describe the importance of cultural competence in communicating public health content	PUBH 6150, BCHS 6212	PUBH 6150: Interview with a public health professional and 2-page report that includes a summary processing the experience including subjective perceptions of ethical choices discussed during the interview. (Rubric 2) Class participation (Rubric 1) including self-assessment and rationale/reflection; Moodle activity/online discussion board posts; discussion leadership with group (Rubric 1). BCHS 6212: Diversity in Healthcare assignment - student is

		assigned a specific underserved population and asked to investigate and report on specific challenges to health and healthcare access. Student will report recommendations for culturally competent communication to overcome challenges
Interprofessional Practice		
21. Perform effectively on interprofessional^ teams	PUBH 6150	TeamUP LSUHSC-wide experience includes self-reflection, team reflection, IPE perceptions, Health Partner project, presentation, monthly assignments
Systems Thinking		
22. Apply systems thinking tools to a public health issue	HPSM 6268	Homework 4: Journal Article Review. Student will select an article from public health/ health services research literature to discuss adopting systems thinking tools in public health. Group Project 4: Quality Improvement System Presentation. Each group will present a quality improvement system assigned in class. Discussions will revolve around applying systems thinking tools and systems theory in health care quality improvement. Exam 2: covers learning objectives 15,16. Short answer questions to demonstrate knowledge of systems thinking and quality improvement to address organizational performance issues.

* The Council understands that schools and programs may assess each competency in multiple courses or learning opportunities. This template need not catalog assessments of the competency. The school or program may choose an example for each, but must present sufficient information to assure reviewers that no MPH student could complete the program without being assessed on each of the listed skills. If all MPH students are required to take a course that has an identified assessment opportunity for skill a, then the school or program could populate the template by listing the single course and its assessment opportunity in row a.

^ "Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." From: Framework for Action on Interprofessional Education & Collaborative Practice (WHO/HRH/HPN/10.3).
In this context, "interprofessional" refers to engagement with professionals outside of public health (eg, architects, nurses), rather than to engagement with individuals from other public health disciplines (eg, biostatisticians, health promotion specialists).

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

Included in electronic resource file

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

Strengths

Each competency is associated with at least one specific, required assessment activity. Faculty can validate the student's ability to perform the competency.

Weaknesses

The process of mapping competencies to specific assessment activities is relatively new in the School, and have not been validated through successive course offerings.

Plans for Improvement

A complete review of assessment methods and the mapping process will occur after the second offering of foundational courses for which assessment mapping is new.

D3. DrPH Foundational Competencies (Not applicable)

D4. MPH & DrPH Concentration Competencies

MPH and DrPH graduates attain competencies in addition to the foundational competencies listed in Criteria D2 and D3. These competencies relate to the school or program's mission and/or to the area(s) of concentration.

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

The list of competencies may expand on or enhance foundational competencies, but the school or program must define a specific set of statements that articulates the depth or enhancement for all concentrations and for generalist degrees. It is not sufficient to refer to the competencies in Criterion D2 or D3 as a response to this criterion.

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

These assessment activities may be spread throughout a student's plan of study.

Because this criterion defines competencies beyond the foundational competencies required of all MPH and DrPH students, assessment opportunities typically occur in courses that are required for a concentration or in courses that build on those intended to address foundational competencies. Assessment may occur in simulations, group projects, presentations, written products, etc.

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

Required documentation:

1) **Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. (self-study document)**

As an expansion of the MPH core competencies and foundational knowledge, each of the five programs within the SPH have competencies specific to their concentration. These are gained through the program-specific required courses. Students (exit and alumni survey tools) in addition to various program specific external stakeholders to determine their synchronicity with current standards and practices have systematically evaluated these competencies, originally established in 2010. The most recent review occurred in conjunction with the release of the recommended core competencies. Crosscheck was performed to determine any overlap. See Template D4-1 attached for each Program.

Template D4-1 – Behavioral and Community Health Sciences Concentration		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Prioritize individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions and policy change.	BCHS 6213, BCHS 6214, BCHS 6215	6213: Project – use a behavioral health theory to explain a public health issue, social determinants of health and health disparities for a specific population. Test questions – multiple choice, true and false and short essays to address the role of cultural, social, and behavioral determinants of health and health disparities. 6214: Written assignment – Students choose a public health informatics system and discuss possible individual, social and organizational factors that would influence its use. Written assignment – Students prepare real or mock public health briefing for videotaping, and a letter for mailing, to a local official and community organization.
2. Analyze the role of individual, social and community factors in both the onset and solution of public health problems through intervention or policy change.	BCHS 6213, BCHS 6214	6213: Project – use a behavioral health theory to explain a public health issue and propose an intervention for a specific population. Assignments- use a Social ecological model to design and evaluate intervention through class assignments and discuss them in the class. 6214: Written assignment – Students choose a public health informatics system and discuss possible individual, social and organizational factors that would influence its use.
3. Design, implement, and interpret program evaluation methods to assess and improve community health programs and/or policies	BCHS 6213, BCHS 6215, BCHS 6216, BCHS 6230	6213: Project – use a Social ecological model to explain a public health issue and propose an evaluation plan for community based intervention project. Assignments- design and evaluate intervention through class assignments and discuss them in the class. 6216: The final project consists of a written and oral presentation of a health promotion intervention, which focuses on a specific population, setting and health problem based on results of a needs analysis. 6230: Written assignments: 1. Create a Logic Model for the semester public health project; complete a Gantt Chart with 3 SMART Objectives that cover your semester "job"; and at least 5 tasks for each objective including start and end date of task, 2. Quality Improvement Process: Addressing a problem identified in the semester group project using the Plan, Do, Study, Act method, submit the following: 1. Driver Diagram, 2. Selected Test of Change, 3. Implementation Process/Steps, 4. Measures to evaluate the results of the Test of Change, 5. Your decision for what action to take after assessing the outcome measures of your Test of Change
4. Understand and apply public health methods across multiple levels of influence, specifically using the Social Ecological Model	BCHS 6214	6214: Written assignment – Students choose a public health issue and briefly describe strategies and possible limitations at the different ecological levels Podcast – Students interview and audio record a PH communications worker regarding their job objectives and tasks for a podcast.

5. Translate research to public health practice and policy	BCHS 6215, BCHS 6214, BCHS 6230	6214: Written assignment – Students prepare real or mock public health briefing for videotaping, and a letter for mailing, to a local official and community organizer. Multi-media presentation – Students review governmental websites for selected programs and identify key informatics skills associated with each. Written assignment – Students select a public health informatics system to determine uses and audiences, and discuss potential challenges with data collection/management and law/ethics. 6230: 1. Class Presentations: Student presents the intervention project submitted in Health Program Development & Planning-BCHS 6216 including: a. Rationale and Aims, b. Primary and Secondary Outcomes, c. Number and types of staff and their activities, d. Budget amount, Class votes on 2 interventions for the semester projects 2. Written Assignments: For student's semester job/position in the group project: prepare a job description, employee performance plan, job interview template with grading scale, and employee performance evaluation
6. Apply evidence-based public health approaches to examine and respond to behavioral and community health issues in Louisiana	BCHS 6213, BCHS 6214, BCHS 6215, BCHS 6216	6213: Project – use a Behavioral and community model to explain a social determinant of health issue and address health disparities. Test questions – multiple choice, true and false and short essays to address the role of cultural, social, and behavioral determinants of health and health disparities. 6214: Multi-media presentation –Students prepare instructional sessions for each health communication theory in teams. Written assignment – Students choose a public health issue and briefly describe strategies and possible limitations at the different ecological levels. 6216: Students will design a testing methodology section of a health promotion program project using reliable and validated techniques.

Template D4-1 – Biostatistics Concentration		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Explain the role that probability and statistical distributions play in inferential statistics and decision-making.	BIOS 6200, BIOS 6204, BIOS 6206	6200: The role that probability and statistical distributions play in inferential statistics and decision-making is explained in the first class. Homework assignment 1 provides questions about probability and sampling distributions properties and also appears on Exam 1. 6204: The role that probability and statistical distributions play in inferential statistics and decision-making is explained in the first class. Homework assignments 1-9 provide questions about probability and distributional properties which include but not limited to cumulative distribution functions, conditional distributions, marginal distributions, joint distributions and expectations. Students have the opportunity to demonstrate their gained knowledge on probability, inferential statistics and statistical distributions

		in all Exams as the topics progress. 6206: Exam 1 includes questions that provide scenarios where students must select most appropriate statistical probabilities distributions to solve questions.
2. Advise researchers and public health professionals on translating research questions into testable hypotheses to advance public health.	BIOS 6610, BIOS 6700	6610: Homework 1: Define study topic and objectives/questions. 6700: Colloquium talks, formulating a strategy for real data analysis in their presentations help students to learn how to format a scientific/public health question to statistical hypothesis.
3. Prepare appropriate analytic approaches for public health research questions, use corresponding statistical methods to test null hypotheses, and draw conclusions based on the testing results	BIOS 6200, BIOS 6202, BIOS 6206, BIOS 6210, BIOS 6212, BIOS 6610, BIOS 6700	6200: Research questions relevant to public health are used throughout the course in lecture presentations, homework and lab assignments, and exams. In each instance, students must prepare responses by choosing and applying appropriate methods to address hypotheses formulated from research questions and provide contextual interpretations.6202: Some homework and exam questions throughout the semester provide data where the students need to apply statistical methods they learn in class, test null hypotheses, and draw conclusions based on the testing results.6206: Homework and projects for hands on public health research questions. 6210: Projects on selecting the right method for real-life problems will be required for students. 6610: Homework 2: Find suitable outcomes & variables (Identify data properties). 6212: Exam 1 questions that provides data examples and asks for conclusions. Data analysis final project. 6700: Analyze the data for each presentation, and summarize the output for the presentation.
4. Selectively apply hypothesis tests for comparing treatment strategies and exposure groups appropriate to the type of response measurement (e.g., binary, ordinal, continuous)	BIOS 6200, BIOS 6202, BIOS 6206, BIOS 6210, BIOS 6212, BIOS 6610, BIOS 6700	6200: Homework assignments for multi-group analyses involving t-tests and anova are used to assess for continuous outcomes. Similarly, the homework assignments for logistic and log-linear models (Poisson regression) are used to assess appropriate application of these methods to binary and ordinal responses. Each exam will also assess how well students select and apply methods under various problem-based scenarios. 6202: Class exercises on linear regression, ANOVA, logistic regression and multinomial regression. 6206: Homework, projects and tests for hands on public health research questions. 6210: Projects on selecting the right method for real-life problems will be required for students. Homework and exams to explain method chosen, and interpret the results. 6212: Exam 1 questions on testing for survival data, data analysis project, and homework assignments 4, 5, and 6. 6610: Homework 3: Conduct appropriate statistical analysis plan based on data properties. 6700: Different modeling strategies (linear regression, logistic/log-linear regression, Cox regression) are designed for continuous, binary/count, or censored data in different presentations.
5. Perform power analysis and sample size calculations to aid	BIOS 6610	6610: Classroom lecture, practice and discussion on power analysis and sample size calculations (count as Class Participation grade).

in the planning of public health studies.		
6. Communicate to colleagues and clients the assumptions, limitations, and (dis)advantages of commonly used statistical methods and describe preferred methodological alternatives when assumptions are not met.	BIOS 6610, BIOS 6700	6610: Classroom lecture, practice and discussion on statistical communication (count as Class Participation grade). 6700: In each presentation, discuss the pros and cons of the models used in data analysis, present the output of model-checking.
7. Use computer software for acquisition, management, analysis of data, and presentation of results.	BIOS 6200, BIOS 6202, BIOS 6210, BIOS 6212, BIOS 6610	6200: Weekly laboratory sessions will focus on database setup, different methods of importing, cleaning, and preparing data for analysis, followed by instruction on how to perform specific analyses using SAS (and possibly R). A report from each lab session is graded and is worth 25% of the final grade. 6202: SAS and R is used to demonstrate methodologies explained in class with real life examples. Some homework and exam questions provided scenarios where students need to interpret SAS results or run SAS/R codes to analyze data. 6210: Homework and projects will require students to program in SAS or R, choose the right method, and to solve the problems. 6212: Homework assignment 6 and data analysis project require software to fit proportional hazards and other models. 6610: Perform data analyses for Homework 4 & 5 for descriptive statistics, bivariate analyses, and multivariable modeling.
8. Create and present oral and written reports of the methods, results, and interpretations of statistical analyses to both statisticians and non-statisticians.	BIOS 6610	6610: Homework 6: Oral and final written report of the selected project

Template D4-1 – Environmental and Occupational Health Sciences Concentration		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Collect, analyze, and interpret environmental and occupational health outcomes data.	ENHS 6241, ENHS 6245	(1) by 21 quizzes each with 4 questions in the form of pretest (n = 2) and posttest (n = 2) questions that accompany each web lecture; (2) by in-class Power Point presentations with Q&A sessions demonstrating in-depth knowledge of s specific toxin or toxoid; and (3) by comprehensive written examination, 50 questions multiple choice. This competency will be assessed using short answer/essay questions and assignments under the topic area of Exposure assessment. Assignment – Utilize the EPA toxicological and exposure factor database to estimate the degree of environmental exposure and calculate health risk.

2. Examine the direct and indirect human, ecological, and safety effects of environmental and occupational exposures in order to protect the health of workers and the public.	ENHS 6239, ENHS 6241, ENHS 6243	This competency will be met through short answer and essay questions on in-class Exams 1-4. Independent student presentations will also be evaluated based on the student's understanding of the effects of the occupational health hazard they present on. Students will be expected to know the health impacts of major workplace hazards (chemical, biological & physical) and anticipate signs and symptoms; and identify the potential disease and workplace hazards based on presenting symptoms. (1) by 21 quizzes each with 4 questions in the form of pretest (n = 2) and posttest (n = 2) questions that accompany each web lecture; (2) by in-class Power Point presentations with Q&A sessions demonstrating in-depth knowledge of s specific toxin or toxoid; and (3) by comprehensive written examination, 50 questions multiple choice. All three exams will include multiple questions that measure knowledge of this competency. Exam questions will include both multiple choice and short answer/essay types. In addition, this competency is measured through the homework and paper assignments.
3. Evaluate biological, genetic, physiological, and psychological factors that affect human susceptibility to adverse health outcomes following exposures to environmental and occupational health hazards.	ENHS 6241, ENHS 6246	(1) by 21 quizzes each with 4 questions in the form of pretest (n = 2) and posttest (n = 2) questions that accompany each web lecture; (2) by in-class Power Point presentations with Q&A sessions demonstrating in-depth knowledge of s specific toxin or toxoid; and (3) by comprehensive written examination, 50 questions multiple choice. This competency will be assessed using short answer/essay questions under the topic area of Water resources & their pollution sources, Monitoring/measuring water quality, and Water regulation.
4. Select appropriate human health risk assessment methods for a variety environmental and occupational data.	ENHS 6245	This competency will be assessed using short answer/essay questions under the topic area of Hazard identification, and Dose-response evaluation. Exam – Analyze the degree of exposure based on the exposure scenario provided, and apply appropriate quantitative risk assessment method and model to characterize the health risk involved.
5. Recommend corrective strategies for mitigating and preventing environmental and occupational exposures that pose human health and safety risks.	ENHS 6239, ENHS 6243, ENHS 6246	This competency will be met through short answer and essay questions on in-class Exams 1-4. Independent student presentations will also be evaluated based on the student's recommendations for addressing the occupational health hazard they present on. Students should be able to discuss the tiers of exposure prevention; describe processes for conducting worksite assessments and investigations; and select appropriate corrective strategies for minimizing exposures and risks. All three exams will include multiple questions that measure knowledge of this competency. Exam questions will include both multiple choice and short answer/essay types. In addition, this competency is measured through the homework and paper assignments that explore strategies for addressing air pollution problems. This competency will be assessed using short answer/essay questions under the topic area of Monitoring/measuring water quality, Water regulation, Source water protection and conservation,

		Drinking water treatments, Municipal wastewater treatment, and Water distribution system.
6. Apply knowledge of federal and state regulatory programs, guidelines, and authorities appropriate to environmental and occupational health and safety.	ENHS 6239, ENHS 6243, ENHS 6245, ENHS 6246	This competency will be met through short answer and essay questions on in-class Exams 1-4. Independent student presentations will also be evaluated based on the student's discussion of the regulations, programs and authorities related to the occupational health hazard they present on. Students will be expected to be familiar with historical events and individual achievements in the field of occupational health; know all occupational health policies, laws and regulations discussed in class; identify appropriate agencies and authorities and describe their roles; discuss legal remedies for addressing workplace accidents and exposures; and identify worker as well as community rights. All three exams will include multiple questions that measure knowledge of this competency. Exam questions will include both multiple choice and short answer/essay types. Collectively the series of homework assignments and paper assignment measure knowledge of this competency. This competency will be assessed using short answer/essay questions under the topic area of Risk Management, Case study- Arsenic drinking water standard rule making, and Risk Assessment and Management Application – Screening Level and BP Oil Spill Case Study. Exam – short answer and essay question on how environmental risk assessment and management principles and methodologies were applied in the federal and state environmental regulatory decision or rule making. This competency will be assessed using short answer/essay questions under the topic area of Water regulation, and case study on Louisiana Total Maximum Daily Load.
7. Apply risk management and risk communication methodologies to address issues of environmental justice, equity, and policy.	ENHS 6245	This competency will be assessed using short answer/essay questions under the topic area of Risk characterization, Risk management, and Risk communication. Exam - Apply basic risk communication principles for effective communication with the public, and interpret the results of risk assessment and management utilized in environmental policymaking.
8. Propose environmental and occupational health promotion and injury prevention strategies for communities and workplaces.	ENHS 6239, ENHS 6241, ENHS 6243	This competency will be met through short answer and essay questions on in-class Exams 1-4. Independent student presentations will also be evaluated based on the student's evaluation of health prevention and promotion strategies relevant to the occupational health hazard they present on. Students are expected to know the source of data and applications for various occupational health surveillance systems; discuss roles of the clinical occupational health practitioner, industrial hygienists, NGOs and labor unions; and be familiar with various risk communication and community engagement strategies. (1) by 21 quizzes each with 4 questions in the form of pretest (n = 2) and posttest (n = 2) questions that accompany each web lecture; (2) by in-class Power Point presentations with Q&A sessions demonstrating in-depth knowledge of s specific toxin or toxoid; and (3) by comprehensive written examination, 50 questions multiple choice. This

		competency will be measured through the student paper and presentation project where students are assigned to explore an air pollution problem in depth.

Template D4-1 – Epidemiology Concentration		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Critique the processes involved in the design, analysis and evaluation of an epidemiologic study.	EPID 6211, EPID 6226	6211: Paper critiques 1-4, mid-term exam. 6226: Assignments (Linear regression problem set, Linear regression data analysis, Logistic regression Problem set, Logistic regression data analysis, Logistic regression data analysis, Survival analysis problem set, Cox proportional hazards data analysis, Poisson Regression data analysis) and Cumulative project: analysis, paper & presentation
2. Distinguish the major sources of bias in epidemiologic research and the ways to evaluate and reduce the bias.	EPID 6211, EPID 6226	6211: Homework 3 and 4 (problem sets to practice epidemiologic methods), final exam. 6226: Assignments (Directed acyclic graphs (DAGs) homework assignment, Linear regression problem set, Linear regression data analysis, Logistic regression Problem set, Logistic regression data analysis, Logistic regression data analysis, Survival analysis problem set, Cox proportional hazards data analysis, Poisson Regression data analysis) and Cumulative project: analysis, paper & presentation
3. Apply epidemiologic analyses using linear, logistic, Cox and Poisson regression.	EPID 6211, EPID 6226	6211: Homework 4 and 5 (problem sets to practice epidemiologic methods). 6226: Assignments (Linear regression problem set, Linear regression data analysis, Logistic regression Problem set, Logistic regression data analysis, Logistic regression data analysis, Survival analysis problem set, Cox proportional hazards data analysis, Poisson Regression data analysis) and Cumulative project: analysis, paper & presentation
4. Evaluate data for confounding and effect modification (interaction)	EPID 6211, EPID 6226	6211: Homework 4 (problem sets to practice epidemiologic methods), and final. 6226: Assignments (Linear regression problem set, Linear regression data analysis, Logistic regression Problem set, Logistic regression data analysis, Logistic regression data analysis, Survival analysis problem set, Cox proportional hazards data analysis, Poisson Regression data analysis) and Cumulative project: analysis, paper & presentation
5. Apply the tools of causal inference in epidemiology (e.g. counterfactuals, directed acyclic graphs)	EPID 6211, EPID 6226	6211: Homework 4 (problem sets to practice epidemiologic methods), and final. 6226: Assignments (Directed acyclic graphs (DAGs) homework assignment) and Cumulative project: analysis, paper & presentation
6. Appraise the strengths and weaknesses of epidemiologic literature	EPID 6211, EPID 6226	6211: Paper critiques 1-4. 6226: Dissection of a scientific paper and Cumulative project: analysis, paper & presentation
7. Effectively communicate epidemiologic information to diverse	EPID 6211, EPID 6226	6211: Student presentations of critiques. 6226: Assignments (Linear regression problem set, Linear regression data analysis, Logistic regression Problem set, Logistic regression data analysis, Logistic regression data analysis, Survival analysis problem set, Cox proportional

audiences in diverse settings.		hazards data analysis, Poisson Regression data analysis) and Cumulative project: analysis, paper & presentation

Template D4-1 – Health Policy and Systems Management Concentration		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Apply quality and performance improvement concepts to address organizational and systems performance issues and use "systems thinking" for solving organizational problems.	HPSM 6248, HPSM 6270	6248: Organization analysis (written report and oral presentation); 6270: Assignment #8 – Tutorial Module VI, Questions on Assessing Financial Performance; Assignment #8 – Tutorial Module IV, Questions on Financial Evaluation of New Program Initiatives; Final Exam – Comprehensive Case Study Financial Condition Analysis of a health organization.
2. Demonstrate leadership skills in public health and communicate health policy and management issues, using appropriate channels and technologies.	HPSM 6248, HPSM 6288	6248: Organization analysis (written report and oral presentation); 6288: Media project, homework assignments - Playing By the Rules? If you were a legislator, Using Your Resources, My Friend and My Foe: Pick a PAC
3. Appraise the current issues in planning, recourses allocation, and financing and their effects on consumers, providers, and payers in a health system.	HPSM 6248, HPSM 6269, HPSM 6270	6248: Organization analysis (written report and oral presentation); 6269: Exam 1: covers learning objectives 2,3, Final exam: covers learning objective 7,8, Short answer and essay questions to demonstrate knowledge of system structure; behavior of people, providers, organizations; and market performance, Homework 1: cost of health care services, and marginal analysis, Homework 4: demand for medical care, Homework 6a: medical care production and costs. 6270: Assignment #1 – Tutorial Module I, Questions on Financing Public Health and Health Services; Assignment #2 – Tutorial Module III, Questions on Financial Planning & Budgeting
4. Analyze the impact of political, social, and economic policies on health systems at the local, state, national, and international levels and formulate solutions to key problems.	HPSM 6269, HPSM 6288, HPSM 6270	6269: Exam 2: covers learning objective 6, Final Exam: covers learning objectives 7, 9, Short answer and essay questions to demonstrate knowledge of economic reasons for government intervention; and various types of public sector involvement, such as price and quality regulations and antitrust laws. Homework 5: demand for health insurance, Homework 6b: market analysis and economic reasons for government intervention; 6288: Class participation (rubric in syllabus), Media project, Point/Counterpoint paper, Legislative proposal, Final exam, Homework assignments - Let's “fine” a problem, My friend and my foe: Pick a PAC. 6270: Assignment #1 – Tutorial Module I, Questions on Financing of Public Health & Health Services
5. Apply evidence-based management practices to critical evaluation and	HPSM 6269	Exam 1: covers learning objectives 1,2 Short answer and essay questions to discuss economic ideas such as supply, demand, marginal analysis,

decision making in health care delivery.		production and cost to health care issues, Homework 2: economic models and tools used in economic analysis; Journal article review and presentation: student will characterize verbally and in writing the basic structure, operation, and performance of health care organization.
6. Propose policy development, analysis, and evaluation processes for improving the health status of populations.	HPSM 6269, HPSM 6288	6269: Exam 2: covers learning objectives 1,4,5; Short answer and essay questions to: discuss various healthcare reform proposals; select an appropriate economic evaluation technique for policy analysis. Homework 3: healthcare cost and benefit evaluation; Journal article review and presentation: student will critique the findings of health services research literature and propose a policy/ or economic evaluation technique for improving the health status of a specific population. 6288: Class participation (rubric in syllabus), Media project, Point/Counterpoint paper, Legislative proposal, homework assignments - Let's fine a problem, Using your resources, My friend and my foe: Pick a PAC

2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school or program must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

Not applicable

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

Contained in the Electronic Resource File

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

Strengths

Each concentration has developed 6-8 (>5) competencies that are each associated with at least one specific, required assessment activity. Faculty can validate the student's ability to perform the competency.

Weaknesses

The process of mapping competencies to specific assessment activities is relatively new in the School, and have not been validated through successive course offerings.

Plans for Improvement

A complete review of assessment methods and the mapping process will occur after the second offering of foundational courses for which assessment mapping is new.

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

Applied practice experiences may be concentrated in time or may be spread throughout a student's enrollment. Opportunities may include the following:

- **a practicum or internship completed during a summer or academic term**
- **course-based activities (e.g., performing a needed task for a public health or health care organization under the supervision of a faculty member as an individual or group of students)**
- **activities linked to service learning, as defined by the program, school or university**
- **co-curricular activities (e.g., service and volunteer opportunities, such as those organized by a student association)**
- **a blend of for-credit and/or not-for-credit activities**

Applied practice experiences may involve governmental, non-governmental, non-profit, industrial and for-profit settings or appropriate university-affiliated settings. To be appropriate for applied practice experience activities, university-affiliated settings must be primarily focused on community engagement, typically with external partners. University health promotion or wellness centers may also be appropriate.

The school or program identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved. Activities meeting the applied practice experience should be mutually beneficial to both the site and the student.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The school or program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, journal entries, completed tests, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the school or program or by individual students) in any physical or electronic form chosen by the school or program.

The materials may originate from multiple experiences (e.g., applied community-based courses and service learning courses throughout the curriculum) or a single, intensive experience (e.g., an internship requiring a significant time commitment with one site). While students may complete experiences as individuals or as groups in a structured experience, each student must present documentation demonstrating individual competency attainment.

Combined degree students have opportunities to integrate and apply their learning from both degree programs through applied practice experiences.

The school or program structures applied practice experience requirements to support its mission and students' career goals, to the extent possible.

Required documentation:

1) **Briefly describe how the school or program identifies competencies attained in applied**

practice experiences for each MPH student, including a description of any relevant policies. (self-study document) Present at least five sample matrices in the format of Template D5-1. (ERF)

There is a continuum from the planning of the practice experience through its assessment. Students identify the competencies they will master and develop deliverables related to the competencies and placement work activities. The course director evaluates attainment of the competencies at the conclusion of the experience based on the preceptor evaluation and produced deliverables.

The student begins the process of developing his or her individual practice experience at least one semester prior to beginning work. Resource materials available to the student include a handbook and a list of approved sites. The student can work with the Practice office to select an existing site or to have a new site approved and preceptor approved. The student is then asked to meet with the preceptor to define a project and consider deliverables and competencies to be achieved. The student will then discuss the project, competencies, and deliverables with the Practice office to finalize. The final proposal including the competencies to be addressed is submitted on a standard form.

As part of the proposal, the student must identify a "deliverable" or product that documents the achievement of the proposed competencies. The student uses the portfolio to submit the deliverables for review by the Practice office. The Program office reviews the deliverables in conjunction with the proposed competencies. In addition, the preceptor submits an evaluation of the student's achievement of the competencies.

There is a continuum from the planning of the practice experience through its assessment. Students identify the competencies they will master and develop deliverables related to the competencies and placement work activities. The course director evaluates attainment of the competencies at the conclusion of the experience based on the preceptor evaluation and produced deliverables.

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

All MPH students complete a 200 hour practice experience before graduation. The practice experience is a three-way relationship among the student, the practice experience office, and the preceptor from the sponsoring health service/community organization. Selection of an appropriate practice experience, based on competencies and the student's career goals, begins early in the student's graduate studies. The School maintains a placement list of approved sites and qualified preceptors for students to use in selecting their practice experiences. The practice experience coordinator compiles the list, which includes organizations, centers, or programs focused on population health through prevention, delivery of services, promotion of health education, and advocacy for health care. The practice experience process often begins with the student making initial contact with a possible sponsoring organization, the student's academic advisor, or the practice experience coordinator may identify and recommend potential sites. If the potential practice experience site is not on the approved list, then the student and practice experience coordinator work together to complete a new site data form and identify a preceptor for approval by the course director. Criteria for practice experience preceptor include the MPH or equivalent and three years of professional public health experience, or at least five years of professional public health experience.

The course director and coordinator are responsible for monitoring the practice experience through contact with the student and preceptor. Before the start of the practice experience, students, in collaboration with their preceptors, choose the competencies they will address. The competencies and deliverables are matched to planned work activities and then submitted to the course director for review. Students are required to maintain a work log that reflects days and times of work. At mid-semester, students must submit a progress report to the course director to provide a brief review to date. At the end of the course, students must submit to the course director deliverables and evaluation of the practice experience form before the end of the semester. At this time, the preceptors complete and submit a post-experience evaluation of the student form. The course director assigns a grade of pass/fail based upon the deliverables and the preceptor's evaluation of the student. The course director conducts monitoring of

the practice experience sites for ongoing quality control.

The Practice Experience Handbook is available on the School website. Students are introduced to the practice experience through their academic orientation in the fall and spring semesters for new students. Each fall and spring semester the practice experience coordinator organizes practice experience prep sessions. In addition, the course director and practice experience coordinator conduct ongoing review of practice experience policies and procedures.

3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The school or program must provide samples of complete sets of materials (i.e., the documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the school or program has not produced five students for which complete samples are available, note this and provide all available samples. (electronic resource file)

Once a student begins the practice experience proposal, the coordinator invites the student to the course director's managed practice experience portfolio. The use of an academic portfolio is required throughout the didactic portion of the practice experience. All practice experience work is stored in the portfolio in a thoughtful, organized, and deliberate manner. The portfolio contains documents created by the practice experience office, completed by students, then signed and approved by the student, preceptor and occasionally the course director. At the end of the semester, all of the student's work and completed deliverables are stored in the portfolio for course director review, approval, and grading. The portfolio also allows the course director and coordinator to comment on students' work and recommend edits or additions.

At the end of the semester, students are required to turn in all deliverables for the course director to review. Deliverables are included in course grade. NOTE: Beginning fall 2017, a portfolio tool was incorporated in practice experience requirement, the OneNote platform. More than five students completed portfolio requirements; however, each program does not have students with complete practice experience portfolios.

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

Strengths

Beginning in 2017, the School created the Office of Public Health Practice and Community Engagement under the leadership of an Associate Dean in response to a need identified in the school strategic plan. In addition, a staff member was hired to coordinate practice experiences and support the Associate Dean. The SPH continually entertains requests for sites from faculty, students, and community public health practitioners. The SPH continues to evaluate and add additional appropriate practice sites to its current roster as new sites are presented to the School and approved.

Deliverables tied to competencies improve student's understanding of site operations and of the skills required to succeed as a public health professional. Further, deliverables support the application of course work and understanding of student's area of study. Deliverables positively influence sites, support site mission, and provide students with enhanced professional portfolio. Positive feedback from preceptors in regards to deliverables.

A strong working relationship has been developed between the LSU MSW program and the SPH for the practice experience for MPH/MSW students. A jointly devised handbook has been developed to guide these students through the practice experience. While MSW students have numerous practice hours, only one 3-hour course is required for the MPH. But this represented an opportunity for the two programs

to work closely together to take one course from the MSW experience and merge it with the MPH requirements.

Weaknesses

Students with more focused and refined areas of interest want more options than we currently have available. The small number of students in the school does not require a large number of practice experience sites. It would not be prudent to add a number of sites, as our student body is relatively small and we would not want to promise an organization students that we then cannot deliver. So it becomes a tightrope walk in terms of the number of active practice sites.

There is not as much cohesiveness between the SPH and the School of Medicine with the practice experience for MPH/MD students as we have been able to develop with the MPH/MSW program. The Health Sciences Center request affiliation agreements for sites outside of Louisiana and all international site. The Office of Public Health Practice and Community Engagement works with the Business Office to process affiliation agreements. No clear procedure is in place for requesting and processing affiliation agreements in a timely manner. Due to the lack of a clearly defined process and the long processing time, some affiliation agreements are not processed until the day of the start of the semester for students. Although students prepare for their practice experience a semester in advance, the university's affiliation agreement policy puts students in a time difficult position.

Plans for improvement:

In response to faculty assessment of the practice experience office, the coordinator and course director will focus on providing timely information to faculty. Students have expressed concern regarding maintaining several portfolios at one time. As the portfolio is new to the program, efforts are being made in individual classes to refine its use. In time, we would expect each student to have one portfolio for their MPH experience. Also, the Practice Office will always assist students with very specific interests in developing a practice experience to meet their needs.

The practice experience prep sessions represent an ideal time to get input from students. Beginning in fall 2018, we will ask the student participants to complete a very brief survey of their interest areas. We can then use that information to seek out specific sites when a student's interest area is not represented in our active site list.

The didactic portion of the practice experience has been held at lunchtime. However, a number of students have expressed that this time is inconvenient for spending a block of time at that practice site. Beginning summer 2018, the didactic portion will meet at 8:00 am.

The Office of Public Health Practice and Community Engagement has begun working with faculty at LSUHSC with both MD and MPH degrees to ensure that the practice experience meets the needs of both degrees. MPH/MD students have the same requirements for the practice experience as MPH students. However, we want to be sure that the experience as applicability to their future roles in medicine. At this time, we are working on set of practice experience sites deemed to meet the needs of both the MPH and MD experience. We also will allow flexibility be setting up a mechanism for the addition of new sites/experiences if a student were to come with a project in mind.

D6. DrPH Applied Practice Experience (Not applicable)

D7. MPH Integrative Learning Experience

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

The ILE represents a culminating experience and may take many forms, such as a practice-based project, essay-based comprehensive exam, capstone course, integrative seminar, etc. Regardless of form, the student produces a high-quality written product that is appropriate for the student's educational and professional objectives. Written products might include the following: program evaluation report, training manual, policy statement, take-home comprehensive essay exam, legislative testimony with accompanying supporting research, etc. Ideally, the written product is developed and delivered in a manner that is useful to external stakeholders, such as non-profit or governmental organizations.

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

The ILE is completed at or near the end of the program of study (eg, in the final year or term). The experience may be group-based or individual. In group-based experiences, the school or program documents that the experience provides opportunities for individualized assessment of outcomes.

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

Combined (dual, joint, concurrent) degree students should have opportunities to incorporate their learning from both degree programs in a unique integrative experience.

Required documentation:

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

Template D7-1: MPH Integrative Learning Experience for X Concentration	
Integrative learning experience (list all options)	**How competencies are synthesized**
PUBH 6600 Culminating Experience, every spring semester (3 credit hours)	Students are divided into interdisciplinary teams, and required to present two case studies and one issue-based policy analysis. For each presentation, individual team members are submit a reflection paper discussing which of their concentration specific competencies they thought were addressed in this scenario and why. Competencies are compiled into a matrix and cross-checked to coverage across all programs at the end of the semester. Students are also evaluated on an individual basis with their submission of a full issue/policy analysis paper. Beginning in Spring 2020, PUBH 6600 will be integrated into year 2 of the IPE Team UP experience.

2) **Briefly summarize the process, expectations and assessment for each integrative learning experience. (self-study document)**

All professional degree programs shall assure that each student demonstrates skills and integration of knowledge through a culminating experience. The student is required to synthesize and integrate knowledge acquired in coursework and other learning experiences and to apply theory and principles in a situation that approximates some aspects of professional practice. LSUHSC SPH utilizes a case-study based approach with interdisciplinary teams of students working together to address real-world scenarios and emerging issues in public health. They are able to refine their teaming skills, demonstrate higher-level concentration competencies, and gain valuable practice in communication.

Assessment is conducted at multiple levels from self/individual reflection, peer evaluation and traditional faculty feedback. The assessment measures utilized in the class are below and the full rubrics referenced above can be found in the electronic resource file.

In the past, to fulfill the integrative experience requirement, MPH students complete individual projects in which they write a project proposal, and after receiving approval from a faculty review committee, carryout the proposed activities, write a report and present their findings. All students enroll in a common course, PUBH 6600 Culminating Experience. The format was changed from an individual project-based format to a case-based integrated course that all MPH students take was initiated with a pilot of HPSM students in spring 2015. The feedback from the nine HPSM students was very positive. Students rated the course an average of 4.9 out of 5.0 (Median=5) on teacher effectiveness and course format. The contextual feedback from students indicated they enjoyed the course, particularly the step-by-step critical analysis and problem solving aspect.

The current format evolved from a series of faculty committee discussions to address concerns over the increasing faculty workload as a result of increased enrollment. This format also addresses concerns expressed in the CEPH accreditation review (2013) regarding the heavy workload concentrated at the end of the semester prior to registration particularly for those faculty serving on the school-wide proposal review committee. This format also facilitates a more real world, interdisciplinary approach to public health practice that allow the students work as a team to address case-based public health issues further reinforcing the importance of each discipline. The current format has wide-spread acceptance of the faculty and all program directors. The LSUHSC School of Public Health Curriculum Committee reviewed and approved the proposed changes. Dr. Kari Brisolara, Associate Professor of Environmental and Occupational Health Sciences acts as course director and leads a team of faculty from each of the five core areas. Case-based learning is the core of the class utilizing cross-cutting, competency-based scenarios that require the students to examine the role of their discipline in the larger realm of public health. Students are grouped into teams with an emphasis on diversity of discipline, the ultimate goal being teams of five students with one from each core discipline. Faculty are subject-matter experts, assigned based on the issue/case to serve as a resource for the student teams and also attend the presentations to provide comments/feedback. Additionally, the core competencies for interprofessional practice will be introduced to emphasize the importance of collaborative problem-solving starting in spring 2019. Within each case/issue discussion, team members will be required to indicate in their individual reflection assignment the discipline specific competency they feel best represents their role in that case/issue discussion.

In spring 2018, the format changed to include a return to individual paper submission (instead of poster presentations for individual assessment of students. For this paper, students are given a theme/issue that they then apply to their concentration including program competencies demonstrated (explain how the competencies selected address the issue, why they chose those particular competencies). In addition, community stakeholders were invited to all presentations within the class via Facebook and Twitter announcements. Targeted invitations were sent based up the topic of the group selected to present at the SPH Delta Omega Honor's Day. The selection of the best presentation was based upon analysis quality, presentation skill and public health importance.

3) **Provide documentation, including syllabi and/or handbooks, that communicates**

integrative learning experience policies and procedures to students. (electronic resource file)

Syllabi and materials included in Electronic Resource File

4) **Provide documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies. (electronic resource file)**

Table D7.2: Assessments and Rubrics for Integrated Learning

Assessment	Rubric
Case Presentations – Group (1 ISSUE, 2 CASES)	1: Peer Evaluation; 2: Peer Group; 3: Faculty Evaluation
Individual Paper (~10 pages)	4: Faculty Written
Individual Reflection Papers (Based on Team Assigned Cases; 2) *Each team member must submit a brief reflection paper documenting their thoughts on the cases their team presents; include: highlights of the issue/case and the role your discipline played (1-2 paragraphs), how the issue/case could relate to your professional goals (1 paragraph), lessons learned: what you did well, areas for improvement, personal thoughts on the issue (2 paragraphs), competencies integrated (1 paragraph)*	3: Faculty Evaluation
Class Participation	5: Participation
TOTAL	

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

Materials included in Electronic Resource File

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

Strengths

All MPH students complete an integrative learning experience that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals. The first two offerings of the integrated course have been well received.

Weaknesses

The process of mapping competencies to specific activities, and creating activities that apply to all concentration is a continuing challenge.

Plans for Improvement

Beginning in Spring 2020, PUBH 6600 will be integrated into year 2 of the IPE Team UP experience.

D8. DrPH Integrative Learning Experience (Not applicable)

D9. Public Health Bachelor's Degree General Curriculum (Not applicable)

D10. Public Health Bachelor's Degree Foundational Domains (Not applicable)

D11. Public Health Bachelor's Degree Foundational Competencies (Not applicable)

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities (Not applicable)

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences (Not applicable)

D14. MPH Program Length

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

Schools and programs use university definitions for credit hours.

Required documentation:

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

The MPH degree awarded through the School requires 46 credit hours to graduate. Prior to June 8, 2018, the MPH degree required 45 credit hours. The one-credit hour increase in program length is due to the addition of PUBH 6160 Public Health Program Development to the MPH curriculum. This course addresses the CEPH required competency for interprofessional education and three other foundational competencies that are not fully addressed elsewhere.
Table D14.1 presents the exact breakdown of requirements for each academic concentration. Each of the five has the same number of core public health credit hours (21) and credit hours for the practice experience and the integrative learning experience (3 credit hours for each experience). However, the five academic concentrations differ in the balance of program-specific required courses and electives.

Table 14.1 Minimum MPH degree requirements by credit hour

Content	BCHS	BIOS	ENHS	EPID	HPSM
Core Knowledge Courses	21	21	21	21	21
Required Program-specific Courses	14	19	15	9	12
Electives	4	0	4	8	7
Practice Experience	3	3	3	3	3
Integrative Learning Experience	3	3	3	3	3
Total Credit Hours	**46**	**46**	**46**	**46**	**46**

2) **Define a credit with regard to classroom/contact hours. (self-study document)**

The LSUHSC uses the United States Department of Education regulations 34 CFR 600.2, 34 CFR 668.8 and 34 CFR 668.10 to define a credit hour. At LSUHSC, application of the above regulations is the

awarding of one credit hour for every 15 hours of lecture, 30 hours of laboratory, or 45-60 hours of clinic time during a semester. For a mixed lecture/laboratory/clinic course, 37.5 clock hours is equal to one credit hour. Source: https://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=ff54b35753815f404bb5ebefc795c7eb&rgn=div8&view=text&node=34%3A3.1.3.1.1.1.23.2&idno=34

D15. DrPH Program Length (Not applicable)

D16. Bachelor's Degree Program Length (Not applicable)

D17. Academic Public Health Master's Degrees

Students enrolled in the unit of accreditation's academic public health master's degrees (e.g., MS in biostatistics) complete a curriculum that is based on defined competencies; produce an appropriately rigorous discovery-based paper or project at or near the end of the program of study; and have the opportunity to engage in research at a level appropriate to the degree program's objectives.

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

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

- **The instruction includes assessment opportunities, appropriate to the degree level, that allow faculty to assess students' attainment of the introductory public health learning objectives. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.**

- **The instruction and assessment of students' foundational public health knowledge are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.**

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

Profession & Science of Public Health

1. **Explain public health history, philosophy and values**
2. **Identify the core functions of public health and the 10 Essential Services**
3. **Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health**
4. **List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program**
5. **Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.**
6. **Explain the critical importance of evidence in advancing public health knowledge**

Factors Related to Human Health

7. **Explain effects of environmental factors on a population's health**

8. **Explain biological and genetic factors that affect a population's health**
9. **Explain behavioral and psychological factors that affect a population's health**
10. **Explain the social, political and economic determinants of health and how they contribute to population health and health inequities**
11. **Explain how globalization affects global burdens of disease**
12. **Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)**

Required documentation:

1) **List the curricular requirements for each relevant degree in the unit of accreditation. (self-study document)**

The Master of Science in Biostatistics is a two-year degree program with a minimum requirement of 42 semester hours of graduate work, not over six hours of which is allowed for research and composition of a thesis, and not more than two credit hours of seminars. It begins with a core of basic biostatistical methods and statistical theory and continues with electives in methods directly applicable in public health. The culminating experience for the MS is a written thesis describing a novel method or model, or application of existing method or model, with direct application to addressing a significant issue in public health. The MS in Biostatistics provides training for jobs in government, industry, and the private sector, as well as rigorous preparation for the PhD. Entry requirements include calculus I-III and linear algebra. The MS is offered jointly through the School of Public Health and the School of Graduate Studies.

Table D17.1 MS Biostatistics Curricular Requirements

Course Number	**Course Title**	**Credit Hours**
BIOS 6200	Principles of Applied Statistics	4
BIOS 6202	Applied Linear Models	3
BIOS 6204	Statistical Theory I	3
BIOS 6206	Statistical Theory II	3
BIOS 6210	Categorical Data Analysis	3
BIOS 6610	Biostatistical Consulting I	2
BIOS 6700	Research Seminar in Biostatistics	2
BIOS 6212	Survival Analysis	3
BIOS 6900	Thesis Research [6 credits required]	6
EPID 6210	Principles of Epidemiology	3
PUBH 6221	Foundations of Public Health	1
PUBH 6200	Essentials of Public Health Ethics	3
Biostatistics Electives (see university catalog for full list of electives)		6
Total:		**42**

2) **Provide a matrix, in the format of Template D17-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school or program will present a separate matrix for each degree program, but matrices may be combined if requirements are identical. (self-study document)**

SPH MS students obtain a public health orientation to the 12 recommended foundational learning objectives primarily through the required three-credit course, PUBH 6200 Essentials of Public Health. Assessment of the foundational competencies are made through quizzes, essays, presentations and graded class participation using a well-establish rubric. Students will gain knowledge of public health

through discussions of the profession and science of public health, factors related to human health, as well as other topics, such as the role of the health care system and health care financing. Students will also gain knowledge through reading selected papers and creating presentations for the class. Outcomes of the course will include understanding of the twelve core public health knowledge competencies.

Additionally, these students are required to take PUBH 6221 Foundations of Public Health Ethics. This course examines public health issues in light of scientific, moral and political considerations including autonomy, individual rights, coercion, justice, community, the common good, the norms of research, and multi-cultural values. The course provides students with a working knowledge of ethics and of the skills to explain and apply them in the professional life of the public health researcher including consent, privacy, responsibility to the community, the operations of an institutional review board, and the rights of the individuals participating in research.

Template D17-1: Content Coverage for academic doctoral degree in a public health field (SPH and PHP, if applicable)		
Content	**Course number(s) and name(s)**	**Specific assessment opportunity**
1. Explain public health history, philosophy and values	PUBH 6200: Essentials of Public Health	Brief Essay 1 – Compare public health values and LSUSPH values.
2. Identify the core functions of public health and the 10 Essential Services*	PUBH 6200: Essentials of Public Health	Quick Quiz 1 – Core functions and essential services.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	PUBH 6200: Essentials of Public Health	Brief Essay 2 – Which do you find more persuasive, quantitative or qualitative analyses?
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	PUBH 6200: Essentials of Public Health	Quick Quiz 2 – Morbidity and mortality in Louisiana.
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	PUBH 6200: Essentials of Public Health	Select an article on 10, 20 and 30 prevention and present to class.
6. Explain the critical importance of evidence in advancing public health knowledge	PUBH 6200: Essentials of Public Health	Brief Essay 3 – Why is evidence required for public health policy?
7. Explain effects of environmental factors on a population's health	PUBH 6200: Essentials of Public Health	Quick Quiz 3 – Environmental health
8. Explain biological and genetic factors that affect a population's health	PUBH 6200: Essentials of Public Health	Select a genetic or behavioral article on population health and present to class; participate in discussion.
9. Explain behavioral and psychological factors that affect a population's health	PUBH 6200: Essentials of Public Health	Select a genetic or behavioral article on population health and present to class; participate in discussion.
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	PUBH 6200: Essentials of Public Health	Brief Essay 4 – Select a social, political or economic determinant and explain its relation to health and health inequity.
11. Explain how globalization affects global burdens of disease	PUBH 6200: Essentials of Public Health	Quick Quiz 4 – Globalization

12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	PUBH 6200: Essentials of Public Health	Quick Quiz 5 – One Health

3) Provide a matrix, in the format of Template D17-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. Note: these competencies are defined by the school or program and are distinct from the foundational public health learning objectives defined in this criterion. (self-study document)

The MS Biostatistics-specific competencies are the result of a series of discussions and revisions among the biostatistics faculty in response to the new (2016) CEPH criteria. The current nine MS Biostatistics-specific competencies are assessed across eight required courses primarily through homework, computing laboratory assignments and exams. The competency specific to using or developing innovative methods for solving problems of public health significance is assessed through the presentation and defense of the student's MS thesis.

Template D17-2: Assessment of Competencies for Academic Master's Degrees in Public Health Fields	
Competency	**Specific assessment opportunity**
1. Explain the role that probability and statistical distributions play in inferential statistics and decision-making.	BIOS 6200: The role that probability and statistical distributions play in inferential statistics and decision-making is explained in the first class. Homework assignment 1 provides questions about probability and sampling distributions properties and also appears on Exam 1. BIOS 6204: The role that probability and statistical distributions play in inferential statistics and decision-making is explained in the first class. Homework assignments 1-9 provide questions about probability and distributional properties which include but not limited to cumulative distribution functions, conditional distributions, marginal distributions, joint distributions and expectations. Students have the opportunity to demonstrate their gained knowledge on probability, inferential statistics and statistical distributions in all Exams as the topics progress. BIOS 6206: Exam 1 includes questions that provide scenarios where students must select most appropriate statistical probabilities distributions to solve questions.
2. Advise researchers and public health professionals on translating research questions into testable hypotheses to advance public health.	BIOS 6610: Homework 1: Define study topic and objectives/questions. BIOS 6700: Colloquium talks, formulating a strategy for real data analysis in their presentations help students to learn how to format a scientific/public health question to statistical hypothesis.

3. Prepare appropriate analytic approaches for public health research questions, use corresponding statistical methods to test null hypotheses, and draw conclusions based on the testing results	BIOS 6200: Research questions relevant to public health are used throughout the course in lecture presentations, homework and lab assignments, and exams. In each instance, students must prepare responses by choosing and applying appropriate methods to address hypotheses formulated from research questions and provide contextual interpretations. BIOS 6202: Some homework and exam questions throughout the semester provide data where the students need to apply statistical methods they learn in class, test null hypotheses, and draw conclusions based on the testing results. BIOS 6206: Homework and projects for hands on public health research questions. BIOS 6210: Projects on selecting the right method for real-life problems will be required for students. BIOS 6610: Homework 2: Find suitable outcomes & variables (Identify data properties). BIOS 6212: Exam 1 questions that provides data examples and asks for conclusions. Data analysis final project. BIOS 6700: Analyze the data for each presentation, and summarize the output for the presentation.
4. Selectively apply hypothesis tests for comparing treatment strategies and exposure groups appropriate to the type of response measurement (e.g., binary, ordinal, continuous)	BIOS 6200: Homework assignments for multi-group analyses involving t-tests and anova are used to assess for continuous outcomes. Similarly, the homework assignments for logistic and log-linear models (Poisson regression) are used to assess appropriate application of these methods to binary and ordinal responses. Each exam will also assess how well students select and apply methods under various problem-based scenarios. BIOS 6202: Class exercises on linear regression, ANOVA, logistic regression and multinomial regression. BIOS 6206: Homework, projects and tests for hands on public health research questions. BIOS 6210: Projects on selecting the right method for real-life problems will be required for students. Homework and exams to explain method chosen, and interpret the results. BIOS 6212: Exam 1 questions on testing for survival data, data analysis project, and homework assignments 4, 5, and 6. BIOS 6610: Homework 3: Conduct appropriate statistical analysis plan based on data properties. BIOS 6700: Different modeling strategies (linear regression, logistic/log-linear regression, Cox regression) are designed for continuous, binary/count, or censored data in different presentations.
5. Perform power analysis and sample size calculations to aid in the planning of public health studies.	BIOS 6610: Classroom lecture, practice and discussion on power analysis and sample size calculations (count as Class Participation grade).
6. Communicate to colleagues and clients the assumptions, limitations, and (dis)advantages of commonly used statistical methods and describe preferred methodological alternatives when assumptions are not met.	BIOS 6610: Classroom lecture, practice and discussion on statistical communication (count as Class Participation grade). BIOS 6700: In each presentation, discuss the pros and cons of the models used in data analysis, present the output of model-checking.

7. Use computer software for acquisition, management, analysis of data, and presentation of results.	BIOS 6200: Weekly laboratory sessions will focus on database setup, different methods of importing, cleaning, and preparing data for analysis, followed by instruction on how to perform specific analyses using SAS (and possibly R). A report from each lab session is graded and is worth 25% of the final grade. BIOS 6202: SAS and R is used to demonstrate methodologies explained in class with real life examples. Some homework and exam questions provided scenarios where students need to interpret SAS results or run SAS/R codes to analyze data. BIOS 6210: Homework and projects will require students to program in SAS or R, choose the right method, and to solve the problems. BIOS 6212: Homework assignment 6 and data analysis project require software to fit proportional hazards and other models. BIOS 6610: Perform data analyses for Homework 4 & 5 for descriptive statistics, bivariate analyses, and multivariable modeling.
8. Create and present oral and written reports of the methods, results, and interpretations of statistical analyses to both statisticians and non-statisticians.	BIOS 6610: Homework 6: Oral and final written report of the selected project
9. Identify and implement innovative statistical approaches for solving problems of biological, biomedical, or public health importance.	BIOS 6900: Thesis

4) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

Typically, the school or program will present a separate list and explanation for each degree program, but these may be combined if requirements are identical. (self-study document)

In addition to PUBH 6200 Essentials of Public Health and PUBH 6221 Foundations of Public Health Ethics, MS Biostatistics students are required to take the three-credit MPH core course in epidemiology (EPID 6210 Principles of Epidemiology), and must also take two semesters of a one-credit course examining current research literature in BIOS 6700 Research Seminar in Biostatistics.

Outside of formal coursework, students have numerous opportunities and venues to learn about the variety of public health research methods available for addressing issues of population health through lectures series offered by study groups, departments and centers across the health sciences center. As an example of experience within the School, faculty and students offered numerous presentations describing the study design, data acquisition and analytic methods used in studying the populations affected by the Deep Horizon oil spill as part of the Gulf Oil Spill Study. Students also have opportunities to be involved in supported research projects through assistantship/student worker positions in funded research and service programs such as the Louisiana Tumor Registry, Tobacco Cessation Initiative, Breast and Cervical Cancer Program, and the Gulf Oil Spill Study.

5) **Briefly summarize policies and procedures relating to production and assessment of the final research project or paper. (self-study document)**

As described in the SPH Student Handbook, all work towards a Master of Science in Biostatistics must be completed in no more than four years. Any requests for extension of this policy are subject to approval by the student's thesis committee and the Dean. The student must submit the completed Request for Dissertation/Thesis Defense and Final Examination and a copy of the thesis abstract to the Office of Admissions and Student Affairs two weeks prior to his/her defense date. The Office of Admissions and Student Affairs will archive the original in the student's file, and will forward an electronic copy to the Office of Academic Affairs. Instructions on the preparation of the thesis may be obtained from the School of Graduate Studies website at http://graduatestudies.lsuhsc.edu/docs/DissertationGuidelines.pdf.

When the thesis is nearly complete, the candidate will be required to successfully present the thesis in an open seminar. After the open seminar, the student will meet with the thesis committee for an oral examination. To pass the examination, there may be no more than one negative vote among committee members. The committee is comprised of three graduate faculty of the LSUHSC School of Graduate Studies, two of whom must also be fulltime faculty in Biostatistics. The dean may serve as a member or may appoint members to the committee. The student must submit the completed Dissertation/Thesis Defense Final Examination Report to the Office of Admissions and Student Affairs after the defense. The Office of Admissions and Student Affairs archives the original in the student's file, and forwards an electronic copy to the Office of Academic Affairs.

6) **Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program. (electronic resource file)**

7) **Include completed, graded samples of deliverables associated with the major paper or project. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)**

8) **Briefly explain how the school or program ensures that the instruction and assessment in basic public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course. (self-study document)**

SPH MS students obtain instruction on basic public health knowledge through the required three-credit course, PUBH 6200 Essentials of Public Health. Assessment of basic public health knowledge and the foundational competencies are made through quizzes, essays, presentations and graded class participation using a well-establish rubric. Students will gain knowledge of public health through discussions of the profession and science of public health, factors related to human health, as well as other topics, such as the role of the health care system and health care financing. Students will also gain knowledge through reading selected papers and creating presentations for the class. Outcomes of the course will include a basic understanding of public health knowledge across the disciplines and of the twelve core public health knowledge competencies.

9) **Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)**

The syllabus for PUBH 6200 Essentials of Public Health is included in the electronic resource file.

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

Strengths

Students enrolled in MS in Biostatistics complete a curriculum that is based on defined competencies, covers scientific and analytic approaches to discovery and translation of public health knowledge, includes instruction in the foundational public health knowledge, and includes a thesis as a final project.

Weaknesses

There are typically a small number of students enrolled in the MS in Biostatistics, limiting opportunities for team-based learning.

Plans for Improvement

Plans are under development to permit greater enrollment in the MS in Biostatistics though greater financial support options.

D18. Academic Public Health Doctoral Degrees

Students enrolled in the unit of accreditation's doctoral degree programs that are designed to prepare public health researchers and scholars (e.g., PhD, ScD) complete a curriculum that is based on defined competencies; engage in research appropriate to the degree program; and produce an appropriately advanced research project at or near the end of the program of study.

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

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

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

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

- **The instruction includes assessment opportunities, appropriate to the degree level, that allow faculty to assess students' attainment of the introductory public health learning objectives. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.**
- **The instruction and assessment of students' foundational public health knowledge are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.**

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

Profession & Science of Public Health

1. **Explain public health history, philosophy and values**

2. **Identify the core functions of public health and the 10 Essential Services[16]**
3. **Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health**
4. **List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program**
5. **Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.**
6. **Explain the critical importance of evidence in advancing public health knowledge**

Factors Related to Human Health

7. **Explain effects of environmental factors on a population's health**
8. **Explain biological and genetic factors that affect a population's health**
9. **Explain behavioral and psychological factors that affect a population's health**
10. **Explain the social, political and economic determinants of health and how they contribute to population health and health inequities**
11. **Explain how globalization affects global burdens of disease**
12. **Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)**

Required documentation:

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

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

   The school or program will present a separate list for each degree program and concentration as appropriate. (self-study document)

The School of Public Health offers doctoral degree programs in biostatistics, epidemiology and community health sciences, respectively, that comprise both formal classroom instruction and guided research with faculty mentors. The PhD degree is awarded jointly by the School of Public Health and the School of Graduate Studies. All students entering a PhD program will receive a foundation in public health knowledge and an understanding of the manner in which their specific field of study contributes to achieving the goals of public health. Although specific requirements vary by degree program, all PhD students must gain experience in teaching and complete courses in biostatistics, the foundations of public health, research ethics in public health, and a program-specific teaching practicum course. All PhD degrees require a minimum of 60 credit hours of which at least 30 credits must be in letter-graded courses using the A through F scale.

PhD Biostatistics

The PhD in Biostatistics is an advanced, research-oriented degree program requiring in-depth study and research in a particular area of emphasis within biostatistics. The core curriculum includes a solid foundation of coursework in advanced statistical methods and statistical theory. Additional coursework may include multivariate methods, nonparametric statistics, mixed models, statistical computing, design and analysis of experiments, clinical trials methodology, bioinformatics, and other advanced statistical

methods. PhD students will also receive training in research ethics and hands-on experience in statistical consulting, and gain teaching experience through a formal teaching practicum. Students will have the opportunity to take elective courses in epidemiology and other core disciplines in public health.

The curriculum given in Table D18.1-1 assumes students enter the PhD program with a master's degree in statistics or biostatistics. Those students entering without a previous relevant master's degree can expect additional coursework to fulfill prerequisites for taking PhD-level advanced coursework.

Table D18.1-1: PhD Biostatistics Curricular Requirements

Course Number	Course Title	Credit Hours
BIOS 6210	Categorical Data Analysis	3
BIOS 6212	Survival Analysis	3
BIOS 6610	Biostatistical Consulting I	2
BIOS 6700	Research Seminar in Biostatistics	4
BIOS 7200	Theory Of Linear Models	3
BIOS 7202	Generalized Linear Models	3
BIOS 7204	Advanced Statistical Theory	3
BIOS 7410	Teaching Practicum in Biostatistics	1
BIOS 7900	Dissertation Research [15 credits required]	15
EPID 6210	Principles of Epidemiology	3
PUBH 6221	Foundations of Public Health	1
PUBH 6200	Essentials of Public Health Ethics	3
Biostatistics Electives (see university catalog for full list of electives)		
Methodology Electives		6
Applied Emphasis Electives		6
Other Electives		6
Total:		**63**

Courses indicated with light grey shading are PhD-specific required courses. In addition, there are three 7000 level doctoral elective three-credit hour courses offered on a two-year cycle: BIOS 7302 - Mixed Models, BIOS 7318 - Statistical Learning, and BIOS 7320 - Robust Inference. Students who have taken BIOS 6210 Categorical Data Analysis in a previous master's program may petition for a waiver.

Courses numbered in the 6000 apply to either courses that are designed for the master's curriculum or general introductory courses in a subject area appropriate to any graduate student in Biostatistics. Courses numbered in the 7000's are PhD-specific. Although, well-prepared MS students may request permission to take these courses, they are designed to provide PhD students with a more rigorous in-depth analysis of a subject area than typically associated with the master's level. The PhD in Biostatistics curriculum blends 6000 and 7000- level course to provide both a broader exposure to different subject areas in statistics and to provide a deeper understanding of statistical theory and methods to facilitate advanced subject area research.

PhD Community Health Science

The Doctor of Philosophy in Community Health Sciences is an advanced program of study designed primarily for those who intend to pursue careers involving research, teaching, and professional practice to promote health, prevent disease and improve the quality of life. The program advocates an ecological approach to understanding determinants of health. The program will train students to: 1) conduct original research to identify and examine individual and social determinants of health, illness, and disease; 2) design, implement and evaluate multi-level interventions to promote health, prevent disease and reduce health disparities; and 3) translate knowledge derived from research into public health practice. The curriculum includes coursework, research and practical instruction in community health promotion, health

education, systems thinking, research and intervention design including traditional (experimental) and applied (community-based participatory) approaches, as well as statistical methods and data analysis and interpretation. Doctoral students also gain expertise through participation in a formal teaching practicum. Each student will be required to complete a dissertation based on independent empirical research that generates knowledge and promotes innovation in the field of public health.

The curriculum given in Table D18.1-2 below assumes students enter the PhD program with an appropriate master's degree. Those students entering without a previous relevant master's degree can expect additional coursework to fulfill prerequisites for taking PhD-level advanced coursework.

Table D18.1-2: PhD Community Health Science Curricular Requirements

Course Number	**Course Title**	**Credit Hours**
BCHS 7202	Health Behavior Change	3
BCHS 7203	Advanced Research Methods in Community Health Sciences	3
BCHS 7207	Advanced Community Analysis, Ecology, and Health Disparities	3
BCHS 7410	CHS Teaching Practicum	2
BCHS 7353	Fundamentals of Multi-Level Design and Analysis	3
BCHS 7700	Community Health Sciences Seminar I	1
BCHS 7701	Community Health Sciences Seminar II	1
BCHS 7702	Community Health Sciences Seminar III	1
BCHS 7900	Dissertation Research	15
BIOS 6102	Biostatistical Methods II	4
GENET 247	Proposal Writing	2
PUBH 6221	Fundamentals of Public Health Ethics	1
PUBH 6200	Essentials of Public Health	3
Electives (see university catalog for full list of electives)		
Content Electives		9
Methods Electives		9
Total:		**60**

Courses indicated with light grey shading are PhD-specific required courses. In addition, there are six 7000 level doctoral elective three-credit hour courses offered as Content Electives: BCHS 7218 Advanced Principles of Rural Health, BCHS 7351 Race/Ethnicity Gender and Health Disparities, BCHS 7352 Mental Health Promotion in Community Health Science; and as Method Electives: BCHS 7217 Advanced Community Based Participatory Programming, BCHS 7221 Structural Equation Modeling and Psychometrics, BCHS 7350 Translational Research.

All required CHS-specific courses are doctoral level (7000). However, with the approval of their academic advisors, students may satisfy elective requirements with any combination of 6000- and 7000-level courses selected from the approved list of Content and Methods electives (9 hours minimum from each group). Students in the CHS PhD program are required to take a course in grant writing. Currently, this NIH-format proposal writing course is offered through the Department of Genetics at LSUHSC (GENET 247).

PhD Epidemiology

The PhD in the field of epidemiology is designed primarily for those who plan academic or other careers involving teaching and/or research. The PhD curriculum includes advanced coursework in epidemiologic theory, analytical and statistical methods, study design and data interpretation as well as research and instructional experience. In addition to a series of core courses, including a formal teaching practicum, students will have the opportunity to take elective courses in epidemiology and other disciplines relevant to their chosen area of emphasis. The curriculum will culminate in the development and completion of a

dissertation generating new knowledge in the field of epidemiology based on independent research.

The curriculum given in Table D18.1-3 assumes students enter the PhD program with a master of public health (MPH) degree. Those students entering without a MPH degree can expect additional coursework to fulfill prerequisites for taking PhD-level advanced coursework.

Table D18.1-3: PhD Epidemiology Curricular Requirements

Course Number	Course Title	Credit Hours
EPID 7200	Advanced Epidemiologic Methods I	3
EPID 7201	Advanced Epidemiologic Methods II	3
EPID 7350	Causal Inference for Epidemiology	2
EPID 7410	Teaching Practicum in Epidemiology	3
EPID 7700	Epidemiology Journal Club	3
EPID 7900	Dissertation Research	15
BIOS 6210	Categorical Data Analysis	3
PUBH 6221	Fundamentals of Public Health Ethics	1
PUBH 6200	Essentials of Public Health	3
Electives (see university catalog for full list of electives)		
Content Electives		9
Methods Electives		9
Biostatistics Electives		6
Total:		**60**

Courses indicated with light grey shading are PhD-specific required courses. In addition, there are two 7000-level method electives courses available to students: EPID 7350 Evolution of Epidemiologic Theory and Methods [2 Credits], and EPID 7202 Grantsmanship and Proposal Development for Epidemiologic Research [3 Credits].

All Epidemiology PhD core courses are doctoral level (7000). However, with the approval of their academic advisors, students may satisfy elective requirements with any combination of 6000- and 7000-level courses selected from the approved list of Content, Methods and Biostatistics electives satisfying the minimum credit hours in each elective group.

2) Provide a matrix, in the format of Template D18-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school or program will present a separate matrix for each degree program, but matrices may be combined if requirements are identical. (self-study document)

All SPH PhD students obtain a public health orientation to the 12 recommended foundational learning objectives primarily through the required three-credit course, PUBH 6200 Essentials of Public Health. Assessment of the foundational competencies are made through quizzes, essays, presentations and graded class participation using a well-establish rubric. Students will gain knowledge of public health through discussions of the profession and science of public health, factors related to human health, as well as other topics, such as the role of the health care system and health care financing. Students will also gain knowledge through reading selected papers and creating presentations for the class. Outcomes of the course will include understanding of the twelve core public health knowledge competencies.

Additionally, these students are required to take PUBH 6221 Foundations of Public Health Ethics. This course examines public health issues in light of scientific, moral and political considerations including autonomy, individual rights, coercion, justice, community, the common good, the norms of research, and multi-cultural values. The course provides students with a working knowledge of ethics and of the skills to explain and apply them in the professional life of the public health researcher including consent, privacy,

responsibility to the community, the operations of an institutional review board, and the rights of the individuals participating in research.

Template D18-1: Content Coverage for academic doctoral degree in a public health field		
Content	**Course number(s) and name(s)**	**Specific assessment opportunity**
1. Explain public health history, philosophy and values	PUBH 6200: Essentials of Public Health	Brief Essay 1 – Compare public health values and LSUSPH values.
2. Identify the core functions of public health and the 10 Essential Services*	PUBH 6200: Essentials of Public Health	Quick Quiz 1 – Core functions and essential services.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	PUBH 6200: Essentials of Public Health	Brief Essay 2 – Which do you find more persuasive, quantitative or qualitative analyses?
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	PUBH 6200: Essentials of Public Health	Quick Quiz 2 – Morbidity and mortality in Louisiana.
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	PUBH 6200: Essentials of Public Health	Select an article on 10, 20 and 30 prevention and present to class.
6. Explain the critical importance of evidence in advancing public health knowledge	PUBH 6200: Essentials of Public Health	Brief Essay 3 – Why is evidence required for public health policy?
7. Explain effects of environmental factors on a population's health	PUBH 6200: Essentials of Public Health	Quick Quiz 3 – Environmental health
8. Explain biological and genetic factors that affect a population's health	PUBH 6200: Essentials of Public Health	Select a genetic or behavioral article on population health and present to class; participate in discussion.
9. Explain behavioral and psychological factors that affect a population's health	PUBH 6200: Essentials of Public Health	Select a genetic or behavioral article on population health and present to class; participate in discussion.
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	PUBH 6200: Essentials of Public Health	Brief Essay 4 – Select a social, political or economic determinant and explain its relation to health and health inequity.
11. Explain how globalization affects global burdens of disease	PUBH 6200: Essentials of Public Health	Quick Quiz 4 – Globalization
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	PUBH 6200: Essentials of Public Health	Quick Quiz 5 – One Health

3) **Provide a matrix, in the format of Template D18-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. Note: these competencies are defined by the school or program and are distinct from the introductory public health learning objectives defined in this criterion. (self-study document)**

The PhD-specific competencies are the result of a series of discussions and revisions among the program faculty in response to the new (2016) CEPH criteria. The current 14 PhD Biostatistics-specific competencies are assessed across seven required courses primarily through homework, computing laboratory assignments, projects, and exams. The competency for mentoring and training students in effective teaching methods is addressed through the Teaching Practicum. Additionally, several competencies including the competency specific to applying and extending current statistical methods to address current and emerging issues in medicine and public health.is assessed through the presentation and defense of the student's PhD dissertation.

The ten PhD CHS-specific competencies are assessed across six required BCHS courses, the PhD dissertation, and three required course offered by other programs (GENET 247, PUBH 6200 and 6221) through exam questions, short and term-length papers, other graded assignments, peer reviewed grant proposal drafts and presentations, and classroom discussions and presentations. The competency for teaching basic and advanced CHS methods to students is addressed through the CHS Teaching Practicum.

The nine PhD Epidemiology-specific competencies are assessed across five required EPID PhD-level courses through a combination of homework, exams, projects, leading discussion groups, and written papers. Additionally, two competencies are assessed through the presentation and defense of the student's PhD dissertation.

Template D18-2: Assessment of Competencies for PhD in Biostatistics Concentration	
Concentration Competency	**Specific assignment(s) that allow assessment**
Advise researchers and public health professionals on translating research questions into testable hypotheses to advance public health.	BIOS 6610: Homework 1: Define study topic and objectives/questions. BIOS 6700: Colloquium talks, formulating a strategy for real data analysis in their presentations help students to learn how to format a scientific/public health question to statistical hypothesis.
Prepare appropriate analytic approaches for public health research questions, use corresponding statistical method to test null hypotheses, and draw conclusions based on the testing results	BIOS 6210: Projects on selecting the right method for real-life problems will be required for students. BIOS 6212: Exam 1 questions that provides data examples and asks for conclusions. Data analysis final project. BIOS 6610: Homework 2: Find suitable outcomes & variables (Identify data properties). BIOS 6700: Analyze the data for each presentation, and summarize the output for the presentation. BIOS 7200: Real data problems are given in the homework assignments covering main chapters for multiple regression models (fixed X) and ANOVA models that require students to demonstrate what they learned by writing out and applying appropriate linear models.
Selectively apply hypothesis tests for comparing treatment strategies and exposure groups appropriate to the type of response measurement (e.g., binary, ordinal, continuous)	BIOS 6210: Projects on selecting the right method for real-life problems will be required for students. Homework and exams to explain method chosen, and interpret the results. BIOS 6212: Exam 1 questions on testing for survival data, data analysis project, and homework assignments 4, 5, and 6. BIOS 6610: Homework 3: Conduct appropriate statistical analysis plan based on data properties BIOS 6700: Different modeling strategies (linear regression, logistic/log-linear regression, Cox regression) are designed for continuous, binary/count, or censored data in different presentations. BIOS 7202: Published papers on hypothesis testing in generalized linear models are assigned as reading homework throughout the semester. Homework assignments 3, 5 and 6 and Exam 2 specifically include questions that provide scenarios where students must choose the most appropriate modeling and corresponding testing procedure.

Perform power analysis and sample size calculations to aid in the planning of public health studies.	BIOS 6610: Classroom lecture, practice and discussion on power analysis and sample size calculations (count as Class Participation grade)
Communicate to colleagues and clients the assumptions, limitations, and (dis)advantages of commonly used statistical methods and describe preferred methodological alternatives when assumptions are not met.	BIOS 6610: Classroom lecture, practice and discussion on statistical communication (count as Class Participation grade). BIOS 6700: In each presentation, discuss the pros and cons of the models used in data analysis, present the output of model-checking.
Use computer software for acquisition, management, analysis of data, and presentation of results.	BIOS 6210: Homework and projects will require students to program in SAS or R, choose the right method, and to solve the problems. BIOS 6212: Homework assignment 6 and data analysis project require software to fit proportional hazards and other models. BIOS 6610: Perform data analyses for Homework 4 & 5 for descriptive statistics, bivariate analyses, and multivariable modeling.
Create and present oral and written reports of the methods, results and interpretations of statistical analyses to both statisticians and non-statisticians.	BIOS 6610: Homework 6: Oral and final written report of the selected project
Apply and extend as needed current statistical methods to address current and emerging issues in medicine and public health.	BIOS 7202: Published papers on current statistical methods are assigned as reading homework throughout the semester. Also, several real life examples are given for demonstration of current techniques. Academic Information data is used to demonstrate how traditional Poisson regression can be extended to more current methods such as zero inflated models or to the negative binomial model. We analyze real life data in class with SAS and R throughout the semester. BIOS 7900: Dissertation.
Identify situations requiring an innovative statistical approach and develop the necessary statistical methods to solve problems of biological, biomedical, or public health importance.	BIOS 7200: Students are given an assignment involving a less-than-full-rank anova design where the students must determine useful estimable functions. BIOS 7900: Dissertation
Determine appropriate study designs to evaluate interventions and risk factors.	BIOS 6610: Classroom lecture, practice and discussion on study design (count as Class Participation grade). BIOS 7202: Exercises done in class throughout the semester on how to determine appropriate study designs to evaluate interventions and risk factors.
Integrate the latest advances in statistical methods and theory into research and practice.	BIOS 7202: Instructor's latest published papers on generalized linear models are given to the students to read and learn about some of the advanced methods. All homework assignments have a theory component. Homework assignment 6 include theoretical questions on Generalized Estimating Equations. BIOS 7204: Homework question on maximum likelihood estimation that provides scenarios when the parameter spaces are unusual. These unusual parameter spaces exist in practical application. BIOS 7900: Dissertation
Develop algorithms and programs to solve non-standard statistical problems.	BIOS 7900: Dissertation
Mentor and train students in effective teaching methods	BIOS 7410: Course director will meet weekly with student lab instructor to review and provide feedback on content and delivery of materials used in statistical laboratory sessions. Students are

	assigned a letter grade for the course based on weekly evaluations and classroom observations.
Students learns how to develop collaborations with researchers in other disciplines.	BIOS 6610: Classroom lecture, practice and discussion on team work and collaboration (count as Class Participation grade). BIOS 7900: Dissertation

Template D18-2: Assessment of Competencies for PhD in Community Health Sciences Concentration	
Concentration Competency	**Specific assignment(s) that allow assessment**
Assess and evaluate the role of cultural, social and behavioral determinants of health and health disparities.	BCHS 7202: Classroom discussions of reading assignments, which reflects research investigating multiple layers of influence on health and behavior. These will be further evaluated through the four short papers describing how theoretical models are being applied, how effectively, and with whom in practice. BCHS 7207: Project – use social ecological model to evaluate a public health issue, including social determinants of health and health disparities in community. Test questions – multiple choice, true and false and short essays to address the role of cultural, social, and behavioral determinants of health and health disparities. BCHS 7353: Classroom discussions of reading assignments, which reflects research investigating multiple layers of influence on health and behavior. BCHS 7410: Students will demonstrate their knowledge of determinants through teaching course content to MPH students as guest lectures, syllabus design, course lecture design (in-person & web-based). BCHS 7700: Assessment of structured peer reviews of student presentations and project proposals demonstrating mastery and integration of current theory.
Distinguish and prioritize individual, organizational, and community concerns, assets, resources and deficits relevant to theory-driven and theory-informed CHS interventions and research.	BCHS 7202: Classroom discussions of reading assignments, which reflects research investigating multiple layers of influence on health and behavior. This will be further evaluated through the four short papers describing how theoretical models are being applied, how effectively, and with whom in practice. The final paper and presentation will also specifically have students defend the use of theory in their particular research interest area. BCHS 7207: Project – use a behavioral health theory to identify resource and intervention approaches within community. Test questions – multiple choice, true and false and short essays to address the community assessment, empowerment, and community based intervention approaches. BCHS 7353: Classroom discussion of reading assignments. Development of research proposal that incorporates multiple layers of influence (e.g., organization, community). BCHS 7410: Students will demonstrate their knowledge of individual, organizational, and community level concerns relevant to theory by teaching course content to MPH students as guest lectures specific to theory, syllabus design, course lecture design (in-person & web-based).
Design and evaluate CHS research and interventions using advanced social-ecological theory, multi-level and multi-method techniques, and advanced statistical procedures.	BCHS 7202: The final paper and presentation will specifically have students design, present and defend the use of theory, including, but not limited to, social ecological theory, in relation in their research variables of interest. Students will also be evaluated on their peer review of proposal drafts and presentations. BCHS 7207: Project – use a Social ecological model to explain a public health issue and propose an evaluation plan for community based intervention project. Assignments- design and evaluate intervention through class assignments and discuss them in the class. BCHS 7353:

	Development of research proposal that incorporates multiple layers of influence (e.g., organization, community). Students must describe plans for data collection and statistical analysis. BCHS 7900: Dissertation
Formulate policy changes needed to support and sustain evidence-based CHS interventions.	BCHS 7410: Students will demonstrate their ability to formulate teaching policies and practices through the creation and critical review of course syllabi. They will also review, present, and discuss college classroom management policies and practices grounded in current literature. BCHS 7700: Assessment of efforts to lead a public policy BCHS focused discussion, demonstrating ability to integrate knowledge of BCHS framework into public policy concern.
Synthesize and evaluate research results for the purpose of oral and written communication, instruction, and dissemination for scientific and lay audiences.	BCHS 7202: Classroom discussions of reading assignments about research. This will be further evaluated through the four short papers describing strengths, weaknesses and recent applied examples of behavioral theory based practice and research. Written and oral communications will be further evaluated by the final paper and presentation. BCHS 7207: Project – use a community health theory to develop a community based intervention project for a specific population. Test questions – multiple choice, true and false and short essays to identify strength, barrier and challenge of community based intervention project. BCHS 7353: Classroom discussions of reading assignments. Final exam question. Development of research proposal that incorporates multiple layers of influence (e.g., organization, community). "Teaching assignment" where student researches a special topic within the multilevel research area, assigns readings to the class, summarizes topic and leads the discussion. BCHS 7410: Students will demonstrate their ability to synthesize research on CHS teaching policies and practices through the creation and critical review of course syllabi. They will use their synthesis and critical evaluation of research to create and present course content to peers and MPH students. BCHS 7700: Assessment of structured presentation of "mock" prospectus defense and response to student and faculty questions and comments to improve. BCHS 7900: Dissertation
Teach basic and advanced CHS methods and theory to students.	BCHS 7202: Classroom presentation and discussions of reading assignments, which cover theory and how it has been applied in methods and study design. Students will present these findings in two or more presentations. The final paper and presentation will also specifically have students defend the use of theory in their particular research interest area. Students will also be evaluated on their peer review of proposal drafts and presentations. BCHS 7410: Students will demonstrate their knowledge of basic and advanced methods and theory by peer practice and actual course presentations to MPH students as guest lecturers. They will also design and critique syllabi.
Formulate CHS research using current knowledge of causes of disease.	BCHS 7202: The final paper and presentation will specifically have students formulate a literature review, defend the use of theory, and apply this knowledge to a disease they wish to study further. This will also be captured in the annotated bibliography assignment. BCHS 7207: Project – use a community health theory to develop a community based intervention project for a specific population. Review project- design and conduct research study with group discussion and presentation in the class. BCHS 7900: Dissertation
Develop community partnerships to support CHS interventions.	BCHS 7207: Project – use a community health theory to develop a community based intervention project for a specific population.

Prepare grant proposals for extramural peer-reviewed funding	GENET 247: Develop a rigorous, well-defined experimental plan - NIH style proposal and format.
Demonstrate responsible and ethical conduct in the practice of community health policies.	BCHS 7202: Classroom discussions of reading assignments about research will include ethical issues in the practice and study of community health. This will be further evaluated by the final paper and presentation that must include statements of ethical conduct in their own proposed research. BCHS 7353: Classroom discussion of reading assignments regarding ethical issues in use of address information. Development of research proposal that incorporates multiple layers of influence (e.g., organization, community). BCHS 7410: Classroom discussions of reading assignments about responsible ethical teaching practices will be held and students will be evaluated by their ability to translate ethical practices into their syllabus design as well as classroom management practices and policies. BCHS 7900: Dissertation

Template D18-2: Assessment of Competencies for PhD in Epidemiology Concentration	
Concentration Competency	**Specific assignment(s) that allow assessment**
Critically evaluate the advantages and limitations of epidemiologic study designs applied to observational and clinical investigations.	EPID 7200: Class and lecture 1 and 2 participation. Exam 1 questions and Exam 2 questions (Causality, Sampling, Sample Size, and Power, Dose Response Trend Analysis, Matching, Propensity Scoring). EPID 7201: Homework (Evaluating bias in epidemiology studies using sensitivity analysis, “Differences” between Epidemiology and Clinical Epidemiology, Prognostic and Diagnostic Research, Combining Qualitative and Quantitative Data in Research Study Designs, Developing Elements of Clinical Trial Studies, Multiple Comparisons (SAS), Mediation Analysis (SAS and R), Developing a Structural Equation Model (SEM) Diagram and Equations (SAS, STATA)); Exam/Quiz 1 - Sensitivity Analysis, CER, Clinical Trials Design Elements, Multilevel Comparisons. EPID 7350: Paper critiques* and in class discussion. EPID 7700: Students actively participate in journal club discussion demonstrating that he/she has read the assigned readings prior to the class session and is prepared to discuss the reading. The discussant prepares a 20-minute PowerPoint presentation about the article.
Demonstrate knowledge of the theoretical foundations of epidemiology methods and causal inference.	EPID 7200: Homework Assignments (Submit Potential “Dissertation Research” Questions, Biological Mechanism and DAGs) and Exam 1 (Causality, Sampling, Sample Size, and Power). EPID 7201: In-class lecture Participation assignments (Lecture 6, 8, 10, 11, 27-28). Homework Assignments (“Differences” between Epidemiology and Clinical Epidemiology, Prognostic and Diagnostic Research, Compared Effectiveness Research (CER) and Patient Center Outcomes Research Topic Development and Design Components, Multiple Comparisons (SAS), Mediation Analysis (SAS and R)) and Exam 1 (Sensitivity Analysis, CER, Clinical Trials Design Elements, Multilevel Comparisons), Analyses Project (Analyses of a Dataset performing Mediation or Multilevel Analyses, a Sensitivity Analysis, Factor Analysis and SEM. Analyses are presented in an oral presentation and an Analysis Report with data presentation in tables and figures). EPID 7350:

	Paper critiques, in class discussion, and class presentation of data analysis project. EPID 7700: The discussant demonstrates the ability to identify strengths and weaknesses of the research articles and to suggest recommendations for improvement of the experimental design and/or format of the study design or analysis.
Formulate research hypotheses that can be evaluated through empirical epidemiologic research.	EPID 7200: Moodle posting for developing research questions and hypotheses. Homework 2 (Submit Potential "Dissertation Research" Questions), Analysis Project (Matching and Propensity Scoring). EPID 7201: Moodle posting for developing research questions and hypotheses. Analysis Project (Analyses of a Dataset performing Mediation or Multilevel Analyses, a Sensitivity Analysis, Factor Analysis and SEM. Analyses are presented in an oral presentation and an Analysis Report with data presentation in tables and figures).
Apply an understanding of sources of bias and approaches to evaluate and control bias to improve the validity of epidemiologic studies.	EPID 7200: Lecture 8, 9, 22, & 27 Class participation. Homework (Biological Mechanism and DAGs, Population Sampling, Propensity Score calculation and adjustments), Exam 1 and exam 2 questions (Causality, Sampling, Sample Size, and Power, Dose Response Trend Analysis, Matching, Propensity Scoring) . EPID 7201: In-class lecture Participation assignments (Lecture 3, 9, & 11). Homework (Analytic methods of sensitivity Analysis, Mediation Analysis (SAS and R)), Exam/Quiz 1 questions (Sensitivity Analysis, CER, Clinical Trials Design Elements, Multilevel Comparisons), Analysis project (Analyses of a Dataset performing Mediation or Multilevel Analyses, a Sensitivity Analysis, Factor Analysis and SEM. Analyses are presented in an oral presentation and an Analysis Report with data presentation in tables and figures). EPID 7350: Paper critiques, in class discussion, and group data analysis. EPID 7700: The discussant demonstrates the ability to identify strengths and weaknesses of the research articles and to suggest recommendations for improvement of the experimental design and/or format of the study design or analysis. Discussant facilitates discussion among faculty and student participants in the journal club session.
Demonstrate proficiency in data collection, data analysis, and interpretation of statistical analyses from epidemiology data to draw appropriate inferences.	EPID 7200: Homework assignments (YRBS High School Sampling Exercise, Analyses of YRBS Multi Stage Sampling Data, Dose Response and trend, Dose Response and trend analysis (SAS), Matching Analyses utilizing SAS and SAS Macro, Propensity Scoring Balance Assessment, Propensity Score calculation and adjustments), Exam 2 questions (Dose Response Trend Analysis, Matching, Propensity Scoring), Analysis Project (Matching and Propensity Scoring). EPID 7201:Homework assignments (Evaluating bias in epidemiology studies using sensitivity analysis, Combining Qualitative and Quantitative Data in Research Study Designs, Multiple Comparisons (SAS), Multilevel Modeling (SAS), Mediation Analysis (SAS and R), Exploratory Factor Analysis and Confirmatory Factor Analysis (SAS), Developing a Structural Equation Model (SEM) Diagram and Equations (SAS, STATA), Conducting SEM Analysis in MPlus, Reviewing the Literature and Analyzing Studies for Analyzes), Exam/Quiz 1 (Sensitivity Analysis, CER, Clinical Trials Design Elements, Multilevel Comparisons), Analysis Project (Analyses of a Dataset performing Mediation or Multilevel Analyses, a Sensitivity Analysis, Factor Analysis and SEM. Analyses are presented in an oral presentation and an Analysis Report with data presentation in tables and figures). EPID 7350: Group data analysis project.

Address and apply ethical guidelines to the conduct of epidemiological studies and practice.	EPID 7900: Dissertation
Critically review and evaluate epidemiologic literature and epidemiological research proposals.	EPID 7200: Homework (Submit Potential "Dissertation Research" Questions, Propensity Scoring Balance Assessment). EPID 7201: Hot topic assignments and presentations (Relevant topics are presented and discussed that are current from the literature or news). Homework assignments (Compared Effectiveness Research (CER) and Patient Center Outcomes Research Topic Development and Design Components, Combining Qualitative and Quantitative Data in Research Study Designs, Types of Multiple Comparisons Conducted and Benefits of Different Methods, Mediation Analysis (SAS and R), Reviewing the Literature and Analyzing Studies for Analyzes, Meta Analysis Analytic Techniques in STATA) . EPID 7350: Paper critiques and in class discussion. EPID 7700: The discussant demonstrates the ability to identify strengths and weaknesses of the research articles and to suggest recommendations for improvement of the experimental design and/or format of the study design or analysis. Discussant facilitates discussion among faculty and student participants in the journal club session. Students actively participate in journal club discussion demonstrating that he/she has read the assigned readings prior to the class session and is prepared to discuss the reading.
Teach epidemiologic concepts to Master and undergraduate level students and peers	EPID 7410: Students participate as teaching assistants in in core MPH epidemiology classes. They are expected to develop and lead workshops, assist with exam development and grading. The Course instructor will monitor their performance in these activities. The students will summarize these activities in their portfolio. The Portfolio is a binder that includes examples of the teaching and workshop development the student completed as a TA. This includes assignments, lectures, exercises and problems sets.
Present epidemiologic findings clearly, in writing and orally, to students, professionals and the public.	EPID 7200: Analysis Project (Matching and Propensity Scoring). EPID 7201: Hot topic presentation (Relevant topics are presented and discussed that are current from the literature or news). Analysis Project (Analyses of a Dataset performing Mediation or Multilevel Analyses, a Sensitivity Analysis, Factor Analysis and SEM. Analyses are presented in an oral presentation and an Analysis Report with data presentation in tables and figures). EPID 7700: The discussant prepares a 20-minute PowerPoint presentation about the article. Discussant facilitates discussion among faculty and student participants in the journal club session. EPID 7900: Dissertation

4) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

Typically, the school or program will present a separate list and explanation for each degree program, but these may be combined if requirements are identical. (self-study document)

In addition to PUBH 6200 Essentials of Public Health and PUBH 6221 Foundations of Public Health Ethics, MS Biostatistics students are required to take the three-credit MPH core course in epidemiology

(EPID 6210 Principles of Epidemiology), and must also take two semesters of a one-credit course examining current research literature in BIOS 6700 Research Seminar in Biostatistics.

Outside of formal coursework, students have numerous opportunities and venues to learn about the variety of public health research methods available for addressing issues of population health through lectures series offered by study groups, departments and centers across the health sciences center. As an example of experience within the School, faculty and students offered numerous presentations describing the study design, data acquisition and analytic methods used in studying the populations affected by the Deep Horizon oil spill as part of the Gulf Oil Spill Study. Students also have opportunities to be involved in supported research projects as graduate assistantships assigned to funded research and service programs such as the Louisiana Tumor Registry, Tobacco Cessation Initiative, Breast and Cervical Cancer Program, and the Gulf Oil Spill Study, and individual faculty research grants.

5) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper. (self-study document)

The final research paper for PhD degrees in the SPH is the dissertation. The guidelines for the production and assessment of the dissertation is the same for all PhD degree programs at LSUHSC. The dissertation must make a significant contribution to the field, suitable for publication in a peer-reviewed journal of international repute. Refer to the LSUHSC School of Graduate Studies Dissertation and Thesis Guidelines for preparation of dissertation available at the following link: http://graduatestudies.lsuhsc.edu/docs/DissertationGuidelines.pdf. For the planned graduation date, the student should check the academic calendar for the final date for submission of the dissertation to the School of Public Health.

Permission to hold the final examination will be granted by the Dean of the School of Public Health only after all the foregoing conditions are satisfied and one calendar year has elapsed since the student passed the oral preliminary exam and was admitted to candidacy. The defense may be preceded by an open seminar of the student's dissertation research. The student must petition the Dean for permission to take the examination. The doctoral committee is made up of no less than five graduate faculty members, one of whom must be from outside the School of Public Health and a member of the faculty of the School of Graduate Studies or equivalent at another institution. The Dean may serve as a member or may appoint members to the Committee. Traditionally, this examination is a test of the student's intimate knowledge of the area of the field in which the student is working. However, at the discretion of the doctoral committee or the Dean, the examination may include questions from the major or minor fields, in general. Voting is by secret ballot, and to pass the examination there may be no more than one negative vote. The student must complete the Request for Dissertation/Thesis Defense and Final Examination at least two weeks prior to the Dissertation Defense.

If not more than one member of the doctoral committee dissents and if the dissertation is accepted, the candidate will be certified to the School of Public Health Faculty, Graduate Faculty and Chancellor as having met all requirements for the degree of doctor of philosophy.

6) Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program. (electronic resource file)

http://graduatestudies.lsuhsc.edu/docs/DissertationGuidelines.pdf.

7) Include completed, graded samples of deliverables associated with the advanced research project. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)

8) Briefly explain how the school or program ensures that the instruction and assessment in

introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course. (self-study document)

SPH PhD students obtain instruction on basic public health knowledge through the required three-credit course, PUBH 6200 Essentials of Public Health. Assessment of basic public health knowledge and the foundational competencies are made through quizzes, essays, presentations and graded class participation using a well-establish rubric. Students will gain knowledge of public health through discussions of the profession and science of public health, factors related to human health, as well as other topics, such as the role of the health care system and health care financing. Students will also gain knowledge through reading selected papers and creating presentations for the class. Outcomes of the course will include a basic understanding of public health knowledge across the disciplines and of the twelve core public health knowledge competencies.

9) **Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)**

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

Strengths

Students enrolled in PhD programs in Biostatistics, Community Health Sciences and Epidemiology all complete curricula that are based on defined competencies, covers scientific and analytic approaches to discovery and translation of public health knowledge, includes instruction in the foundational public health knowledge, and includes a dissertation as a final project.

Weaknesses

There are typically a small number of students enrolled in each PhD program, limiting opportunities for team-based learning.

Plans for Improvement

Plans are under development to permit greater enrollment in the each PhD program through greater financial support options.

D19. All Remaining Degrees (Not applicable)

D20. Distance Education (Not applicable)

E1. Faculty Alignment with Degrees Offered

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

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

Education refers to faculty members' degrees, certifications, fellowships, post-doctoral training, formal coursework completed, etc.

Experience refers to a range of activities including substantial employment or involvement in public health activities outside of academia. Experience also refers to the depth of service provided to professional and community-based public health organizations and to peer-reviewed scholarship in a discipline. Finally, experience relates to the individual's record of excellence in providing instruction in a discipline.

Required documentation:

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

   Schools should only include data on faculty associated with public health degrees. (self-study document)

Since its inception in 2003-2004, the School of Public Health (SPH) has committed itself to building a diverse, well-qualified faculty for promoting its mission and executing programmatic goals and objectives. The SPH is organized into the five academic programs (department equivalent): Biostatistics (BIOS), Behavioral and Community Health Sciences (BCHS), Environmental and Occupational Health Sciences (ENHS), Epidemiology (EPID), and Health Policy and Systems Management (HPSM). The SPH is committed to building the faculty in all programs to ensure meeting the demands of an increasing student population.

Template E1-1: Primary Instructional Faculty Qualifications

Name	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Department(s)
Celestin, Michael	Instructor	Non-Tenure Track	MA	University of New Orleans	Human Performance & Health Promotion	Behavioral & Community Health
Nuss, Henry	Assistant Professor	Non-Tenure Track	PhD	University of Texas Austin	Nutritional Science	Behavioral & Community Health
Phillippi, Stephen	Associate Professor	Tenured	PhD, MSW	Louisiana State University Baton Rouge,	Social Work, Social Work	Behavioral & Community Health

				Tulane University		
Robinson, William	Associate Professor	Tenured	PhD, MS	Tulane University,	Psychology, Psychology	Behavioral & Community Health
Sothern, Melinda	Full Professor	Tenured	PhD, MEd	University of New Orleans, University of New Orleans	Exercise Physiology, Exercise Physiology	Behavioral & Community Health
Tseng, Tung	Associate Professor	Tenured	DrPH, MS	Tulane University School of Public Health and Tropical Medicine, National Taiwan University	Public Health, Health Sciences	Behavioral & Community Health
Williams, Donna	Associate Professor	Tenured	DrPH, MPH, MS	Tulane University School of Public Health and Tropical Medicine, , Louisiana Tech University	Public Health, Public Health, Industrial Engineering	Behavioral & Community Health
Fang, Zhide	Full Professor	Tenured	PhD, MS	University of Alberta, Huazhong Normal University	Statistics, Statistics	Biostatistics
Lin, Hui-Yi	Associate Professor	Tenured	MS, PhD, MS	University of Michigan, Tulane University School of Public Health and Tropical Medicine, National Taiwan University	Biometrics and Biostatistics, Biometrics and Biostatistics, Health Behavior	Biostatistics

McDaniel, Lee	Assistant Professor	Tenure-Track	PhD, MS	University of Wisconsin Madison, College of William and Mary	Computer Science	Biostatistics
Mercante, Donald	Full Professor	Tenured	PhD, MS, MS	Virginia Polytechnic Institute & State University, Louisiana State University, Mississippi State University	Statistics, Applied Statistics, Fisheries Management	Biostatistics
Oral, Evrim	Assistant Professor	Tenure-Track	PhD, MS	Hacettepe University,	Statistics, Statistics	Biostatistics
Yu, Qingzhao	Associate Professor	Tenured	PhD, MS, MA	The Ohio State University, The Ohio State University, Wuhan University	Statistics, Statistics, Management	Biostatistics
Brisolara, Kari	Associate Professor	Tenured	ScD, MSPH	Tulane University School of Public Health and Tropical Medicine,	Public Health, Public Health	Environmental & Occupational Health
Diaz, James	Full Professor	Tenured	MPH, DrPH, MHA, MD	Tulane University School of Public Health and Tropical Medicine,	Public Health, Family Medicine	Environmental & Occupational Health
Harrington, Daniel	Assistant Professor	Non-Tenure Track	ScD, MSPH	Tulane University School of Public Health and Tropical Medicine,	Public Health, Public Health	Environmental & Occupational Health
Hu, Chih-yang	Associate Professor	Tenured	ScD, MSPH	Tulane University School of Public Health and Tropical Medicine,	Public Health, Public Health	Environmental & Occupational Health

Katner, Adrienne	Assistant Professor	Non-Tenure Track	DEnv, MS	University of California Los Angeles, University of Arizona	Environmental Science & Engineering, Soil, Water and Environmental Science	Environmental & Occupational Health
Ferguson, Tekeda	Assistant Professor	Non-Tenure Track	PhD, MSPH, MPH	University of Alabama Birmingham, Tulane University School of Public Health and Tropical Medicine	Public Health, Public Health, Public Health	Epidemiology
Peters, Edward	Full Professor	Tenured	ScD, SM, SM, DMD	Harvard University, University of Connecticut	Epidemiology, Epidemiology, Health Policy & Management, Dentistry	Epidemiology
Rung, Ariane	Associate Professor	Tenured	PhD, MPH	Tulane University, Tulane University School of Public Health and Tropical Medicine	Public Health, Public Health	Epidemiology
Scribner, Richard	Full Professor	Tenured	MPH, MD	University of California, University of Southern California School of Medicine	Public Health, Medicine	Epidemiology
Straif-Bourgeois, Susanne	Associate Professor	Non-Tenure Track	MPH, PhD, MS	The Johns Hopkins University, University of Bonn, University of Hohenheim	Public Health, Tropical Medicine, Biology	Epidemiology
Trapido, Edward	Full Professor	Tenured	ScD, ScM, MSPH	Harvard University, University of North Carolina	Public Health, Epidemiology, Parasitology and Laboratory Practice	Epidemiology
Wu, Xiao-Cheng	Full Professor	Tenured	MPH, MD	Xi'an Medical University	Health Statistics, Medicine	Epidemiology

Brennan, Christine	Associate Professor	Non-Tenure Track	PhD, MS	University of Southern Mississippi, University of Pennsylvania	Nursing, Nursing	Health Policy & Systems Management
Chiu, Yu-Wen	Assistant Professor	Non-Tenure Track	DrPH, MPH	Tulane University School of Public Health and Tropical Medicine,	Public Health, Public Health	Health Policy & Systems Management
Culbertson, Richard	Full Professor	Tenured	PhD, MHA, MDiv	University of California San Francisco, University of Minnesota, Harvard University	Sociology, Hospital and Health Care Administration, Divinity	Health Policy & Systems Management
Honore, Peggy	Associate Professor	Non-Tenure Track	DHA, MHA	Medical University of South Carolina, Tulane University School of Public Health and Tropical Medicine	Health Administration, Health Administration	Health Policy & Systems Management
Kaufman, Randi	Assistant Professor	Non-Tenure Track	DrPH, MS	University of North Carolina, University of New Orleans	Health Policy and Management, Urban Studies	Health Policy & Systems Management
Smith, Dean	Full Professor	Tenured	PhD	Texas A&M University	Economics	Health Policy & Systems Management

2) Provide summary data on the qualifications of any other faculty with significant involvement in the school or program's public health instruction in the format of Template E1-2. Schools and programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1. (self-study document)

Template E1-2.: Non-Primary Instructional Faculty Qualifications						
Name	**Title/ Academic Rank**	**Tenure Status or Classification**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Department(s)**
Broyles, Stephanie	Assistant Professor – Adjunct	Non-Tenure Track	PhD, MS	Tulane University School of Public Health and Tropical Medicine,	Public Health, Public Health	Behavioral & Community Health
Gruber, DeAnn	Associate Professor – Adjunct	Non-Tenure Track	PhD, MSW	Tulane University, Southern University	Social Work, Social Work	Behavioral & Community Health
Kepper, Maura	Instructor - Adjunct	Non-Tenure Track	PhD	LSUHSC School of Public Health	Behavioral & Community Health	Behavioral & Community Health
Scharf, Peter	Professor - Adjunct	Non-Tenure Track	EdD	Harvard University	Human Development and Education	Behavioral & Community Health
Wightkin, Joan	Assistant Professor - Adjunct	Non-Tenure Track	DrPH, MPH	Tulane University School of Public Health and Tropical Medicine,	Public Health, Public Health	Behavioral & Community Health
Fos, Peter	Professor - Adjunct	Non-Tenure Track	PhD, MPH, DDS	Tulane University, Tulane University School of Public Health and Tropical Medicine, Louisiana State University Health Sciences Center School of Dentistry	Health Care Decision Health Care Decision Analysis, Public Health, Dentistry	Health Policy & Systems Management
Springgate, Benjamin	Assistant Professor – Clinical	Non-Tenure Track	MD, MPH	Tulane University School of Medicine, Tulane University School of Public Health and Tropical Medicine	Medicine, Public Health	Health Policy & Systems Management

3) Include CVs for all individuals listed in the templates above. (electronic resource file)

4) **If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)**

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

The faculty of the School are well qualified to provide instruction in public health. In addition to the current faculty, there are three faculty searches underway. Two searches are underway in BIOS and one search underway in BCHS, each associated with the retirement of a senior faculty member in 2017. The School plans to recruit additional faculty as additional degree programs are offered to students.

E2. Integration of Faculty with Practice Experience

To assure a broad public health perspective, the school or program employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Schools and programs encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, schools and programs regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

Required documentation:

1) **Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified. (self-study document)**

Consistent with our mission, the SPH has been and is currently engaged in a substantial number of funded public health practice activities, with particular emphasis on working with Louisiana organizations and serving the people of Louisiana. Faculty members sustain relationships with state and local public health agencies, and with national agencies such as the CDC and HRSA for funded activities. In addition, a number of core faculty have previously been employed by state health departments or federal agencies. All of the School programs boast a compliment of faculty with significant public health practice experience with the exception of biostatistics. These faculty are able to bring their experiences to the classroom and can serve as points of contact for students wanting to learn more about or network in a specific area. Most of these public health practice programs also serve as sites for the practice experience.

Table E2: Primary Instructional Faculty Public Health Practice Experience

Faculty	Program	Expertise	Association
Brennan	HPSM	HIV	LA AIDS Education and Training Center
Brisolara	ENHS	Environment	U.S. Department of Agriculture
Celestin	BCHS	Tobacco	LA Tobacco Control Initiative
Culbertson	HPSM	Management	Former: University of Wisconsin Medical Center The Medical Group at University of California, San Francisco Kaiser Foundation Health Plan, Oakland,

			Los Angeles Medical Center St. Paul - Ramsey Medical Center Rhode Island Hospital
Honore'	HPSM	Finance	Former: Centers for Disease Control and Prevention Mississippi Department of Health Missouri Department of Health US Department of Health and Human Services
Hu	ENHS	Environment	Former: LA Department of Health Environmental Epi and Toxicology
Katner	ENHS	Environment	Former: LA Department of Health Environmental Epidemiology and Toxicology
Kaufman	HPSM	Cancer	LA Cancer Prevention and Control Former: LA Public Health Institute
Nuss	BCHS	Nutrition, Obesity, Asthma Evaluation	Former: U.S. Department of Agriculture LA Department of Health LA Cancer Prev and Control
Phillippi	BCHS	Juvenile Justice	Institute for Public Health and Justice
Robinson	BCHS	HIV	LA Department of Health STD/HIV Program Office
Smith	HPSM	Health Insurance	Former: Lincoln National Life Molina Healthcare
Springgate	BCHS	Medicine	St. Anna Medical Mission RAND Gulf States Policy Institute
Straif-Bourgeois	EPID	Epidemiology	Louisiana Tumor Registry Former: Assistant State Epidemiologist, LA Department of Health
Williams	BCHS	Cancer	Director, LA Cancer Prevention and Control
Wu	EPID	Cancer	Director, LA Tumor Registry

Various courses within the SPH regular invite practitioners from the community to share their experiences and perspectives. For example, an interdisciplinary course taught through the ENHS program (ENHS 6250, Emergency Response To Disasters & Terrorism) provides public health students with an overview and awareness of potential threats facing our homeland and familiarizes students with the protocols for response for Public Health employees and for the local, state, and federal agencies associated with response and recovery. The course is structured to include external stakeholder lectures throughout the semester (18 different participants) to present the multi-faceted field of emergency response. Representatives include: all governmental levels (federal, state, parish, city), private industries (Shell, Walmart), and nonprofit/volunteer-based organizations (Evacuteer, Louisiana Emergency Response Network, Louisiana State Animal Response Team). The firsthand knowledge of the interactions within the emergency response community is essential for the students to learn about the true workings of the emergency response system. This also provides a mechanism for students to network with active practitioners, which has led to practice experience connections and ultimately employment (City of New Orleans, Shell, Evacuteer are examples).

In addition, the School has a number of adjunct and part-time faculty that bring their public health practice experience to the classroom. This includes the State Epidemiologist for the Louisiana Department of Health, the former director of the Director of Louisiana Title V-Maternal and Child Health Program, current Secretary for the Louisiana Department of Health.

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

Strengths

As a strength, more than 80% of the primary instructional faculty have significant public practice experience. All programs except for Biostatistics are represented in this list.

Weaknesses

More opportunities likely exist to integrate public health practice into the classroom experience, particularly in the core classes.

Plans for Improvement

The LSU system has a Professional Practice track for faculty, but the Health Sciences Center has not utilized this designation. As the School grows, this track may represent an opportunity to garner more faculty focused on public health practice. One plan for improvement is for the Office of Public Health Practice and Community Engagement to work with the Office of Academic Affairs to identify ways to integrate practice professional into the classroom experience.

E3. Faculty Instructional Effectiveness

The school or program ensures that systems, policies and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The school or program establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The school or program supports professional development and advancement in instructional effectiveness.

Required documentation:

1) **Describe the means through which the school or program ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant. (self-study document)**

The LSUHSC School of Public Health enjoys a critical mass of eminent and highly experienced senior faculty and a very promising cohort of junior faculty recruited from some of the best programs in the nation and beyond. Drawing on the extensive academic and public health experience of senior faculty, we are able to leverage this expertise for mentoring junior faculty to achieve excellence in teaching, research and service.

Prior to the inclusion of E3.1 as a stated criterion, the School had not put into place a structure and implementation plan for ensuring that faculty are informed and maintain currency in their areas of instructional responsibility. It has been presumed that graduate degree credentials and active engagement in research and/or service corresponding to their area of instruction was sufficient to suggest that faculty possessed appropriate information in their field. One more direct means by which this criterion can be met is through student responses to Question 5 on Course Evaluations (Course content was accurate and up-to-date), for which mean scores (Table E3.5 - Course Evaluations) have been above 4.575 each semester in the past three years. Qualifications and student assessments will continue to be employed.

2) **Describe the school or program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable. (self-study document)**

The SPH has developed and tracks several outcome measures related to faculty research, teaching and service performance. Teaching effectiveness is assessed through student course evaluations. The Associate Dean for Academic Affairs (ADAA) is responsible for administering, summarizing and reporting results from course evaluations to course instructors and Academic Program Directors. The Program Directors go over course evaluations with each faculty member during the annual review process to provide constructive feedback and, if necessary, make appropriate adjustments in teaching assignments. The Program Director will also discuss the status of each faculty member's advisees to ensure each student is progressing in their degree programs.

Measure	Target	2015-16	2016-17	2017-18
At least 90% of students will respond with a B or better on the course evaluation questions related to grading course content and instructor effectiveness.	90%	Instructor Effectiveness: 90% Course Content: 92%	Instructor Effectiveness: 83% Course Content: 85%	Instructor Effectiveness: 84% Course Content: 84%

The complete list of course evaluation questions and recent scores is provided in Table E3.5 Course Evaluations.

Each faculty member provides a current CV and a self-assessment of progress on previous year's goals, research, service and educational achievements during the year as part of the annual review conducted by his/her Academic Program Director. Course evaluations are discussed with faculty at this time for all courses in which he/she served as course director. Goals for the coming year are agreed upon by the faculty member and his/her Academic Program Director. For faculty who are not satisfactorily achieving their goals, the APD and faculty member address these issues and that is taken into account in setting next year's goals. The Faculty and Faculty Administrator Evaluation Policy was developed by the Faculty Assembly and forms used in the process are found in the Resource File.

After these faculty reviews are conducted, each Academic Program Director is evaluated by the Dean and this review includes a discussion of individual faculty members in the program and any quality improvement activities recommended for the faculty as well as Academic Program Director. Examples include restructuring of course content and reassignment of course directors.

All faculty members are expected to participate at some level in the education, research and service mission of the SPH. Specific outcome measures to evaluate faculty performance in these three areas are presented in Table 4.1d. Letters of offer to faculty are provided prior to hiring and serve as a contract between the university and new faculty member. The letter of offer states expectations in these areas and is specific to the individual. In terms of funding for research and/or funded service/practice, a faculty member is generally expected to cover 25% or more of his/her salary on grants or contracts by the end of the third year at the SPH.

Faculty performance is considered by the Academic Program Director and Dean when funds are available to provide merit raises.

3) **Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of school or program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty. (self-study document)**

The SPH and the LSUHSC provide a number of significant resources for faculty development. Each new faculty member receives an extensive multi-day orientation from the LSUHSC. The SPH also hosts an academic orientation for all faculty each year in the fall. New hires are generally provided start-up funds that can be used for attending conferences, purchasing books, supplies and equipment, and other purposes that support professional development. An SPH fund is also maintained within the SPH to support un/under-funded faculty members who wish to present at research conferences. Teaching loads are often reduced or eliminated for junior faculty members during their first year, allowing them time to establish their own research programs. All faculty members are to provide 25% or more of their salary in extramural funds, but newly hired faculty are not expected to meet this goal until the end of their third year.

The Office of Research for the School of Public Health (ORPH) provides extensive research support for new and established researchers, such as reviewing a funding agency announcement for specific requirements, helping to develop protocols or proposals, contacting the agency representative for clarifications, and helping with letters of intent. ORPH also assists with developing budgets and budget justifications, gathers biosketches and other standard forms, assists with assembling applications for HSC routing and review, and helps with MOUs and Material Transfer Agreements (MTAs). The ORPH also organizes interest groups of researchers by topic or program announcement. For example, in the past year, the ADR has organized meetings for faculty interested in research on Opioid Abuse, LBGTQ Health, Tobacco Control, Colorectal Cancer Screening, and Cancer Among our local Vietnamese Population. More detail is available in Section E4. The ORPH also serves as liaison between the SPH and other LSUHSC schools regarding research collaborations. The LSUHSC and the SPH provide opportunities for faculty to participate in in-house and external grant writing workshops. The LSUHSC Office of Research Support provides administrative support for all sponsored projects and hosts an array of training and certification programs in support of research. All of these activities serve to improve and enhance faculty's research and therefore, instructional activities.

The Office of Medical Education Research and Development (OMERAD), established in 2002, is the home of the LSUHSC Academy for the Advancement of Educational Scholarship. The Academy sponsors numerous in-house and web-cast events throughout the year to promote faculty development in educational scholarship and importantly in teaching. SPH faculty were active participants in the events of OMERAD through 2015-16 when the director retired. The SPH is working with the School of Medicine to facilitate the replacement of this much needed resource. As a consortium member of Louisiana Clinical and Translational Science Center (LA CaTS), development resources are also available through in person workshops and online resources to our faculty related to all levels of translational research.

In the 2017-18 academic year, seven on campus training opportunities were presented to SPH faculty related to improving course delivery and format. These included Safe Zone trainings, diversity training through the RWJF funded PREP, and Socratic Method pedagogy. Through the CIPECP, faculty were also trained in facilitation methodologies and participated in the IPE sessions across campus as a part of the Team UP initiative. There were three levels of facilitator training, SPH faculty participated at all three levels: Session 101 - focus on overview of IPE at LSUHSC and Team Up curriculum, 102 – focus on foundations of IPE facilitation, and 103 Training sessions – offered 5 of them on each of the topics with the Team UP curriculum. The CIPECP also has offered two courses with external speakers: Debriefing for Meaningful Learning – August 2017 and Socratic Seminar – May 2018.

SPH has also facilitated the participation of multiple faculty in case development workshops (Drs. Straif-Bourgeois, Trapido and Brisolara over the past three years). The SPH has played an active role in the development of IPE cases and has been represented by faculty on all case development teams. Case topics include oral health, obesity, alcohol use disorder, developmental delay, end stage renal disease and geriatrics. These cases comprise the focus of the Year 2 campus-wide IPE experience for all students.

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement. (self-study document)

As more fully described in the guidelines and criteria for promotion and tenure at LSUHSC (http://lsuhsc.wpengine.com/wp-content/uploads/2016/07/0_Gudelines_Criteria.pdf), a long list of criteria that may demonstrate excellence in instructional effectiveness are available for consideration. These criteria are not intended to be inclusive, but rather illustrative of the type of evidence that may be included in a review packet to establish achievement within the different academic ranks. Excellence in teaching can be documented by:

I. Surveys, evaluations, or ratings by students; as presented above as a measure consistently monitored in SPH and always taken into consideration
II. Measures of student achievement
III. Long-term success in a particular teaching assignment
IV. Number and type of students taught and hours of student contact
V. Special awards for teaching efforts
VI. Evidence that the faculty member serves as a role model or mentor
VII. Development and implementation of curricular initiatives or teaching materials that may be adopted by others.

There is no pre-specified weight by which measures of instructional effectiveness are considered in the promotion process, as compared to research, professional service, administration or public health practice.

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the school or program and relate to instructional quality. Describe the school or program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the school or program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on its public health degree programs.

Faculty currency

- **External reviews of proposed or existing courses or curricula, outside of normal university processes**
- **Peer/internal review of syllabi/curricula for currency of readings, topics, methods, etc.**
- **Annual or other regular reviews of faculty productivity, relation of scholarship to instruction**
- **Faculty maintenance of relevant professional credentials or certifications that require continuing education**

Faculty instructional technique

- **Frequency of internal quality reviews of existing courses or curricula**
- **Participation in professional development related to instruction**
- **Peer evaluation of teaching**
- **Student satisfaction with instructional quality**

School- or program-level outcomes

- **Courses that are team-taught with interprofessional perspectives**
- **Courses that integrate technology in innovative ways to enhance learning**
- **Courses that involve community-based practitioners**
- **Courses that integrate service learning, as defined by the school or program**
- **Courses that integrate community-based projects**
- **Courses that use higher-level assessments**
- **Courses that employ active learning techniques**
- **Teaching assistants trained in pedagogical techniques**

- **Implementation of grading rubrics**
- **Any other measure that tracks use of pedagogical techniques and is meaningful to the school or program**

Annual or other regular reviews of faculty productivity, relation of scholarship to instruction

Assessment of faculty performance involves evaluating outcomes collected from the three key areas of faculty activity: teaching, research and service. Teaching effectiveness is assessed through student course evaluations. The Associate Dean for Academic Affairs (ADAA) is responsible for administering, summarizing and reporting results from course evaluations to course instructors and Academic Program Directors. The Program Directors go over course evaluations with each faculty member during the annual review process to provide constructive feedback and, if necessary, make appropriate adjustments in teaching assignments. The Program Director will also discuss the status of each faculty member's advisees to ensure each student is progressing in their degree programs.

Every core faculty member is expected to contribute to the research mission of the SPH. Faculty members are expected to develop or participate in research programs in their area of expertise that also contributes to the overall mission of the SPH. Faculty members provide documentation of their research productivity each year in their annual review materials and updated CVs. This is reviewed by the Program Directors and discussed with each faculty member during their annual review meeting.

The SPH recognizes the importance of community and professional interaction through its mission statement and tenure and promotion guidelines. Faculty are recognized for their contributions and participation in community organizations and professional associations during their annual review and through a portfolio submitted as part of the promotions and tenure process.

Every attempt is made by Program Directors to assign course instruction to faculty who are best prepared for the class. There is no explicit relation of scholarship to instruction, though scholarship is viewed as a leading indicator of preparedness.

Student satisfaction with instructional quality

Course evaluations are conducted at the conclusion of each semester and are the key measure of student satisfaction with instructional quality. The Associate Dean for Academic Affairs reviews the evaluations from a school perspective and program directors review the evaluations from a programmatic perspective. Evaluations are also included as part of the faculty annual reviews. Program directors recommend course changes based on this feedback, and the ADAA uses these evaluations as part of the curriculum review process. The course evaluations have a response scale of 1=Never, 2=Seldom, 3=Occasionally, 4=Frequently, 5=Always, 9=N/A. The course evaluation data show a trend of improvement over the past three years. It is also of note that the number of evaluations increased from 399 in 2009-2010 to 561 in 2011-2012 representing increased course enrollment and more courses.

While the School did not set a formal target for course evaluation scores, the ADAA and the Course Directors are satisfied with mean scores of ≥4 on a 5-pt. scale.

Table E3.5: Course Evaluations

		F2015	F2015	S2016	S2016	F2016	F2016	S2017	S2017
Q	**Label**	**N**	**Mean**	**N**	**Mean**	**N**	**Mean**	**N**	**Mean**
1	I knew what was expected of me.	244	4.516	236	4.479	263	4.407	276	4.409
2	Course sessions were well-organized.	243	4.543	236	4.534	263	4.323	276	4.467

3	The learning objectives were clear.	244	4.57	235	4.489	263	4.395	276	4.453
4	The instructor was well-prepared.	244	4.73	235	4.745	263	4.51	277	4.657
5	Course content was accurate and up-to-date.	244	4.713	235	4.689	263	4.631	275	4.575
6	Course content was organized in ways that made learning easy.	244	4.439	236	4.449	263	4.247	274	4.281
7	Course content was at an appropriate level of difficulty.	244	4.537	236	4.547	263	4.494	274	4.478
8	The time allotted for each course session was sufficient for my learning.	244	4.57	236	4.492	261	4.513	276	4.475
9	The course proceeded at an appropriate pace.	244	4.619	236	4.5	262	4.515	275	4.462
10	I used my time in the course effectively.	244	4.549	236	4.585				
11	Course materials were easy to use (e.g., organized, clear).	244	4.455	236	4.483	261	4.341	274	4.336
12	Course materials were relevant to my learning.	243	4.609	235	4.634	261	4.513	275	4.469
13	Media (e.g., workbook, video, slides) were used in ways that enhanced my learning.	237	4.532	227	4.564	258	4.473	272	4.449
14	Distance learning technologies were used in ways that enhanced my learning.	178	4.343	162	4.512	257	4.475	270	4.444
15	The course format motivated me to learn.	244	4.311	235	4.43				
16	I contributed comments or questions throughout the course.	245	4.057	235	4.285	261	4.379	275	4.473
17	I had sufficient opportunities to participate.	245	4.604	236	4.614	262	4.664	276	4.63
18	I related course content to real-life or professional applications.	243	4.514	235	4.6	263	4.551	275	4.571

19	I learned to relate important concepts to public health practice.	243	4.593	233	4.614	261	4.617	276	4.591
20	I engaged in critical analysis and problem solving.	245	4.563	235	4.604	262	4.496	275	4.52
21	I received feedback that was relevant to my learning.	245	4.441	235	4.515	261	4.326	276	4.275
22	I received feedback about my learning in a timely fashion.	244	4.455	234	4.577	260	4.2	272	4.316
23	Evaluation activities (e.g., tests) accurately reflected what was taught.	241	4.531	230	4.539	256	4.305	264	4.386
24	Evaluation methods used in the course provided me sufficient opportunities to demonstrate what I had learned.	239	4.481	232	4.543	247	4.263	253	4.332
25	Technical difficulties (e.g., computer malfunction) interfered with my learning.	217	1.977	193	2.026				
26	Fit course activities into your personal schedule	242	4.533	230	4.417				
27	Participate actively in sessions	244	4.52	234	4.509				
28	Maintain your motivation for learning	245	4.359	236	4.449				
29	Interact with other students in the course	244	4.467	234	4.598				
30	Interact with your instructor outside of class (e.g., face-to-face, via discussion board, or via email	244	4.5	232	4.517				
31	Complete course activities effectively	244	4.537	233	4.584				
32	Access relevant learning resources	243	4.543	235	4.626				
33	Stay up-to-date with the course schedule	245	4.576	236	4.631				
34	Use course content after completing sessions and activities	241	4.548	233	4.657				

35	What grade would you assign this course based on: Course content.	245	4.633	234	4.607	259	4.44	273	4.465
36	What grade would you assign this course based on: Instructor effectiveness.	243	4.543	230	4.626	258	4.38	272	4.438
37	What grade would you assign this course based on: Course format.	243	4.42	232	4.453				

Courses that involve community-based practitioners

The integration of community into the curriculum has been recognized by the school as providing students with not only real world knowledge, but also an extension of their network for later career opportunities. As such, we utilize this as an indicator of faculty instructional effectiveness at the school level. Over 20 of our courses across the MPH and PhD curricula have incorporated both community-based projects and community practitioner involvement.

Courses that involve community-based practitioners:

PUBH 6150 Foundations & Ethics in Public Health (Core)
PUBH 6300 Determinants of Global Public Health
PUBH 6600 Culminating Experience (Core)

ENHS 6245 Health Risk Assessment and Management
ENHS 6246 Water Quality Management
ENHS 6250 Emergency Response to Disasters & Terrorism
ENHS 6252 Industrial Hygiene and Environmental Safety
ENHS 6254 Environmental Policy and Public Health

EPID 6350 Epidemiology for Public Health Practice
EPID 6222 Cancer Epidemiology

HPSM 6270 Financial Management & Accounting in Health Care Organizations
HPSM 6268 Health Services Administration and Management (Core)
HPSM 6276 Organizational Leadership
HPSM 6288 Health Policy and Law
HPSM 6271 Principles of Healthcare Quality

BCHS 6213 Community Analysis, Ecology and Health Disparities
BCHS 6214 Health Communication
BCHS 6215 Monitoring and Evaluation
BCHS 6216 Health Program Development and Planning
BCHS 6230 Public Health Project Management
BCHS 7207 Advanced Community Analysis, Ecology, And Health Disparities
BCHS 7352 Mental Health Promotion in Community Health Science

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

Strengths

The school or program ensures that faculty (full-time and part-time) are current in their areas of instructional responsibility. Annual reviews and feedback from students indicates good performance in instruction.

Weaknesses

With the loss of a LSUHSC-wide teaching academy, there has been relatively little work, on a coordinated basis, to assure use of the most up-to-date pedagogical methods.

Plans for Improvement

A School-based effort on pedagogical methods in public health is being planned. The most recent educational program, "The Socratic Method" delivered by Oscar Graybill, MEd on May 30, 2018 was well-received.

E4. Faculty Scholarship

The school or program has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

The types and extent of faculty research align with university and school or program missions and relate to the types of degrees offered. For example, when doctoral degrees are offered, the school or program's research portfolio in those areas take on greater importance. All types of research are valuable, whether conducted with the purpose of improving public health practice or for generating new knowledge.

Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

Required Documentation:

1) **Describe the school or program's definition of and expectations regarding faculty research and scholarly activity. (self-study document)**

LSUHSC-NO recognizes the importance of research and scholarship not only for the advancement of the health sciences, but also for the faculty member performing the work (Faculty Handbook). While LSUHSC-NO does not define research faculty research and scholarly activity *per se*, the Health Sciences Center disseminates and advances knowledge through research to meet the changing needs of the State of Louisiana and the nation. Furthermore, LSUHSC-NO's "Goals" in the most recent Strategic Plan, state that LSUHSC-NO will be a local, national, and international leader in research, particularly in in areas of current scientific strengths. These include of alcohol & drug abuse, cancer, cardiovascular disease, infectious disease, neuroscience, and oral health. (Refer to Louisiana State University Health Sciences Center New Orleans Five Year Strategic Plan, FY 2017-2018 Through FY 2021-2022 Revised June 2016, in the Electronic Resource Files/Faculty Research/LSUHSC-NO Strategic Plan).
Within the SPH, excellence in research is part of the Promotion and Tenure Process. Excellence in Research can be recognized by (http://lsuhsc.wpengine.com/wp-content/uploads/2016/07/0_Gudelines_Criteria.pdf):

- Reputation with peers as an independent, original investigator
- Publication of original research in peer-reviewed journals
- Record of federal grant and contract support
- Regional, national, international or professional society prizes or awards
- Invitations for endowed lectureships or professorships or special lectures at professional meetings
- Letters referencing research excellence and contributions to the discipline
- Seminal work in a specific discipline or area of investigation
- Continued participation on review or editorial boards, associate editorships,
- editorships of journals
- Continued participation on study sections and scientific advisory boards
- Leadership roles in national or international professional societies and related meetings
- Leadership or authorship roles in cooperative clinical programs, clinical trials, outcomes analysis
- Participation in institutional or program reviews or site visits
- Commendable participation or leadership in graduate programs, post-doctoral training, training grants, or program project grants
- Commendable participation or leadership in research-related committee or other administrative

Expectations of faculty who are recruited into the tenure track are contained in their letter of offer. Expectations include further development of the faculty member's independent research interests, as well as participation in collaborative research studies with faculty and staff at LSUHSC and other universities. It is expected that faculty will generate at least 25% of their annual salary in extramural funding by the end of your third year
on the faculty.

Each year, faculty achievement of each of these items is monitored through the Annual Evaluation. Yearly fluctuation is not unusual, but trajectory is important.

2) Describe available university and school or program support for research and scholarly activities. (self-study document)

Policies, Procedures, and Practices that Support Research and Scholarly Activity: Since Louisiana has a great need for improvement in the health of the population, with the state often ranking worst among states in overall health. In 2017, it ranked 49th, with only Mississippi having a larger health challenges. While this is an opportunity for education of public health professionals, we recognize it as a fertile ground for research into how to improve health in an area with inadequate economic resources. https://www.americashealthrankings.org/learn/reports/2017-annual-report/findings-state-rankings Recognizing this need, the SPH created the position of Associate Dean for Research, and an Office of Research for the SPH (ORPH) in 2010. This Office was created with support from the School of Medicine (SoM), and the Chancellor's office.

The ORPH facilitates all pre- and post-award activities, is responsible for the research portion of the SPH web page, and serves as the liaison to other LSUHSC research offices and policies. Examples of those are the LSUHSC Office of Technology Management, LSUHSC Office of Research Services, LSUHSC Centers of Excellence, LSUHSC Clinical/Translational Research Initiative, LSUHSC Institutional Review Board, and the Office of Research of the SoM. In addition, the LSU SoM has a Research Guide, which is a useful resource for some of SPH faculty.

The ORPH developed policies and practices for faculty members and students designed to educate them on best practices in research. Adjunct faculty are generally less involved with research than with teaching or practice. However, policies and services of the ORPH and LSUHSC Office of Research Services apply to and are available for adjunct faculty if they submit a grant through LSUHSC or if they are involved with research primarily being conducted by an LSUHSC SPH faculty member.

The ORPH frequently organizes groups of researchers who might be interested in a specific research

topic or program announcement. For example, in the past year, the ADR has organized meetings for faculty interested in research on Opioid Abuse, LBGTQ Health, Tobacco Control, Colorectal Cancer Screening, and Cancer Among our local Vietnamese Population.

All faculty members (and students) take the CITI and HIPAA compliance training. All staff involved with research or community projects that collect personal information and anyone who has access to data collected by these studies/projects are required to obtain CITI certification as well. Faculty members are responsible for making sure that their staff comply with required training. The LSUHSC Office of Compliance Programs maintains the training history of all faculty and relevant research staff members regarding HIPAA, and sends notices when any new training is required, or when refresher certifications are needed. The LSUHSC Office of Research Services (ORS) performs a similar function with regard to CITI training. The ORPH reviews CITI training offerings annually, to see if there should be any changes in our training requirements. Any changes are referred to the SPH Research Committee for approval.

The ORPH works with faculty as they prepare their applications. This usually includes discussions about requirements of a specific FOA, conceptualization of the research approach, identification of collaborators, discussion of hypotheses and specific aims, feasibility, implementation plans, and potential IRB concerns. Depending on the needs, the Associate Dean for Research will contact the funding Agency to clarify information, or encourage the applicant to call the Program official. In addition, the ORPH begins the process of identifying and assembling the pieces of the proposal, and directs the investigator to meet with the Business office on developing the budget. ORPH continues working with the applicant until a packet of information (abstract, specific aims, budget, and budget justification, COI information, and any subcontract intent agreements) is ready for review by the Associate Dean for Research and the LSUHSC ORS. The Associate Dean provides a final assessment, and when no more changes are needed, approves the packet to go forward to the LSUHSC ORS. The ORPH continues working with the applicant, often including additional discussion and reviews by the Associate Dean, and assists with the submission of the application. Any post-submission requirements, such as those associated with a Just-in-Time notice, involve the ORPH staff as well. The OPRH advises the applicant depending upon the outcome of the submission.

Support for Other Scholarly Activities

The Dean, the Associate Deans and Program Directors have provided support for faculty to attend scientific meetings, prioritizing those where a presentation or poster are to be made. Individual research project directors also pay for faculty to attend relevant scientific meetings. Covering the costs of student attendance at scientific meetings is considered on an individual basis. The School, through the Epi-Data Center has in-house capability to produce color posters for scientific meetings.

Research Incentive Compensation Plan: The SPH submits a Research Incentive Plan (available in the Electronic Resource File/Faculty Research/Research Incentive Plan) through the LSUHSC for approval by the LSU President. The plan allows faculty members who are PIs or Co-Investigators on funded research to obtain a salary bonus of up to $25,000. The purpose of the plan is to reward faculty members who are successful in obtaining major research grants, and to provide incentives for others to attain additional funding.

Purpose of the Criteria and Plan:

a) To reward faculty who successfully compete for major research grants,
b) To provide incentive for faculty to compete for and secure additional research grants,
c) To raise the total level of institutional research funding, i.e., both direct and indirect costs

In 2017, 56% of faculty received remuneration from the Research Incentive Plan.

Support for Pilot Projects: The Dean's Office provides support for competitively awarded pilot studies. Every other year, junior faculty are invited to submit pilot projects lasting up to two years. The Dean and the ADR review proposals and select those projects most likely to produce information that will lead to external funding. $30,000 is the budget cap for the two-year period. The last round of pilot grants

resulted in awards to four faculty, all of whom have subsequently submitted grant applications to the NIH.

The five Academic Program Directors receive a percentage of the indirect dollars related to research funded to faculty members in their Programs. Each Director has discretion over how these resources are allocated, and these are spent to support the development of pilot studies, as well as to increase research resource capability. In addition, the Associate Dean for Research uses a small pool to support either pilot projects or paying for consultants on the development of specific research grant applications. Finally, most newly hired faculty members are provided with $10,000 discretionary funds to be used as they deem most useful- including for collecting pilot data.

Support for Invited Speakers: Both the Dean's Office and the Program Chairs provide support for bringing outside speakers to address current research and public health issues. In addition, the School names an annual John A. Rock Visiting Scholar, who both delivers a presentation and meets with students and faculty over a three-day period. Each Program, on a rotating basis, chooses the Rock Scholar. Since its inception, the Scholars have been: (1) In Epidemiology: Dr. Peter Boyle, former director of the International Agency for Research on Cancer, (2) In Biostatistics: Dr. Susan Ellenberg, Professor of Biostatistics at the University of Pennsylvania, (3) In Environmental and Occupational Health Sciences: Dr. John Boice, Director of the National Center for Radiation Protection, (4) In Behavioral and Community Health Sciences: Stephen M. Weiss, one of the founders of the field of Behavioral Medicine, and (5) In Health Policy and Systems Management: Dr. Margaret "Peggy" O' Kane CEO, NCQA (National Committee on Quality Assurance).

LACaTS: The Louisiana Clinical and Translational Science Center (LACaTS) is an NIH funded entity designed to expand infrastructure for researchers in the state. It provides coordinated cores and resources for successful development and completion of clinical and translational research both within and across participating institutions. It aims to increase the critical mass of investigators performing clinical and translational research and provide for growth in multi-disciplinary and multi-institutional projects addressing disparities and improving health outcomes. LACaTS works to enhance and grow bi-directional relationships to increase health literacy, increase participation in research trials, address disparities and understand barriers to preventive medicine initiatives and chronic disease management. Drs. Mercante and Fang are part of the Design, Biostatistics, and Epidemiology Core of LACaTS, and Dr. Culbertson is part of the Ethics and Regulatory Knowledge Core.

LACaTS provides annual opportunities for support of pilot studies. For example, in 2017, our faculty have collaborated on LACaTS applications for studies on opioid overuse, and on the effectiveness of knee replacement surgery. The LACaTS theme of the next five years is "addressing health disparities & improving health outcomes. LACaTS also has been providing on-line REDCap training on a monthly schedule, since the beginning of 2017.

The **UAB Minority Health and Health Disparities Research Center**, of which LSUHSC is a part, offers pilot grants of up to $50,000 for research to improve the health of minority and underserved populations. In 2017, a Dr. Ariane Rung received funding for research on "Mobile Mindfulness Training to Reduce Chronic Health Disparities in Louisiana Women".

Louisiana Cancer Research Center: The LCRC awards pilot project funds to support promising new research of direct relevance to addressing the biological, behavioral, and societal factors that contribute to tobacco use or the biological, behavioral, and societal effects of tobacco use. This included research on cancers directly associated with usage of tobacco products. This pilot program provided one-year support for $50,000 to $70,000 each. Both Dr. Sam Tseng and Mr. Michael Celestine received funding in 2017 from the LCRC.

The LSUHSC **Alcohol and Drug Abuse Center of Excellence** accepts applications for its Pilot Project Program. Although the purpose of ADACE pilot grants is to solicit proposals that use a basic science approach to examine the biological effects of cannabinoids, especially in the context of their potential medicinal benefits in treating disease states related to inflammation and/or pain, several faculty members in Epidemiology and in Biostatistics are collaborators on these applications.

3) **Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students. (self- study document)**

Dr. Ariane Rung has been PI or co-PI on several studies and integrated her research into student instruction. One notable example was during her Survey Design class. Dr. Rung and her colleagues (Trapido, Peters, Fontham, Harrington, Oral) had recently been funded to explore the health effects of the 2010 BP Oil Spill on women and children in Louisiana (the WaTCH Study), and a major component of the project was a telephone survey of women. After the investigators had developed a rough draft of potential themes and questions to be included in the questionnaire, Dr. Rung incorporated the pre-testing phases into the Survey Design class. Students received didactic lectures and readings on questionnaire development, cognitive and pilot testing. They then critically reviewed the draft questionnaire and provided feedback, created a plan for cognitively testing the questionnaire, implemented cognitive testing, and finally wrote reports on their findings. Results from this class exercise ended up not only informing the final version of the questionnaire used by the investigators, but also being a highlight of the class for giving students real world, applied survey experience. Dr. Rung has since supervised several PhD students on their use of data resulting from the WaTCH Study resulting in several PhD dissertations and publications. More about the WaTCH study and faculty research is presented in the Electronic Resource Folder/Faculty Research/Example of faculty research Activities file.

Since 2016, **Dr. Adrienne Katner** has been PI or co-PI on grants worth over $2.5 million. These funds have supported the professional- and research-related experiences of seven SPH graduate students. This included one doctoral student and six MPH students, and the mentorship of thirteen student interns- eight college and five high school students. Since 2016, Dr. Katner's current and former students have conducted research, which has resulted in two published papers, two recently submitted papers, three manuscripts in preparation, five conference proceedings, and ten conference presentations. Three of her interns placed 2nd or 3rd among all high school or undergraduate students participating in the LSUHSC Summer Research Internship Program- one went on to win six awards at local, state and regional science fairs for work completed under Dr. Katner's guidance. Dr. Katner's students have been involved in both environmental and occupational health projects covering topics such as: 1) monitoring of lead in water hazards and evaluation of cost-effective lead remediation strategies; 2) assessment and policy implications of occupational hazards impacting guest seafood processing workers in southeast Louisiana; 3) identification of well-water risks and needs after the historic Texas and Louisiana floods of 2016 and 2017; 4) development and evaluation of project-based interdisciplinary environmental education curriculum in underserved inner-city high schools, 5) identification and evaluation of risk communication strategies to motivate adoption of effective exposure reduction behaviors, and 6) mapping and prioritizing environmental justice issues throughout Louisiana. Her students have gained skills in curriculum design, grant and project management, project evaluation, data analysis, community-based participatory research, research presentation, policy development, environmental and biokinetic modeling, GIS mapping, surveys and focus groups, community outreach and water sampling. In addition to one-on-one student advising, Dr. Katner provides students in her classes with case studies derived from her research that challenges students to explore and discuss topics like the conflict of interest challenges of government in addressing environmental injustices; the role of scientists in policy development when it conflicts with political agendas; and the sometimes conflicting values of ethical obligations and scientific objectivity.

Dr. Hui-Yi Lin currently serves as the PI for the NIH R21 grant entitled "Gene-Gene Interactions and Their Functional Roles in Prostate Cancer Aggressiveness" and is the Biostatistics & Bioinformatics Core Director of the Center for Translational Viral Oncology grant (P20). For the R21 prostate cancer grant, she is collaborating with the researchers at the Moffitt Cancer and Research Institute to identify gene-gene interactions of angiogenesis, mitochondria and miRNA related pathways and their functional roles associated with prostate cancer aggressiveness. Dr. Lin's primary research interest is in developing and evaluating novel statistical methods in single nucleotide polymorphism (SNP) data analyses, especially SNP-SNP and SNP-environment interactions. Dr. Lin regularly teaches two classes. In Biostatistical Methods II + SAS Lab (BIOS 6102, 4 credits), she teaches statistical theories and uses her research projects as examples for demonstrating usages of statistical methods for solving real-world problems. In

Biostatistical Consulting (BIOS 6610, 2 credits), she guides students to work on an individual project on initiating study questions, preparing good quality data, developing accurate programming skills, conducting custom analytical plans, generating tables/figures, interpreting results, and writing scientific reports/papers. In addition, she teaches students communication and consulting skills by applying her studies as examples in her consulting class. In summary, Dr. Lin integrates her research experience and resources in her classes in order to enhance students' interest and motivation for learning theoretical and applied statistics.

Dr. William Robinson has incorporated his research efforts into the classroom experience in several ways. In his Advanced Research Methods in Community Health Sciences course, he demonstrates how to plan an experimental design and report data using real world examples from previous studies on the evaluation of teen pregnancy prevention programs or the National HIV Behavioral Surveillance study. Similarly, real data are provided for analysis for in-class exercises in Structural Equation Modeling and Psychometrics. Finally, an entire series of studies conducted in collaboration with the Louisiana Department of Health, which assessed the impact of Hurricane Katrina and the subsequent failure of the federal levee system on the HIV epidemic, are used to demonstrate Platt's method of strong inference and its utility in planning a research program.

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

SOAR
The Student Organization for the Advancement of Research (SOAR) is a student-led initiative founded in partnership with the Louisiana State University Health Sciences Center School of Public Health (LSUHSC-SPH) Office of Research and the Student Government Association (SGA). SOAR was created to increase student research capacity and practice based learning experiences by facilitating faculty-student research collaboration via a matching program within the SPH. SOAR received 21 student inquiries within 6 months of implementation, which included 40% of SPH students enrolled in the master's program. Of student inquiries received, over 60% were successfully matched to SPH faculty members to implement various inter-disciplinary research projects. Of students who participated in a post-evaluation focus group, 72% reported that their research skills (e.g. study recruitment, focus group facilitation, professional writing skills and manuscript development) improved from participating in SOAR. The SOAR matching program is replicable and provides a framework for institutions to develop a tailored research program that is student driven and focused. Ultimately, SOAR allowed the SPH to meet a growing gap in student involved research by emphasizing the value of practice based learning, fostering the spirit of collaboration, and increasing student's desire to pursue research related careers. Dr. Trapido is the faculty advisor for SOAR. A paper has been published on SOAR, by the team of students who organized it. (See Electronic Resource Folder/SOAR Paper/SOAR- Kepper et al.)

The Louisiana Tumor Registry
Under the leadership of **Dr. Xiao-Cheng Wu**, the Louisiana Tumor Registry is the statewide cancer registry for Louisiana. It is funded by both the NCI SEER Program and the CDC National Program of Cancer Registries, and collects and analyzes incidence, diagnosis, treatment, survival and mortality data for all cancers diagnosed among residents of Louisiana. Many MPH students have worked with the LTR to learn about disease surveillance, work with the data, learn analytic programs, develop presentations, understand pathology reports, become knowledgeable about census data and its uses, become comfortable with program management, and write papers. Examples include an MPH student's study for CDC's "Case Investigation of Cervical Cancer and Enhancing Cancer Registries for early Case Capture (ECC) of Pediatric and Young Adult Cancers", and another MPH student's "Reassessment of Monitoring the Impact of Prophylactic HPV vaccine on HPV Types in Cancers: Using Tissues from Central Cancer Registries."

WHO European Region Financial Assessment Tool
Dr. Peggy Honore has been leading an effort on develop a Financial Assessment Tool for the World Health Association. The Who European Region consist of 53 countries that stretch from Greenland to the east coast of Russia. In 2016, LSU Health Sciences Center School of Public Health was invited to

become a member of the WHO European Region Coalition of Partners (CoP). The CoP drives action to strengthen essential public health services and capacities across the entire WHO European Region. The primary role of the LSU School of Public Health is to lead efforts to assess and strengthen financing for public health programs and services in the region.

WHO contracted with LSU School of Public Health to develop a Public Health Financial Assessment Tool (PHFAT) that will be used to assess public health financing capacity and provide feedback on needed improvements in the 53 countries. Work on the project began with an assessment of public health services in Ukraine followed by an assessment in Slovenia as a means of testing the feasibility of such a tool. MPH students were engaged in designing those assessments and are involved with literature reviews critical for establishing methodological design, identification of tool indicators and attributes, and Access database development of the tool. They will also be involved in actual assessments in individual countries. Students participated in WHO webinars for discussions regarding the tool and have presented at the APHA Annual Public Health Finance Roundtable. This work is expected to continue through 2020 at which time students can present at global conferences and papers will be developed with the students as co-authors.

Healthy Roots Study
In 2015, **Dr. Henry Nuss** developed a research proposal with a then current MPH student to develop a social marketing campaign to increase farmers' market use in poor and underserved communities in New Orleans, LA. We called the program "Healthy Roots for You." They submitted a grant proposal and were awarded $120,000 to implement a pilot study. After graduation, that was hired as a research associate. Together, they implemented the pilot program and were successful in increasing awareness and farmers' market use, fruit and vegetable consumption in the target audience. Since final data collection, other MPH students have assisted Dr. Nuss with data analysis, manuscript and abstract development. In the past two years, Dr. Nuss and the MPH students have published three papers in peer-reviewed journals, five abstracts and poster presentations at state and national meetings, as well as two invited speaker presentations at one state and one national meeting.

Comprehensive Alcohol-AIDs/HIV Research Center
The Louisiana State University Health Sciences Center (LSUHSC) New Orleans Comprehensive Alcohol- HIV/AIDS Research Center (CARC) is a multi-institutional, multidisciplinary team of scientists from LSUHSC with a research focus on the interaction of alcohol use disorders (AUD), simian and Human Immunodeficiency Virus (SIV/HIV), and Antiretroviral Therapy (ART) in non- human primates (NHP) and human subjects. Innovative research currently ongoing at CARC includes the CARC translational study and the Wellness through Empowerment, Living, and Learning (WELL) study. The CARC translational study is a dynamic longitudinal cohort of adults (18+ years) living with HIV in and around the New Orleans metro area. Participants are followed-up every ten months. Data from this cohort will be used to develop a better understanding of the mechanism linking early life adversity and chronic psychosocial stress to HIV clinical outcomes and the potentially harmful role of coping behaviors including alcohol use. The WELL Study is an evidence-based intervention study to reduce health risks among people living with HIV that are alcohol users in-care at an urban HIV outpatient clinic. Dr. Tekeda Ferguson's CARC activities encompass basic and clinical translational research, training, mentoring, and information dissemination. Faculty and students from the School of Public Health have been involved since the establishment of the human cohort in 2015. MPH students have been involved in data collection, data analysis, writing papers, and writing and presenting conference abstracts. Opportunities continue to grow for our students through collaborative work with longstanding funded comprehensive alcohol research center.

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

Productivity and excellence in research are among the established criteria for consideration of a faculty being considered for Promotion and/or Tenure. It is recognized by:

- Reputation with peers as an independent, original investigator

- Publication of original research in peer-reviewed journals
- Record of federal grant and contract support
- Regional, national, international or professional society prizes or awards
- Invitations for endowed lectureships or professorships or special lectures at professional meetings
- Letters referencing research excellence and contributions to the discipline
- Seminal work in a specific discipline or area of investigation, participation on review or editorial boards, associate editorships, editorships of journals
- Continued participation on study sections and scientific advisory boards
- Leadership roles in national or international professional societies and related meetings
- Leadership or authorship roles in cooperative clinical programs, clinical trials, outcomes analysis
- Participation in institutional or program reviews or site visits
- Commendable participation or leadership in graduate programs, post-doctoral training, training grants, or program project grants
- Commendable participation or leadership in research-related committee or other administrative activity

Specific guidelines for appointment and promotion within the different academic tracks demonstrate the importance that the School places on research and scholarship.

- Tenure Track
    - Appointment or Promotion to Assistant Professor on the Tenure Track
        - Appointment or advancement to this rank requires a commitment to basic, clinical, or applied research and teaching as evidenced by:
            - Capacity for independent investigation in basic or clinical sciences
            - A scholarly approach in public health practice
    - Appointment or Promotion to Associate Professor with Tenure or on tenure Track
        - Appointment or advancement to the rank of associate professor with tenure requires professional recognition, in most instances at a national level, which can be evidenced by
            - Recognition by peers for independent and original investigation (through peer-reviewed publications and extramural research funding)
            - Elected membership in major scientific societies
            - Recognition through formal awards, invitation to participate in local, regional and national meetings, etc.
            - Leadership in scientific or professional organizations
            - Evidence of continuing commitment to program and/or institutional missions of teaching, research and/or service
        - Appointment Promotion to Professor with Tenure or on tenure track. Faculty appointment or promotion to the rank of professor with tenure is reserved for professionally accomplished faculty, often those with international recognition, which can be evidenced by:
            - Continued publication in peer-reviewed journals
            - National and international recognition as an investigator
            - Continued independent, externally funded investigation
            - Participation as author or editor of textbooks, monographs, or journals
            - Membership on editorial boards, study sections, and/or advisory groups
            - Elected membership and leadership in scientific professional societies
            - Invited participation in professional society-related committees and/or governing boards
            - Professional awards and invited and/or named lectureships
            - Participation in national and international symposia, courses, and teaching programs

- Non-Tenure Track

- Full-Time. This is a non-tenure track for full-time faculty members who are effective in research (sponsored projects), teaching, and/or service programs essential to the practice of public health.
  - Appointment or Promotion to Full-Time Assistant Professor – Research or Extension of Public Health without tenure.
    Appointment or advancement to this rank requires a commitment to research, teaching, and/or the practice of public health as evidenced by:
    - Potential for clinical, basic or applied science research contributions and collaborations
    - A scholarly approach in public health practice
    - Capacity for original and independent research, as demonstrated by recommendations from established senior faculty at the SPH and/or other institutions
    - Scientific productivity (peer-reviewed publications)
  - Appointment or Promotion to Full-Time Associate Professor – Research or Extension of Public Health without tenure.
    Appointment or advancement to Associate Professor (non-tenure track) normally indicates that a faculty member has achieved professional recognition, in most instances at a national level, which can be evidenced by:
    - Scientific productivity evidenced by continued publication of original studies in peer-reviewed journals
    - Recognition by peers for independent investigation through external funding of research projects
    - Salary support from grants and contracts from independent or collaborative awards
    - Elected membership in major scientific societies
    - Recognition through formal awards, invitation to participate in local, regional and national meetings, etc.
    - Leadership in local, regional, or national scientific committees, programs, and/or governing boards,
      - OR
    - The faculty member is regarded as an excellent and scholarly practitioner and/or consultant, often with a local, regional or national reputation, which can be evidenced by:
      - Publication of studies in peer-reviewed journals
      - Continued participation or leadership in clinical and /or community trials research
      - Collaboration with other investigators on clinical, community, or applied research
      - elected membership in professional societies
      - Recognition through formal awards, local and regional invited lectures and participation in professional society programs and Continuing Professional Education courses
  - Appointment or Promotion to Full-Time Professor – Research or Extension of Public Health without tenure.
  - Appointment or promotion to the rank of clinical professor is reserved for exceptional faculty, often those with regional and national recognition, and can be evidenced by:
    - Reputation for excellence in public health practice
    - Development of new teaching materials or curricular initiatives
    - Leadership in training, teaching, and advising of undergraduate, medical and graduate students, residents, fellows, public health and postdoctoral research fellows, and colleagues
    - Directorship of teaching or training course or program
    - Publication of studies in peer-reviewed journals
    - Coordination or leadership in clinical/ community trials research

- Authorship or editorship of textbooks, monographs, or journals
- Service on journal review panels, editorial boards and/or professional advisory groups
- Election or appointment to professional societies, committees, and/or governing boards
- Professional awards and invited and/or named lectureships
- Participation in local, regional, or national symposia, courses, and teaching programs
- Development and implementation of new programs that serve to fulfill the mission of the SPH, University or other professional organization
- Exceptional leadership or administrative performance at program, school, health sciences center, hospital, state, or national levels
    - OR
- That a faculty member has achieved professional recognition, at an international level, which can be evidenced by:
- Continued publication of original studies in peer-reviewed journals
- National and international recognition as an investigator
- Continued independent investigation with sustained external funding
- Salary support from grants and contracts from independent awards
- Authorship or editorship of textbooks, monographs, or journals
- Membership on editorial boards, study sections, and/or advisory groups
- Invited society memberships with or without committee and/or governing board appointment
- Participation and/or leadership in major regional, national, and international society committees and programs
- Formal research awards
- Major invited lectures
- Extent and quality of any teaching, service, and/or administrative activities undertaken

- Part-Time. This track is utilized for faculty with the same criteria and standards for designation at full-time academic rank, but who are employed less than full-time. Tenure cannot be granted for part-time faculty and the criteria used for appointment and promotion will be selected based on the nature of the activities that the faculty candidate has undertaken: traditional teaching and research or primarily research (sponsored projects).
- Joint. This track is utilized for faculty who have a full-time appointment in some other academic unit of LSU and who have a significant role in teaching or research that takes place in the School of Public Health.
- Adjunct (Part-time academic rank). This track is used for faculty who are not employees of LSU.

6) Select at least three of the following measures that are meaningful to the school or program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the school or program may add measures that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school's public health degree programs.

- **Percent of faculty (specify primary instructional or total faculty) participating in research activities**
- **Number of faculty-initiated IRB applications**
- **Number of community-based research projects**
- **Number of articles published in peer-reviewed journals**

- **Number of presentations at professional meetings**
- **Number of grant submissions**

Each of these criterion appear in Template E4-1. The percent of primary faculty participating in research activities each year (including research by faculty using service projects) has been inconsistent over the three year period from 2015-2017. The decrease over time reflects the ending of some grants, and the departure of some senior faculty who were predominantly involved in research. Related to this, both the number of articles published in peer-reviewed journals each year and the number of presentations peaked in 2016, and then decreased. This reflects analyses and papers from the research projects, which ended, as well as PhD students who published articles from their dissertations that were based on these projects. Another contributing factor was that fewer MPH students worked on research-focused capstone experiences, moving instead to course-based culminating experiences. The latter resulted in fewer joint MPH/faculty publications. The number of community based research projects remained constant. Faculty initiated IRB applications increased in 2016, and then decreased. In 2016, the Louisiana Tumor Registry had multiple small special studies, each requiring IRB approval. In addition, Drs. Ben Springgate and Hui-Yi Lin each submitted three IRB applications in 2016. The number of grant applications submitted increased in 2017 substantially, due to a one-time call for submissions from the Center for Health Transformation (later rescinded).

Template E4-1: Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	**Target**	**2015**	**2016**	**2017**
Percent of primary faculty participating in research activities each year (including research by faculty using service projects)	90%	88%	84%	80%
Number of articles published in peer-reviewed journals each year	200	127	184	103
Presentations at professional meetings each year	200	156	161	123
Number of Community Based Research Projects	15	11	11	10
Number of faculty initiated IRB Applications	20	8	39	16
Number of Grant Applications Submitted	75	64	59*	85**
STRATEGIC PLAN--Generate an average of 50% or more of faculty salaries from external grants and contracts annually.	50%	35%	43%	41%
Objective 2: All full-time faculty will participate in at least one grant/contract proposal each year.	100% of current FTE faculty	28/35=82%	28/34=82%	29/32=90%
Objective 3: Over the next five years, increase by 5% per year the number of research and contract awards with a fulltime faculty member as PI or Co-Investigator.	100%	88%&	84%&	93%&

Objective 4: Over the next five years, increase the number of individuals participating in cross-program authorship on publications	90%	21/35=60%	25/34=74%	24/32=75%
Objective 1: Over the next five years, increase by 5% per year participation by full time students in grants and contracts to a level of 40% or more annually.		19%	20%- it was a 5% increase over 19%	
Objective 2: Over the next five years, increase instructional offerings related to grant writing by at least 2 annually.	12	4'	5''	6'''

*53, 2 student Fellowship proposals, 4 SPH Pilot Grant; ** 40 + 1 student Fellowship proposal plus 44 CHT proposals Epid, BCHS Seminars, ORS Presentation, BCHS Adv. Class; & Data reflects applications submitted, not necessarily funded;"Epid, BCHS Seminar, ORS presentation, 2 ORPH Presentations; "2 ORPH presentations to faculty, 1 ORPH presentation to MPH students, 1-ORS presentation to HPSM students, 1 Business Office presentation to students, staff.

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

Strengths:

- Research tied to practice. Multiple community practice programs have been used to generate research and as research resources. These include the Louisiana Comprehensive Control Program, the Louisiana Breast and Cervical Cancer Program, the Louisiana Tumor Registry, the work with the Criminal Justice System, and the Tobacco Control Initiative.
- Research integrated with the Louisiana Department of Health and New Orleans Office of Public Health. Research is integrated through the Consortium for Health Disparities with the Louisiana Department of Health, which focusing on the impact of Medicaid expansion. Working with the New Orleans Office of Public Health, research is being conducted involving HIV/AIDS and other communicable diseases.
- Research focus. Nearly all of the research conducted at the School of Public Health focuses on issues of public health importance for Louisiana's population. Besides the examples above, research has focused on the mental and physical health effects of the Deepwater Horizon Gulf of Mexico Oil Spill, the floods in East Baton Rouge, other man-made disasters, and lead in the drinking water.
- SOAR and willingness of Dean to support students. Student Opportunities for the Advancement of Research (SOAR) is a program developed and implemented by students. SOAR was developed to increase the opportunities for students to work with faculty on their research. It provides experiences for students regardless of their level of expertise. Students indicate their research interests at the beginning of each semester, and faculty indicate their need for student involvement with their research. The SOAR leadership matches these faculty and students. Both sign an MOU, which specifies the time to be spent, the work to be done, and any product- such as a publication, which emerges. From its inception, the idea was that the work would not be financially compensated.

However, in the past year, the Dean has been able to secure funds to support the students working on SOAR research.

- Support for Pilot Studies. The Dean's Office has supported two rounds of pilot grants funding, over the last three years. Seven faculty (covering all programs) have been awarded these funds. Both publications and grant applications to national agencies have developed as a result of this pilot study program.
- Changes in Grant Office leadership at LSUHSC level. Changes in leadership have led to an improvement of processes and procedures, and reduction of delays.
- Faculty Renowned as Researchers. Many of our faculty are leaders in their research field, publishing regularly in peer reviewed journals, being sought for national or international symposium, leading research meetings, serving as editors or associate editors of journals, serving on standing NIH or DOD review committees, etc.
- Expansion of Funding Agencies Supporting Researchers in the SPH. We now count funding from NIH, CDC, NIJ, the Robert Wood Johnson Foundation, Louisiana Department of Health, Vera Institute of Justice Youth Futures Initiative, Tides Foundation, Louisiana Cancer And Lung Trust Board, Skoll Global Threats Fund, La Public Health Institute, LA Board of Regents, Office of Public Health< University of Alabama, Pennington Biomedical Research Center, University of California, Dallas County (Texas) Hospital District, Batelle Memorial Institute, Virginia Polytehnical Institute, SW LA AHEC, Moyer Foundation, Indiana University, Vanderbilt University
- Intra- and interschool collaborations. Our faculty recognize the importance of transdisciplinary research, and are funded and coauthoring with faculty in the School of Medicine, the School of Dentistry, the Graduate School, Tulane and Xavier Universities, the University of Alabama, the University of Virginia, the University of Michigan, the H Lee Moffit Cancer Center, Michigan State University, University of Virginia, LSU A&M, NYU School of Medicine, Columbia University, CUNY, St. Louis University,
- The Office of Research in Public Health helps every faculty member in his/her pursuit of external funding. OHRP makes major efforts to guide investigators, ranging from alerting individuals to grant opportunities, to reviewing ideas, helping build applications, contacting program officers, providing training, working on various grant components, editing and proofing, working with budget justifications, coordinating meetings, finding external experts, working with IRB issues, working with contracts, data sharing agreements, MOUs, CITI training, writing and submitting stories for the ASPPH weekly newsletter, reviewing budgets, routing, working with annual follow-up reports and close outs, etc.
- Grantseekers. Each month, faculty are invited to present research that is being developed. All faculty are invited to listen and offer suggestions for improvement.
- Research Deans Meeting. Through the Research Dean's Interprofessional Research Meetings, chaired by Dr. Trapido, Associate Deans of Research from the School of Medicine, Dentistry, Allied Health, Nursing, and Graduate School meet to develop Interprofessional research collaborations with Public Health. This also keeps public health as a central focal point within the Health Sciences Center.

<u>Weaknesses:</u>

- Retirement of Productive Senior Researchers. Several senior faculty members have retired from the SPH in the last few years. These faculty not only were successful in their own research and publishing, but brought great mentoring skills to the School. These include Dr. Vivien Chen, Dr. Sarah Moody Thomas, and Dr. Elizabeth T.H. Fontham.
- Lack of support staff adds significant clerical / administrative time and cuts research (and teaching) availability.
- Grant environment is highly competitive. Although faculty have been very productive in terms of applications, their success rate is limited by the extremely tough funding conditions, particularly by NIH, CDC, etc.

<u>Plans for Improvement</u>

- Replacement of Faculty for BCHS, Biostatistics. Searches are currently underway for faculty in programs that have lost faculty to retirement.

- Involvement with a Consulting Firm in Washington, DC, to enhance research grant success. Drs. Trapido, Sothern, Scribner, Ferguson, and Oral have been able to use the services of the Conofay group.
- The Evaluation Committee has verified concerns about interactions between the Business Office and faculty submitting grants, and is following up to make sure changes are made.
- Increased openness and flexibility with SPH Office of Sponsored Research has made tangible differences in grant submissions. This will continue to be worked on through the Research Deans Interprofessional meetings.
- An NCI initiated grants workshop is planned for January. We will be hosts for this regional practical 2-day meeting.
- Monthly grantsmanship training sessions are being developed that deal with the multiple aspects of being a successful researcher. These will also include discussions on publishing papers.
- Increased involvement of successful researchers throughout the HSC as colleagues and reviewers of SPH applications.

E5. Faculty Extramural Service

The school or program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the school or program's professional knowledge and skills. Faculty engage in service by consulting with public or private organizations on issues relevant to public health; providing testimony or technical support to administrative, legislative and judicial bodies; serving as board members and officers of professional associations; reviewing grant applications; and serving as members of community-based organizations, community advisory boards or other groups. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

Required documentation:

1) **Describe the school or program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations. (self-study document)**

According to the LSUHSC-NO Faculty Handbook, "the mission of LSUHSC-NO involves development of the highest levels of intellectual and professional endeavor in the areas of instruction, research and service. Faculty members are evaluated in all these areas taking into account the mission of the University. Although not all faculty members can be expected to have equal levels of commitment or equal responsibilities in each of these areas, a high level of general competence is expected."

"LSUHSC-NO expects its faculty to be involved in service to the School and Center, professional organizations, and community groups of interest to faculty. Such service includes, but is not limited to the following: committees, meetings, and other formal or informal sessions at the Departmental, School, and/or Health Sciences Center levels; leadership roles within the School; participation and leadership roles in professional organizations locally, regionally, and nationally; participation and leadership in community organizations; patient care; service as an editor or editorial board member of a professional journal; service as a member of peer review panels; awards and honors; referral and consultation roles."

Consistent with our mission, the SPH has been and is currently engaged in a substantial number of funded service activities, with particular emphasis on working with Louisiana organizations and serving the people of Louisiana. Faculty members sustain relationships with state and local public health

agencies, and with national agencies such as the CDC and HRSA for funded activities. Service activities have included cancer screening and control, HIV/AIDS services, tobacco cessation services, juvenile justice, and others. Primary instructional faculty members involved in funded service activities are 24 (71%) and 24 (73)% for 2015-16 and 2016-17; 2017-18 data will be available in summer 2018.

Many faculty members have ongoing relationships in the public health community for consultation. The SPH strives to be an important resource to the community. One of the ways the SPH's mission can best be accomplished is through providing public health expertise to the community.

Faculty members are expected to engage in service to the LSUHSC as defined in the LSUHSC Faculty Handbook and evaluated annually.

PM-11 states that any outside employment shall not conflict with university service and must be submitted for approval. Employees are not restricted in their voluntary community activities by PM-11 and the School is well represented in voluntary activities. Research or service activities for which faculty members receive compensation must be reviewed and approved prior to undertaking such activities. Louisiana law R.S.24:56(E)] allows state employees to educate and provide factual information, but not to lobby, so advocacy efforts by the SPH are limited. However, this law does not interfere with employees' rights to express opinions on a personal basis not representing the University.

We define public health service according to nine of the ten essential public health services detailed by the Centers for Disease Control and Prevention, the tenth one being research. The nine services are: monitoring health status, diagnosing and investigating health problems and hazards; informing, educating, and empowering people about health issues; mobilizing community partnerships; developing policies and plans that support individual and community health; enforcing laws and regulations that protect health; linking people to needed services; assuring a competent public and personal health care workforce; and evaluating health services. These differ from research which is defined as seeking new insights and innovative solutions to health problems.

Table E5.1: Measures of Excellence in Extramural Service

EXTRAMURAL SERVICE		**2015**	**2016**	**2017**	**Source/ Reviewed By**	**How Selected**
1. Insure involvement in community service	Objective 1: By 2019, School demonstrates 40% of students will participate in public health related community service events.	18/108 17%	33/124 27%	34/132 26%	Practice Office database, CVs / ADPHP	Strategic Plan discussions
2. SPH faculty will demonstrate excellence in extramural service	Objective 1: 100% of fulltime faculty will demonstrate membership in professional organizations related to their field of annually.	38/39 97%	35/37 95%	36/38 95%	CVs/ADPHP and program directors	Strategic Plan discussions, required for promotion
	Objective 2: 40% of fulltime faculty will demonstrate participation in extramural service including professional external committee and/or leadership roles in professional or community organizations annually (defined as board membership, committee leadership, etc.).	44%	58%	55%		

3. Establish community relationships with faculty, staff, and students.	Objective 1: By 2019, increase formal working relationships with public health related organizations and agencies such as DHH, AHECs, LSU Extension, etc. by 10% each year. (Documented by contracts and MOUs)	152	173 +14%	*	Business office records/ADPHP	Strategic Plan discussions
	Objective 2: By 2019, 25% of fulltime faculty members demonstrate involvement in community-based funded projects (research or service).	8/39 21%	6/37 16%	*/38	CVs and business office records/ADPHP and program directors	Strategic Plan discussions

*Not available until after June 30, 2018

2) Describe available university and school or program support for extramural service activities. (self-study document)

The School's expectations regarding unfunded service are inherent in the School's mission. Unfunded service activities can take many forms including professional service (e.g., service on professional boards and committees, review panels, study sections), and community service that contributes to the advancement of public health practice (e.g., presentations to the lay public on public health or service on local, state, & national public health practice and policy committees). The students perform service work, whether through the practice experience, SGA projects, or independent study, that is intended to be responsive to community needs.

Faculty members have ongoing relationships with local community-based agencies such as the American Cancer Society, Second Harvest Food Bank, and the New Orleans Regional AIDS Coalition, demonstrating community service. Faculty members serve professionally as members of national and state boards, committees, and panels; by giving legislative testimony; and as members of organizing committees for national meetings.

The SPH requires practice experiences of all MPH students. These are opportunities for direct involvement with the public health community that is beneficial to both the student and the community. These projects can be student initiated and are often accomplished through ongoing relationships with agencies such as the City of New Orleans Health Department, the Louisiana Office of Public Health and the Louisiana Public Health Institute.

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

Dr. Kari Brisolara participates as a member of the National Preparedness Coalition of the Federal Emergency Management Agency. In turn, she teaches an interdisciplinary course through the ENHS program (ENHS 6250, Emergency Response To Disasters & Terrorism) provides public health students with an overview and awareness of potential threats facing our homeland and familiarizes students with the protocols for response for Public Health employees and for the local, state, and federal agencies associated with response and recovery. The course is structured to include external stakeholder lectures throughout the semester (18 different participants) to present the multi-faceted field of emergency response. Representatives include: all governmental levels (federal, state, parish, city), private industries (Shell, Walmart), and nonprofit/volunteer-based organizations (Evacuteer, Louisiana Emergency Response Network, and Louisiana State Animal Response Team). The firsthand knowledge of the

interactions within the emergency response community is essential for the students to learn about the true workings of the emergency response system. This also provides a mechanism for students to network with active practitioners, which has led to practice experience connections and ultimately employment (City of New Orleans, Shell, Evacuteer are examples).

Dr. Donna Williams serves as the Director of the Louisiana Cancer Prevention and Control Programs (LCP) and participates on a number of advisory boards in cancer control. As the instructor for the Behavioral Health Theories class (BCHS 6212), Dr. Williams is able to use cancer prevention and early detection examples from her work to explain various theories and to apply those theories to cancer prevention and early detection. She also brings in lecturers from her program to illustrate to students some of the principles taught in the class. For example, the Director of the state tobacco cessation program often comes to speak about the use of the trans-theoretical model. In addition, the Communications Manager for the LCP shows how the program uses communications and media strategies.

Dr. Randi Kaufman participates on a number of local and national boards and councils. She also teaches HPSM 6268, Health Services Administration and Management. She brings in a number of speakers to whom she is acquainted through her local service to speak on issues of lobbying, managed care, and HIT. She also has developed case studies for use in class based upon experiences she has had with these organizations.

4) **Describe and provide three to five examples of student opportunities for involvement in faculty extramural service. (self-study document)**

Dr. Adrienne Katner, Assistant Professor in ENHS, is involved in considerable work on lead in various communities around the state. She has provided education around the health effects of lead in water, dangers of lead paint, performed monitoring for lead paint and lead in water, trained communities in solutions for dealing with lead, and advocated on behalf of communities for solutions to lead problems. Whenever possible, she has involved students in these opportunities including:

- Monitoring for lead in paint demonstration. 2nd Annual Community Health Festival, Torah Academy, New Orleans, LA (January 21, 2018) - 40 participants.
- Lead in paint. Boy Scout Public Health Merit Badge, 2017 and 2018. Trained students to conduct lead paint demonstrations and discuss the dangers of lead. 33 participants each year.
- Monitoring for lead in paint demonstration. 1st Annual Community Health Festival, Torah Academy, New Orleans, LA (January 22, 2018) - 40 participants.

The School serves as the bonafide agent for the Louisiana Department of Health for the CDC-funded Louisiana Cancer Prevention and Control Programs (LCP). LCP is a statewide program dedicated to reducing the burden of cancer in Louisiana through community partnerships. LCP has always served as an opportunity for student involvement. LCP is directed by two School faculty and has 16 staff, half of which have an MPH degree. LCP is a site for the practice experience and has a number of student worker positions. In the period covered by the self-study, LCP employed 13 students from the School. Students working with LCP are encouraged to work with faculty and staff on abstracts and publications. Two students were first authors on abstracts accepted for posters or presentations and two students were co-authors on LCP publications. LCP participates in a large number of community events to promote cancer screening, especially in October, breast cancer awareness month. Our students are encouraged to participate in the community events and have, for example, staffed the giant inflatable colon to explain colorectal cancer screening and participated in zumbathons to raise funds for breast cancer screening.

School faculty are also involved with programs to encourage STEM in school-aged children. More specifically, **Ms. Martha Cuccia** worked closely with several SPH and other Health Sciences Center faculty to develop a STEM badge program for girl scouts while Dr. Williams worked with the SGA to develop a public health badge program for boy scouts. A number of students participate each year with the faculty on delivering the STEM badge program. The public health badge program is entirely lead by students. Students develop and deliver didactic material on various aspects of public health including

vaccination, water safety, and food safety and they work with the boy scouts on exercises that demonstrate various public health issues, such as identification of lead on painted surfaces.

Dr. Edward Trapido serves on the Board of CresentCare, a federally qualified health center in New Orleans. This relationship has resulted in several opportunities for students including volunteering with day-to-day operations and practice experience placements. CrescentCare, formally the NO/AIDS Task Force, has an annual fund raising walk and festival to support services at the clinic. A number of students participate in this event each year and in fact in 2017 the team for the SPH was one of the top fundraisers.

5) **Select at least three of the following indicators that are meaningful to the school or program and relate to service. Describe the school or program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the school or program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school's public health degree programs.**

- **Percent of faculty (specify primary instructional or total faculty) participating in extramural service activities**

As indicated in Table E5.5-1, during academic year 2015 – 2016, 15 of the 34 primary instructional faculty demonstrated participation in extramural service (44%). During 2016 – 2017 and 2017 – 2018, those numbers were 19 of 33 (58%) and 17 of 31 (55%) respectively.

Table E5.5-1: Primary Instructional Faculty Extramural Service

Faculty	Organization	2015-16	2016-17	2017-18
Nuss	Healthy Roots for You - volunteer	X	X	X
	Habitat for Humanity - volunteer	X	X	X
	Delachaise Neighborhood Association - evaluation	X	X	X
	Project UNITY of Greater New Orleans - volunteer			X
Phillippi	Gov Advisory Board of Juvenile and Delinquency Prevention			X
	Raise the Age Act Implementation Commission		X	X
	New Orleans Children and Youth Planning Board	X	X	X
	LA Families in Need of Services Assoc - Board member	X	X	X
	National advisory group member- Systems & Psychosocial Advances Research Center's (SPARC)- Long-Term Impact and Cost-Effectiveness of Risk Assessment and Risk-Need-Responsivity Reform in Juvenile Justice Study- National Advisory Group		X	X
	Advisory Committee for Screening, Brief Intervention, and Referral to Treatment (SBIRT) group a subcommittee of the National Center for Mental Health and Juvenile Justice	X	X	X
	Building Blocks of Change: Challenging Social Determinants meetings facilitated by the Grantmakers for Children, Youth & Families professional organization, appointed delegate	X	X	X
	Governors Initiative to Build a Healthy Louisiana – Under the Louisiana Drug Policy Board	X	X	X

	Louisiana Office of Juvenile Justice Reentry Planning Task Force	X		
	Chair of the committee and Institute for Public Health & Justice task force, assigned under House Concurrent Resolution 73, to study the impact of raising the age of juvenile jurisdiction to include seventeen-year olds in Louisiana	X		
	Leadership member of the implementation science subcommittee of the Association for the Advancement of Evidence Based Practices	X		
	LA Drug Policy Board	X	X	X
Robinson	LA Dept of Health IRB		X	X
	LA HIV Planning Group		X	X
	LA Statewide Teen Pregnancy Task Force		X	X
	LA Teen Pregnancy Prevention Coalition		X	X
	LA State Epidemiological Workgroup on Drug Abuse		X	X
	CDC HIV Surveillance Exposure Category Implementation Workgroup		X	X
	CDC HIV Surveillance Geographic Information Systems Workgroup		X	X
	CDC HIV Surveillance Multiple Imputation of Risk Workgroup		X	X
	CDC NHBS External Publication Review Committee		X	X
	CDC NHBS Geographic Information Systems Workgroup		X	X
	CDC NHBS Use of Tablet PC Technology in data collection Workgroup		X	X
	Centers for Disease Control and Prevention Department of HIV/AIDS Prevention (CDC) Surveillance Data Analysis and Dissemination Workgroup		X	X
	Committee Member, City of New Orleans Drug Demand Reduction Coalition		X	X
	Louisiana OPH HIV/AIDS Program Counseling and Testing Advisory		X	X
	Louisiana OPH HIV/AIDS Program Office Activities Work Group		X	X
	Louisiana OPH HIV/AIDS Program Cultural Competency Committee		X	X
	Louisiana OPH HIV/AIDS Program Prevention Planning and Evaluation Team		X	X
Southern	State Alliance of YMCA's	X	X	X
	Greater New Orleans Region YMCA's	X	X	X
Williams	Albert Schweitzer Fellowship -New Orleans - Board Member	X	X	X
	ASPPH Academic Public Health Practice Section		X	X
	Council of Public Health Practice, Demonstrating Excellence in Practice-Based Service for Public Health Small Group		X	
	FORCE X-RAYS Steering Committee	X	X	X
	Centers for Disease Control and Prevention DP14-1408 Evaluation Stakeholder Workgroup	X	X	X
	Louisiana Department of Health and Hospitals' Environmental Public Health Tracking Program Community Outreach Workgroup	X	X	X
	Louisiana Colorectal Cancer Roundtable	X	X	X

	Greater New Orleans Science and Engineering Fair - Judge	X	X	X
	Young Survival Coalition - Council of Advisors		X	X
	NOLA4WOMEN - Volunteer	X	X	X
	American Cancer Society New Orleans - volunteer	X	X	X
	Girl Scouts, New Orleans STEM merit badge workshop		X	
	Boy Scouts of Southeast La public health merit badge workshop		X	X
	Visiting Pet Program - volunteer	X	X	X
Brisolara	AWIS Sci-Fly Mentoring Event		X	
	Committee Member, Research and Innovation Committee, Academic Subcommittee, Water Environment Federation	X	X	X
	Committee Member, Disinfection and Public Health, Water Environment Federation	X	X	X
	National Preparedness Coalition, Federal Emergency Management Agency, Committee Member	X	X	X
	Committee Member, Academic Committee, Water Environment Federation	X	X	X
	Task Force Chair, Water Environment Federation	X	X	X
	Committee Member, WEF Community of Practice on Sustainability	X	X	X
Hu	LA Healthy Homes and Childhood Lead Poisoning Prev Progm	X		
	Committee Member, American Public Health Association (APHA) Environment Section	X	X	X
	Technical Advisor, Louisiana's Environmental Public Health Tracking (EPHT) Program at Louisiana Department of Health and Hospitals/Office of Public Health/Section of Environmental Epidemiology and Toxicology	X	X	X
	Committee Member, Water Environment Federation	X	X	X
	Consultant, Mary Queen of Vietnam Community Development Corporation	X	X	X
	Board of Advisors, American Society of Safety Engineers	X	X	X
	Committee Member, Association of Schools of Public Health (ASPPH) Environmental and Occupational Health Council	X	X	X
	Committee Member, Interstate Chemical Threats Workgroup	X	X	X
	Impacts of Deepwater Horizon oil spill to wetlands workshop	X		
Katner	Justice and Beyond - speaker, lead		X	X
	Healthy Schools Policy Dialogue Session		X	
	Childhood lead screening and education event, sponsored by LSUHSC, LA State Office of Public Health and Lead Safe Louisiana, Colfax, LA		X	
	Water sampling of town of St. Joseph		X	
	Private well water monitoring event for flood-damaged homes, sponsored by National Science Foundation, LSUHSC School of Public Health and Virginia Tech, French Settlement, LA		X	
	Contributor to World Health Organization's (WHO) policy statement: "COPC21 Climate Agreement- Moving Towards Healthier People and a Healthier Planet".	X		

	Childhood lead screening and education event sponsored by Lead Safe Louisiana, Cease-Fire, NAACP & Walter Cohen Alumni Assoc. Central City, New Orleans	X		
	Free Water Monitoring Events	X	X	X
	Campaign for Lead Free Water - co-founder		X	X
	Louisiana Environmental Roundtable on Children's Health		X	X
	Orleans Parish School Board - advisor on water testing			X
	New Orleans Office of Inspector General - advisor on lead		X	
	Girl Scouts, New Orleans STEM merit badge workshop		X	
	Neighbors First - guest speaker		X	
	A Community Voice - outreach on lead and water		X	
	New Salem Baptist Church - guest speaker, lead		X	
	Youth Force New Orleans - lead hazard demonstration		X	
	Metairie Homemakers Group - guest speaker, lead		X	
	Science Education and Career Workshop, New Orleans - demo on lead testing	X		
	Kingsley House Head Start Program Parent Committee - guest speaker, lead	X		
	Hahnville High School Honors Biology - lead hazards and testing	X		
	Faubourg Marigny Neighborhood Association - guest speaker, lead	X		
	Bywater Neighborhood Association - guest speaker, lead	X		
Ferguson	American Red Cross - volunteer	X	X	X
	Women with a Vision - planning committee	X	X	X
	Planning Committee for Epidemiology Congress of the Americas		X	
	Leadership Committee, APHA	X		
	Heart in Hands -volunteer	X	X	X
Trapido	American Cancer Society, New Orleans - volunteer	X	X	X
	CrescentCare Community Health Center – board member	X	X	X
Honoré	CrescentCare Community Health Center - board member, treas	X	X	X
	Task Force Chair, Present World Health Organization European Region		X	X
	Task Force Member, United Nations Task Force on Community Health Workers	X	X	X
	Framing the Future of Public Health Education in the Next 100 Years Task Force	X		
	Track Organizer, Institute of Medicine (National Academies-Health and Medicine Division) Roundtable on Population Health Improvement	X		
	Board Member, Louisiana Center for Health Equity		X	X
	Board of Advisors, UNC – Chapel Hill Department of Disease Prevention & Health Promotion		X	X
	Technical Advisory, Pan American Health Organization Foundation	X	X	X
	Committee Member, Institute for Healthcare Improvement	X	X	
Kaufman	FITNola - board member	X	X	X

	Health Sector Selection Committee, Propeller, New Orleans		X	X
	Committee Member, Cancer Council, National Association of Chronic Disease Directors	X	X	X
	Committee Member, Community Institution Review Board, Institute of Women and Ethnic Studies	X	X	X
	Committee Member, Steering Committee, Louisiana Colorectal Cancer Round Table	X	X	X
	Advisory Board Member, New Orleans Albert Schweitzer Fellowship Program	X	X	
	President, New Orleans Albert Schweitzer Fellowship Program			X
	Committee Member, Public Health Practice Coordinators Council, Association of Schools and Programs of Public Health	X	X	
	Committee Member, Louisiana Teen Pregnancy Prevention Coalition	X		
	American Cancer Society - volunteer	X	X	X
Lin	Reviewer, NASA- European Space Agency (ESA) Artificial Gravity Bed Rest, the Behavioral Medicine (BMED) panel		X	X
	Reviewer, NASA/NSBRI Crew Health Research Announcement, the Behavioral Medicine (BMED) pane	X	X	X
	Reviewer, NASA/National Space Biomedical Research Institute (NSBRI) Crew Health Research Announcement, the Behavioral Medicine (BMED) panel	X	X	X
Mercante	Habitat for Humanity - volunteer		X	
Oral	Secretary, Louisiana Chapter of the American Statistical Association			X
	President, Louisiana Chapter of the American Statistical Association		X	
	Vice President, Louisiana Chapter of the American Statistical Association	X		
Diaz	Committee Member, Society of Toxicology		X	
Harrington	Board of Advisors, Port of New Orleans Brownfields Advisory Group		X	X
	Board of Advisors, Port of New Orleans Clean Air Advisory Group	X	X	
	Board of Advisors, Louisiana Occupational Injury and Illness Surveillance System, Louisiana Office of Public Health, Section of Environmental Epidemiology and Toxicology	X	X	X
	Director of Student Development, American Industrial Hygiene Association, Deep South Section	X	X	X
	Mentor, NIOSH Occupational Health Internship Program, Association of Environmental and Occupational Health Clinics	X	X	X
Wu	Member, Louisiana Colorectal Cancer Roundtable Steering Committee	X	X	X
	Committee Member, Louisiana Department of Health and Hospital Vital Records Data Research Committee	X	X	X
	Chairperson, Gulf-South Minority-based NCI Community Oncology Program's Cancer Care Delivery Research Committee	X	X	X

Smith	Committee Member, Department of Veterans Affairs, Health Sciences Research and Development Service, Scientific Merit Review Board	X	X	X
	Committee Member, National Center for Healthy Housing, Science Advisory Committee Member	X	X	X
TOTAL		78	110	92

- **Number of faculty-student service collaborations**

As presented in Table E5.5-2, during 2015 – 2016, two service projects within the School employed four students working with nine different faculty involved. During 2016 – 2017, that number increased to six projects with 16 students and 22 faculty. Further increases were seen in 2017 – 2018 with seven projects, 28 students, and 26 faculty.

Table E5.5-2: Faculty-Student Service Collaborations

Project / Year	Students	Faculty
2015 - 2016		
LA Cancer Prevention and Control	3	Williams, Kaufman
Young Breast Cancer Survivor Network	1	Williams, Chiu
LA Tumor Registry	1	Wu, Hsieh, Lin, Peters, Straif-Bourgeois
2016 - 2017		
LA Cancer Prevention and Control	4	Williams, Kaufman
Health Care Services Division	4	Culbertson, Celestin, Chiu, Fang, Ferguson, Honore', Lin, Lee, Mercante, Nuss, Oral, Straif-Bourgeois, Moody-Thomas, Trapido, Tseng, Yu, Smith
Juvenile Justice	1	Phillippi
HIV/AIDS Program	5	Wendell, Robinson
Tobacco Control Initiative	1	Moody-Thomas, Celestin, Tseng
Young Breast Cancer Survivor Network	1	Williams, Chiu
2017 - 2018		
LA Cancer Prevention and Control	8	Williams, Kaufman
Collaborative for Health Transformation, LDH	4	Smith, Phillippi
HIV/AIDS Program	5	Wendell, Robinson
Environmental Education	2	Katner, Brisolara
Health Care Services Division	5	Culbertson, Celestin, Chiu, Fang, Ferguson, Honore', Lin, Lee, Mercante, Nuss, Oral, Straif-Bourgeois, Trapido, Tseng, Yu, Smith
Young Breast Cancer Survivor Network	2	Williams, Chiu
Improved Services for Children and Youth	1	Phillippi
Cancer Survivorship Care Planning	1	Williams, Wu, Chiu

In addition, in 2016 – 2017, Dr. Williams worked with the SGA to develop a half-day program for the Southeast Louisiana Council of Boy Scouts of America to enable the scouts to receive the public health merit badge. Dr. Williams guided the students in preparing and delivering the curriculum. In April, under the supervision of Dr. Williams, eight students presented the curriculum to 33 boy scouts from southeast Louisiana in the inaugural year. The SGA sponsored the program again in 2017 – 2018. The curriculum was enhanced to include a tour of the LSUHSC food services. An understanding of food safety and a tour of a food services facility is required for the badge, but in the first year, the participants had to set up the food service tour on their own in order to complete badge requirements. This addition in 2017 – 2018

allowed the scouts to complete all the requirements at LSUSHC. Another 33 scouts attended and completed the requirements for the badge in the second year of the program.

- **Number of community-based service projects**

The SPH defines community-based as those projects that have included community stakeholders and organizations as valued partners in the problem identification, intervention design, intervention implementation, and evaluation. For example, the Louisiana Colorectal Health Program engages Federally Qualified Health Centers in determining the issues related to low colorectal cancer screening rates and developing their own community solutions. Then financial resources are made available to the FQHCs to implement their own solutions with technical assistance provided by program staff and faculty. As presented in Table E5.5-2, in 2015-16, 7 of 20 service programs were characterized as community-based. In 2016-17, these numbers were 4 of 20; 2017-18 will be available in summer 2018.

- **Total service funding**

The SPH has traditionally had a large portion of external funding in support of service projects. In fact, in recent years, the amount of service funding has been almost double that of research funding. The largest funded service projects include Louisiana Cancer Prevention and Control, the Louisiana Tumor Registry, the Tobacco Cessation Program, and the HIV/AIDS Program.

2015-2016: $7,595,858 (63% of external funding)

2016-2017: $7,961,348 (63% of external funding)

2017-2018: Available mid-June 2018

Table E5.5-2: Community-based Service Projects

Project Title	Faculty	Community-based
2015 - 2016		
HIV AIDS Program	Wendell D, Robinson W	
La Re-entry Initiative	Wendell D	
Louisiana Tumor Registry	Wu X, Hsieh M, Andrews P, Straif-Bourgeois S	
LA Cancer Prevention and Control Programs	Williams D, Andrews P	
LA ICCSSCH Care Ware	Wendell D	
HIV/AIDS Alliance Region II	Brennen C	X
HIV Clinical services	Brennen C	
Adult Medicaid Quality	Wightkin J	
Flu Near You	Kaufman R, Straif-Bourgeois S	X
Institute for Public Health and Justice	Phillippi S, Scharf P	
Tobacco Control Initiative	Moody-Thomas S, Celestin M, Tseng T	
OPH Teen Outreach Program	Robinson W, Kaufman R, Yu Q	X
Increasing Awareness of and Support for Young Women with Breast Cancer	Williams D, Chiu Y	
Evaluation of SWLAHEC	Nuss H	X

Breast Center at the Interim LSU Hospital	Williams D	X
Using Survivorship Planning to Improve Low-income Patient Outcomes	Williams D, Chiu Y, Wu X, Fang Z	
Louisiana Colorectal Health Program	Kaufman R, Williams D	X
Health Care Services Division Administration	Culbertson R, Celestin M, Chiu Y, Fang Z, Ferguson T, Honoré P, Lin W, McDaniel L, Mercante D, Nuss H, Oral E, Straif-Bourgeois S, Moody-Thomas S, Trapido E, Tseng T, Yu Q, Smith D, Peters E	
Bastion Community	Phillippi S	X
Department of Health	Gee R	
TOTAL		$ 7,595,858
2016 - 2017		
HIV AIDS Program	Wendell D, Robinson W	
La Re-entry Initiative	Wendell D	
Louisiana Tumor Registry	Wu X, Hsieh M, Straif-Bourgeois S, Lin Q, Peters E	
LA Cancer Prevention and Control Programs	Williams D, Kaufman R	
LA ICCSSCH Care Ware	Wendell D	
HIV/AIDS Alliance Region II	Brennen C	X
HIV Clinical services	Brennen C	
Systems Reform in Juvenile Justice	Phillippi S	
Flu Near You	Kaufman R, Straif-Bourgeois S	X
Adult Medicaid Quality	Wightkin J	
Institute for Public Health and Justice	Phillippi S	
Tobacco Control Initiative	Moody-Thomas S, Celestin, Yu Q	
Increasing Awareness of and Support for Young Women with Breast Cancer	Williams D, Chiu Y	
Evaluation of SWLAHEC	Nuss H	X
Using Survivorship Planning to Improve Low-income Patient Outcomes	Williams D, Chiu Y, Wu X	
Louisiana Colorectal Health Program	Kaufman R, Williams D	X
Health Care Services Division Administration	Culbertson R, Celestin M, Chiu Y, Fang Z, Ferguson T, Honoré P, Lin W, McDaniel L, Mercante D, Nuss H, Oral E, Straif-Bourgeois S, Moody-Thomas S, Trapido E, Tseng T, Yu Q, Smith D, Peters E	
Bastion Community	Phillippi S	X
Regional AIDS Education and Training Ctr	Brennen C	
TOTAL		$ 7,961,348

Project Title	Faculty	Community-based
2017 - 2018		
HIV AIDS Program	Wendell D, Robinson W	
Louisiana Tumor Registry	Wu X, Hsieh M, Straif-Bourgeois S, Lin Q, Peters E	
LA Cancer Prevention and Control Programs	Williams D, Kaufman R	
LA ICCSSCH Care Ware	Wendell D	
HIV/AIDS Alliance Region II	Brennen C	X
HIV Clinical services	Brennen C	
Adult Medicaid Quality	Wightkin J	
Tobacco Control Initiative	Celestin, Yu Q	
Increasing Awareness of and Support for Young Women with Breast Cancer	Williams D, Chiu Y	
Evaluation of SWLAHEC	Nuss H	X
Using Survivorship Planning to Improve Low-income Patient Outcomes	Williams D, Chiu Y, Wu X	
Louisiana Colorectal Health Program	Kaufman R, Williams D	X
Health Care Services Division Administration	Culbertson R, Celestin M, Chiu Y, Fang Z, Ferguson T, Honoré P, Lin W, McDaniel L, Mercante D, Nuss H, Oral E, Straif-Bourgeois S, Moody-Thomas S, Trapido E, Tseng T, Yu Q, Smith D, Peters E	
Bastion Community	Phillippi S	X
Regional AIDS Education and Training Ctr	Brennen C	
Environmental Health Education	Katner A	
Mental Health and Justice Training and Tech Assistance to Models for Change States	Phillippi S	
Consortium for Health Transformation	Smith D, Phillippi S	
TOTAL (available after June 30)		

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

The importance of service is illustrated through its place in the promotions and tenure process. Service is one of four areas considered in the process for which faculty must exhibit excellence. Excellence in service outside the institution includes community and professional service and can be recognized by:

- Commendable participation in community service or other volunteer activities
- Reputation as public health practitioner
- Special competencies that enhance public health training programs
- Development of new clinical programs that serve to fulfill the mission of School of Public Health
- Implementation of innovations that enhance patient care: disease management programs, critical pathways, etc.
- Development of and active participation in clinical trials, cooperative groups or outcomes analysis
- Appointed or elected leadership or membership on local, regional, national, or international organizations, societies or specialty governing boards

- Participation in or consultation for public health practice committees or organizations, locally, regionally or nationally.

In preparation for faculty advancement, Program Directors review community, professional, and scholarly service each year with each faculty during the annual evaluation process. The LSUHSC Faculty Handbook further encourages community service related to the faculty member's discipline.

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

Strengths

The relatively small size of the SPH allows the opportunity for students to get to know the faculty well including the projects in which the faculty are involved. This allows students to self-select to be involved in service projects with faculty that address their specific interests. The large number of funded service and practice projects relative to the size of the school also allows a large percentage of students to participate.

Weaknesses

A great deal of room exists for public health faculty to become more involved in community service. In addition, more of the funded programs could strive for more community involvement.

Plans for Improvement

The Office for Public Health Practice and Community Engagement will work with the Community Advisory Board over the next few years to develop ways to encourage faculty to engage with the community. In addition, the Office has initiated a program to encourage integrating practitioners into the classroom and will help match faculty to practitioners who have expertise that can be shared in the classroom. As of May 30, 2018, three faculty have been matched to five practitioners or organizations for guest lectures in their courses, with two more matches pending.

F1. Community Involvement in School or Program Evaluation and Assessment

The school or program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).

Specifically, the school or program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

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

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

Required documentation:

1) **Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations. (self-study document)**

Community Leadership Advisory Board (CLAB)

In 2011-12, the Dean in consultation with faculty and professional/technical staff, established the CLAB to advise the School and the Dean. Given the extensive professional responsibilities of the Board members, efforts have been made to streamline time commitments to the School. As such, the Board currently does the majority of its work via email with the option of face-to-face or conference call meetings as needed. The CLAB is engaged in the following:

- provides advice on current needs, opportunities, and trends in public health education including competencies, research, and service;
- provides review and comments on our Mission, Goals and Objectives and our progress in meeting them;
- assists in identifying new venues for community service for students, faculty and staff as well as practice experience opportunities;
- promotes the School in the community and state and assists in identifying development opportunities.

<u>Community Leadership Advisory Board (2017-2018)</u>

Avery Corenswet
Vice-President of Community Outreach
Ochsner Health System

Gerrelda Davis, MBA
Executive Director
Louisiana Primary Care Association

Barbara Guerard, DsC
Senior Vice President
Population Health Division
Peoples Health

TBN (Under reorganization)
City of New Orleans Department of Health

Joseph Kimbrell, MSW, MA
CEO
Louisiana Public Health Institute

Diem Nguyen
CEO
NOELA Community Health Center

Charlotte Parent, RN, BSN, MHCM
Assistant Vice President of Community Affairs and Network Navigation
LCMC Health

Elmore Rigamer, MD
Medical Director
Associated Catholic Charities

Christy Ross, MHA
Vice President, Health Grants
Baptist Community Ministries

Susan Todd, MPA
Executive Director
504HealthNet

Noel Twilbeck, MBA
CEO
CrescentCare Health Centers

Gordon Wadge
CEO
YMCA of Greater New Orleans

2) Describe how the school or program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

The SPH engages the CLAB in school matters. The school reaches out to other members of the community whenever it is possible or practical. In October 2017, for example, a survey was sent to the CLAB and to practice experience preceptors regarding the new CEPH competencies and their importance for MPH graduates. See electronic files. None of the competencies were rated below 3.5 on a 5 point scale and 15 of 22 had an aggregate score above 4. When asked to describe any other areas of competence not listed, most had not comments. The comments received included leadership skills, project management, and writing skills.

3) Describe how the program's external partners contribute to the ongoing operations of the school or program. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and evaluation measures

During the initial self-study period for the school's inaugural accreditation, the CLAB was provided with the School's proposed vision, mission, values, and goals and asked to provide input. Later on, a focus group type session was held with CLAB members to further solidify feedback. Most recently, the CLAB

was asked for their input on our newest guiding principles.

b) Development of the self-study document

When beginning the self-study process, Dr. Williams talked individually with each member of the CLAB to assess their willingness to participate. As part of that discussion, she asked their perceptions of the needs of their organization and the community in their relationships with the SPH. The CLAB and other stakeholders were asked to rate the importance of the new competencies and to comment on any shortcomings of our curriculum. Finally, the CLAB were provided with the draft self-study document and given the opportunity provide input prior to its submission.

c) Assessment of changing practice and research needs

Late in 2016 and into 2017, face-to-face meetings were held with many of the members of the CLAB, and in some cases, some of their staff, to discuss their organization's needs in relation to the SPH. Several CLAB members mentioned the need for professional training or workforce development around quality, evaluation, and how to look at data. One CLAB member mentioned the need for an MSW/MPH program (since implemented). In terms of research, most expressed an interest in working with the school on research regarding health care delivery such as studies on opioid addiction and cost effectiveness studies on hepatitis B treatment. Others wanted to learn how to mine their own data.

In 2017, the Office of Public Health Practice and Community Engagement created Research-Practice. The newsletter provides regular updates on the research of LSUSHC-New Orleans School of Public Health faculty, students, and staff and the implications of that work in public health practice. Community partners can discover ways to collaborate and implement practice and research into their organization to provide optimal public health services to their consumers. See electronic files for Research-Practice newsletters.

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

Because the SPH is relatively small, with approximately 40 graduates per year, it has been challenging to survey employers without identifying the employee. Further, for those large sites with multiple graduates as employees, for example the state health department, it is difficult to locate supervisors who would have experience with our graduates. Therefore, while embracing the importance of receiving input from employers of your graduates, we have struggled with how best to implement.

The Evaluation Committee has developed a plan for surveying employers beginning the summer of 2018. The survey will include employers of students graduating 2013 through 2017. We will attempt to identify supervisors through information we have from graduates and through Linked In. We will notify the graduates that we will be asking their employers about the adequacy of our curriculum and not about them in particular and solicit their assistance in encouraging the employer to reply. The Evaluation Committee will develop a survey specifically for employers that asks their opinions of the adequacy of our curriculum and competencies for their worksite.

4) Provide documentation (e.g., minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3. (electronic resource file)

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

<u>Strengths</u>

The SPH is lucky to have stakeholders who are very interested in the success of its students and who are dedicated to being partners in improving the health of the citizens of Louisiana. In addition, the large

number of service grants and contracts the school has given us entre to stakeholders.

Weaknesses

The school could do a better job involving community stakeholders. Leadership in this area falls on the Dean and the Associate Dean for Public Health Practice and Community Engagement. In particular, the Evaluation Committee has not developed a systematic way to involve various community stakeholders.

Plans for the Future

The Associate Dean will work with the Evaluation Committee to explore more ways to involve stakeholders in evaluation activities. Most recently, the Evaluation Committee has devised a methodology for receiving input from employers and we will follow through with that. We also will work on ways to regularly involve the CLAB, practice experience preceptors, and other school stakeholders.

F2. Student Involvement in Community and Professional Service

Required documentation:

1) **Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate. (self-study document)**

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

Students have the opportunity to be involved in a broad variety of service activities on the LSUHSC campus and in the surrounding communities of Greater New Orleans. Activities include visible presence in local fundraisers, improvement of public parks, education/outreach efforts, rebuilding New Orleans, and working with organizations addressing disparities. These events also serve the students as social networking events that help to prepare them for the competitive job market.

Students are made aware of service opportunities through the Student Government Association (SGA) and the offices of the Academic and Public Health Practice Deans. The SGA provides announcements at its regular meetings, sends out regular emails and a monthly electronic newsletter, and has a calendar on its webpage where events are posted. The Office of Public Health Practice and Community Engagement sends out a monthly newsletter focusing on community engagement opportunities. Students who make significant contributions to research and practice during their professional and community service activities are highlighted in the Research-Practice newsletter. Additionally, the OASA regularly sends emails about such opportunities to all students. The SGA began keeping records on service activities in 2011-2012.

2) **Provide examples of professional and community service opportunities in which public health students have participated in the last three years. (self-study document)**

In 2015-2016 SGA sponsored 9 voluntary community service activities with 14 participants contributing 117 voluntary service hours. SGA sponsored over 30 voluntary community service activities in 2016-2017 with 21 participants contributing 580 voluntary service hours, and in 2017-2018 sponsored over 30 community service activities with 31 participants contributing 606 voluntary service hours.

In 2016-2017, the Office of Public Health Practice and Community Engagement began awarding service honor cords to recognize graduating students with at least 50 hours of community service during their graduate career. In the inaugural year, 12 students received the award for over 1,400 combined hours of community service. Of all students enrolled, the SPH had 18 students participating in about two dozen different community service activities for 1,069 hours in 2015-16. These numbers increased to over 30

students, over 50 activities, 2,171 hours in 2016-2017, and over 35 students, over 60 local and international service activities, and 1,222 hours in 2017-2018.

Five SPH students have garnered prestigious fellowships with the New Orleans Albert Schweitzer Fellowship Program in the past three years (http://www.schweitzerfellowship.org/chapters/neworleans/). This fellowship provides funded service learning through annually selected cohorts from student applicants. Schweitzer Fellows, upon completion of their fellowship, enter the "Fellows for Life" thus engendering a lifelong commitment to service.

Table F2.2-1: New Orleans Albert Schweitzer Fellows

Student	Description of Project	Site
2015 - 2016		
Okeke-Eweni K	Lifestyle to Health Program for addressing the risk of cardio-metabolic disorders among minorities in New Orleans	NO/AIDS Task Force and Crescent Care
2016 2017		
Robert A	Preventing eating disordered behaviors in active seniors over 60 by helping them overcome barriers to healthy eating	New Orleans People Program
2017-2018		
Cahill L and Fisher K	Increasing access to naloxone, distributing safe injection equipment, and providing HIV/HCV testing and counseling to mitigate harm among people who have transitioned to injection drug using behavior	New Orleans Syringe Access Program
Staples L	Addressing childhood obesity at one Head Start Center in New Orleans by educating families on positive household routines	McMillian's First Steps
2018-2019		
Samsel D	Community health and community building for the newly housed	Santosha Village

Students are very active in participating in funded public health practice projects through serving as student workers and graduate assistants, particularly in HIV/AIDS and cancer. In year 2015-16 through 2017-18, approximately 5, 16, and 28 students per respective academic year worked with faculty on a number of different professional service projects in addition to their voluntary community work noted previously. (See Table F2.2-2). This work allows students an introduction to and an opportunity to develop leadership skills in public health practice.

Table F2.2-2: Student Involvement in Public Health Practice Programs*

Student Name	Project Director	Project Title
2015-2016		
Gao R	Williams D	LA Cancer Prevention and Control
King S	Williams D	LA Cancer Prevention and Control
Kuku A	Wu X	LA Tumor Registry
Lawrence M	Williams D	Young Breast Cancer Survivor Network
Medeiros K	Williams D	LA Cancer Prevention and Control
2016-2017		
Ardah H	Culbertson R	Health Care Services Division
Atkinson R	Phillippi S	Juvenile Justice
Cahill L	Wendell D	HIV/AIDS Program, LDH
Chirinos B	Wendell D	HIV/AIDS Program, LDH
Fisher K	Wendell D	HIV/AIDS Program, LDH

Hayes C	Culbertson R	Health Care Services Division
Gao R	Williams D	LA Cancer Prevention and Control
Gilchrist C	Moody-Thomas S	Tobacco Control Initiative
Hills L	Wendell D	HIV/AIDS Program LDH
King S	Williams D	LA Cancer Prevention and Control
Lawrence M	Phillippi	Bastion
Maloney P	Culbertson R	Health Care Services Division
Medeiros K	Williams D	LA Cancer Prevention and Control
Patin S	Kaufman R	LA Cancer Prevention and Control
Rojas D	Wendell D	HIV/AIDS Program, LDH
Zhu L	Culbertson R	Health Care Services Division
2017-2018		
Ardoin A	Williams D	Young Breast Cancer Survivor Network
Biggs E	Smith D	Collaborative for Health Transformation, LDH
Cahill L	Wendell D	HIV/AIDS Program, LDH
Callan C	Williams D	Cancer Survivorship Care Planning
Capello H	Katner A	Environmental Education
Chirinos B	Wendell D	HIV/AIDS Program, LDH
Dominguez O	Wendell D	HIV/AIDS Program, LDH
Fisher K	Wendell D	HIV/AIDS Program, LDH
Fisher P	Culbertson R	Health Care Services Division
Gao R	Williams D	LA Cancer Prevention and Control
Hayes C	Culbertson R	Health Care Services Division
Lawrence M	Phillippi S	Bastion
Leblanc D	Smith D	Collaborative for Health Transformation, LDH
Luo T	Williams D	LA Cancer Prevention and Control
Maloney P	Culbertson R	Health Care Services Division
O'Rear L	Smith D	Collaborative for Health Transformation, LDH
Owens J	Kaufman R	LA Cancer Prevention and Control
Parquet T	Williams D	LA Cancer Prevention and Control
Patin S	Williams D	LA Cancer Prevention and Control
Person J	Smith D	Collaborative for Health Transformation, LDH
Prendergast A	Williams D	LA Cancer Prevention and Control
Robert A	Williams D	Young Breast Cancer Survivor Network
Rojas D	Wendell D	HIV/AIDS Program, LDH
Spence M	Katner A	Environmental Education
Staples L	Williams D	LA Cancer Prevention and Control
Vos S	Phillippi S	Improved services for children and youth
Zhai Y	Culbertson R	Health Care Services Division
Zhu L	Culbertson R	Health Care Services Division

*Paid student workers in service programs; does not include practice experiences

At the program level, support is often provided for participation in professional societies. For example, the Epidemiology Program purchases bundled memberships (n=10) for the Society of Epidemiology Research and offers them to all PhD students. The remaining memberships are offered to MPH students on a first come basis. The SPH has traditionally supported students participating in or presenting at professional conferences. Table F2.2c represents the list of students supported to attend professional conferences during the self-study period.

Table F2.2-3: Student Conference Attendance

Student	Conference
2015 - 2016	
Blaha, O	UAB Health Disparities Symposium, Birmingham
Skizim, M	APHA
Skizim, M	Obesity Society Annual Meeting, Los Angeles
2016 - 2017	
Marmer, W	Louisiana Primary Care Association Annual Meeting
Vos, S	SOPHE
Fisher, K	National HIV Behavioral Surveillance Investigators Meeting
Spence, M	APHA
Staples, L	Obesity Conference
Lawrence, M	APHA ASPPH Student Leadership Summit
Leblanc, D	APHA
Hayes, P	APHA
Streib, S	APHA
Spiers, S	Beyond Flexner Conference - poster
Zhou, M	Epidemiology Congress of America - presentor
Medeiros, K	American Statistical Assoc, LA Chapter Meeting
Cahill, L	APHA
Okoronkwo	APHA
2017 - 2018	
Luo T	CDC National Cancer Conference
Washington, E	ASPPH Student Leadership Summit American College of Epidemiology Meeting
Fisher, K	ASPPH Student Leadership Summit
Tung, H	American Society of Human Genetics
Legeai, D	Annual Meeting of Society for Epidemiologic Research
Zhou, M	Annual Meeting of Society for Epidemiologic Research
Staples, L	National Oral Health Conference

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

Strengths:

The school is able to offer a wide variety of community service activities. In addition, given the number of public health practice programs with which faculty have involvement, a number of opportunities are available for students. Further, the number of student worker positions available has increased substantially each year.

Weaknesses:

Student worker positions are limited in scope with the majority occurring in the cancer and HIV programs.

F3. Assessment of the Community's Professional Development Needs

The school or program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities. Examples could include periodic meetings with community members and stakeholders, formal or

informal needs assessments, focus groups with external constituents, surveys that are administered or co-administered to external constituents and use of existing data sets.

Required documentation:

1) **Define the school or program's professional community or communities of interest and the rationale for this choice. (self-study document)**

As the School's mission is to advance the public's health and well-being through education, research and service, *with a focus on issues affecting Louisiana*, our professional development focuses on the workforce in state of Louisiana. The School offers continuing education for physicians, nurses, social workers, health educators, and tumor registrars for credit. In addition, any professional working or interested in the topic being addressed is welcome to attend any of our professional development offerings as are professionals from outside of Louisiana.

2) **Describe how the school or program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs. Include the description and summary results in the self- study document, and provide full documentation of the findings in the electronic resource file.**

The various SPH programs sponsoring professional development conduct periodic assessments of practitioner needs and preferences for continuing education. The LA Cancer Prevention and Control Program, for example, conducts a periodic survey of stakeholder needs for continuing education via a web-based program which includes preferences on presentation format. The last needs assessment was done in 2014, but LCP will be conducting another in the summer of 2018. The LCP also tracks changes to standards of care and provides training accordingly. For example, LCP provided several continuing education opportunities around HPV vaccination as the nine-valent vaccine became available and when the vaccine series went from three shots to two. The Louisiana Breast and Cervical Health Program uses a "report card" with its service providers and when a particular issue that affects the quality of service is evident in more than one provider, a refresher course may be offered. The Louisiana Tumor Registry uses reliability testing that is done at the national level to determine the needs of its stakeholders. The reliability testing shows where improvement in the workforce is needed. The AIDS Education and Training Center continually collects information at each of its trainings. The evaluation form at each training asks the participants what needs they have and the AETC responds to those results. The HIV/AIDS Program uses the Marguerite Casey Foundation Organizational Capacity Assessment Tool. This tool is administered to all of their stakeholder organizations to determine needs for future trainings.

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

Strengths

The SPH has had a large number of training events that support the professional development of the public health workforce throughout each year of this self-study. Many are community-based and a variety of delivery methods have been used to ensure wide participation. In many cases, delivery methods have been changed to compensate for decreases in funding, yet to ensure stability in the numbers served.

Weaknesses

The SPH has had professional development activities in large part supported by funded SPH programs and limited to only a few areas such as HIV/AIDS and cancer.

The School has no certificate program at this time. Many practitioners working statewide have limited formal training in public health or instruction in the core functions of public health. These practitioners have limited access to advanced coursework and are restricted by their location and work schedules.

Future Plans

Within the next three years, the SPH will explore additional training in content areas not currently covered by our professional education. Where faculty expertise match identified needs, the school made be able to develop offerings

F4. Delivery of Professional Development Opportunities for the Workforce

The school or program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

Required documentation:

1) **Describe the school or program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3. (self-study document)**

The School's training and continuing education activities are consistent with its mission and in line with its strengths in public health practice. The members of the public health workforce require continuing training to ensure they have the knowledge and skills to meet the population's needs. The majority of the training and continuing education is offered by the public health practice programs operating within or in partnership with the School including the Louisiana Comprehensive Cancer Control Program, the state HIV/AIDS Program, and the Tobacco Control Initiative. The numbers of Offerings are presented in Table F4.1. These programs have offered continuing education credits for physicians, nurses, social workers, and health educators. Topics have included cancer screening and diagnosis, HIV care, and program management delivered through a variety of mechanisms including face-to-face conferences and workshops, video conferences, and webinars. SPH faculty and staff involvement in training and continuing education occurs through direct provision, administration, and support such as evaluation.

Table F4.1: Workforce Development Offerings

Workforce Development Goals		**2016**	**2017**	**2018**	**Source/ Reviewed By**	**How Selected**
Provide workforce development and continuing education in scientific areas that reflect the serious health issues in Louisiana.	Objective 1: By 2019, offer at least 12 continuing education opportunities per year addressing the state workforce needs related to serious health issues in Louisiana.	24	57	67	Reported by programs offering continuing education credits/ OPHPCE	Strategic Plan discussions

The School promotes its continuing education through well-developed list-serves, websites, community-based organizations, and coalitions. While some of the trainings are limited to professionals with certain qualifications, such as MDs, many of the sessions, such as the cancer control webinars, are open to anyone who would like to register.

The various SPH programs sponsoring professional development conduct periodic assessments of practitioner needs and preferences for continuing education. The Louisiana Tumor Registry, for example, uses reliability testing that is done at the national level to determine the needs of its stakeholders. The reliability testing shows where improvement in the workforce is needed. The HIV/AIDS Program uses the Marguerite Casey Foundation Organizational Capacity Assessment Tool. This tool is administered to all of their stakeholder organizations to determine needs for future trainings. LCP conducts an annual survey of stakeholder needs for continuing education via a web-based program. The South Central AIDS Education & Training Center provides training based on Louisiana Department of Health Office of Public Health People Living with HIV Needs Assessment.

All continuing education programs are evaluated by participants. At a minimum, each participant completes a form that provides quantitative and qualitative data for program improvement. The evaluation process asks the participants to rate the program's purpose/goals, the program's specific objectives, the speaker's understanding and presentation of the topic, the relevance of the topic, the facilities, and the instructional materials. The tool also gives the participants the opportunity to give additional comments and suggestions.

2) Provide two to three examples of education/training activities offered by the school or program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the school or program). (self-study document)

Table F4.2 presents a description of selected activities in each of the past three years

Table F4.2: Education/training activities

Program	Description	Mode of Administration	Funding Source	Participant Number	Funding Period
2015-2016					
Tobacco Control Initiative					
Tobacco In-service: University Health Conway	Training healthcare staff how to treat tobacco use and dependence within a healthcare facility	Face-to Face	Louisiana Cancer Research Consortium	786	July 1, 2015- June 30, 2016
Louisiana Cancer Prevention and Control Program					
HPV Vaccine: Why we must & how we can do better	Seminar on ways to improve HPV vaccination rates	Face-to Face	CDC	139	June 30, 2015 - June 29, 2016
HIV/AIDS					
Clinical HIV/STD Testing	HIV/STD training on testing technologies for clinicians.	Face-to Face	CDC	453	January 2012 - December 2017
2016-2017					
Tobacco Control Initiative					
Tobacco In-service: University Hospital and Clinics	Training healthcare staff how to treat tobacco use and dependence within a healthcare facility	Face-to-face; annual review assignment	Louisiana Cancer Research Consortium	890	July 1, 2016 – June 30, 2017
Genetics and Breast Cancer	Information on genetically-linked breast cancers and	Webinar	CDC	90	June 30, 2016 - June 29, 2017

	the implication for prevention and treatment				
HIV/AIDS					
Clinical HIV/STD Testing	HIV/STD training on testing technologies for clinicians.	Face-to Face	CDC	453	January 2012 - December 2017
2017-2018					
Tobacco Control Initiative					
Tobacco In-service: University Health Shreveport	Training healthcare staff how to treat tobacco use and dependence within a healthcare facility	Face-to-face; annual review assignment	Louisiana Cancer Research Consortium	1,178	July 1, 2017 - September 30, 2017
Louisiana Cancer Prevention and Control Program					
Two part series. (LAFP Annual Conference)	Cancer Survivorship, the National Cancer Survivorship Resource Center resources (and patient and provider workbook) and cultural sensitivity in cancer car.	Face-to-face conference workshop Follow-up webinar	CDC	41 2	September 30, 2016 - September 20, 2017
HIV/AIDS					
Undoing Racism	Training on how institutional racism impacts health inequity and how we can improve our programs.	Face-to Face	CDC	216	January 2012 - December 2017

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

Strengths

The LCP coordinates with the DHH OPH on all its continuing education. The LCP broadcasts its training events across the state to allow maximum participation. Other partners include the LSU Health Care Services Division hospitals and LSUHSC-Shreveport. South Central AETC partners with many institutions and organizations to make its continuing education widely available. These collaborations include such things as providing the continuing education program live at the partner site, broadcasting to the site, accessing speakers from the organization, and direct participation in developing the continuing education offering content and delivery method.

Weaknesses

Professional continuing education has been limited to programs offered through funded public health practice and service programs. The majority of the offerings center around cancer, tobacco cessation, and HIV/AIDS.

Plans for Improvement

The SPH will encourage all offices to look for opportunities to collaborate with other organizations to provide training and support for additional continuing education courses. In addition, apply for funding to provide continuing education on public health topics that need continuing education.

The SPH can become a continuing education partner through the National Board of Public Health Examiners. Then we can offer CPH recertification credits. This will allow us to identify seminars and lectures being conducted through the school that are topics beneficial for recertification and extend these offerings to the community.

G1. Diversity and Cultural Competence

The school or program defines systematic, coherent and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship and community engagement efforts.

The school or program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Schools and programs advance diversity and cultural competency through a variety of practices, which may include the following:

- **incorporation of diversity and cultural competency considerations in the curriculum**
- **recruitment and retention of diverse faculty, staff and students**
- **development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination**
- **reflection of diversity and cultural competence in the types of scholarship and/or community engagement conducted**

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

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

Required documentation:

1) **List the school or program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the school or program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups. (self- study document)**

Priority populations differ among students, faculty and administration. For students, our school has chosen to focus in recruiting and retaining students who are the first generation within their family to complete an undergraduate degree or pursue a graduate degree. Our data has shown 56% of our students are the first in their immediate family to pursue a graduate degree (2017-18) and 24% are the first in their immediate family to complete an undergraduate degree (2017-18). We examined the diversity among our student population related to traditional indicators including race, ethnicity and gender. Our data provides that we are leading our campus in these areas. One primary goal of our school is to reflect the population distribution of the state we serve, Louisiana. In the state, population with bachelor's degree or higher (age 25 or older) is 23% (based on U.S. Census data). We are doing well with this representation, but recognize this student group may need additional assistance in order to successfully complete their studies and gain employment, both academically and socially. After examining all indicators, we felt the focus on first generation students would not only align with our mission to serve the

state of Louisiana, but also associate with improving student outcomes related to traditional diversity measures, such as socioeconomic status.

For faculty and administration, women and minority representation needs to be improved. We recognize successful recruitment and retention of minority faculty is a challenge across the country, and we are no exception. Currently our faculty, as seen in Table G5 below does not reflect the population of Louisiana or our students. Of particular concern is low representation of African Americans at the associate and full professor level. In addition, women are underrepresented at the full professor level. At the administrative level (dean, associate deans, program directors), minority representation is lower (89% male with one female faculty; 89% white with one minority faculty).

2) List the school or program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1. (self-study document)

Goal	Objectives
Education	
4. Continue to enhance a diverse student body, qualified to appropriately address public health issues.	Objective 1: Seek to achieve a diverse student population with minority representation in the student body of 50% or greater annually (includes domestic and international students).
Diversity	
4. Prepare students to address the changing needs of society, diverse in economic status, race/ethnicity, religion, sexual orientation and sexual identity.	Objective 1: Offer two educational training or awareness programs each year to increase awareness of the diversity of students, staff, and faculty based on available statistics on diversity-related matters.
	Objective 2: Promote participation in at least 6 multicultural public health-related activities/events sponsored by LSUHSC or in metro New Orleans area annually.
5. Address health disparities by race/ethnicity, gender, sexual orientation/identify and economic status.	Objective 1: By 2019, integrate health disparities in 90% of MPH core courses.
	Objective 2: By 2019, address the reduction of health disparities in 90% of grants and service programs.
6. Enhance diversity and appreciation of diversity within the School of Public Health.	Objective 1: Increase student satisfaction to 75% with their environment regarding sense of belonging and community (Q49) along with multiculturalism (Q50).
	Objective 2: By 2018-2019, initiate an LSUHSC caucus of five foreign national students in public health; to expand to students in other schools in LSUHSC in subsequent years.
	Objective 3: By 2019, ensure that 50% of students address diversity and/or health disparities issues in the required MPH Practice Experience

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school- or program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies. (self-study document)

Participation in Virtual Fairs (4/year) to communicate with non-traditional and international students along with pipeline programs like RWJF SHPEP to build presence and knowledge of LSU SPH among minority populations (African Americans, Hispanic/Latino, Native American/American Indian). Targeted recruitment to HBCUs in Louisiana, Arkansas and Georgia also is a key part of our recruitment plan. Direct recruitment also occurred in the last year at New Mexico universities to increase Hispanic/Latino and

Native American/American Indian populations. In addition, tailored outreach and communication is conducted to Pre-Health, Minority Pre-Health and LGBTQ campus organizations.

In addition to our recruitment and outreach events, we host high school and undergraduate students on campus for research and academic enrichment programs. These pipeline programs include the Robert Wood Johnson Foundation Summer Health Professions Education Program (SHPEP) and LSUHSC Summer Research Internship Program. LSUHSC New Orleans became a SHPEP site in fall of 2016 and hosted our first group of summer students in 2017. Through the SHPEP program, 80 freshmen and sophomores are exposed to public health, medicine and dentistry in study and practice. The purpose of this program is to prepare students underrepresented in the health profession for upper level coursework and entry into graduate programs. Recruitment for the SHPEP program targets African American, Hispanic/Latino and Native American/American Indian and disadvantaged students in community college and undergraduate universities.

Since 2014, School of Public Health faculty and students have joined with other LSUHSC faculty and students through the Science Youth Initiative (SYI) to educate, mentor and recruit local high school students, and undergraduates from nearby and across the US. At the forefront of all programs through the SYI is the goal of attracting students from diverse socio-economic backgrounds and racial/ethnic identities. In spring 2018, the SYI worked with the Diversity Office at LSU-Baton Rouge to host 15 undergraduate LSU Presidential Millennial Scholars (11- African Americans; 2 – Hispanic and 2 Asian/Vietnamese) to campus. The scholars were introduced to our campus-wide Interprofessional Education initiative, the School of Public Health and our degree offerings, the field of public health and various public health professions.

The LSUHSC SYI has reached nearly 1700 high school students from the Greater New Orleans area, one-third of whom were underrepresented minorities (URM) since 2009. In the past four years, AP Biology students from urban, suburban and rural high schools have learned about the field of public health, as well as the School of Public Health and our degree programs during their campus visits. The students engage in hands-on public health experiments in lead testing and see human organs, particularly lungs and livers diseased from tobacco and alcohol. The program intends to improve students' academic performance, as well as to encourage them to pursue health sciences and choose LSUHSC to study public health or one of the health sciences in the future, and eventually mature into high-performing professionals.

Since 2015, the School of Public Health has mentored twenty high school and undergraduate interns in the eight-week long LSUHSC Summer Science Research Program, more than half of whom were underrepresented minorities (URM). The interns serving at the School of Public Health were fully funded through grants from Baptist Community Ministries, Entergy Corporation and National Cancer Institute. In summer 2017, the School of Public Health's Louisiana Tobacco Control Initiative also hosted a summer intern through Xavier University of Louisiana (HBCU)'s BUILD Research Scholar. Dr. Sarah Moody-Thomas and Mr. Michael Celestin, two of our SPH faculty mentors have ensured their interns learned knowledge and skills pertinent to the tobacco cessation goals of the program.

In May 2018, the Louisiana Legislature issued Senate Resolution 102 on the floor of the Senate, formally recognizing LSUHSC for undertaking multiple programs to increase diversity in STEM programs and to foster awareness and aspiration for education and careers in health professions.

4) **List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities. (self-study document)**

The SPH ensures that faculty, staff and students have multiple opportunities for diversity training on

campus. In the 2017-2018, faculty, staff and students participated in Safe Zone trainings (http://thesafezoneproject.com), separate for students and for staff and faculty. Safe Zone training was created to develop, enhance and maintain environments in workplaces, schools and other social settings that are culturally competent and supportive to LGBTQ (lesbian, gay, bisexual, transgender and queer/questioning) individuals, as well as straight, cisgender people who care about diversity, equality and inclusion. The training is offered through LOCUS (LGBTQ+A Organization for Cultural Understanding in Health Sciences) (https://www.medschool.lsuhsc.edu/cmhe/locus/), which provides a safe space for all members of LSUHSC and promotes the visibility of LGBTQ students, faculty, and staff on campus. Mirandy Li, a SPH doctoral student, was co-president for the 2017-2018 year.

The goal of the LSUHSC-NO PREP (Post-baccalaureate Research Education Program) prepares individuals from backgrounds underrepresented in the biomedical sciences, who have recently completed their baccalaureate science degrees, for successful enrollment, retention, and completion of a PhD or MD-PhD training program during a one-year research education program. The NIH-funded project aims to enhance the diversity of the research workforce by preparing PREP scholars for the rigors and challenges of doctoral training. Post-baccalaureates gain hands-on exposure to medical research and advanced courses and workshops to develop scholarly potential to prepare them for graduate school and careers in biomedical research. Thus far, four SPH faculty completed the diversity training in spring 2018, three of whom will be teaching the first cohort of PREP scholars. The training is pertinent not only for those working with the scholars, but the acquired knowledge, skills and attitudes are transferable to our ongoing diversity and inclusion efforts with our school community.

Since 2015, three SPH faculty and staff (two of whom are in school administration) have participated in the nationally acclaimed *Undoing Racism* training by the People's Institute for Survival and Beyond (PISAB). ***Undoing Racism*** focuses on understanding what racism is, where it comes from, how it functions, why it persists and how it can be undone. The workshop utilizes a systemic approach that emphasizes learning from history, developing leadership, maintaining accountability to communities, creating networks, undoing internalized racial oppression and understanding the role of organizational gate keeping as a mechanism for perpetuating racism. Since all three who participated found the training to be very good and potentially helpful to our school climate, they are working with others at the School to see how more faculty and staff can participate in future trainings.

LOCUS joined with the South Central AIDS Education and Training Center Program (residing in the SPH) to host the 2017 LSUHSC LGBTQ+ Health Care Symposium which was open to the Health Sciences Center, partnering organizations and individuals in the community. The symposium grew to two days in spring 2018, with a panel on current issues for the physical and mental health care of people living with HIV/AIDS in the LGBT community the first day, followed by *HIV Criminalization in Louisiana*, a training by Robert Suttle, Assistant Director of the SERO Project, the second day.

The SPH Diversity and Inclusion Committee also promoted the online keynote lecture, Achieving Health Equity and Justice Through the Reproductive Justice Framework from the 2018 University of North Carolina Annual Minority Health Conference, delivered by Monica Raye Simpson, Executive Director of SisterSong Women of Color Reproductive Justice Collective. SisterSong has organized extensively against human rights violations, reproductive oppression, the prison industrial complex, racism and intolerance and is deeply invested in southern movement building and the fight for Black liberation.

5) Provide quantitative and qualitative data that document the school or program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1. (self-study document)

Data on the indicators of diversity in the School, the priory population targeted by the School, and the counts for each of the past three years are presented in Table G5.1. The Diversity Committee compiles and presents this data on an annual basis to Administrative Council, Faculty Assembly, Staff Assembly and Student Government Association.

Table G5: Diversity Indicators

Indicator	Priority Population/ Target	2015-16	2016-17	2017-18
Faculty	African American (associate and full professor level) Females (full professor level)	2/29 6/15	2/25 4/13	1/22 2/10
Students	First generation pursuing graduate degree First generation completing undergraduate degree	40.4% 23.4%	39.0% 24.4%	56.1% 24.4%
Number of educational training or awareness programs by SPH each year to increase awareness of the diversity of students, staff, and faculty based on available statistics on diversity-related matters.	2/year	1 – "Mass Incarceration: A Public Health Issue" Panel Discussion; Lead in our Drinking Water – Preliminary Data on the Environmental Justice Issue in NOLA	3 – Book Signing and Presentation – *Health Disparities, Diversity and Inclusion: Context Controversies and Solutions*; Panel Discussion - "Uncertain Times In Public Health"; Career and Advocacy Fair	2 – LSUHSC LGBTQ+ Health Care Symposium; Keynote address by Dr. Peggy Honore at AcademyHealth Center for Diversity, Inclusion and Minority Engagement Diversity Networking Reception
Number of multicultural public health-related activities/events endorsed by SPH conducted by LSUHSC or in metro New Orleans area annually.	6/year	4	8	5
Percentage of MPH core courses integrating health disparities.	90%	5 out of 8 total core courses (BCHS 6212, HPSM 6238, ENHS 6238, PUBH 6800, PUBH 6600)	5 out of 8 total core courses (BCHS 6212, HPSM 6238, ENHS 6238, PUBH 6800, PUBH 6600)	6 out of 9 total core courses (BCHS 6212, HPSM 6238, ENHS 6238, PUBH 6150, PUBH 6800, PUBH 6600)
Percentage of grants and service programs integrating health disparities.	70%	48% (24/50)	55% (32/58)	57% (26/46)

Increase in participation of students in serving as SPH mentors to promote the school to underserved high school and undergraduate students.	75%	Not available	22.0% (to a great extent, Q 49) 48.8% (satisfied, very satisfied, Q50)	23.0% (to a great extent) 40% (satisfied, very satisfied)
Initiation of an LSUHSC caucus of five foreign national students in public health.		As a result of international student feedback, discussions were initiated for the formation of student organization.	A Student Committee was formed to fill leadership roles and create the formal structure of a student organization supporting international student issues.	The organization was formally added as an official committee of the SPH SGA "International Student Peer Committee"
Percentage of students addressing diversity and/or health disparities issues in the required MPH Practice Experience	50%	36% (9/25)	35% (12/34)	24% (10/42)

6) Provide student and faculty (and staff, if applicable) perceptions of the school or program's climate regarding diversity and cultural competence. (self-study document)

In 2016 and 2018, the SPH Diversity Committee has administered a validated campus climate survey to students within the school. Results are presented in Table G6: Climate Survey Results. Note that we did not include a priority population related to the staff of the SPH though this group is highly diverse (female and minority populations). Our current staff diversity will be the focus of the SPH Diversity Committee moving forward to allow students to interact on a more formal basis.

Table G6: Climate Survey Results

SPH Climate Survey	2016	2018
	55 Total responses (41 Complete, 14 Partial) 80% MPH	*50 Total responses (35 Complete, 15 Partial) 69% MPH*
What is your race/ethnicity? (If you are of a multi-racial/multi-ethnic/multi-cultural identity, mark all that apply)	61.8% European American/ White, 9.1% African American, 9.1% Asian, 9.1% Latino(a)/Hispanic	45.2% European American/ White, 26.2% African American, 9.5% Asian, 9.5% Latino(a)/Hispanic, 4.8% African, 4.8% Asian American, 4.8% Middle Eastern, 4.8% Caribbean/West Indian, 2.4% Latin American, 2.4% Native American Indian

In what setting did you spend most of your life before coming to this college/university?	54.5% Large city/metro area, 23.6% Rural area, 21.8% Small city	55% Large city/metro area, 12% Rural area, 33% Small city
The climate in the classroom/work environment is accepting of who I am	29.5% (13) Strongly agree, 50.0% (22) Agree	40.0% (14) Strongly agree, 45.7% (16) Agree, 8.6% (3) Neutral, 2.9% (1) Disagree, 2.9% (1) Strongly disagree
Have you ever felt discriminated against or harassed (even subtly) on this campus?	22.4% Yes (11)	25% Yes (10)
To which group did the person who was the primary source of the discrimination or harassment belong?	54.5% (6) Students, 18.2% (2) Faculty	50% (5) Faculty, 40% Students (4), 10% Staff (1)
This college/university has visible leadership from the president and other administrators to foster diversity on campus	4.5% (2) Strongly agree, 36.4% (16) Agree, 20.5% (9) Neutral, 20.5% (9) Disagree, 11.4% (5) Strongly disagree	17.1% (6) Strongly agree, 20.0% (7) Agree, 14.3% (5) Neutral, 28.6% (10) Disagree, 5.7% (5) Strongly disagree
The curriculum at this college/university adequately represents the contributions of a variety of groups of people	18.2% (8) Strongly agree, 34.1% (15) Agree, 20.5% (9) Neutral, 13.6% (6) Disagree, 6.8% (3) Strongly disagree	14.3% (5) Strongly agree, 28.6% (10) Agree, 8.6% (3) Neutral, 31.4% (11) Disagree, 2.9% (1) Strongly disagree
To what extent do you experience a sense of belonging or community at this college/university?	22% to a great extent, 53.7% to some extent, 24.4% to a small extent	22.9% (8) to a great extent, 51.4% (18) to some extent, 22.9% (8) to a small extent, 2.9% (1) not at all
How satisfied are you with your campus experience/environment regarding multiculturalism at this college/university?	24.4% Very satisfied, 24.4% Satisfied, 29.3% Neutral, 14.6% Dissatisfied, 7.3% Very dissatisfied	22.9% (8) Very satisfied, 17.1% (6) Satisfied, 34.3% (12) Neutral, 25.7% (9) Dissatisfied, 0.0% Very dissatisfied

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

Strengths

SPH leads the schools of LSUHSC in diversity. The minority and international students of SPH have excelled in their studies and received many prestigious honors.

Weaknesses

The school has a lack of diversity in administration and at the full professor level.

Plans for Improvement

The School will increase efforts to improve the climate and build a more inclusive community. Discussions are moving forward related to the creation of Safe Zones for formal and informal dialogue related to diversity. Also, the administration will more strongly encourage faculty participation in available diversity events hosted both on LSUHSC campus and throughout the community. The School also plans to continue engagement of local high school students and undergraduates, inviting more groups to visit the School throughout the coming years. The School will explore collecting other measures of diversity in the coming year.

H1. Academic Advising

The school or program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the school or program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

Required documentation:

1) **Describe the school or program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering. (self-study document)**

Academic advising is delivered at SPH on a one-on-one basis between the student and assigned faculty within their academic program. The advisor must approve registration, and course additions and withdrawals, assuring regular contact between students and advisors. Advisors have electronic access to student transcripts in order to track and support academic progress. As part of curriculum guidance, advisors also provide students discipline- specific information, and assistance in choosing practice experiences and culminating experience topics. They also help students with academic or personal problems, and refer to the Campus Assistance Program (https://www.lsuhsc.edu/orgs/campushealth/cap.aspx) if personal problems are serious.

Advising is detailed in the Student Handbook (http://lsuhsc.wpengine.com/wp-content/uploads/2016/05/StudentHandbook_2015-2016_Jandraft.pdf). The importance of frequent communication with advisors is stated numerous times during New Student Orientation. Similar messages are delivered during the Associate Dean for Academic Affairs' Academic Orientation and periodically as students' progress through their academic careers. The SPH requires all ongoing students to pre-register for subsequent semesters. The Director of OASA sends two reminders in mid-semester to both faculty and students, instructing them to schedule advising meetings for pre-registration. This meeting must occur in order for the faculty advisor to approve their advisee's course schedule and release the hold on their registration.

2) **Explain how advisors are selected and oriented to their roles and responsibilities. (self-study document)**

The Academic Programs assign faculty advisors to each student upon entry into the School, as presented in Table H1.2. Advisor Selection. When possible, students' career goals and research related interests are taken into account. Program Directors also stress the importance of open communications between their faculty and the students they advise. Advisors are oriented to their role at the program level, due to differences between the degrees and programmatic structures. All advisor orientations include degree scope and sequence, program-specific practice experience opportunities, and regularly scheduled briefings. The Associate Dean for Academic Affairs' Academic sends out updates prior to student pre-registration each semester to disseminate any school-wide changes to pertaining advising. For example, formal notices regarding curriculum changes per the degree programs (deletion/addition/change of required courses) are provided as updates.

After successive orientations, and with limited turn-over in the faculty complement of the School, it is presumed that faculty are qualified to provide good, consistent academic advising and are able to monitor student progress. The Office of Academic Affairs also monitors academic progress of all students, identifies those students who exhibit difficulties and work with advisors to provide support.

Table H1.2. Advisor Selection Process

Program	Advisor Selection Process
BCHS	BCHS determines student advising based on three considerations. (1) faculty expertise in a student's particular interest area, (2) funded (grants/contracts) vs. unfunded (state) time, with those faculty with lower grant funding being assigned a higher number of advisees, and (3) number of current advisees. For PhD students, advisors may be changed when the student has moved to the point of selecting a dissertation advisor.
BIOS	BIOS does not directly assign advisees to individual faculty. The graduate coordinator is the advisor to all first-year students. Second-year students talk to each faculty member, learn more about faculty's specialty, and then choose a thesis/dissertation advisor.
ENHS	ENHS distributes the numbers of advisees equally unless the advisee expresses an interest in a certain faculty member's specialty. Whenever an inequality occurs from an uneven assignment, the advisee-short faculty member(s) gets the next advisee(s). All dual-degree and 3-2 candidates are assigned to the Program Director.
EPID	EPID distributes advisors equitably among the available faculty, taking into consideration workload of doctoral, master's and MD/MPH students. For PhD students, advisors may be changed when the student has moved to the point of selecting a dissertation advisor.
HPSM	HPSM distributes the numbers of advisees equally unless the advisee expresses an interest in a certain faculty member's specialty. Whenever an inequality occurs from an uneven assignment, the advisee-short faculty member(s) gets the next advisee(s). However all dual degree and 3-2 candidates are assigned to the Program Director.
Dual-Degree MD/MPH	Dual-degree MD/MPH students may be enrolled in any of the School's programs, though the majority are enrolled in BCHS, EPID or HPSM. In addition to the program-designated advisor, dual-degree MD/MPH students are also advised by the director of MD/MPH.

A student wanting to change advisor must complete the top section of the Change of Advisor Form, then have the current and proposed advisors sign the form (http://lsuhsc.wpengine.com/wp-content/uploads/2016/05/Change_of_Advisor_form.pdf). The student will then submit the form to the Office of Academic Affairs for the Associate Dean's signature. Students uncomfortable with seeking the signature of their current advisor can seek assistance from the Office of Academic Affairs. Changes in advisors are rare, one or two in the past several years.

Similarly, a student wanting to change academic program, and by consequence advisor, must complete the top section of the Change of Concentration Form, then have the current and proposed advisors sign the form (http://lsuhsc.wpengine.com/wp-content/uploads/2016/05/Change_of_Concentration_form_-_S2016.pdf). A student seeking to change academic program will be encouraged to have a discussion(s) with the proposed program's director to identify a new advisor. The student will then submit the form to the Office of Academic Affairs for the Associate Dean's signature. Students uncomfortable with seeking the signature of their current advisor can seek assistance from the Office of Academic Affairs. Changes in programs are rare, one or two in the past several years.

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

Each student is subject to the conditions of the Student Handbook in place when they initially enroll. It doesn't change much from year-to-year, though multiple years' Handbooks are available on the SPH web-site, http://lsuhsc.wpengine.com/wp-content/uploads/2016/05/StudentHandbook_2015-2016_Jandraft.pdf. The ERF provides additional advising materials.

4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

Two surveys administered by the Evaluation Committee address student satisfaction with advising. The Student School Survey is administered in the fall to the students at the academic midpoint (students who had completed at least 20 hours of coursework by the end of the summer semester, but not scheduled to graduate in the fall) and the Exit Survey is administered upon graduation. Survey results are presented in Table H1.4. Academic Advising Satisfaction.

Mid-point student satisfaction in most years has been solid for advisor accessibility and the provision of correct information. Mid-point student satisfaction in most years has been moderate for student's perceptions of the overall value of their advisor and their assistance in developing a practice experience. Advisors work with the student and the Director of Public Health Practice to create practice experiences, and we have been working on clarifying and communicating the role of the advisor and the role of the Director of Public Health Practice.

The Exit Survey results suggest that student satisfaction in most years has been moderate for student's perceptions of the overall value of their advisor.

Table H1.4. Academic Advising Satisfaction

	Year, number of respondents, percentage of cohort responding. Means and standard deviations of responses using a 5-point Likert scale, (1=Strongly Disagree to 5=Strongly Agree).				
Student School Survey Summary	2013 *n=20* *(48%)*	2014 *n=19* *(63%)*	2015 *n=25* *(58%)*	2016 *n=16* *(53%)*	2017 *n=26* *(68%)*
My faculty advisor is instrumental in the achievement of my degree providing advisement and assistance.	3.8 (1.3)	3.8 (1.4)	3.6 (1.3)	3.1 (1.3)	4.0 (1.2)
My faculty advisor is easily accessible.	4.6 (0.8)	4.1 (1.4)	3.8 (1.2)	4.2 (1.3)	4.4 (0.7)
My faculty advisor provides correct information.	4.3 (1.0)	4.3 (1.1)	4.2 (1.0)	4.0 (1.4)	4.5 (1.1)
My faculty advisor is/was helpful in assisting me in developing my Practice Experience.	3.6 (1.1)	3.4 (1.5)	2.9 (1.1)	3.7 (1.4)	3.6 (1.4)
Exit Survey Summary	2013 *n=31* *(97%)*	2014 *n=24* *(65%)*	2015 *n=29* *(69%)*	2016 *n=23* *(72%)*	2017 *n=26* *(68%)*
My faculty advisor was instrumental in the achievement of my degree providing advisement and assistance.	4.1 (1.3)	4.4 (0.9)	3.8 (1.2)	3.7 (1.5)	4.0 (1.1)

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

The Academic Affairs office conducts an orientation session each semester with the largest being in the fall. The orientation process is common for all programs and is developed in conjunction with the Dean's office and the Student Government Association. This orientation involves academic related topics such as advising and general student culture and involvement opportunities. Associated with the involvement of Student Government, we permit some variability from year-to-year with the specific agenda of orientation.

For example, in fall 2017, SPH orientation for all SPH students was a two-step process that included pre-orientation preparatory modules (information, forms and activities to be completed prior to arrival) and on-site sessions. Initial sessions were held to assist international and new out-of-state students in settling in to New Orleans. A New Student Meet Up was a free social event held over the weekend prior to classes and the formal orientation for all incoming students. The formal academic orientation included an introduction session with all degree programs together to address LSUHSC and SPH wide information including technology requirements. After this, the degree programs were separated to address the degree specific requirements. For example, the practice experience and integrative experience for the MPH degree; the milestones for progression, responsibilities as graduate assistants that are pertinent to the academic degrees. Finally, the students go into programmatic groups for lunch with program faculty followed by in-person meetings with their academic advisor.

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

With the relatively small number of students, relative to the number of faculty, each student is provided with the opportunity for a high level of individualized attention from their academic advisor. A discussion with students revealed that there really isn't very much that academic advisors can actually do for students. Most students take a limited number of elective classes, which appear to be clearly presented and selected. The disconnect between the structural issues (availability, information) and impression issues (helpful, instrumental) appears to be an issue of roles. Students expressed an interest in having "mentors", which extends beyond the currently defined role of "academic advisors". A plan for improvement is to add to the orientation discussion the difference between academic advisors and mentors and to hold professional development sessions on the role of mentors: what they are and how to develop mentor relationships.

Orientation is an opportunity to engage students into the field of public health broadly. In recent years, we have included training on emergency preparedness/response, including an Evacuteer presentation. We have been challenged by practitioners to provide more hands-on experiences for incoming students. Starting with fall 2018, orientation will also include training in first aid, with an opportunity to continue to receive Basic Life Support (BLS) certification.

H2. Career Advising

The school or program provides accessible and supportive career advising services for students.

Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The school or program provides such resources for both currently enrolled students and alumni. The school or program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

Required documentation:

1) **Describe the school or program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs. Schools should present data only on public health degree offerings. (self-study document)**

Career advising and services are offered to all students and do not intentionally differ by degree and/or concentration. Of course, individual program directors and advisors will vary in their time and attention devoted to career advising. The office of the Associate Dean of Academic Affairs annually conducts resume writing sessions and career development panel discussions, featuring faculty, alumni and other public health professionals. When students cannot attend these activities, they receive one-on-one counseling. Both venues address numerous issues related to career development: job search mechanisms; web searches and online applications; resume and cover letter composition; interview preparation and techniques; and discussions on making a good professional and personal match in employment. The SPH Student Handbook directs students to online resources on career development at the LSU Career Center (http://lsu.edu/careercenter/), which is available to all LSU students on all campuses.

The OASA Director also edits student resumes on an ongoing basis and annually shares hundreds of employment opportunities via email with current students and alumni. (See Resource File: Career Opportunities.) Faculty members in all programs also assist students and graduates with networking introductions, letters of recommendation, and involvement in publications, posters and presentation engagements. (See Resource File.)

Dissemination of Job Announcements

In spring 2016, the SPH revised its school job board (https://sph.lsuhsc.edu/jobs/). Student feedback was used to produce an inclusive, one-stop-shopping website. School personnel enter relevant data into the website fields, which provide a standardized format for the search as well as improving the reporting of the data. The website now includes career jobs, internships, fellowships, student worker position, ongoing community volunteering (added in 2017), and announcements for students and alums alike. Table H2 – Job Board Postings presents the number of position of each type posted. In response to a request from students to see more job announcements from outside of Louisiana, the percentage of out-of-state job posting increased this year. As we continue in the 2018-2019 year, we expect this will increase even more.

Table H2: Job Board Postings

Positions	2016-2017	2017-2018, as of June 1, 2018
Career jobs	45	81
Student worker positions	15	26
Fellowships	5	13
Internships	4	29
Ongoing community volunteer positions	Not listed	14
TOTAL	69	163

Customized Services

The Office of Academic Affairs provides career services including resume writing, cover letter writing, interview skills/practice, and job search coaching. Approximately 25 students have reached out and received help with at least one of the services in 2017-2018 academic year.

Students wishing to pursue doctoral degrees, post-graduate fellowships and other career paths have utilized the available services. For example, before graduating in spring 2016 with honors, Yuta Ishikawa (MPH – BCHS) met with Ms. Cuccia over the course of four months to draft separate doctoral program application essays. Subsequently, he was accepted into four programs, domestically and internationally, and received funding offers for two. He accepted the better offer and currently is pursuing his PhD at the University of Georgia to prepare him in international food access issues and policy (https://www.fcs.uga.edu/people/bio/yi76590).

2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities. (self-study document)

Ms. Martha Cuccia, Instructor and Coordinator in the Office of Academic Affairs leads career services efforts at the School. Over the course of her nine years at LSU, she has presented to the student body on interviewing, networking and building your resume. In 2014, she worked with the Student Government Association (SGA) on their Speed Mentoring event with SPH faculty and in 2015; she again supported the SGA who offered a Career Day in 2015. More recently, (2016 and 2017) Career Day has been out of Academic Affairs (with SGA and the Office of Practice and Community Engagement consultation). Over the past four years, she has worked on LSUHSC campus-wide STEM pipeline programs for K-12 and undergraduates. One of her many roles is screening and matching high school and college students for campus summer internships to graduate school faculty mentors (via resume and application review, as well as face-to-face interviews with applicants). During the summer internship program, she participates as a faculty mentor in the Speed Mentoring event for student interns to learn more about careers in public health and the other health sciences. Before her tenure at LSU, she managed CDC, HRSA and state-funded workforce development programs for eight years at Tulane University School of Public Health and Tropical Medicine. Between undergraduate and graduate degrees, she served as area director in the Gulf South for "gap-year" post-undergraduates who were gaining real-life social service work experience before moving on to graduate school and/or their careers. During those three years, she mentored nearly 100 program participants who at that crossroad were seeking career advice and direction. Ms. Cuccia has participated in online and face-to-face trainings, ASPPH career services seminars at annual meetings and webinars for example.

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating. (self-study document)

1. Career Fairs

In fall 2016 and fall 2017, the SPH hosted successful career fairs. Approximately 20 organizations participated each year to showcase their mission and organizational structure; internships, job opportunities and volunteer opportunities; and skills they seek when hiring.

Approximately one-third of the student body attended each year, and a number of alums participated either as attendees or representatives of their current employments. While back on campus, alums reconnected with faculty and staff, and network with other community organizations. Students are encouraged to bring their resumes with the knowledge that it is not a job fair, but a mentoring event so there may or may not be jobs currently available.

2. On-line Resources

The Office of Academic Affairs has conducted an extensive search for materials students can access 24/7/365 and compiled a list of best practices. The resource list is continually being revised to keep current and inclusive to address the needs of the students and is posted on our school website for go-to access (https://sph.lsuhsc.edu/resources/careers/). Two highlighted career paths are internships and fellowships (https://sph.lsuhsc.edu/resources/careers/internships-and-fellowships/), and governmental services (https://www.training.nih.gov/career_services/graduate_students).

3. Brown Bags

The Office of Academic Affairs offers professional development presentations to students throughout the year. The Sessions included resume writing, interviewing, grant writing and making a scientific poster. During the 2017-2018, some of those presentations were formalized into the syllabus and class schedule for the PUBH 6800 Practice Experience, though all students were invited to the professional development classes. Relevant resources and the presentation were emailed to the class.

Beginning in fall 2017, the Office of Academic Affairs began offering brown bags for current students who would like to pursue Medical School upon graduation (*So you want to be an MD?*). This was in direct response to conversations with two 2016-2017 alums who received helpful advice from a faculty advisor, but would have appreciated more knowledge and perspectives, in particular, lessons learned from individuals who succeeded on such a path. In the fall, James Diaz, MD, MPHTM, professor and ENHS program director, co-presented with an alum who is attempting to gain admission to medical school. Dr. Diaz has historically guided students who wish to apply to medical school. In spring 2018, we provided a lunchtime panel that included two current medical students who earned their MPH degrees a couple of years ago, at LSUHSC School of Public Health; four MPH alums, one of whom was recently accepted into medical school and two are currently enrolled in LSUHSC School of Medicine; two LSUHSC School of Medicine faculty (Dr. Augustus-Wallace serves in the Office of Diversity and Dr. Tsien serves on the Admissions Committee); and Dr. Richard Culbertson, current professor and director of the Health Policy and Systems Management program at the School of Public Health and former Associate Dean of the Medical School at the University of Wisconsin-Madison. Faculty provided recommendations regarding applications and admissions and the students posed many questions. Additional information, such as a list of medical schools with high acceptance rates for students with lower GPAs and/or MCAT scores was distributed. In response to some feedback from the speakers and the students, the Office of Academic Affairs will host the Brown Bag event in the future for new MPH students in their first fall so they plan their MPH course selection strategically with medical school admission in mind.

Students and alums have provided current perspectives on the job search and other next steps after graduation at brown bags. In fall 2016, recent MS – BIOS alum Kaelen Medeiros visited campus and shared about her job search and salary negotiations as she was hired at the Institute of Medicine. In spring 2017, master's students took advantage of one-on-one meetings with current PhD students who volunteered their time to share about the life of a doctoral student and possible career options. In the 2017-2018, the school's SOAR organization organized a panel of current doctoral students to share their experiences, followed by a Q&A. In spring 2018, Dr. Kiva Fisher guided a new PhD student through the application and acceptance process for CDC's EIS program; she commences the EIS program, following her May 2018 graduation.

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

Two surveys administered by the Evaluation Committee to address student satisfaction with career services. The Student School Survey is administered in the fall to the students at the academic midpoint and the Exit Survey is administered upon graduation. Eligibility for the Student School survey was defined as follows: students who had completed at least 20 hours of coursework by the end of the summer semester, but not scheduled to graduate in the fall. In each instance, students are asked to respond to the statement "*The School of Public Health provided me with opportunities for career support, i.e., job openings, skill development, employer networking."* using a 5-point Likert scale, (1 Strongly Disagree to 5 Strongly Agree) to collect quantitative data. The survey results are presented in Table H2.4 Career Advising Satisfaction.

Mid-point and Exit Survey results suggest that student satisfaction has been moderate for student's perceptions of the overall value of career support.

Table H2.4: Career Advising Satisfaction

	Year, number of respondents, percentage of cohort responding. Means and standard deviations of responses using a 5-point Likert scale, (1=Strongly Disagree to 5=Strongly Agree).				
Student School Survey Summary	2013 *n=31 (97%)*	2014 *n=24 (65%)*	2015 *n=29 (69%)*	2016 *n=23 (72%)*	2017 *n=26 (68%)*
The School of Public Health provided me with opportunities for career support, i.e., job openings, skill development, employer networking.	3.9 (1.3)	3.9 (1.1)	3.2 (1.0)	3.5 (1.3)	3.5 (1.3)
Exit Survey Summary	2013 *n=20 (48%)*	2014 *n=19 (63%)*	2015 *n=25 (58%)*	2016 *n=16 (53%)*	2017 *n=26 (68%)*
The School of Public Health provided me with opportunities for career support, i.e., job openings, skill development, employer networking.	3.3 (1.1)	3.7 (1.0)	3.3 (1.2)	3.5 (1.2)	3.6 (1.0)

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

With the relatively small number of students, each student is provided with the opportunity for a high level of individualized attention for career advising. A discussion with students revealed that the structures and processes are in place for career advising and notification of job opportunities. However, as a small school with students spread across five concentrations, there are not the extensive career placement services that are available for dental, nursing or allied health students – each of which are graduating larger number of students with more narrowly defined sets of clinical skills. We clearly suffer by comparison. We will endeavor to be proactive in finding resources for students and job postings.

H3. Student Complaint Procedures

The school or program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to school or program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

Required documentation:

1) Describe the procedures by which students may communicate any formal complaints and/or grievances to school or program officials, and about how these procedures are publicized. (self- study document)

2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal. (self-study document)

Students' Responsibilities and Rights are detailed in the LSUHSC Chancellor's Memorandum (CM) 56 (http://www.lsuhsc.edu/administration/cm/cm-56.pdf). They afford a student access to grievance and

appeal processes and are detailed on the LSUHSC website, the LSUHSC Catalog (http://catalog.lsuhsc.edu/), the SPH Student Handbook, (https://sph.lsuhsc.edu/wp-content/uploads/2018/06/StudentHandbook-2017-2018.docx.pdf), and the Practice Experience Handbook (https://sph.lsuhsc.edu/wp-content/uploads/2016/08/Practice-Experience-Handbook.pdf).

Code of Conduct

During Orientation, students receive sheets defining the SPH Code of Conduct, which is also available on the SPH web-site (http://lsuhsc.wpengine.com/wp-content/uploads/2016/05/Code_of_Conduct_2015-_2016.pdf). All students are required to sign their understanding and commitment to this code. Copies of their signed sheets are returned to all students via email, and originals are filed in the students' folders. Please see Resource File.

Grade Appeals

Grade Appeals are available to students who believe that a grade is unwarranted. It is the intention of the school administration and faculty that grade appeals are resolved quickly and fairly at the lowest level of the process.

1. The student must meet with the course director and discuss the basis for appealing the grade within three working days of receiving the grade.

2. If dissatisfied with the results of this meeting, the student may submit a formal written appeal of the grade no later than five working days of the discussion with the course director. This written appeal is sent to the course director and academic program director.

3. Within five working days from receiving the student's appeal, the course director and academic program director must examine the appeal, discuss it with the student and respond with a written decision regarding the appeal. If dissatisfied with these results, the student may submit a final formal written appeal of the grade to the Associate Dean for Academic Affairs within five working days of the course director and academic program director's decision. The document must include the basis for appealing the grade.

4. Within ten working days of receiving the appeal, the Associate Dean for Academic Affairs will appoint an ad hoc committee of five including two students and three faculty members, none of which will be members of the academic program to evaluate the merits of the appeal. The committee must review the appeal and advise the Associate Dean for Academic Affairs of their recommendation in writing within five working days of the appointment of the committee.

5. Within five working days, the Associate Dean for Academic Affairs will review the findings of the committee and render a decision. The Associate Dean for Academic Affairs will forward the decision to the Dean as the final step of due process in the School.

No grade appeals were made in the past three years that were not resolved at the program level.

Student Grievances

The CM56 is posted on the LSUHSC website and steps for filing student complaints are outlined both on the SPH website and in the Student Handbook.

A Grievance Committee, for grievances brought by and against members of the student body and/or faculty of the SPH, is established under the Faculty Assembly and is composed of five faculty (elected and appointed) and two students (elected by the student body). Students serve on the committee when matters of student grievances are being considered. Any committee member believing it to be inappropriate for him/her to hear and vote on a particular case due to a perceived conflict of interest shall

recuse him/herself prior to the formal hearing. A minimum of four committee members must be present at each session.

All grievance procedures shall be conducted in accordance with School of Public Health policies and procedures.

The committee provides formal recommendations to the Dean on unresolved matters of grievance, and represents the school faculty position on unresolved matters of grievance.
The committee functions in the following manner:

- Determine whether an appeal actually sets forth an appealable issue.
- Conduct hearings on unresolved complaints involving faculty work situations or student academic situations that assert that: a policy, rule, or regulation has been violated or applied improperly; no policy, rule, or regulation exists where one should; or there has been unfair or inequitable treatment.
- Conduct any independent investigation necessary including calling witnesses.
- Render a written report to the Dean on each appeal.

Academic Misconduct

The SPH also addresses academic misconduct in the SPH Student Handbook (pages 24-27). Academic misconduct includes plagiarism, cheating, fabrication of documents, academic theft or forgery, resubmission of work, bribery, and facilitating academic misconduct on behalf of another. The Student Handbook describes the protocol for dealing with charges of academic misconduct, including the convening of an ad hoc hearing panel. The handbook lists the composition of the panel (of both faculty members and students), and the procedures by which it will function. It also includes a list of repercussions that may result with the finding of academic misconduct and details the manner in which appeals may be sought.

Professional Misconduct

Students' rights and responsibilities in cases of possible professional misconduct policy are detailed in CM56. Procedures for addressing complaints as well as disciplinary actions which may be taken are included.

Additional details about procedures related to academic and professional misconduct are found in School of Public Health Student Handbook. The Student Handbook describes the protocol for dealing with charges of misconduct. It also includes a list of repercussions that may result with the finding of misconduct and details the manner in which appeals may be sought. Students may be dismissed for misconduct following the procedures in CM-56.

3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution. (self-study document)

No grievances were filed with the Grievance Committee during the past three years.

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

Strengths

The spirit of decorum is highly valued by the faculty, staff and students at LSUHSC SPH. It is formalized in the Code of Conduct and modeled by faculty and staff. Additionally, an open door policy, which is generally practiced has been sufficient to avert conflict and resolve complaints before they escalate.

Advising expectations are clearly delineated in numerous presentations and publications. A fail-safe measure is implemented by requiring advisors' written approval of all registrations, course withdrawals and/or additions. The career development seminars are helpful as is the guidance on the LSU main campus website.

Weaknesses

Questions and scales on exit surveys have changed over time making annual comparisons challenging to summarize and interpret. Consistency is important and will be emphasized. Furthermore, satisfaction with career counseling was not quantified. The depth of advising varies by individual advisors and programs.

Plans for Improvement

The School will work with the other schools in the LSUHSC that have codes of conduct in an attempt to have a more unified approach on campus.

- Nursing https://nursing.lsuhsc.edu/Docs/Student-Code-of-Conduct.pdf
- Allied Health https://alliedhealth.lsuhsc.edu/admin/docs/professionalconduct.pdf

H4. Student Recruitment and Admissions

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

Required documentation:

1) **Describe the school or program's recruitment activities. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings. (self-study document)**

The SPH is dedicated to recruiting and admitting a highly-qualified and diverse student body. Unlike some schools in the LSUHSC, the SPH is free to recruit nationally and internationally, in addition to its in-state recruitment.

The SPH actively seeks to conduct focused recruitments in colleges and universities likely to provide access to minority students. See Education Goal 2: Establish a diverse student body qualified to appropriately address public health issues now and into the future.

The Recruitment Coordinator by SPH faculty, students and alumni, participates in open houses, special events, graduate and professional fairs, and guest speaking engagements for undergraduate courses and special interest organizations. We include current students who are alumni of local Historically Black Colleges and Universities when possible since we recognize the power of student-to-student interactions.

Recognizing that diversity is essential for the creation of an effective and empathetic public health workforce, the SPH focuses much (HBCUs) of its recruitment effort on institutions and organizations that represent minority interests. These activities include, but are not limited to, advertisements in university newspapers, undergraduate guest lectures, promotional letters to HBCUs, attendance at South Louisiana undergraduate fairs, which are held in both urban and rural areas, and sponsorship/involvement in events for minority organizations. We also recruit annually at APHA meetings.

The SPH offered Open House events regularly during the academic year, with participation by all program directors, deans and numerous faculty members from all disciplines. The SPH ran

advertisements in local papers and its faculty engaged colleagues from all regional schools to distribute and post Open House flyers. Recruiting for fall 2017, 61 individuals attended six SPH Open House events; of those 25 applied and subsequently were admitted to their desired programs.

The School coordinates student recruitment with the active participation of faculty and students. The SPH utilizes numerous venues to recruit students. Each year, the faculty and staff of the SPH participate in recruitment activities, including college visits and participation in career fairs in the south Louisiana area. Print and online advertisements, letters to undergraduate programs, and open houses are coordinated by the Director of OASA in conjunction with the SPH Recruitment Committee. The OASA enlists faculty and students to participate in all recruiting visits to colleges along with OASA staff. Recruitment efforts also take place at professional public health meetings such as APHA.

Minority recruitment includes regular faculty visits to Louisiana area Historically Black Colleges and Universities (HBCU). Our Academic Programs send annual mailings to HBCU faculty and career counselors in nearby states. The SPH faculty members also present information about the SPH to Minority Science and Pre-professional Student chapters at non-HBCU campuses in the state. LSUHSC SPH places an annual full-page ad in the Keepsake Guide to Minority Science Students when funds permit.

Faculty in each academic program review application materials for those seeking admission to each of the degree programs and selects applicants for admission. Recommendations are made by the program faculty to the Dean, who approves recommendations for admissions.

2) Provide a statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings. (self-study document)

The School admits students to the MPH degree program in five concentrations and to four academic degree programs: the MS in BIOS, and PhD degrees in BIOS, EPID and CHS. The SPH details admission requirements concerning baccalaureates from accredited universities, official transcripts, goal statements and references as well as GRE, TOEFL and WES/ECE reports, on the SPH website and in the LSUHSC Catalog. Each program is responsible for decisions on student admissions.

Once an application is complete, the Coordinator for Admissions & Student Affairs converts it into an Acrobat file, removing social security references. This file is shared with the Program Director or his/her designee in the respective program who distributes it to members of the program's admissions committee for consideration. A recommendation is made on each applicant:

- Admission;
- Probationary admission (which requires that the student take a fulltime course load and earn grades of B or better grades to be fully admitted in the subsequent semester); or
- Denial

The decision is based upon both the qualitative and quantitative information contained in the applicant's application. The GRE score and GPA reflected on the applicant's transcript are reviewed by committee members to determine whether it appears the applicant can complete the MPH curriculum. The letters of reference, transcript and goal statement are reviewed to determine whether the MPH program the applicant chooses is appropriate for that individual.

The committee chair sends a recommendation to the Coordinator, who places it in the applicant's file and a decision letter stating the applicant's status (admission, probational acceptance, or denial) is prepared for the Dean's signature. The Dean makes the final decision on all applications.

Newly admitted students may request transfer of credits, subject to review and approval by the relevant SPH Course Director. A maximum of nine credit hours of coursework may be transferred into the MPH

and MS degrees. Candidates for the PhD degree may receive up to 18 hours of transfer credit at the discretion of the program involved, provided they have completed courses which are comparable to the SPH courses in another graduate-level institution, and satisfy the subject matter requirements.

3) Select at least one of the following measures that is meaningful to the school or program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list that follows, the school or program may add measures that are significant to its own mission and context.

- **Quantitative scores (e.g., GPA, SAT/ACT/GRE, TOEFL) for newly matriculating students**
- **Percentage of designated group (e.g., undergraduate students, mid-career professionals, multi-lingual individuals) accepting offers of admission**
- **Percentage of priority under-represented students (as defined in Criterion G1) accepting offers of admission**
- **Percentage of newly matriculating students with previous health- or public health-related experience**
- **Number of entering students with distinctions and/or honors from previous degree (eg, National Merit Scholar)**
- **Percentage of multilingual students**
- **Percentage of priority under-represented students (as defined in Criterion G1) accepting offers of admission**
- **Percentage of newly matriculating students with previous health- or public health-related experience**

Schools should present data only on public health degree offerings. (self-study document)

Table H4.3: Quantitative scores (GPA, GRE) for Newly Matriculating Students

Measure (Means)	2015-16	2016-17	2017-18
Cumulative Undergraduate Total GPA	3.26	3.38	3.38
GRE Official Quantitative Converted	166	160	149
GRE Official Quantitative Percentile	51	35	38
GRE Official Verbal Converted	159	158	151
GRE Official Verbal Percentile	49	51	49

Percentage of priority under-represented students (as defined in Criterion G1) accepting offers of admission

Measure (Means)	2015-16	2016-17	2017-18
First member of immediate family to complete an undergraduate degree	23.4%	24.4%	24.4%
First member of your family to pursue a graduate degree	40.4%	39.0%	56.1%

Percentage of newly matriculating students with previous health- or public health-related experience

Measure (Means)	2015-16	2016-17	2017-18
Percentage with health/public health experience	53%	57%	44%%
Average length of experience	2.13 years (0 – 8 years)	4.75 years (0 – 20 years)	4.66 years (0 – 20 years)

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

Strengths

As the first and only publicly-funded school of public health in Louisiana, our tuition rates make graduate education affordable to many students with limited funding. By virtue of their excellent reputations, faculty members are positioned to increase funding from grants and contracts in which students are involved. The School has established excellent relations with universities in Louisiana which has facilitated our on-campus recruitment throughout the state. Open House recruitment efforts have demonstrated some success, producing new students who attended one.

Weaknesses

Limited stipend funding for our masters level students; and the modest financial resources for advertising and promotion have limited our visibility and recruitment efforts.

Plans for Improvement

To increase matriculation of students in our priority populations, we will maintain continued communication with our pipeline program participants as they progress through their undergraduate and graduate education. Since our pipeline programs contain many first generation students, keeping these students interested in the SPH will be a focus of our recruitment plan.

H5. Publication of Educational Offerings (SPH and PHP)

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

Required documentation:

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

The SPH website serves as a source of information and is consistent with the content of SPH brochures. The site includes sections on admissions (i.e. application instructions and deadlines, tuition rates, admissions requirements), as well as academics (i.e., course schedule, LSUHSC Catalog, program curricula, faculty and research) and research (highlights of current research which will attracts students and helps them in the decision making process concerning acceptance and matriculation). Recently, the SPH created a new bi-fold brochure with general information about the School, its diversity policies and its research and service programs. Individual brochures describe the specific focus of each degree or academic program, an overview of career opportunities, and requirements for admission and curriculum. (See Resource File for brochures). The SPH updates an academic calendar annually for use by students, faculty and staff. It provides essential information about important dates throughout each semester. The calendar is available in the SPH section of the LSUHSC Catalog, in the SPH Student Handbook, and on the SPH website.