



St. George's University



Master of Public Health Program

**Final Self Study
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ST. GEORGE'S UNIVERSITY



SCHOOL OF MEDICINE

DEPARTMENT OF PUBLIC HEALTH AND PREVENTIVE MEDICINE

MASTER OF PUBLIC HEALTH PROGRAM

FINAL SELF-STUDY FOR
CEPH ACCREDITATION

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CONTENTS

LIST OF FIGURES

LIST OF TABLES

CRITERIA 1

1.1. Mission.....	1
1.2. Evaluation.....	8
1.3. Institutional Environment.....	22
1.4. Organization and Administration.....	35
1.5. Governance.....	40
1.6. Fiscal Resources.....	50
1.7. Faculty and Other Resources.....	54
1.8. Diversity.....	64

CRITERIA 2

2.1. Degree Offerings.....	77
2.2. Program Length.....	80
2.3. Public Health Core Knowledge.....	85
2.4. Practical Skills.....	88
2.5. Culminating Experience.....	104
2.6. Required Competencies.....	108
2.7. Assessment Procedures.....	127
2.8. Bachelor's Degree in Public Health.....	138
2.9. Academic Degrees.....	140
2.10. Doctoral Degrees.....	141
2.11. Joint Degrees.....	142
2.12. Distance Education or Executive Degree Programs.....	144

CRITERIA 3

3.1. Research 146
3.2 Service..... 169
3.3 Workforce Development 184

CRITERIA 4.

4.1. Faculty Qualifications 190
4.2. Faculty Policies and Procedures..... 206
4.3. Student Recruitment and Admissions 210
4.4. Advising and Career Counseling 218

LIST OF FIGURES

Figure 1: 1.2.b Program Evaluation Data Collection, Communication & Use.....	14
Figure 2: 1.3.b.1. St. George’s University Organizational Chart	26
Figure 3: 1.3.b.2. The Public Health Program’s Relationship with the University Organization	29
Figure 4: 1.3.b.3. St. George’s University Administrative Bodies	29
Figure 5: 1.4.a.1 The Organizational Structure of Graduate Studies Program	35
Figure 6: 1.4.a.2 The Academic Organizational Structure of Department of Public Health and Preventive Medicine	36
Figure 7: 1.4.a.3 The Administrative Organizational Structure of Department of Public Health and Preventive Medicine.....	37
Figure 8: 2.4 Geographic Location of Practicum Sites.....	88
Figure 9: 3.1.a RSS data collection, analysis and action cycle.....	147

LIST OF TABLES

Table 1: 1.2.a. Program evaluation and planning categories and related objectives	9
Table 2: 1.2.c.1 Outcome Measures for Mission, Goals and Objectives for the last three academic years, 2011-2012 to 2014-2014	15
Table 3: 1.2.c.2 Measures for program-wide objectives for the last three academic years,	16
Table 4: 1.2.c.3 Measures for educational objectives for the last three academic years,	17
Table 5: 1.2.c.4 Measures for Service objectives for the last four calendar years,.....	18
Table 6: 1.2.c.5 Measures for Research objectives for the last three calendar years,.....	19
Table 7: 1.3.a.1 A List of a SGU’s Accrediting and Approving Agencies.....	24
Table 8: 1.3.a.3 SGU’s local, regional and international academic partnerships	25
Table 9: 1.5.a.1 List of current committees, their composition and membership.....	40
Table 10: 1.5.a.2 List of ad hoc committees, their composition and current membership	44
Table 11: 1.5.d. Faculty Assignments to University Committees	48
Table 12: 1.6.b. Sources of Funds and Expenditures in US\$ by Major Category for the	51
Table 13: Outcome Measures for the Adequacy of fiscal resources	52
Table 14: 1.7.a. List of Faculty by Specialization Track for the Last 3 academic years	54
Table 15: Faculty, Students and Student/Faculty Ratios by Department or Specialty Area for each FALL semester of each academic year for the past three years (2011-2012 to 2013-2014)	55
Table 16: 1.7.c. Administrative and Secretarial FTEs	57

Table 17: 1.7.i. Outcome Measures for resource adequacy for the last 3 academic years	61
Table 18: 1.8.a DPHPM Faculty Development Activities 2011-2014	68
Table 19: 1.8.1 Summary Data for Faculty, Students and Staff	75
Table 20: 2.1.a.1. Instructional Matrix – Degrees & Specializations	77
Table 21: 2.1.a.2. MPH Program Degree Requirements	80
Table 22: 2.2.b.1 Distribution of courses required for the completion of the program	81
Table 23: 2.2.b.2. Epidemiology Track Required Courses.....	82
Table 24: 2.2.b.3. Health Policy and Administration Track Required Courses.....	82
Table 25: 2.2.b.4. Environmental and Occupational Health Track Required Courses	82
Table 26: 2.2.b.5. Veterinary Public Health Track Required Courses (12 credits total)	82
Table 27: 2.2.b.6. MD/MPH Track Required Courses	83
Table 28: 2.2.b.7. Elective Courses (3 credits total).....	83
Table 29: 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas	85
Table 30: 2.4.b.1. List of Practicum Agencies and Preceptors	94
Table 31: 2.6.a.1. SGU Public Health Program Core and Crosscutting Competencies	108
Table 32: 2.6.b.1 Epidemiology Track-Specific Competencies	110
Table 33: 2.6.b.2 Environmental and Occupational Health (EOH) Track-Specific Competencies	110
Table 34: 2.6.b.3 Health Policy & Administration Track-Specific Competencies.....	110

Table 35: 2.6.b.4 MD/MPH Track-Specific Competencies.....	111
Table 36: 2.6.b.5 Veterinary Public Health Track-Specific Competencies	111
Table 37: 2.6.c.1. Courses and other learning experiences by which the competencies are met	113
Table 38: 2.7.b.1. Outcome Measures for evaluating student Achievement for the last 3 academic years	130
Table 39: 2.7.b.2. Results of Competency Self-Assessment for the last three academic years..	132
Table 40: 2.7.b.3. Students in MPH Degree, by Cohorts Entering by semester per academic years	133
Table 41: 2.7.b.4. Destination of Graduates by Employment Type	134
Table 42: 2.7.b.5. Destination of Graduates by specialization	134
Table 43: 2.7.b.6. Categorical GPAs of Public Health Graduate Students.....	135
Table 44: 3.1.a.1. DPHPM Primary and Secondary Faculty Research Interests	149
Table 45: 3.1.a.2 SGU-supported Faculty’s Professional Development Activities 2011-2014 .	152
Table 46: 3.1.b.1 Current Faculty Community-Based Research Activities.....	155
Table 47: 3.1.c.1 Research Activities of Primary and Secondary Faculty, 2011 – 2014	157
Table 48: 3.1.d.1 Outcome Measures for Research	164
Table 49: 3.1.d.2 DPHPM Lunchtime Seminar Presentations.....	165
Table 50: 3.2.c. Faculty Service from 2011 to 2013.....	171
Table 51 3.2.c. Outcome Measures for Service	181
Table 52: 3.3.b. Continuing Education Opportunities provided by faculty.....	185

Table 53: 3.3.c. Annual Enrollment into the Public Health Institute.....	187
Table 54: 3.3.e. Collaborative Institutions and organizations	188
Table 55: 4.1.a. Current Primary Faculty who Support Degree Offerings of the Program by Specialty Area	191
Table 56: 4.1.2 Other Faculty used to Support Teaching Programs (adjunct, part-time, secondary appointments etc).....	198
Table 57: 4.1.d. Outcome Measures for Qualification of Faculty Competencies.....	204
Table 58: 4.3.d. Quantitative Information on Applicants, Acceptances, and Enrollments, for the academic years 2010-2011 to 2014-2015.....	214
Table 59: 4.3.e. Student Enrollment Data 2011-2012 to 2014-2015.....	215
Table 60: 4.3.f. Measurable Objectives of Student Diversity.	216

LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AIHA	American Industrial Hygiene Association
APHA	American Public Health Association
ASPPH	Association of Schools & Programs of Public Health
BGTS	Board of Graduate Studies
CAB	Community Advisory Board
CAAM-HP	Caribbean Accreditation Authority for Education in Medicine and the Health Professions
CAPPS	Committee for Academic Performance & Professional Standing
CARPHA	Caribbean Public Health Association
CARICOM	Caribbean Community Secretariat
CAS	Caribbean Academy of Sciences
CDM	Clean Development Mechanism
CEHI	Caribbean Environmental Health Institute
CEPH	Council on Education for Public Health
CICAD	Comision Interamericana Para el Control del Abuso de Drogas
CFO	Chief Financial Officer
CPH	Certified in Public Health
CVD	Cardio Vascular Diseases
DPHPM	Department of Public Health and Preventive Medicine
DES	Department of Education Services
EOH	Environmental & Occupational Health
DOS	Dean of Students
ELISA	Enzyme-linked Immunosorbent Assay
FAO	Food and Agriculture Organization
FRRC	Faculty Recruitment Review Committee
FTE	Full Time Equivalent
GAC	Graduate Affairs Committee
GAP	Grand Anse Playgroup
GCNA	Grenada Cocoa Nutmeg Association
GPA	Grade Point Average
GRC	Graduate Review Committee
GSP	Graduate Studies Program
HC	Head Count
HIV	Human Immunodeficiency Virus
HPA	Health Policy & Administration
HPV	Human Papilloma Virus
HSO	Humanitarian Service Organization
IACUC	Institutional Animal Care and Use Committee
IAMSA	American National Academies of Sciences
IDRC	International Development Research Center
IPHP	Integrated Public Health Project
IRB	Institutional Review Board
ISPOR	International Society for Pharmacoeconomics and Outcomes Research
IT	Information Technology

MD	Doctor of Medicine
MOH	Ministry of Health
MOU	Memorandum of Understanding
MPH	Master of Public Health
MSPH	Master of Science in Public Health
MTTG	Maximum Time to Graduate
NAMAS	Nationally Appropriate Mitigation Action
NIH	National Institute of Health
NBPHE	National Board of Public Health Examiners
PAHO	Pan American Health Organization PAPH Panel on Admission for Public Health PCR Polymerase Chain Reaction
PHSA	Public Health Student Association RCC Regional Collaborating Center ROC Research Oversight Committee
RSSA	Research Service & Scholarly Activity
SAS	School of Arts and Sciences
SFR	Student/Faculty Ratio SGU St. George's University SOM School of Medicine
SPICA	Students Prepared and Informed to Combat AIDS SVM School of Veterinary Medicine
UCD	University Council of Deans
USA	United States of America
USDA	United States Department of Agriculture USDE United States Department of Education USLME United States Medical Licensing Examination UK United Kingdom
UNFCCC	United Nation Framework Convention on Climate Change
UNIDO	United Nations Industrial Development Organization
VSL	Veterinary Science Laboratory
WHO	World Health Organization
WHOCC	World Health Organization Collaborating Center
WINDREF	Windward Islands Research & Education Foundation

1.1. Mission

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

1.1.a A clear and concise mission statement for the program as a whole.

The mission statement of St George's University (SGU) reads: "St. George's University holds to these truths: Our highest purpose is education and there is no better education than one that is truly international. We are committed to developing the intellectual capacity, creativity and professionalism of our students – immersing them in the rich diversity of human experience and aspirations, thereby preparing them to shape the future of our world while adding to the knowledge base of humankind."(See www.sgu.edu/about-sgu/university-mission-statement.html). This mission informs the program's vision and mission statements.

The vision of SGU's Master of Public Health (MPH) program is "to be a dynamic regional and international centre of excellence in Public Health education, service, research and scholarly activities; attracting students, faculty and partners of diverse background who contribute to the strengthening and empowerment of communities, in an ever-changing environment."

A revised mission was adopted in the Summer of 2013. It reads:

"To cultivate, produce and disseminate Public Health knowledge through an integration of education, service, research and scholarly activities in the Caribbean region and the world in collaboration with partners and communities."

1.1.b. A statement of values that guides the program.

The program has a set of core values which guides its functioning. These are:

One health, one medicine – we believe in the interdependence of humans and animals in the life system.

Human rights – we believe health is a fundamental right of every human being.

Health equity – all individuals have a right to the opportunity for a healthy life.

Responsibility – we strive to improve and protect the health of all populations.

Integrity – we believe in personal and organizational integrity and a collective commitment to ethical behavior in personal and scientific endeavors.

Respect – we believe in mutual respect and personal trustworthiness.

Teamwork – we are committed to fostering productive partnerships with all stakeholders who share the vision of protecting and improving the public's health.

Excellence – we strive to excel and grow as we work together to support SGU DPHPM's diverse responsibilities for teaching, research, service, and scholarly activity.

Public service – we exist to serve the Caribbean region and the world, through efforts to protect and improve public health.

1.1.c. One or more goal statements for each major function by which the program intends to attain its mission, including at minimum, instruction, research and service.

The Master of Public Health program is founded on holistic and synergistic experiences. Through these experiences, the program is achieving its vision of becoming a centre of excellence as well as in attaining its mission of producing well-rounded students who can take their places in the public health workforce. The following goals facilitate the attainment of the department's mission:

1. Program-wide Goals

- 1.1 To function as a regional and international centre in public health, integrating education, service, research and scholarly activity.
- 1.2 To advocate for and attract diverse students, faculty and partners from the region and international community

2. Educational Goals

2.1 To prepare students to be knowledgeable and proficient in public health competencies.

3. Service Goals

3.1 To develop and participate in public health service activities that translates public health knowledge into practice.

3.2 To serve the region and beyond through education and training that develops a public health workforce.

4. Research and Scholarly Activity Goals

4.1 To produce and disseminate information, gathered through public health research and scholarly activity, that responds to public health challenges in the Caribbean region and internationally the world.

1.1.d. A set of measurable objectives with quantifiable indicators related to each goal statement as is provided in Criterion 1.1.c. In some cases, qualitative data may be used as appropriate.

At the program/ department's biennial retreat (17th -19th November 2012), stakeholders decided that, like the vision and mission, the goals and objectives needed to be reviewed. To accomplish the program's goals, faculty reviewed the following objectives as a result of the retreat. After discussions with faculty, staff, students and members of the CAB, the program adopted, implemented, and is evaluating these objectives. The program will again review these objectives as part of its strategic planning meeting in Spring 2015 as the program moves into another accreditation cycle.

Program-wide Goals

1.1 To function as a regional and international centre in public health, integrating education, service, research and scholarly activity.

1.1.1 Increase the number of collaborative activities with regional and international organizations by 50% in 2014.

1.1.2 Increase the number of regional and international organization with whom we collaborate by 50% by 2014.

1.1.3 By 2014, each track will offer service, research and scholarly activity component.

1.1.4 Conduct a workforce assessment biennially to identify public health needs of the community and propose solutions.

1.2 To advocate for and attract diverse students, faculty and partners from the region and international community.

- 1.2.1 Maintain the diversity of the student body, faculty and partners.
- 1.2.2 Promote the Public Health Institute to local and regional organizations annually.
- 1.2.3 Increase recruitment of public health practitioners and allied professionals from the region and international communities, as students to the program by 50% in the year 2014.

Educational Goals

2.1 To prepare students to be knowledgeable and proficient in public health competencies.

- 2.1.1 Maintain a graduation rate of 90% per cohort.
- 2.1.2 Maintain an annual successful practicum completion rate of at least 90% per cohort.
- 2.1.3 Increase student conference presentations and posters, and abstracts 20% by 2014.
- 2.1.4 Annually, at least 90% of all graduating students will be evaluated in Public Health core competencies as at least “proficient”.
- 2.1.5 Annually, at least 90% of all graduating students will be evaluated in their track specialization as at least “proficient”.
- 2.1.6 Annually, at least 90% of all graduating students will be evaluated in the Public Health cross cutting competencies as at least “knowledgeable”.
- 2.1.7 80% of Capstone students will receive at least a B average on their Capstone paper per year.
- 2.1.8 Biennially, conduct a program review through the collaborative efforts of the Community Advisory Board, public health faculty and students, and the university-wide faculty.

Service Goals

3.1 To develop and participate in public health service activities that translate public health knowledge into practice.

- 3.1.1 Annually, each faculty member will contribute at least 80 hours of service activities in the region and/or internationally.
- 3.1.2 Increase the number of workforce development training by 20% in 2014.
- 3.1.3 The Public Health Student Association will participate in at least 6 community-based activities annually.

- 3.1.4 Maintain the number of faculty service-based interactions with students.
- 3.2 To serve the region and beyond through education and training that develops a public health workforce.
 - 3.2.1 Increase the number of continuing education courses by 10% annually by 2014.
 - 3.2.2 Faculty will collectively engage in at least 2 extramural capacity building sessions annually.
 - 3.2.3 Maintain the number of faculty engaged in continuing education courses.

Research and Scholarly Activity Goals

- 4.1. To produce and disseminate information, gathered through public health research and scholarly activity, that responds to public health challenges regionally and internationally.
 - 4.1.1 Each faculty member will submit at least 1 grant applicant per year.
 - 4.1.2 Each faculty member will submit at least 1 article for publication per year.
 - 4.1.3 Each faculty member will conduct at least 1 conference presentation per year.
 - 4.1.4 At least 75% of faculty will attend at least one professional development activity annually.
 - 4.1.5 Increase student collaboration with faculty to conduct research and scholarly activity by 20% in 2014.
 - 4.1.6 Increase community based research activities by 50% in 2014.

1.1.e. Description of the manner through which, the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

The mission and vision that the program adopted in 2010 continued to guide the program up to the Fall of 2012. However, as a result of the review of the vision, mission, goals and objectives during the department's/ program's biennial retreat held in Fall 2012, the program took the decision to have a full review to ensure relevance. As such, in January 2013, the program set up two committees, one for mission and vision and one for goals and objectives, to oversee the review and identify necessary revisions to be made; commencing the first iteration. These committees comprised of faculty members, students, the Public Health Student Association (PHSA) executive members and members of the Community Advisory Board (CAB).

The committee responsible for the review of the vision and mission agreed that the vision needed no change. They then circulated to vision to the different stakeholder groups, inclusive of faculty, students, administrators and the CAB. Each stakeholder group agreed that the vision was still both relevant and current to the program's functioning and as such, should remain as it was. The committee however decided adjustments should be made to the mission and having proposed areas where amendments can be made, the committee emailed a draft version of the modified mission to each stakeholder group. The committee used the comments and suggestions received from the different groups to further modify the mission before emailing it out for another iteration. The committee responsible for reviewing the goals and objectives agreed modification should be made to some goals and objectives to make them smarter. That committee emailed its proposal to the different stakeholder groups and received feedback from them. Altogether, three iterations were held for both the mission and goals and objectives before a final version was emailed to each stakeholder group.

For each iteration, those who were involved drew from experience in the field of practice, current research and workforce needs to review and revise the vision, mission, goals, and objectives. During each cycle, stakeholders identified measurable indicators and a time frame for the program to measure its performance against its goals and objectives. The program presented this document to the university administrators, student representatives and the program's advisory board for their comments and feedback. The program incorporated these comments and suggestions and resubmitted for final review upon which the program adopted the published version. The program decided to review and evaluate these statements annually to ensure that they adequately address the needs of the department's stakeholders. In relation to this, the university, as part of its internal auditing procedures, conducted a review of the DPHPM; the program's performance on its vision, mission, goals and objectives formed part of that review. As per current practices, the program requires any significant changes to get approval from all key players in the initial adoption process.

1.1.f. Description of how the mission, values, goals and objectives are made available to the program's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

The statements of vision, mission and core values are visibly posted in the lobby area of the Department of Public Health and Preventive Medicine (DPHPM), the department which administers the MPH program. In addition, each faculty member has a copy of these statements posted in their offices/ cubicles to serve as a constant reminder, both to themselves and to the students who visit these spaces, on what guides the functioning of the program. Additionally, the vision, mission, goals, objectives and core values are found in each program policies and procedures publication (see Program Policies and Procedures Manual in the Accreditation Electronic Folder, as an example), on all materials presented at the MPH orientation exercise as well as in every syllabus presented to the students. Moreover, the vision and mission are published on the department's web site (<http://www.sgu.edu/graduate-schools/master-of-public-health.html>). Furthermore, the DPHPM has published pamphlets outlining the MPH program and the Public Health Institute; the vision and mission are also found on these documents.

The program conducts a biennial review and revision of the mission vision goals and objectives. These activities, firstly, coincide with and are part of the department's retreat which is held biennially; a retreat took place in the Fall of 2014. Usually, involved in the retreat, are members of the university's administration, faculty members, members of the Community Advisory Board (CAB), staff and students. In addition, the review and revision of the vision, mission, goals and objectives also coincide with the department's workforce needs assessment activities.

1.1.g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

The criterion is assessed as met based on the following highlights:

Strengths

- The program has an established vision and mission that are consistent with the vision of SGU, as well as goals and objectives that are relevant to the program and the Public Health workforce.
- The department has a systematic process for reviewing and revising its vision, mission goals and objectives which involves analyses and feedback from all stakeholders: SGU administrators, faculty, students, alumni and the department's community advisory board.
- The vision, mission, core values, goals and objectives are strategically placed and published in various locations.
- The department has clear measurable objectives linked to outcome measures a systematic process to measure its success based on analyses and feedback from a variety of stakeholders.

Areas for improvement

- The program identifies no significant weaknesses for this criterion.

Plans relating to this criterion

- The processes currently used by the DPHPM have been effective in facilitating the review and revision of the department's vision, mission, goals and objectives. As such, the department intends to continue employing these processes.
- The Grenada Public Health Association (GPHA) has been in existence prior to 2003. It was faced with a number of challenges which resulted in limited functioning. The association has since been revitalized and a number of faculty members hold membership. The department plans to engage the GPHA in departmental activities including the review and revision of its vision, mission, goals and objectives.
- The department also plans to engage more with CARPHA in its overall functioning.

1.2. Evaluation

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

1.2.a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need to be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

The program systematically employs different evaluation and planning processes that are linked with and respond to its goals and objectives. These processes allows the program to, from the data collected, determine the extent to which it is meeting its vision, mission, goals and objectives as well as its contribution to institutional development, reproduction and transformation of the local, regional and international Public Health workforce. The evaluation processes for the program’s goals and objectives are facilitated through the use of established instruments and procedures to capture the relevant data. The program, through its Evaluation and Planning Committee, reviews the program’s competencies and evaluation/outcome measures and analyses both quantitatively and qualitatively. The resultant data on the vision, mission, goals and objectives provides a snapshot of how far the DPHPM has gotten in achieving these objectives by the target dates, the progress of the implementation process and present findings on the evaluative tools used to measure the objectives. The evaluation also allows for further elaboration on the curriculum, student learning, student involvement and research conducted.

The program has, during the self-study period, reproduced its evaluations forms, with the exception of a few onto the computer-based program E*Value. The secretary of the committee, a member of the program’s administrative staff, electronically notifies students once the committee has made an evaluation available that they are required to complete. Upon receipt of the completed forms the secretary downloads the data into an Excel spreadsheet and forwards the data to both the Chair of the Evaluation and Planning Committee and the Accreditation Coordinator for analysis

To evaluate the program’s objectives, the program uses different tools to evaluate each objective. Table 1.2.a below summarizes the objectives (as noted in criterion 1.1.d above) into categories, links each category to the corresponding objectives and identifies the program uses to measure the objectives.

Table 1: 1.2.a. Program evaluation and planning categories and related objectives

Categories	Objectives	Evaluation Tools
Student Recruitment & Diversity	<ul style="list-style-type: none"> • 1.2.1 • 1.2.2 • 1.2.3 	<ul style="list-style-type: none"> • Internal Demographics Form • Entry Interview
Faculty Recruitment & Diversity	<ul style="list-style-type: none"> • 1.2.1 	<ul style="list-style-type: none"> • Faculty CVs • Research Service & Scholarly Activities (RSS) Forms
Student Learning Outcomes/ Competencies	<ul style="list-style-type: none"> • 2.1.1 • 2.1.2 • 2.1.4; 2.1.5; 2.1.6 • 2.1.7 	<ul style="list-style-type: none"> • Graduation Data Spreadsheet & GPA & CPH results • Practicum Grade File/ Spread Sheet; Site Supervisor Evaluations • Competency Assessment • Workforce Assessment • Alumni Survey • Capstone Grade File/Spread Sheet
Faculty Service Activities	<ul style="list-style-type: none"> • 3.1.1; 3.1.2; 3.1.4; 3.2.1; 3.2.2; 3.2.3 	<ul style="list-style-type: none"> • RSS Forms
Student Service Activities	<ul style="list-style-type: none"> • 3.1.3; 3.1.4 	<ul style="list-style-type: none"> • RSS Form • Public Health Student Association (PHSA) Reports
Faculty Research & Scholarship	<ul style="list-style-type: none"> • 4.1.1; 4.1.2; 4.1.3; 4.1.5; 4.1.6 	<ul style="list-style-type: none"> • RSS Forms
Faculty Professional Development	<ul style="list-style-type: none"> • 4.1.4 	<ul style="list-style-type: none"> • Faculty Professional Development Applications/Permissions
Student Research & Scholarship	<ul style="list-style-type: none"> • 2.1.3; 4.1.5 	<ul style="list-style-type: none"> • RSS Forms
Overall Program Evaluation	<ul style="list-style-type: none"> • 2.1.8 	<ul style="list-style-type: none"> • Retreat • Syllabi Review • Course & Faculty Evaluations • Departmental Review

Note: In addition to the tools that directly respond to the various objectives, as noted in Table 1.2.a above, the program uses other mechanisms such as the National Board of Public Health Examiners (NBPHE) Certified in Public Health (CPH) exam and program/ departmental reviews to evaluate different areas. See Accreditation Electronic File for copies of the evaluation tools as well as the other mechanisms used.

The program, at its orientation, highlights the different assessments that students are expected to complete. The program does follow-up reminders, both orally and via e-mails. Additionally, the programs Policies and Procedures Handbook highlight these evaluations. A summary of each evaluation is presented below; identifying the roles that program stakeholders and or university personnel play in the process.

The program administers its ***Internal Demographic Form***, an electronic assessment, to each new enrollee during each intake. The Evaluation and Planning Committee, through the secretary, emails each student when the evaluation is opened and informs the students of the deadline. Typically, the program requires students to complete these forms within the first two (2) weeks of their first semester. The Secretary then inputs the data into an Excel spread sheet and forwards it to both the Chair of the Evaluation and Planning Committee and the Accreditation Coordinator for analysis and further actions. Linked to this, the program, through the Executive Secretary, works annually in collaboration with the Office of Enrollment Planning and the Registrar, to collect data pertaining to ***Recruitment and Enrollment***.

Moreover, in Fall 2012, the DPHPM piloted an ***Entry Interview***; the goal being to better cater to the needs of MPH students. This evaluation activity which was a result of student recommendations from the Exit Interviews of Summer 2012, is currently part of the evaluative process. Each student who matriculate into the program meets with the Department Chair and Deputy Department Chair on an individual basis to discuss their expectations, perceived challenges and areas of interest for their projected experiences in the program as well as to develop an initial relationship with the DPHPM administration. This sets the baseline for the student which is compared against in future evaluations throughout students' tenure at SGU.

The program also uses electronic self-reported ***Competency Assessments***, which the program administers to all graduating students at the end of their term. The Evaluation and Planning Committee, through the committee's secretary, emails students to inform them of the availability of the assessment and indicates the deadline for completion. Through this evaluation, students report their level of proficiency across the program's core, crosscutting and track competencies. The committee administers this assessment every term.

Additionally, the Evaluation and Planning Committee leads biennial ***Syllabi Reviews*** to ensure competency coverage, appropriate cognitive level of objectives and the integration of research, service and scholarly activity in all courses. In relation to this, as part of the evaluation process, each track conducts syllabi review and gap analysis to facilitate better integration across the curriculum and to establish opportunities for students to apply curriculum content during service and scholarly activity.

The program also makes use of an **RSSA Form** which catalogues both faculty and students' service and scholarship. The Research Service and Scholarly Activities (RSSA) committee is responsible for administering the RSS forms and collating the data. The Secretary of this committee, on directive from the RSS Committee Chair, sends out the form in the first week of the Spring term. Faculty complete the form with the activities for the previously year. The program has a break from November to January and faculty usually use that time to engage in RSS activities. This committee then provides the Evaluation and Planning Committee with data for analysis, discussion and proposed action. Typically, the Accreditation Coordinator, a member of the RSS committee, undertakes the analysis of these activities and shares the data with the RSS Committee. Faculty CVs also assist in highlighting the diversity noted in Criterion 1.8 but also help with RSSA evaluation.

As a university-wide policy, all students anonymously complete **Faculty and Course Evaluations** at the end of each semester. These evaluations seek to have students' views on the level of instruction received and their experiences during the particular course(s). The evaluation items focus on planning and organization, reasonableness of assigned work, course objectives, if exams covered course material and accurately measured the students' performance. The Department of Educational Services (DES) electronically administers these evaluations, compiles the results and shares the results with faculty and the Program Director/Department Chair. These evaluations include all categories of faculty and the program uses the evaluations for performance benefits, in some instances and faculty portfolio, with regards to promotion. Faculty uses these as reflective tools to make necessary adjustments to the courses and their delivery.

The program also uses both of its culminating experiences in the evaluation process. The program uses the **Capstone**, which consists of a professional paper and a seminar presentation, geared toward peer-reviewed publications or development of professional reports, to evaluate students' competency achievements. The **Practicum** fosters a practice-based authentic experience. Students may implement their Capstone work towards the practicum placement; or, students may choose a different project or idea for their Capstone. The Practicum uses a list of core, cross-cutting and track-specific competencies. Practicum Preceptors/Site Supervisors evaluate students' competency achievements at the mid and final stages of the practicum via e-Value.

The program also uses an **Exit Interview**, a summative self-reported measure, which the Evaluation and Planning Committee, through the committee's secretary, electronically administers to all MPH graduating students, through which proficiency is self-reported. During this interview students also evaluate the different components of the MPH program. In addition, the students give their perspective of how the program can be improved. There is also a face-to-face conversation on the overall program experience between students and the program's administration. Linked to this, the program uses its **Graduation Data** as an evaluation tool to assess its success in adding to the public health workforce.

The program electronically administers the **Alumni Surveys** annually, to coincide with CEPH Annual Report, to capture data that it uses to track the destination of our alumni beyond the MPH program as well as to assess the relevance of the program's competencies to their worksites (through the Workforce Development Survey). Noteworthy is the fact that the majority of our

students are tracked towards a degree in medicine and as such, many of our graduates are dual degree students pursuing a Doctor of Medicine (MD) degree jointly with their MPH program.

Moreover, the program annually administers a *Workforce Development Survey* to all health departments and site locations from which the program's students originated, completed a practicum, or wish to work after graduation. The Deputy Program Director, a member of the Evaluation and Planning Committee is responsible for the dissemination and collection of the tool as well as analysis of the data. This measure is built on the program competencies ensuring that the course details are relevant to the workforce.

As highlighted above, the program also uses other mechanisms that are linked to the evaluation process. Firstly, the program strongly encourages students to take the *National Board of Public Health Examiners' (NBPHE) Certified in Public Health (CPH) Examination* which was offered for the first time on the SGU campus in the Spring 2013. In 2013, the first time the program offered the exam to its students onsite, there was a pass rate is over 90%. Since the CPH exam measures students' attainment of core and cross cutting competencies, this is a good indication of student learning. The program notes however that only one (1) of the three (3) students who took the exam thus far for 2014 has passed. The program anticipate that at the second offering, it students/alumni would perform better. The program uses *Student Grade Point Averages* (GPAs). The program's faculty, assisted by the Executive Secretary who is responsible for keeping a record of all student grades, meets firstly at mid-semester to discuss students grades and what steps can be taken to assist them, and secondly, at the end of each semester. Moreover, the program uses feedback from *departmental reviews* in the evaluation and planning process. Linked to this process, is the PHSA's report which the program uses as one of the means of measuring students' activities.

1.2.b. Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.

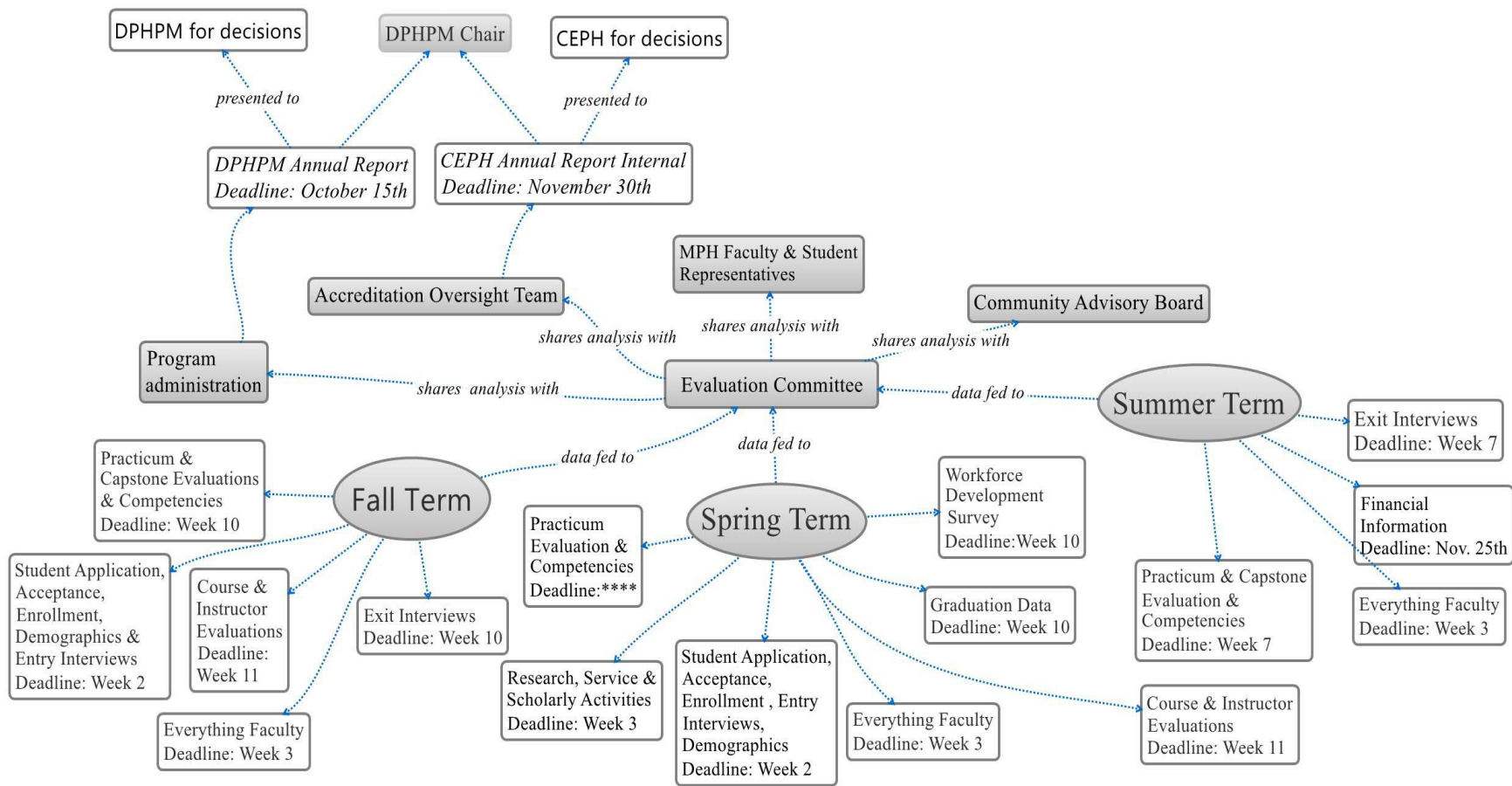
The program's Evaluation committee, along with the Accreditation Coordinator monitors the evaluation processes. This committee, as mentioned in Criterion 1.2.a above, is charged with the responsibility of administering the various data collection instruments and collecting the data. Once the data are collected, the Chair of the Evaluation and Planning Committee and the Accreditation Coordinator analyze the data and present it in a meaningful way (in relation to the various objectives/outcomes). The program monitors the data on a semester and/or annual basis depending on the component of the evaluation process. The committee discusses the various elements of the evaluation and reviews possible actions to be taken to maintain/ improve performance on those elements. Additionally, every three-to-five year cycle, SGU undertakes reviews of different departments; with external reviewers from the relevant disciplines. The program is administered by the Department of Public Health and Preventive Medicine (DPHPM) was reviewed in July 2014. The program used this review as part of its evaluation processes in this cycle as a means of monitoring and analyzing different aspects of its functioning. A copy of

both the review and the review team's summary are located in the DPHPM Review file in the Accreditation Electronic Folder.

The Chair of the Evaluation and Planning Committee (EPC) communicates the evaluation results from the various evaluation processes to the Department Chair. The Chair of the EPC also communicates and discusses these results with the EPC and as a committee; they brainstorm possible courses of action. The committee also communicates the results of the evaluation processes at department meetings where faculty query, discuss, approve/disapprove proposed courses of action and make suggestions. It should be noted that students in the program have representation at each department meeting through the Public Health Students Association (PHSA). These student representatives are allowed to make initial input as well as input after they would have held discussions with the student body. The Evaluation Committee also provides the members of the Community Advisory Board (CAB) with the results of the evaluation processes and at CAB meetings, the Accreditation Coordinator explains different elements of those results. Additionally, the program has decided to prepare an annual report, a copy of which is housed in the Resource Center and which is available to faculty. In relation to this, the program developed a cycle for its evaluation processes. Figure 1.2.b below presents this cycle.

As it concerns how the program uses evaluation results, based on the issues that emerge from the results of the evaluation processes, different departmental committees collaborate with the Evaluation Committee to address them. As a result, the committees related to the MPH program: Graduate Affairs, Admissions and Graduation, Practicum and Capstone, and Research and Service Committees, all of whom have defined responsibilities, work on specific issues as they emerge. Furthermore, the program uses the evaluation results to make decisions such as, addition, removal and modification of competencies, the continuance/ discontinuance of practicum preceptors and sites, courses modifications as well as allocation of faculty resources. Furthermore, the evaluation results inform policy revisions, new policies, and revision of the evaluation tools as well as the development of new tools. Additionally, there are instances when students, individually and/or through PHSA, make suggestions for the improvement of the program and/or ensuring that students' needs are met. The development and implementation of the Entry Interview is one of the program's responses to student suggestion. As such, the program uses these results as a feedback mechanism to inform programmatic improvements as well as to strengthen the department which administers the program.

Figure 1: 1.2.b. Program Evaluation Data Collection, Communication & Use



1.2.c. Data regarding the program’s performance on each measurable objective described in Criterion 1.1d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (eg, 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear.

The program has two program-wide goals, the first of which, as noted in 1.1.d above, is to function as a regional and international center in public health integrating education, service, research and scholarly activity. Table 1.2.c.1 below provides data on each measurable objective linked to this goal.

Table 2: 1.2.c.1 Outcome Measures for Mission, Goals and Objectives for the last three academic years, 2011-2012 to 2013-2014

Measurable Objective	Target	2011-2012	2012-2013	2013-2014	2014-2015
Objective 1.1.1 -Increase the number of collaborative activities with regional and international organizations by 50% in 2014.	20	20	25	26 (30%)	28
Objective 1.1.2 -Increase the number of regional and international organizations with whom we collaborate by 50% by 2014.* Excluding Practicum sites	20	20	25	26 (30%)	35
Objective 1.1.3 -By 2014, each track will offer service, research and scholarly activity component.	100%	100 %	100%	100%	100%
Objective 1.1.4 -Conduct a workforce assessment biennially to identify public health needs of the community and propose solutions.*	1 biennially	*	*	1 completed (discussion & solutions pending)	Discussions on solutions continuing

Note: * This objective was added as a result of the discussions and retreat outcome actions at the annual departmental/program retreat which was held in 2012. Therefore, the program conducted its first workforce assessment incorporating electronic sources that provide job descriptions and vacancy announcements for public health and public health aligned employment in 2014. The program will discuss this data at its strategic planning meeting in the Spring of 2015 together with outcomes of the biennial retreat in 2014.

The second program-wide goal reads: To advocate for and attract diverse students, faculty and partners from the region and international community. Table 1.2.c.2 below provides measurable objectives linked to this goal.

**Table 3: 1.2.c.2 Measures for program-wide objectives for the last three academic years,
2011-2012 to 2013-2014**

Measurable Objective	Target	2011-2012	2012-2013	2013-2014	2014-2015
Objective 2.1.1 Maintain the diversity of the student body, faculty and partners (data reflects that of 4.3.f).	At least 4 continents represented	6 global regions represented	6 global regions represented	6 global regions represented	5 global regions represented
	10 ethnicities	10 ethnicities represented	11 ethnicities represented	11 ethnicities represented	11 ethnicities represented
	At least 5 students per academic year	* New measure-added in Fall 2012	23 first generation college enrollees	17 first generation college enrollees	11 first generation college enrollees
Objective 1.2.3 Increase recruitment of public health practitioners and allied professionals from the region and international communities, as students to the program by 50% in the year 2014, (data reflects that of 4.3).	4 per academic year	8	4	3 (-62.5%)	5
Objective 1.2.1 To maintain the diversity in the qualification of core faculty in terms of disciplines in which graduate degrees were earned (data reflects that of 4.1).	15 disciplines	23 disciplines	25 disciplines	25 disciplines	26 disciplines
Objective 1.2.1 To recruit other faculty with different work/field experience to complement core faculty (data reflects that of 4.1).	10 fields	12 fields	20 fields	19 fields	20 fields

The program has one educational goal which has eight (8) associated objectives, all of which are measurable. Table 1.2.c.3 below presents data on those objectives.

Table 4: 1.2.c.3 Measures for educational objectives for the last four academic years, 2011-2012 to 2014-2015

Measurable Objective	Target	2011-2012	2012-2013	2013-2014	2014-2015
Objective 2.1.1 Maintain a graduation rate of 90% per cohort.	At least 90% graduation rate	83%	63.9%	43.5%	15.4%
Objective 2.1.2 Maintain an annual successful practicum completion rate of at least 90% per cohort.	At least 90% completion rate	100%	100%	100%	100%
Objective 2.1.3 Increase student conference presentations and posters, and abstracts 20% by 2014.	5 per annum	7	5	3	*data pending
Objective 2.1.4 Annually, at least 90% of all graduating students will be evaluated in Public Health core competencies as at least “proficient”.	90 % of graduating students per annum	78%	71%	70%	*
Objective 2.1.5 Annually, at least 90% of all graduating students will be evaluated in their track specialization as at least “proficient”.	90% of graduating students per annum	84%	74%	84%	*
Objective 2.1.6 Annually, at least 90% of all graduating students will be evaluated in the Public Health cross cutting competencies as at least “knowledgeable”.	90% of graduating students per annum	73%	87%	89%	*
Objective 2.1.7 80% of Capstone students will receive at least a B average on their Capstone paper per year.	80% of graduating students per annum	100%	100%	100%	100%
Objective 2.1.8 Biennially, conduct a program review through the collaborative efforts of the Community Advisory Board, public health faculty and students, and the university-wide faculty.	1 biennially		* 1 (Fall 2012)		1 held in Fall 2014

Note1: *During the self-study period, two biennial retreats were held which the program’s stakeholders: university administrators, faculty, staff, students and Community Advisory Board. Documentation for these retreats is in the Accreditation Electronic Folder; Retreat file.

Note 2: *Students’ competencies on core, cross-cutting and track-specific competencies are gathered at the end of the program. As such, for the academic year 2014-2015, the program does not yet have the data for Objectives 2.14 to 2.16.

Note 3: *The program wishes to highlight that the graduation rates in Table 4 above reflects the fact that the majority of the program’s students are dual degree students. These students usually use the maximum time allowed to graduate. Additionally, the programs notes that for the period under review, only the 2011-2012 cohort are close to the maximum time (5 years).

Unlike the other goals and objectives, the program monitors its research, service and scholarly outputs by calendar year, as it noted in Figure 1.2.b above, since faculty mostly engage in these activities during their semester breaks. The program analyzes the data in the Spring of the following year. Table 1.2.c.4 below presents data on the program’s performance on the measurable objectives related to its two (2) service goals.

Table 5: 1.2.c.4 Measures for Service objectives the last four calendar years, 2011 to 2014

Measurable Objective	Target	2011	2012	2013	2014
Objective 3.1.1 Annually, each faculty member will contribute at least 80 hours of service activities in the region and/or internationally (data consistent with criteria 3.2).	80 per faculty member	122	263	147	169
Objective 3.1.2 Increase the number of workforce development training by 20% in 2014; (data consistent with criteria 3.2)	3 per year	16	8	2	3 (-81%)
Objective 3.1.3 The Public Health Student Association will participate in at least 6 community-based activities annually; (data consistent with criteria 3.2)	6 per year	2	2	5	5
Objective 3.1.4 Maintain the number of faculty service- based interactions with students (data consistent with criteria 3.2).	9 per year	10	6	16	2
Objective 3.2.1 Increase the number of continuing education courses by 10% annually by 2014(data consistent with criterion 3.2).	3 per year	5	1	1	1 (-33%)
Objective 3.2.2 Faculty will collectively engage in at least 2 extramural capacity building sessions annually (data consistent with criteria 3.2).	2 per year	2	3	3	1
Objective 3.2.3 Maintain the number of faculty engaged in continuing education courses (data consistent with criteria 3.2).	3 per year	2	1	1	3

The program is working toward building a stronger infrastructure for evaluation, planning and programmatic data collection which will more effectively integrate key stakeholders, revised instruments and improved process of data collection and analysis.

Table 6: 1.2.c.5 Measures for Research objectives for the last four calendar years, 2011 to 2014

Objective	Target	2011	2012	2013	2014
Objective 4.1.1 Each faculty will submit at least 1 grant application per year.	7	12	13	9	11
Objective 4.1.2 Each faculty will submit at least 1 article for publication per year.	7	12	25	10	7
Objective 4.1.3 Each faculty will conduct at least 1 conference presentation per year.	7	33	36	32	45
Objective 4.1.4 At least 75% of faculty will attend at least 1 professional development activity annually.	75%	50%	67%	52%	65%
Objective 4.1.5 Increase student collaboration with faculty to conduct research and scholarly activity by 20% in 2014.	21 per year	39	66	10	24 (-38%)
Objective 4.1.6 Increase community based participatory research by 50% in 2014	10 per year	28	8	7	2 (92.8%)

The program wishes to highlight that while it encourages and supports all of its faculty members’ interests and endeavors to engage in research and scholarly activities, its expectation as it relates to those research and scholarly outputs are mainly focused on its doctoral level faculty. As such, the objectives highlighted and the data presented shows the program’s doctoral level faculty’s performances as it relates to research. The program notes, however, that Objective 4.1.4 is relevant to all its faculty.

1.2.d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, alumni, and representatives from the public health community.

This document serves as the program’s analytical self-study document and includes qualitative and quantitative assessment of the program’s activities and in which different stakeholders actively participated. As part of its functioning, the department, through the Accreditation Coordination, creates a departmental annual report which collates data that reflects and supports

program-required CEPH documentation. The program regularly apprises stakeholders of the status of accreditation documents through meetings and e-mails. This process, under the new criteria, began in the Fall of 2011 and seamlessly flowed into the self-study period.

Stakeholders agreed that, in order to preserve consistency in language, the Accreditation Coordinator would generate preliminary documents, using a criteria format, after which each criteria would be disseminated to committees for iterations of review. As a result, the program set up Self-Study Review committees, one per criterion, up for this purpose and program provided the requirements for the different criteria to each member. Senior faculty led the review committees (see Table 1.2.d); the Accreditation Coordinator was a member of each committee to provide guidance where necessary. Each review committee consisted of departmental faculty, other faculty, administrators within SGU, community advisors and students. To ensure greater and broader involvement in the process, each faculty was a member two (2) review committees (see Accreditation Self-Study Review Committees file in the Accreditation Electronic Resource folder).

Having already had the necessary documentation and narrative for the self-study, the Accreditation Coordinator synthesized the study requirements and generated the preliminary self-study document, using a criteria format before electronically presenting it to the respective review committees. The Accreditation Coordinator sent each member of every committee a copy of the document. Review Committee chairs convened meeting with the members of their respective committees; and forwarded comments and suggestions to the Accreditation Coordinator for inclusion; there were three iterations of review. Additionally, the program had a consultation visit with a staff member from CEPH and a mock site visit which was conducted by an experienced Public Health professional. Both individuals perused the different criteria and their related documentation. A final overall review took place among the different committee chairs, the Accreditation Coordinator and the department's administration after which the Accreditation Coordinator presented complete draft self-study document to all stakeholders in every committee. Alumni, PHSA executive, an independent internal reviewer and an external independent reviewer also scrutinized the draft self-study document.

1.2.e. Assessment of the extent to which this is met, and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The DPHPM has subcommittees to collect, analyze, and integrate the program's operations.
- These committees are composed of a variety of stakeholders including faculty, students, community advisors, and, alumni.
- The program has an Entry Interview to establish expectations, to ensure equity in track distribution and to improve advisement.

- The program has a biennial syllabi review to monitor competency coverage, appropriateness of objectives and integration of research, service and scholarly activities.

Areas for Improvement

- The DPHPM acknowledges that though it involves some of its alumni in functioning, more involvement is needed to create a better connection with them.

Plans relating to this criterion

- The DPHPM recognizes the value of alumni to the program. Thus, a more concerted and focused effort to have students actively involved in the process. The program plans to explore the possibility of having alumni on different program committees.

1.3. Institutional Environment

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

1.3.a. A brief description of the institution in which the program is located, along with the names of accrediting bodies (other than CEPH) to which the institution responds.

Institutional Description

SGU campus is located on Caribbean island of Grenada, a former British Commonwealth. St. George's School of Medicine was chartered in 1976 by the Grenadian House of Parliament after a two-year feasibility study, which highlighted the advantages of a medical institution for Grenada and the Caribbean. The founders of the university believed that the institution was set to make a viable contribution to the region and the rest of the world producing world-class medical practitioners. The first classes were held on January 17, 1977. Since then, St. George's University has evolved into a top center of international education, drawing students and faculty from 140 countries to the island. Students attending St. George's enjoy the benefits of a thriving multicultural environment on the True Blue campus, offering all the amenities and technologically-advanced facilities of a world-class institution. To date, SGU has produced more than 12,000 alumnae include physicians, veterinarians, scientists, and public health and business professionals across the world; having expanded beyond the School of Medicine with a School of Veterinary Medicine and School of Arts and Sciences; offering undergraduate, masters and doctoral programs. On any day on campus, there are students and faculty from more than 85 countries around the world.

The university's mission statement reads: "St. George's University holds to these truths: Our highest purpose is education and there is no better education than one that is truly international. We are committed to developing the intellectual capacity, creativity and professionalism of our students; immersing them in the rich diversity of human experience and aspirations, thereby preparing them to shape the future of our world while adding to the knowledge base of humankind."

Since its launch in the Caribbean, on the island of Grenada, the institution provides educational opportunities for local, regional (Caribbean) as well as international students. It is the leading higher educational center on the island and one of the prominent institutions for the region. To date, more than 700 Grenadian citizens have earned various degrees at SGU. The institution has also awarded more than 1150 scholarships to citizens of the Caribbean Community (CARICOM) for advance degrees; affording them the opportunity of becoming professionals in a variety of fields such as medicine, Public Health, veterinary medicine, Information Communication Technology, Psychology, natural science and business. Some of the students who received scholarships are still studying at the university.

In its recent history, the university has achieved a number of milestones among which is its unmatched performance at the United States Medical Licensing Examination (USMLE). St. George's University USMLE Step 1 pass rate continues to rise. In 2013, SGU students taking the examination for the first time in 2013 achieved a 98 percent pass rate, a mark achieved by students from 37 countries (See USMLE File in the Accreditation Resource Folder).

In relation to this, in 2008, SGU was recognized as the 15-year Leader in Caribbean USMLE Step 1 and USMLE Step II/CK first time pass rate. An article in Academic Medicine cited Grenada (SGU is the only medical school in Grenada) as the 15 year leader in USMLE Part 1 and 2 first time pass rates. This article puts Grenada 14.7% ahead of the closest country, Dominica. (Academic Medicine, Vol 83, No. 10/October 2008 Supplement).

Besides educational opportunities, in 1993 SGU launched its research institute the Windward Islands Research and Education Foundation (WINDREF) as a 501(c)3 in New York. This not-for-profit research institute was also established as an NGO at SGU's True Blue Campus in Grenada and as a charitable trust in the UK. WINDREF has helped facilitate a number of research endeavors for both faculty and students throughout the university as well as practicum opportunities for the students in the MPH program as well as in the SVM and SAS. In addition, working with WINDREF, the University has improved personal and public health, underwrites hospital equipment, and provides salary supports for its educational programs at the hospital.

Furthermore, in 2012, the DPHPM was designated a World Health Organization (WHO) Collaborating Centre on Environmental and Occupational Health, the first of its kind in the region. The centre, which seeks to support WHO's programs, undertakes activities which includes the assessment and management of occupational safety and hazards and provision of expertise aimed at capacity building (see <http://www.sgu.edu/news-events/news-archives12-sgudepartment-public-health-who-collaborating.html>).

Additionally, having been selected by the United Nations Framework Convention on Climate Change (UNFCCC), WINDREF and the Department of Public Health and Preventive Medicine (DPHPM) at St George's University, established a Regional Collaborating Centre in 2013. This centre, the third of its kind in the world, is focused on continuing the UNFCCC's implementation of the 1997 Kyoto Protocol and is aimed at enhancing the implementation of clean technology activities through the Clean Development Mechanism (CDM) framework; an initiative to achieve carbon reduction targets (See <http://www.sgu.edu/news-events/news-archives13-sgu-un-framework-convention.html>).

Each of the three schools at SGU administers several undergraduate and graduate academic degree programs. The Graduate Studies Program (GSP) of SGU comprises all graduate degree options in all schools. The DPHPM in the School of Medicine's GSP administers the MPH program. SGU established the DPHPM within the SOM in the spring of 1999 and its charter class was exclusively dual degree MD/MPH students. In the Fall of 1999, the program launched a free-standing MPH option; by Fall of 2001, the program started a DVM/MPH offering a track specialization in veterinary public health. In 2009, the program discontinued the MSPH degree program which began in 2006; students within the program were able to finish their course of study. To date, more than 680 students have graduated from the MPH and MSPH programs.

The public health program is led by the Department Chair with eighteen (18) core faculty members and four (4) administrators.

Accreditation and Approval Bodies

St. George's University had successfully secured accreditation from a variety of countries, organizations and agencies. Table 1.3.a. shows the list of accrediting and approving agencies which recognize the various programs and schools at SGU.

Table 7: 1.3.a.1 A List of a SGU's Accrediting and Approving Agencies

School/Program	Accrediting/Approval Agency	Comments
Doctor of Medicine (MD) Program	Government of Grenada	Accredited
	Caribbean Accreditation Authority for Education in Medicine and the Health Professions (CAAM-HP)	Accredited
	New York State Education Department	Approved for the purposes of conducting clinical training program
Doctor of Medicine (MD) Program cont'd	New Jersey Board of Medical Examiners and the State of New Jersey	Approved for the purposes of conducting clinical training program
	Florida Commission on Independent Education of Florida Department of Education	Approved
	National Committee on Foreign Medical Education and Accreditation in conjunction with State of New York	Recognized
	California Medical Board	Recognized
School of Medicine	The Bahamas Medical Council	Approved
	The Bermuda Medical Council	Approved
	DIKATSA (Greek Medical Licensing Authority)	Approved
	The Sri Lankan Medical Council	Approved
	The Thailand Medical Council	Approved
	The Government of Botswana	Approved
	The Government of St. Vincent and the Grenadines	Approved
	The Medical Board of Trinidad and Tobago	Approved
	Association of Caribbean Tertiary Institutions, Inc	Approved
	The Medical Council of India	Recognized
	World Health Organization	Recognized

Keith B. Taylor Global Scholars Program at the University of Northumbria, Newcastle, England	Medical Board of California	Recognized
School of Veterinary Medicine	The Government of Grenada	Authorized
	The American Veterinary Medical Association	Accredited
The Department of Psychological Services	International Association of Counseling Services	Accredited
Public Health Program	Council on education for Public Health (CEPH)	Accredited
	The Government of Grenada	Accredited
	*Houses the WHO Collaborating Centre on Environmental and Occupational Health	Established
	*Houses the UN FCCC Regional Collaborating Centre	Established
School of Arts & Sciences	The Government of Grenada	Approved

Additionally, in 1996, the United States Department of Education (USDE) reviewed the standards of medical education in 30 countries for the purpose of conferring student loans. Grenada was and continues to be among countries that have been approved for such a facility. Also, St. George's University School of Medicine is listed with the World Health Organization. Moreover, Saint George's University graduates have also gained registration with medical licensing authorities in different countries across the world. Table 1.3.b. shows the complement of these countries.

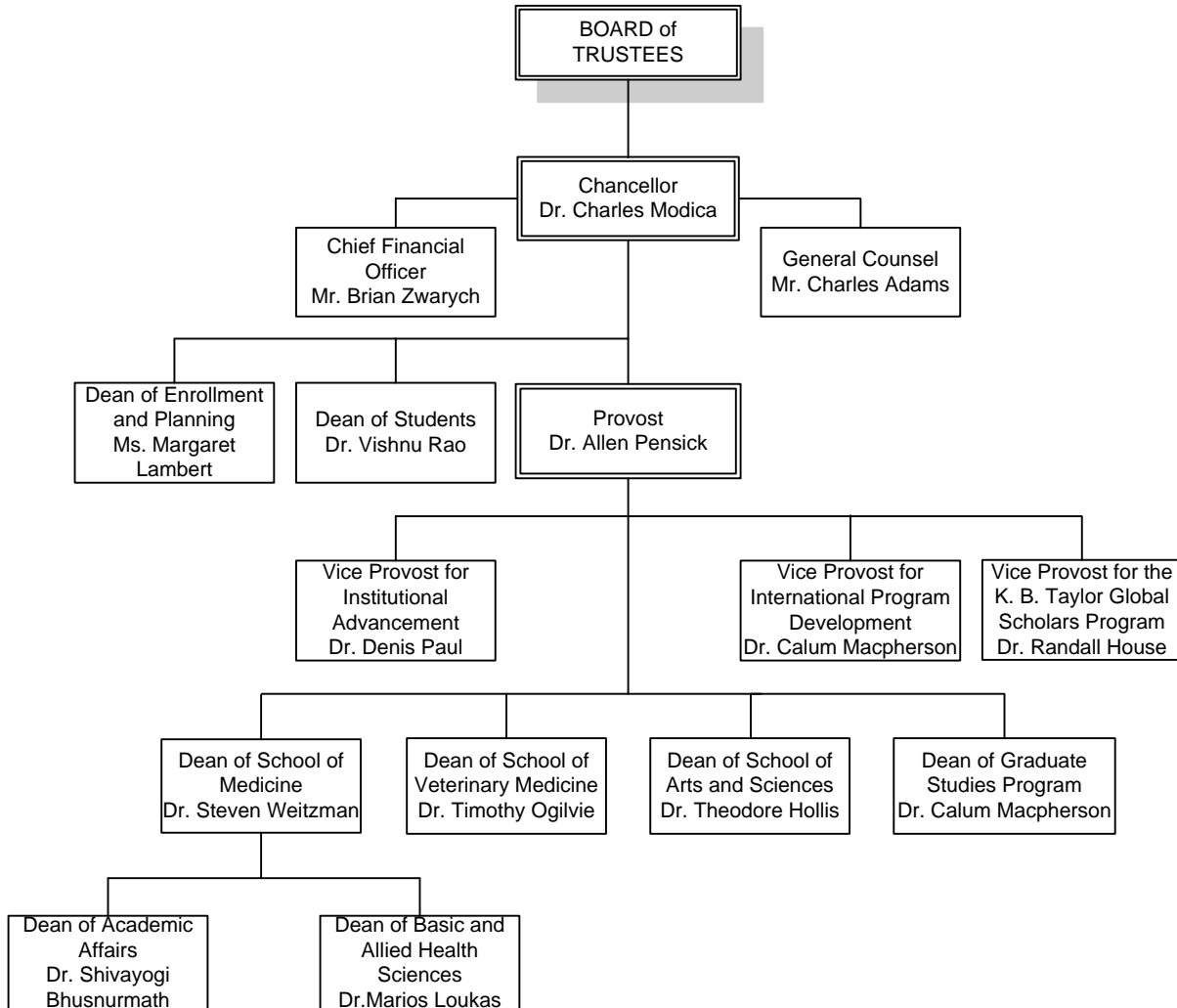
Furthermore, St. George's University has medical program academic partnerships with different local, regional and international organizations. Among these are:

Table 8: 1.3.a.3 SGU's local, regional and international academic partnerships

Bermuda College, Bermuda	Franklin Pierce University, New Jersey
Makerere University, Kampala, Uganda	Monmouth University, New Jersey
T. A. Marrayshow Community College Grenada	Northumbria University, New Castle, United Kingdom
St. Thomas University, St. Thomas	New Jersey Program, Newark, New Jersey
Tung Wah College, Hong Kong	University of Guyana, Georgetown, Guyana
Caldwell College, Caldwell, New Jersey	Widener University, Pennsylvania,
University of West England, Bristol, United Kingdom	

1.3.b. One or more organizational charts of the university indicating the program's relationship to the other component of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

Figure 2: 1.3.b.1. St. George's University Organizational Chart



Board of Trustees

The Board of Trustees ultimately directs and manages all affairs of the St. George's University and its Schools - including location and construction of physical facilities, monitoring the adherence of the curriculum to the goals of the University, determining the size of the faculties and student body, appointing of all business and academic administrators, and managing of all University assets. It also exercises or delegates final authority for all contracts and agreements made between the University and outside bodies or institutions, and it authorizes the conferring of academic degrees.

Chancellor

The Chancellor is the Chief Executive Officer of the corporation. His duties are with the general and active management of the affairs of the corporation as prescribed or assigned by the Trustees. The Chancellor is ultimately responsible for all of the University's activities and appoints all other executive officers.

Chief Financial Officer (CFO)

The CFO is the fiscal manager of the University. S/he is responsible for all fiscal-related items of the university's academic and administrative units.

General Counsel

The General Counsel is the University's chief legal affairs officer and oversees the Office of General Counsel. The General Counsel provides overall leadership and direction for all legal matters involving the University.

Provost

The Provost directs both the academic and administrative affairs of the University. The Provost reports directly to the Chancellor and serves as campus representative in the Chancellor's absence. The Provost also chairs the UCD and is principally responsible for ensuring the quality of the faculty by administering and monitoring procedures and criteria for faculty appointments and promotions, working conditions, and tenure.

Dean of Enrolment and Planning

The Dean of Enrolment Planning manages recruitment and admissions and also serves as the University Registrar. S/he implements policies and procedures approved by the Board of Trustees.

Dean of Students

The Dean of Students manages all student affairs including academic performance and progress. He/ She monitors student academic progress in consultation with course directors, faculty advisors, the registrar, and the DES.

Vice Provosts

The Vice Provosts reports to the Provost on all academic and administrative matters. They all serve on the UCD and are responsible for the Keith B. Taylor Global Scholars program in the UK, International Program Development, and Institutional Advancement.

Dean of the School of Medicine

The Dean of the SOM is the Chief Academic Officer for that school, directs all programs and activities within the SOM, is responsible to the Provost, the Chief Academic Officer of the University, and is a member of the UCD.

Dean of the Graduate Studies Program

The Dean of the GSP is the Chief Academic Officer of the GSP, directs all programs and activities within the GSP, and reports to the Provost. The Dean of the GSP also serves as a member of the Board of Admission and is the Chair of the Board of Graduate Studies Committee.

Dean of the School of Veterinary Medicine

The Dean of SVM is academically and fiscally in charge of the Veterinary program in Grenada and reports to the Provost. They initiate Veterinary School faculty recruitment, supervision of the curriculum and faculty and student affairs.

Dean of the School of Arts and Sciences

The Dean of SAS is academically and fiscally in charge of the Arts and Sciences programs in Grenada and reports to the Provost. S/he initiates Arts and Sciences faculty recruitment, supervision of the curriculum and faculty and student affairs.

Dean of Basic and Allied Health Sciences

The Dean of Basic and Allied Health Sciences is academically and fiscally in charge of the Basic Sciences Program in Grenada and reports to the Dean of the SOM. He/ She initiates basic sciences faculty recruitment, supervision of the curriculum and of faculty and student affairs in the first six terms and the development and administration of the Allied and Nursing Sciences Program.

Dean of Academic Affairs

The Dean of Academic Affairs is responsible for the comprehensive list of educational objectives for all medical education and chairs the Curriculum Council which ensures the curriculum standards for medical degree.

Figure 3: 1.3.b.2. The Public Health Program's Relationship with the University Organization

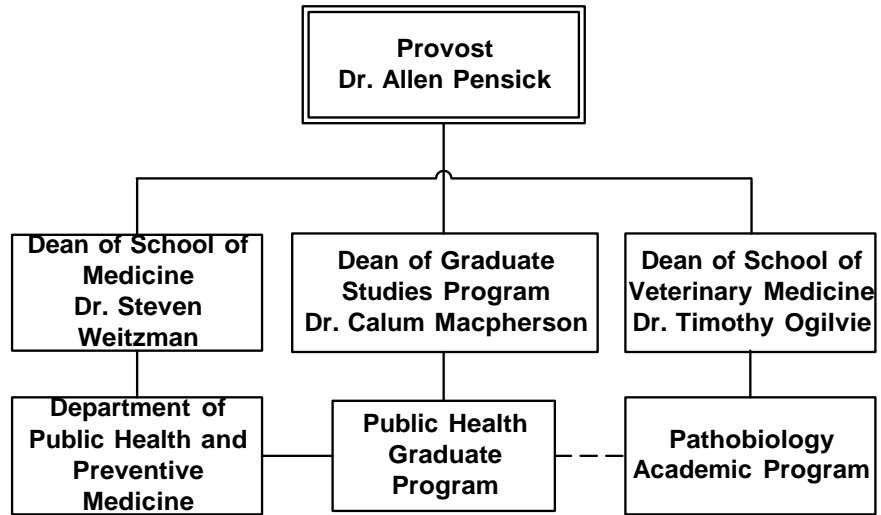
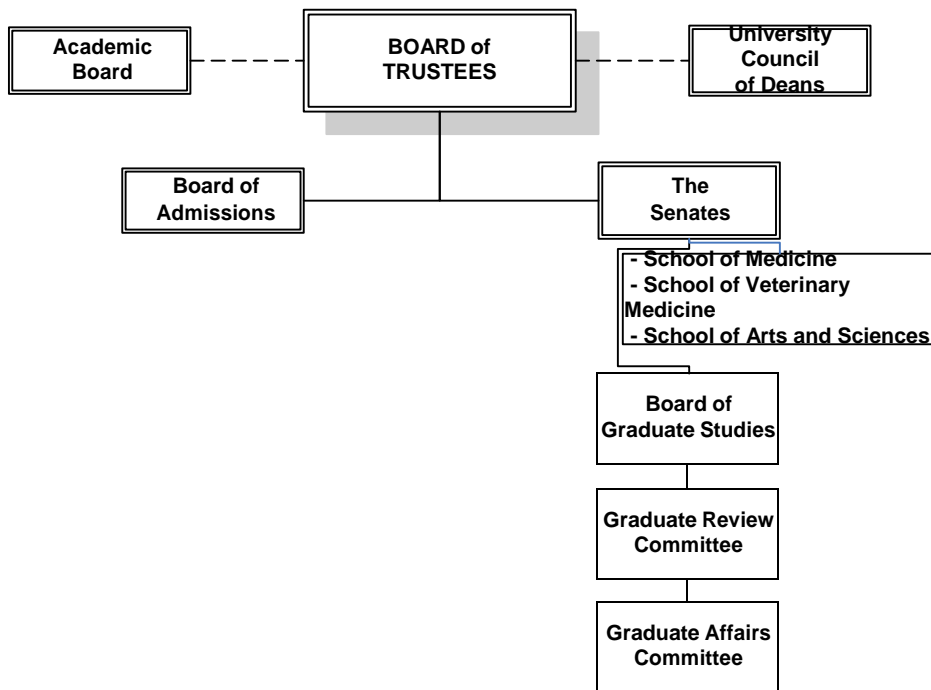


Figure 4: 1.3.b.3. St. George's University Administrative Bodies



University Council of Deans (UCD)

The University Council of Deans (UCD) is composed of full Deans of the University and Officers of other units that have an impact on the University in Grenada and St. Vincent. The Council serves in an advisory capacity to the Chancellor through the Chairman of the Council who is appointed by and reports to the Chancellor. The Council is a forum to discuss University wide issues.

Board of Admissions

The Board composes of thirteen members – the academic deans and administrative officials representing the University. The Board of Admissions reports to the Board of Trustees via the Chancellor and is responsible for reviewing and approving policy on admission set by each School's Committee on Admission to ensure compliance with University policy. This Board also sets policy on issues that involve more than one School within the University. This Board will also review and discuss the recruitment of students into all programs in relation to the mission of the University. The Board articulates the policies of the Board of Trustees. This Board of Admissions is autonomous in its decisions.

The Board of Graduate Studies (BGS)

The BGS composes of the Dean of the GSP (chair) and the Associate and/or Assistant Deans of the GSP representing each School. The BGS reviews all matters pertaining to the GSP. It will review all proposals that are forwarded from the GRC by the appropriate Assistant Dean. Non-approved proposals must be returned to the appropriate Assistant Dean with specific reasons and recommendations, who will then communicate such with the appropriate GRC. The Dean of Graduate Studies forwards proposals that the BGS reviews and approves to the Provost for approval and subsequently to the University Council of Deans (UCD) for information. Since the appropriate department/ program or school reviews the academic merit of any new proposal, it is the role of the BGS to ensure: a) need for the new proposal, b) its effect on the school and the university, c) when and how the new proposal may be implemented, and d) other factors that may come to bear on the need for the new proposal. The members of the BGS also serve on the Small Research Grant Initiative Committee.

The Graduate Review Committee (GRC)

Each school has a GRC, composed of 5 faculty members, each with at least 5 years postdoctoral experience. The Associate or Assistant Dean of the GSP in each school is a non-voting member of this committee and serves as its chair. The GRC reviews all Graduate Affairs Committee (GAC) departmentally approved policies, proposals and recommendations. Non-approved policies, proposals and recommendations are returned to the appropriate GAC by the chair of the GRC with specific reasons and recommendations. The chair of the GRC submits all approved proposals to the BGS.

The Graduate Affairs Committee (GAC)

The composition of the GAC is 3 to 5 faculty members, each with at least 5 years of postdoctoral experience, and appointed by the chair of the department. The GAC members will elect a chair. Any department that does not have 3-5 faculty members with 5 years postdoctoral experience will be allowed to develop, with the Dean of that school, a system that will comply with the basic tenets of the GAC. The specific duties of the GAC includes reviewing and approving course proposals, making recommendations to the department chair on requirements of the graduate program, academic requirements for admissions consistent with the established policies of the GSP and those of SGU as well as will maintain liaison with the student's supervisory committee re research progress, since the student will de facto be a graduate student of the program.

1.3.c. *Description of the program's involvement and role in the following:*

- *budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for fund-raising*
- *personnel recruitment, selection and advancement, including faculty and staff*
- *academic standards and policies, including establishment and oversight of curricula*

Budget & Resource Allocation

The program's budget is streamlined through the budgetary planning and administration process for the Department. The Department, on an annual basis, during the period March to April, prepares its budget for the following fiscal year which is scheduled from July 1st of one year to June 30th of the following year. The program's Chair, Deputy Chair and Administrative Assistant prepares the program's budget after receiving requests from faculty regarding resource needs including: visiting professors and travel as well as ongoing expenses such as the day to day operations of the program. The administration also reviews faculty resources and needs to determine if any additional faculty complement is needed. The department's administration prepares the collection of budgetary items in a standardized budgetary form and submits it to the Office of the Provost for processing. After submitting the budgetary request to the Office of the Provost, within one month, the department's administration receives an invitation to the budget

meeting with the Provost as well as officers from the Office of Finance. At this budget meeting, the department's budget is reviewed, members of the department justify the items that are requested and clarify budgetary descriptions as needed. The budget meeting is followed by a final review and approval from the Chief Financial Officer (CFO) who reviews all budgetary submissions and notes from the Office of Finance for approval.

The program, for the new budgetary year, accesses all requested and approved items by request to the Business Office and the Office of the Provost. Should there be additional items not listed in the budget, the department submits a request for these items to the Office of the Provost after which a budget change form is done. The program, as its sources of funding, is provided with all of the tuition and fees paid by students and any additional financial resources that are needed. The budget also includes items for scientific conference attendances, research and service activities which all serve to promote scholarly collaborations and contribute to the funding sources acquired by the department at external funding.

Personnel Recruitment, Selection & Advancement

The program initiates the process of recruitment for faculty and staff through a formal faculty/staff request to the Office of the Provost. If the requested faculty/staff positions are in the budget, the Office of the Provost through the Recruitment Officer begins the process of preparing the advertisement for the respective positions. The Recruitment Officer then prepares a listing of applicants and submits to the department for review. For positions that are below the level of Assistant Professor, the program sets up a committee to review the candidates, conduct interviews and make recommendations to the Program's Chair. This process is similar for administrative staff. However, in their situation, there is representation from the Human Resources Department. The Program Chair then processes his recommendation to the Office of the Provost for further review and approval. For positions that are from Assistant Professor and higher, the Recruitment Officer shares the listing of applicants to a University Wide Faculty Search Committee. The Search Committee conducts interviews a list of identified candidates and makes recommendations to the Department Chair and the Office of the Provost. A final decision is made and the candidates receive the respective communication.

As it relates to advancement, SGU has set criteria and procedures for faculty promotion (See Faculty Handbook file in the Electronic Folder). Annually, the Chair of the Faculty Affairs Committee (FAC) invites application for promotion. Faculty submit the required promotion package to the FAC and an ad hoc promotional subcommittee is convened. The committee reviews the applications and recommendations for promotion are made to the Chair of the Council of Deans and then to the Chancellor who informs applicants of the promotion decision. Additionally, SGU makes provisions for faculty to attend professional meetings once per academic year. Furthermore, SGU awards scholarships to faculty members who are desirous of pursuing advanced degrees either onsite or at another university. There is an application process and successful applicants are chosen after a review conducted by the relevant panel. In addition, as highlighted above, faculty members have access to small grant funding opportunities through WINDREF. Faculty also have access to faculty development activities on campus through the Department of Information Technology and the Department of Education Services. On a departmental level, there are different seminars geared at improving faculty knowledge and competence.

Academic Standards & Policies

The department has oversight of the academic standards and policies including curricula for the MPH program through an iterative process of stakeholder consultation and review. Curriculum for the MPH program is under the purview of the Graduate Studies Program led by the Dean of Graduate Studies. The Dean of Graduate Studies has committees including the Graduate Review Committee which has oversight over all Graduate Studies Programs at St. George's University which receives and reviews academic content from the MPH program through the Graduate Affairs Committee (GAC). The MPH program has a Graduate Affairs Committee which has the direct responsibility of developing policies and procedures for the MPH program. The GAC includes faculty from the different MPH program areas including track specializations. The GAC receives curriculum proposals and makes recommendations to the Department Chair for review and approvals which is subsequently set for further review to the Graduate Review Committee. This process identifies the administrative review of the academic curriculum, policies and procedures for the MPH program.

Within the MPH program, academic curriculum, policies and procedures are developed through a compartmentalized structure of mounting the MPH program's competencies across the various courses and academic experiences of the MPH program. Competency coverage and curriculum content is connected to the course directors and track directors of the relevant courses who have academic responsibility for course and curriculum delivery. The Program Evaluation Committee coordinates the curriculum competency coverage as it includes faculty, staff and students who prepare the academic content and policies for the MPH program. The program's academic curriculum is also linked to Association of Schools and programs of Public Health (ASPPH) list of competencies and annual alumni and employer surveys to ensure the alignment of the MPH program competencies with current requirements for public health practice. All MPH program content and changes are also reviewed through a bi-annual meeting of the Community Advisory Board who makes recommendations on all education, research and service activities for the MPH program. Finally, as a Council on Education for Public Health (CEPH) accredited program, all academic curriculum and policies that are changes and/or updated are communicated with CEPH as part of a systematic annual reporting mechanism for review as well as through the notification of a substantial change for CEPH review and feedback.

1.3.d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.

This criterion is not applicable to the program.

1.3.e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.

This criterion is not applicable to the program.

1.3.f. Assessment of the extent to which this is met, and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The MPH is an integral part of SGU.
- SGU is accredited by various local, regional and international bodies.
- SGU, the DPHPM and the MPH program have organizational charts that clearly identify and define reporting and supervision lines.
- Each university personnel/faculty has a clearly defined role which is linked to the chain of command.
- The program is directly involved in and has procedures for budgeting and resource allocation, recruitment, selection and promotion of faculty and academic standards, as is consistent with university policies.

Areas for improvement

- The program identifies no significant weaknesses for this criterion.

Plans relating to this criterion

- The program plans to review and revise its organizational charts, lines of reporting and supervision and delineation of roles and responsibilities as the program and the university evolve.
- The program intends to continue playing an active role in ensuring that a conducive institutional environment exists for its functioning.

1.4. Organization and Administration.

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

1.4.a. One or more organizational charts showing the administrative organization of the program, indicating relationships among its internal components.

Figure 5: 1.4.a.1 The Organizational Structure of Graduate Studies Program

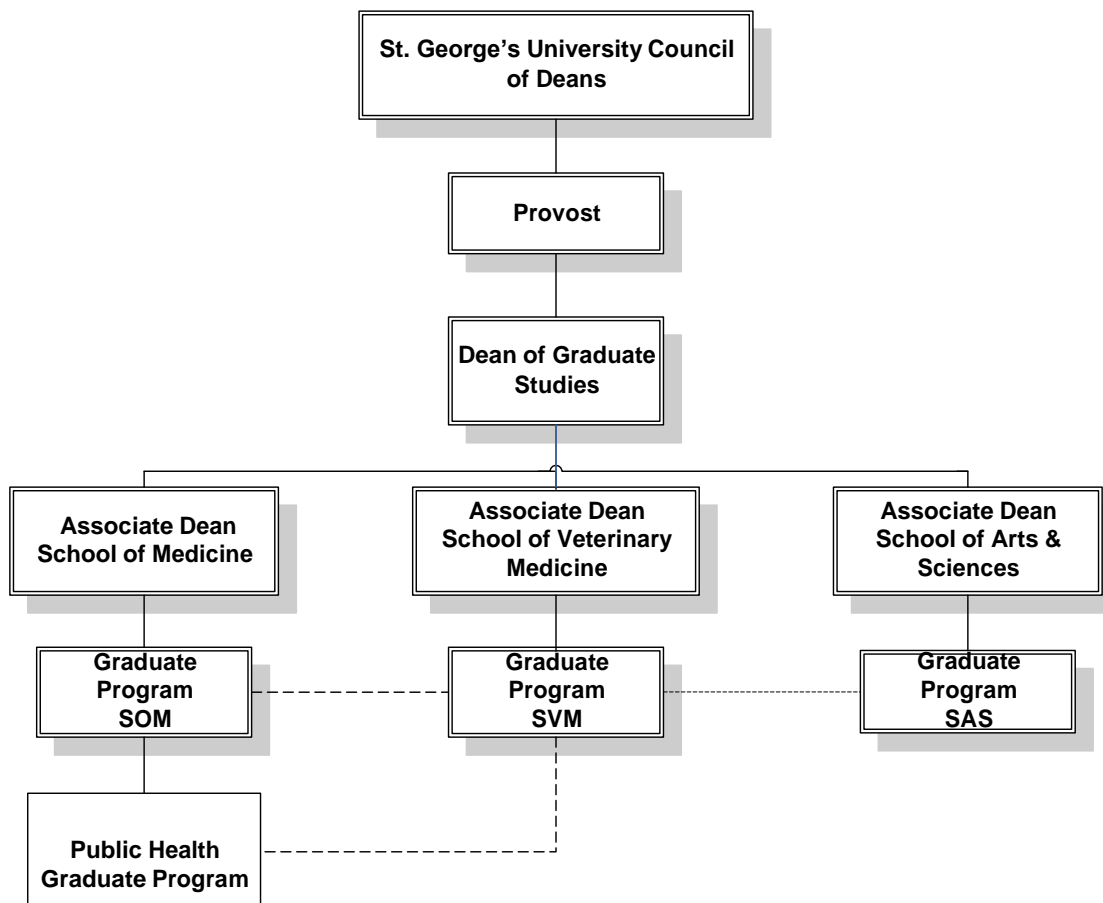


Figure 6: 1.4.a.2 The Academic Organizational Structure of Department of Public Health and Preventive Medicine

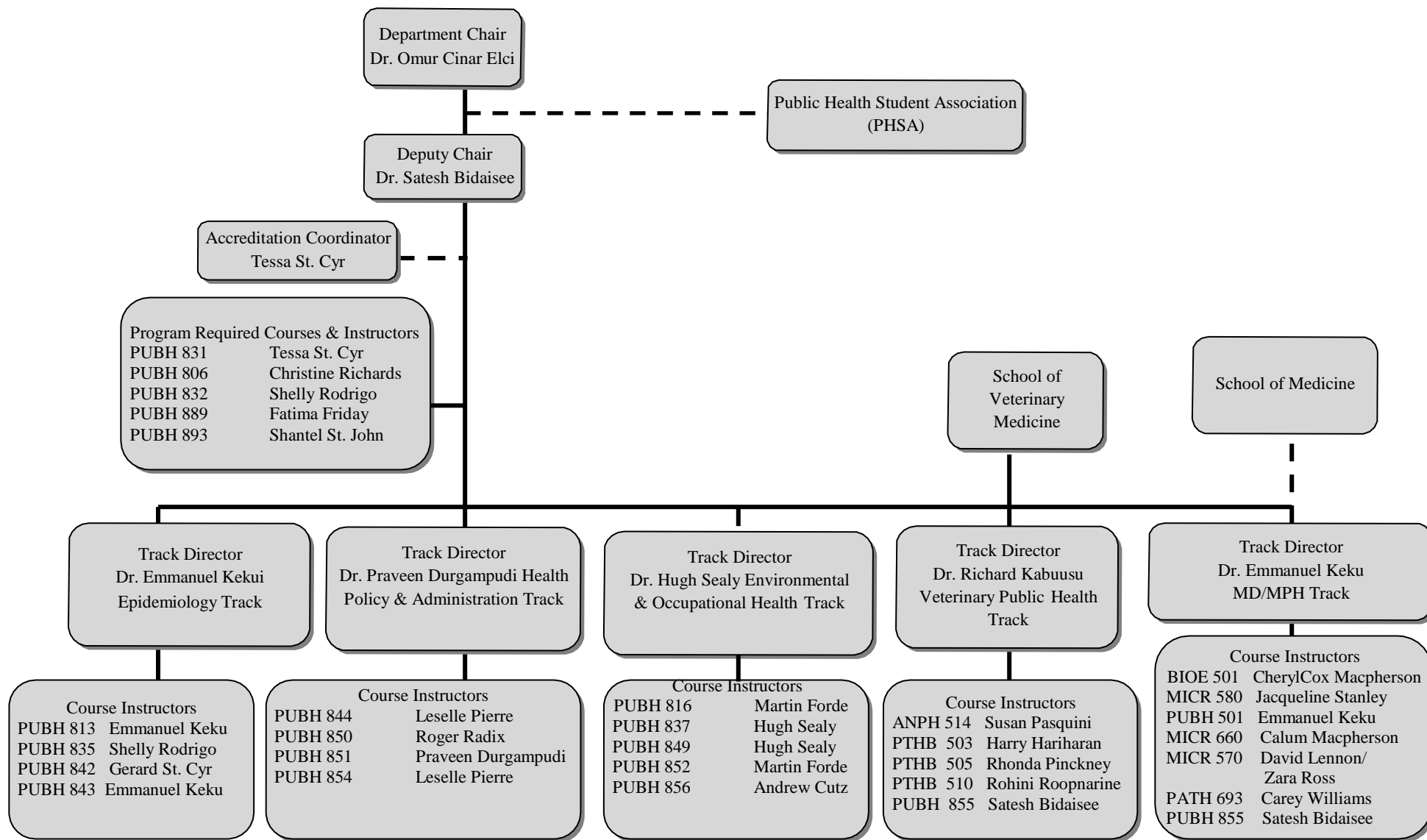
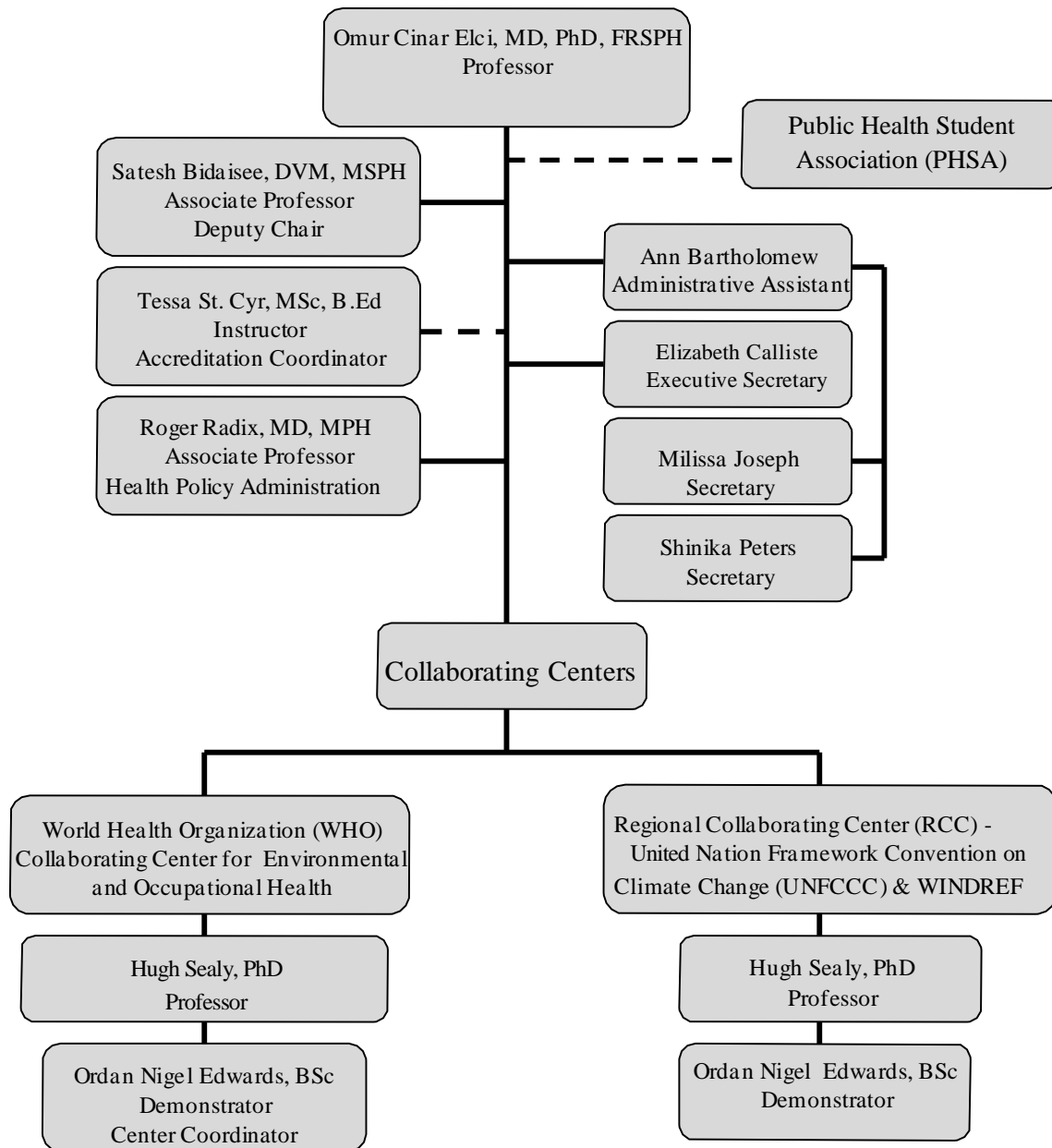


Figure 7: 1.4.a.3 The Administrative Organizational Structure of Department of Public Health and Preventive Medicine



1.4. b. Description of the manner in which inter disciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

As highlighted in Figure 1.4.a.2 above, each track specialization is led by a track director that manages the faculty activities within the track. They also coordinate the implementation of the curriculum for each specific specialization and assign support to courses that are being taught. Additionally, the program uses a team teaching approach and as such, from time to time there is cross-track teaching; faculty from one track do presentations in courses that are not in their track.

Veterinary Public Health track is under joint coordination of the S M's Pathobiology Department and the DPHPM. The track director and four (4) faculty members have joint appointments with the program and the SVM. In addition to that, the Deputy program Chair lectures in SVM Courses and serves as Academic Advisor for the DVM/MPH Students.

Moreover, the MD/MPH track, as its name indicates, also facilitates interdisciplinary coordination, cooperation and collaboration. The track director, the Program Chair and three other program faculty members teach courses in the School of Medicine (SOM).

As noted in the core values in Criterion 1.1.b, the DPHPM espouses the One Health One Medicine concept. The Deputy Chair, as noted in Table 1.5.d below, is a member of the One Health One Medicine committee. There is frequent collaboration between the department, the SVM and the SOM. In addition, DPHPM faculty member collaborate with different members of the SVM and SOM on research endeavors as well as other scholarly activities.

In addition, as highlighted above, the DPHPM houses a WHO Collaborating Center (WHO CC) for Environmental and Occupational Health (EOH) and a United Nations Framework Convention on Climate Change (UNFCCC) Regional Collaborating Center (RCC). These two centre supports and strengthens the program's interdisciplinary cooperation and collaboration and by extension, public health learning, research and service. The centers provide the program with additional expertise with regard to EOH and climate change. They also afford the program opportunities for service learning and internship.

1.4.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The program collaborates with all schools (SOM, SVM, SAS) on campus which enhances its interdisciplinary communication, cooperation and collaboration.
- The program is 'sister' to the two collaborating centers which strengthens its local, regional and international communication, cooperation and collaborations.

- The program's track system functions as communities of practice and supports the work of its faculty and also assist with channeling expertise.

Areas for improvement

- The program identifies no significant weaknesses for this criterion.

Looking forward

- The program plans to better engage the two collaborating centers in supporting its mission, vision, goals and objectives.

1.5. Governance

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

1.5.a. A list of standing and ad hoc committees, with a statement of charge, composition and current membership for each.

The program's standard operating procedures include a mechanism of program committees. Committees comprise of a committee chair, faculty members, student representatives and an administrative staff representative who are all distributed in Table 1.5.a.1 below. Committee chair, staff and students are identified; all other members are faculty.

Table 9: 1.5.a.1 List of current committees, their composition and membership

Standing Committees	
Committee	Members
<i>Faculty Recruitment Review</i> Department Chair Deputy Department Chair Track Director Track Representative (1) Senior Faculty (1) Accreditation Coordinator	Dr. Elci (Chair) Dr Bidaisee (Dep. Chair) Track Director * Based on track where vacancy exists Dr Roger Radix Mrs Tessa St. Cyr
<i>Graduate Affairs Committee</i> Faculty Student representatives (*)	*Chair to be elected Dr Emmanuel Keku Dr Roger Radix Dr Cecilia Hegamin-Younger Dr Praveen Durgampudi
<i>Research, Service & Scholarly Activities</i> Faculty Student representatives Administrative Staff	Dr Shelly Rodrigo (Chair) Dr Martin Forde) Dr Emmanuel Keku Dr Cecilia Hegamin-Younger Mrs Shantel Peter-St. John Ms Leselle Pierre Ms Sandy Ma (Student) Tiffany Benjamin (Student) Kershelle Hilaire (Student) Dr Satesh Bidaisee Mrs Tessa St. Cyr Mr Gerard St. Cyr Mrs Dianne Roberts Ms Shinika Peters (Staff) Helen Prince (Student) Piotr Kostyk (Student)

Standing Committees	
Committee	Members
<i>Program Planning and Evaluation</i> Faculty Student representatives Administrative Staff	Dr Cecilia Hegamin-Younger (committee Chair) Dr Praveen Durgampudi Mrs Tessa St. Cyr Mrs Millissa Joseph (Staff) Siddhartha Narayanan (Student) Francis Oppong (Student)
<i>Practicum & Capstone</i> Capstone Coordinator Practicum Coordinator Other faculty members Administrative Staff	Mrs. Shantel Peter-St. John (Capstone Coordinator) Mr Jerry Mitchell (Practicum Coordinator) Dr Hugh Sealy Ms Christine Richards Dr. Satish Bidaisee Mrs Dianne Roberts Ms Leselle Pierre Ms Shinika Peters (Staff) Yuki Murakami (Student) Nick Druar (Student) Andre Ali (Student)
<i>Admissions and Graduation</i> Faculty Administrative Staff Student Representatives	Dr Praveen Durgampudi (Committee Chair) Dr Roger Radix Dr Satish Bidaisee Dr Emmanuel Keku Ms Christine Richards Ms Leselle Pierre Mrs Elizabeth Calliste (Staff) Ms Sadia Hussain (Student) Joshua Carlson (Student) Preston Pereg (Student) Gabriel Stahl (Student)
<i>Panel on Admissions for Public Health</i> Faculty Administrative Staff	Dr Praveen Durgampudi (Committee Chair) Dr Emmanuel Keku Dr Roger Radix Dr Satish Bidaisee Ms Christine Richards Ms Leselle Pierre Mrs Elizabeth Calliste (Staff)

Faculty Recruitment Review Committee (FRRC)

The composition of the FRRC is 6 members of the DPHPM faculty. The Department Chair, Deputy Department Chair, Senior Faculty (Dr Roger Radix) and Accreditation Coordinator remain constant for each review process. Based on the area for which the candidate is applying, the Track Director of that track and another faculty representative of that track also form part of the committee. The FRRC is responsible for reviewing applications for vacant faculty positions, for short listing applicants through an interview process and for making recommendations to the Provost office for faculty appointments.

Graduate Affairs Committee: The composition of the GAC is three to five (3-5) faculty members, each with at least five (5) years of postdoctoral experience, and appointed by the chair of the department. The GAC members elect a chair. Any department that does not have three to five (3-5) faculty members or faculty members with five (5) years postdoctoral experience will be allowed to develop, with the Dean of that school, a system that will comply with the basic tenets of the GAC. This committee is part of the structure for the Graduate Studies Program and functions to review and recommend all academic policies and procedures for the MPH program. The Graduate Affairs Committee reports to the Department Administration who reviews all recommendations towards decisions on MPH program policies and procedures. The GAC's charge includes the following:

- To develop the requirements of the graduate program of the department.
- To develop the academic requirements for admission, consistent with the established policies of the Graduate Studies Program (GSP) and those of SGU.
- To develop, assist in development, review all graduate courses in the department and make recommendations to the chair of the department.
- To review for approval all departmental proposals relating to the graduate program and make recommendations to the chair of the department.
- To review for approval any interdepartmental course/ proposal involving a departmental faculty member and make recommendations to the chair of the department.
- To make recommendations on changes necessary for approval of any course/proposal.
- To submit all approved courses/proposals to the Graduate Review Committee (GRC) of the school in which the department resides. This is to be undertaken by the chair of the GAC.
- To conduct its business openly and in a fair manner, with all members voting on all issues.
- To ensure that the graduate students of the department are fulfilling the academic requirements of their degree program. This is achieved by continuous liaison with the student's supervisory committee.

These activities are conducted in accordance with the relevant public health competencies and skills, to progressively ensure the highest academic caliber that the Department can attain at any given point in its development.

Research, Service and Scholarly Activities (RSSA) Committee: Research, Service and Scholarly activities critical areas of responsibilities for the department as part of its MPH curriculum and overall departmental function. This committee is composed of faculty members and student representative elected by the PHSA; terms of appointment will be from July 1 to June 30 of the following year. The charge of this committee is:

- To provide general direction and oversight to the research, service and scholarly activities of the DPHPM.
- To review all guidelines and activities related to research in the department, including students' and faculty research projects.
- To monitor and evaluate the research, service and scholarly activities of faculty and students through review of research proposals, faculty and student research development.
- To set minimum research and service goals to be evaluated and accomplished.

Program Planning and Evaluation Committee: The Program Planning and Evaluation committee designs, implements, analyses and reports the department's assessment activities for the MPH program. These evaluations include Entry Interviews, Exit Interviews and Competency Assessments. The Program valuation also leads in reviewing the department's goals and objectives and tracks progress over time towards attaining projected outcomes. Specifically, the charge of this committee includes the following:

- To evaluate the program, which includes

- the curriculum
- objectives
- competencies
- workforce and community needs
- faculty teaching, research, scholarly activity, and service
- student proficiency level of the competencies
- To provide a basis for decision-making on vision, mission, goals and objectives, curriculum, and policies and procedure changes
- To promote accountability for resource use to meet objectives
- To develop appropriate links between program planning and resource planning
- To develop a strategic plan for graduate public health program

Practicum and Capstone Committee: The Committee will be made up of between four and six (4-6) faculty members appointed by the Department Chair, inclusive of the Practicum Coordinator and Capstone Coordinator and three (3) student representatives elected by the PHSA. The appointment will be an indefinite one with an annual review. The charge of the committee is:

- To execute policies and procedures set out by the department's Graduate Affairs Committee and ratified by the relevant extra departmental decision making bodies.
- To review and approve, according to established standards, all proposals and plans to complete the requirements for the programs' Practicum and Capstone Seminar.
- To review students' Practicum placement, Capstone development and track students' progress over time.
- To review all Practicum and Capstone related guidelines to maintain academic standards for the MPH program.

Admissions and Graduation Committee: This committee will be composed of faculty members and student members. The faculty members will be appointed by the Department Chair to serve for a three year period and three student representatives, one from each term, will be elected by the Public Health Student Association (PHSA), to serve for a one year period. The charge of the committee includes the following:

- Participating, at the discretion of the SOM Board of Admissions, in decisions regarding the acceptance of all students entering the graduate programs in public health that are offered by the DPHPM.
- Certifying the readiness of relevant graduate students to graduate, including their eligibility to participate in the appropriate Commencement Ceremony.
- Supervising all matters related to the program's role in commencement activities.
- Liaise, on behalf of the program, with the Office of the Registrar, the Grenada Commencement Certification Committee, and the *Ad Hoc* Graduation Ceremony Committee.

Panel on Admissions in Public Health: The Panel on Admissions in Public Health (PAPH) is responsible for reviewing all applications to the MPH program and make recommendations to the Program/Department Chair on matriculation. Additionally, the Admissions and Graduation

committee reviews students' academic progress as it relates to meeting the graduation requirements for the MPH program.

Program committees communicate all recommendations and items raised in the respective committees to the Department Administration for decision and further clarification. Department committees are required to meet at least once per term (three times per year) to address responsibilities of the respective committees.

Table 10: 1.5.a.2 List of ad hoc committees, their composition and current membership

Accreditation Self Study Review Committees		
Committee & Composition	Members	
<i>Criterion 1: The Public Health Program</i>	Dr Omur Cinar Elci (Committee Chair)	
University Administrators	Dr Allen Pensick (Provost)	Mr Jay Wilbur
DPHPM Faculty	Dr Roger Radix	Ms Christine Richards
Other Faculty	Mrs Tessa St. Cyr	Mrs Dianne Roberts
CAB member	Dr Hugh Sealy	Mr Andrew Cutz
Student representatives	Dr Martin Forde	Ms Leselle Pierre
Administrative Staff	Mr Nigel Edwards	Dana Nguyen(Student)
Alumni	Mrs Elizabeth Calliste (Staff)	Anthony Leberti (Student)
	Mrs Anne Bartholomew (Staff)	
<i>Criterion 2: Instructional Programs</i>	Dr Cecilia Hegamin-Younger (Committee Chair)	
University Administrator	Dr Calum Macpherson (Dean of Grad. Studies)	
DPHPM Faculty	Mrs Tessa St. Cyr	Dr Praveen Durgampudi
Other Faculty	Mr Gerard St. Cyr	Dr Richard Kabuusu
CAB member	Mrs Shantel Peters-St. John	Mrs Dianne Roberts
Student representatives	Dr Satesh Bidaisee	Dr Rohini Roopnarine
Administrative Staff	Mrs Millissa Joseph (Staff)	Mr Andrew Cutz
Alumni	Gabriel Stahl (Student)	Zara Mahmud (Student)
<i>Criterion 3: Creation Application & Advancement of Knowledge</i>	Dr Shelly Rodrigo (Committee Chair)	
University Administrator	Dr Calum Macpherson	Dr Satesh Bidaisee
DPHPM Faculty	Dr Martin Forde	Dr Roger Radix
Other Faculty	Dr Cecilia Hegamin-Younger	Mr Gerard St. Cyr
CAB member	Dr Emmanuel Keku	Mrs Dianne Roberts
Student representatives	Mrs Shantel Peters-St. John	Mrs Tessa St. Cyr
Administrative Staff	Ms Shinika Peters (Staff)	Kate Gulbrand (Student)
Alumni	Josephine Gathura (Student)	
Accreditation Self Study Review Committees		
Committee & Composition	Members	
<i>Criteria 4: Faculty Staff & Students</i>	Dr Satesh Bidaisee (Committee Chair)	
University Administrator	Dr Omur Cinar Elci	Mr Bob Ryan
DPHPM Faculty	Dr Praveen Durgampudi	Ms Christine Richards
Other Faculty	Dr Emmanuel Keku	Dr Shelly Rodrigo
CAB member	Ms Leselle Pierre	Mr Nigel Edwards
Student representatives	Dr Hugh Sealy	Dr Roger Radix

Administrative Staff Alumni	Mrs Tessa St. Cyr Helen Prince (Student)	Mrs Elizabeth Calliste Shelena Ali (Student)
Retreat (2012) Outcomes		
Committee & Composition	Members	
<i>Vision & Mission</i> Faculty Accreditation Coordinator 1 Student	Dr Praveen Durgampudi (Committee Chair) Mr Gerard St. Cyr Dr Shelly Rodrigo Dr Martin Forde Dr Satesh Bidaisee Mosopefoluwa Willoughby Mrs Tessa St. Cyr	
<i>Goals & Objectives</i> 3 faculty Accreditation Coordinator	Ms Christine Richards (Committee Chair) Ms Leselle Pierre Mrs Dianne Roberts Mrs Tessa St. Cyr	

1.5.b. Description of the program’s governance and committee structure and processes, particularly as they affect:

- *general program policy development*
- *planning*
- *budget and resource allocation*
- *student recruitment, admission and award of degrees*
- *faculty recruitment, retention, promotion and tenure*
- *academic standards and policies*

General Program Policy Development/Planning

The Program/ Department Chair is responsible for the administration and operation of the public health program. The department makes an annual forecast of all resources for each academic year. In addition, at the end of every semester, the program’s administration audits the program’s functioning and plans for the upcoming semester. Also, the Chair, the Deputy Chair and Administrative Assistant meet on a daily basis to discuss and plan the day to day operations of the program. Additionally, the program/department convenes a monthly meeting during which program/department faculty, staff and student representatives review program related issues. The program convenes ad hoc meetings as matters arise.

The general policies and developments are under the oversight of the Dean of Graduate Studies and the Dean of Basic and Allied Health Sciences, who convene meeting with the program’s administration as necessary to discuss matters pertaining to the effective functioning of the program. Moreover, as highlighted in Criterion 1.5.a above, the program has a functioning Program Planning and Evaluation committee which is charged with the responsibility of programmatic planning and which continuously, in collaboration with accreditation activities, monitors the program’s performance and makes recommendations to the department’s administration. The department, as a result of its continuous monitoring and evaluation, updates its policies as the need arises. The program addresses minor polices in-house while it addresses major ones according to established university procedures and protocols.

As is consistent with the academic structure of the program, tracks meet to review their performance, identify issues and propose ideas to improve the functioning of the track. Track directors then meet with the Program/Department administration to present proposals as well as to be apprised of program updates, discuss changes in policies and procedures that need to be presented to the GAC, and plan future activities. Faculty members meet with the Track Directors at least once per term to be appraised of any developments.

Budget and Resource Allocation

The department is administered within the SOM; therefore, the program's fiscal planning follows the standardized process of that school. To begin the process, the Chair, in collaboration with the Deputy Chair and Administrative Assistant, prepare an initial budget for the academic year. Faculty made budgetary requests which are including in the budget. The Chair reviews the budget again before submitting the projected annual budget requests to the Provost and CFO. Then, the budget is deliberated among the University's Provost, CFO, the Dean of the SOM and the department's administration. The program's budget is approved and funds are allocated to the program. Most of the fiscal management of the budget is led by the Program/Department's Chair. However, if there is a need to reallocate funds within the budget, the program must submit a request to the Provost's Office. Details of these funds are described in Criterion 1.6.

Student Recruitment, Admission, and Awarding of Degrees

The Program coordinates with the Office of Enrolment and Planning, through PAPH, to recruit and select qualified applicants. On average, the Office of Enrolment and Planning annually conducts more than one hundred (100) information sessions presentations in the United States and over twenty (20) countries worldwide (Please see criterion 4.3 for further details). If students express interest in SGU, they receive all the relevant information to make an informed decision and they are offered the opportunity to select from several options to pursue a public health degree independently or in collaboration with MD or DVM programs. When applicants express interest by filling out a Public Health Application form, their files are reviewed by Panel on Admission for Public Health (PAPH), which consists of departmental faculty members, and a decision is released within a week of receipt. All public health degrees require students to complete forty-two (42) credit hours to be awarded an MPH degree. Having met the criteria, students are awarded an MPH in their specialization.

Faculty Recruitment, Selection and Retention

SGU SOM has standardized faculty recruitment, selection and retention processes. The program begins a faculty search after seeking approval from the Dean of Basic and Allied Health Sciences following a determined need. The University faculty recruitment administrator posts advertisements in medical and public health academic journals and on the University's web site. The program has a review committee which reviews all applications to evaluate the suitability of applicants for vacant positions. The program forwards a short list of applicants of possible candidates as well as makes recommendations for appointment to the Office of the Provost. The Office of the provost interviews the candidates after which the successful applicant receives a formal offer of employment.

New SGU faculty members attend an orientation exercise aimed at familiarizing them with SGU policies and procedures. They are encouraged to participate in faculty development opportunities offered by the university including those offered through the DPHPM, DES and WINDREF. There are also continuing education opportunities such as sponsored conference and meeting participation, “Teaching with Technology” and “Let’s Talk Teaching” lecture series geared towards new faculty members. There are also medical and counseling services available at the University Health Facilities and free housing for up to four weeks for new faculty members. Other support services include child care services in the Grand Anse Playgroup (GAP) available to faculty and students.

Academic Standards and Policies

The SGU’s Student Handbook stipulates academic standards and policies (See Student Handbook file in the Electronic Folder) as well as the program’s Policies and Procedures Manual (See Program Policies and Procedures Manual file in the Electronic Resource Folder.) and the SGU Faculty Handbook (see Faculty Handbook file in the Electronic Folder). These policy documents are also available in hard copies in the DPHPM’s Resource Centre and will be available during the scheduled site visit.

Research and Service Expectations

Although SGU was not founded as an institution whose focus was primarily research, the university has advancement of knowledge as part of its mission. As such, research and service continue to evolve and be redefined as part of SGU’s expansive emphasis to include scholarly activities and service opportunities from its faculty and students. Faculty, as part of their performance appraisal and promotion, are expected to engage in these activities. Additionally, the program expects faculty to actively contribute to its outputs in research, service and scholarly activities, individually as well as in collaboration with colleagues and students.

1.5. c. A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty, and students in governance of the program, if applicable.

The rights and responsibilities of administrators, faculty and students in the governance of the Public Health Program are clearly outlined in the both university and program documentations. Administrators and Faculty rights and responsibilities are presented in SGU’s Faculty Handbook (see Faculty Handbook file in the Electronic Resource Folder), which can also be found within the secure online network and on file in the resource center, as well as in the MPH Program Policies and Procedures Manual (See file in the Electronic Resource Folder). Students’ rights and responsibilities are found in the SGU’s Student Handbook (See Student Handbook file in the Electronic Resource Folder) as well as in the MPH Program Policies and Procedures Manual.

1.5.d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

Table 11: 1.5.d. Faculty Assignments to University Committees

Faculty	Committees	Committee Charge
Omur Cinar Elci	School of Medicine Admission Committee	Review students documents for admission into the SOM
Satesh Bidaisee	Institutional Animal Care and Use Committee (IACUC)	Review applications for IACUC approvals Review the use of animals by researchers Educate and raise awareness on animal care and use on campus and in the Grenadian community
	One Health One Medicine Committee	Plan and develop One Health One Medicine activities for SGU (Scientific conferences, academic programs) Serve as the secretariat for Caribbean One Health efforts
Emmanuel Keku	Curriculum Review (PHY560 & PATH 693)	Review of curriculum
		Interview of teaching faculty
		Discuss findings course directors and faculty
		Make recommendations to the Dean of SOM and the Provost
	Committee for Academic Performance and Professional Standing (CAPPS)	Review academic performance and professionalism of Term 2 SOM students
		Recommend promotion or dismissal to executive of CAPPS
	Graduate Review Committee	
Cecilia Hegamin-Younger	IRB Committee	Review applications to assure that all human research proposed under the auspices of SGU are conducted according to the highest ethical standards

1.5.e. Description of student roles in governance, including any formal student organizations.

Public Health students, through the Public Health Student Association (PHSA), play an integral role in the governance of the MPH program, as highlighted on the organizational charts in Criterion 1.4.b and Criterion 1.4.c. The program’s standard operating procedures for PHSA include providing PHSA with a link to directly communicate with the program’s administration on matters that are relevant to students. This operating procedure allows for the program’s

administration to also address the needs and concerns of the student body in an efficient and timely manner.

Additionally, Public Health students have membership on each standing committee, with the exception of the Panel on Admission for Public Health (PAPH), as well as on some ad hoc committees. The PHSA is responsible for selecting/electing members for the various committees guarantees voting rights. Therefore, students have an active and integral role in the administrative and policy decision making process of the program and the department. In relation to this, the DPHPM, in 2013, implemented an Entry Interview in response to students' determination that this would better enable the department to cater to the needs of the students.

Moreover, the PHSA Executive has representation at each program/departmental meeting. They also participate in management activities such as midterm evaluations as well as ad hoc reporting which is shared with the program/department administration for its attention. Furthermore, the PHSA participates as a member of the Student Government Association (SGA) for student services and support.

1.5.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The program has different standing and ad hoc committees which function with explicit charges/responsibilities and which relate to different aspects of the program.
- The program has a governance structure and processes that focus on the broad spectrum of areas in this criterion.
- The SGU handbooks (faculty student) as well as the program's policies and procedures manual clearly outline the rights and responsibilities of administrators, faculty and students in the program's governance.
- The SGU handbooks are available electronically and in hard copy to the program's administrators, faculty and student.
- Public Health students play an integral role in the program. They hold membership on all but one committee and have direct input in the functioning of the program.

Areas for improvement

- The program identifies no significant weaknesses for this criterion.

Plans relating to this criterion

- The program governance structures are allowing it to achieve its vision and mission. As such, the program plans to continue to monitor and evaluate the functioning of the structures and processes and to revise them as is necessary.

1.6. Fiscal Resources

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

1.6.a. A description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the program.

All programmatic operations of the DPHPM are supported by student tuition and fees. The budgetary and allocation processes are standardized within the SOM in which the Program/Department Chairs submits a projected annual budget requests to the Provost and CFO for approval. Once the budget is approved, the Program/Department Chair manages the allocation of funds. This process is highlighted in 1.5.b above.

The program is not supported by any legislative appropriations, formula for funding distribution, gifts, contracts, indirect cost recovery taxes or levies. The program has two sources of revenue which enable it to function. These are described in Criterion 1.6.b below.

1.6.b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, which is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in table format as appropriate to the program. See CEPH Data Template 1.6.1.

Funds for the program are generated from the following:

- Student's tuition and fees
- Grants received from regional and international organizations, donor foundations, and governmental agencies (for research and or service & Scholarly activities).

Between 2010 and 2013, the department's source of total funds was calculated to be a gross of US\$ 7,894,885.00 in tuition and fees. And an additional US\$ 1, 606,401.00 was generated through grants received from organizations, donor foundations and governmental agencies. Since this a private institution, SGU did not receive any state appropriation, University funds, contracts, indirect cost recovery, endowment or gifts, as highlighted above.

The program's expenditures were inclusive of the following:

- Faculty and staff salaries
- Operational costs
- Travel expenses

The department expenditures during the past five years included salaries and benefits for faculty US\$ 7,394,472.00 and US\$ 243, 450.00 for staff. All faculty members are hired on annual contracts; SGU does not have a tenure system. Other expenditures were operational costs of US\$ 183303.00 and travel costs of US\$ 213,052.00. Table 1.6.b below summarizes the department's revenues and expenditures during the period 2010 to 2013.

Table 12: 1.6.b. Sources of Funds and Expenditures in US\$ by Major Category for the

	2010*	2011	2012	2013	2014
Source of Funds					
Tuition & Fees	\$1,504,745	\$1,935,196	\$2,318,640	\$2,136,304	\$2,113,580
Grants/Contracts	\$203,800	\$324,185	\$627,739	\$450,677	\$1,418,631
Total	1,708,545	2,259,381	2,946,379	2,586,981	\$3,532,211
Expenditures					
Faculty Salaries & Benefits	\$2,077,150	\$1,880,767	\$1,774,082	\$1,662,473	\$1,873,585
Staff Salaries & Benefits	\$59,709	\$57,331	\$58,598	\$67,812	\$70,521
Operations	\$15,964	\$26,031	\$97,952	\$43,356	\$184,616
Travel	\$64,102	\$54,868	\$49,288	\$44,794	\$66,337
Student Support (through scholarship)	\$414,917	\$459,205	\$463,938	\$401,601	\$398,669
Total	2,631,842	2,478,202	1,930,632	2,220,036	\$2,593,728

1.6.c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

This criterion is not applicable to the program.

1.6.d. Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years.

Table 13: Outcome Measures for the Adequacy of fiscal resources

Outcome	Target	2011	2012	2013	2014
To reduce the cost of departmental operations, annually, by 2015	20% reduction	63% increase was seen	376% increase was seen	44% decrease	425% increase
Maintain the financial support , through scholarships awarded to new MPH enrollees annually, (by academic year)	Each new enrollee receive financial support	Met	Met	Met	Met
To maintain the number of grants received by faculty members to undertake research or other scholarly activities annually (by academic year).	3 per year	9	10	6	5
Support faculty attendance and participation at professional meetings and conferences.	At least 5 faculty per year	9	8	10	11

As a result of the private for profit budget structure of the SGU, every department's and program's budget is controlled by the head office in New York; the program does not have direct control over its budget. In addition, the university has gone through an ownership transformation in 2014. As a result of the budget algorithms changes, the program's operational cost appears to have increased significantly. However, in terms of budget, from our end, the department's budget remains constant. As such, we have challenges in explaining such marked increases in operational costs when the program would have conscientiously taken steps to ensure a consistent budget management.

1.6.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The program has adequate fiscal resources which enable it to achieve its vision, mission, goals and objectives, from both internal sources as well as from external ones.
- The program has a budget process that is consistent with other schools/ programs within the university.

Weaknesses

- The program identifies no significant weaknesses for this criterion.

Plans relating to this criterion

- The program has begun discussion with the personnel involved in marketing and recruitment as it relates to exploring additional markets for MPH students.
- The program intends to continue monitoring its operations cost so that it can be better managed.

1.7. Faculty and Other Resources

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

1.7.a. A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration. See CEPH Data Template 1.7.1.

While there have been changes in the composition of the faculty stock, throughout the years, the number of the program's primary faculty complement has been relatively stable. Table 1.7.1 below shows the number of faculty by specialization track for the last three academic years. In general, the program employs a team teaching approach. As a result, some faculty members engage in cross-specialization teaching.

Table 14: 1.7.a. List of Faculty by Specialization Track for the Last 3 academic years

Specialization Track	2011-2012	2012-2013	2013-2014	2014-2015
Epidemiology	7	6	6	6
Health Policy and Administration	5	3	3	3
Environmental/Occupational Health	5	4	5	5
DVM/MPH	1 (+5)	1 (+5)	1 (+5)	1 (+5)
MD/MPH	1 (+5)	1 (+5)	1 (+5)	1 (+5)
Total	19	18	17	17

*The program wishes to highlight that the primary faculty members in the MD/MPH are also members of other tracks and as such, the program counts them once. In addition, some primary faculty in the DVM/MPH and MD/MPH tracks are joint faculty. Both the DVM/MPH and MD/MPH tracks have five (5) joint faculty. Moreover, some faculty members function in the standalone tracks as well as in the dual degrees. As a result these faculty members are only counted in the standalone tracks.

1.7.b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty, b) FTE conversion of faculty based % of time devoted to public health instruction, research and service, c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including other faculty. All programs must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in the FTE calculations.

The program draws from the expertise of a variety of local, regional and international public health practitioners and public health allied professionals to contribute to course content delivery. While those identified in 1.7.a. below, address track courses, the program also offer elective courses some of which are taught by adjunct and visiting professors.

Table 15: Faculty, Students and Student/Faculty Ratios by Department or Specialty Area for each FALL semester of each academic year for the past three years (2011-2012 to 2013-2014)

Academic Year	Specialization Track	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
2011-2012	Epidemiology	7	7	4	0.28	11	7.28	15	15	2:1	2:1
	Health Policy & Administration	5	5	0	0	5	5	55	49	9:1	11:1
	Environmental/Occupational Health	5	5	5	0.35	10	10.35	22	22	4:1	2:1
	DVM/MPH	1	1	4	0.28	5	1.28	0	0	0:1	0:1
	MD/MPH	1	1	6	0.42	7	1.42	43	43	14:1	30:1

Acad. Year	Specialization Track	HC Core Faculty	FTEF Core	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
2012-2013	Epidemiology	6	6	1	0.07	7	6.07	19	19	3:1	3:1
	Health Policy & Administration	3	3	1	0.07	4	3.07	30	27.5	9:1	9:1
	Environmental/Occupational Health	4	4	5	0.35	9	4.35	20	20	5:1	5:1
	DVM/MPH	1	1	5	0.35	6	1.35	5	5	.2:1	4:1
	MD/MPH	1	1	6	0.42	7	1.42	92	92	92:1	64:1
2013-2014	Epidemiology	6	6	1	0.07	6	6.07	21	21	3:1	4:1
	Health Policy & Administration	3	3	5	0.35	8	3.35	23	22	7:1	7:1
	Environmental/Occupational Health	5	5	5	0.35	10	5.35	18	17	3:1	3:1
	DVM/MPH	1	1	5	0.35	6	1.35	7	7	7:1	5:1
	MD/MPH	1	1	6	0.42	7	1.42	97	97	97:1	68:1
2014-2015	Epidemiology	6	6	1	0.07	7	6.07	13	13	2:1	2:1
	Health Policy & Administration	3	3	5	0.35	8	3.35	12	12	4:1	4:1
	Environmental/Occupational Health	4	4	5	0.35	9	4.35	9	9	2:1	2:1
	DVM/MPH	1	1	5	0.35	6	1.35	8	8	8:1	6:1
	MD/MPH	1	1	6	0.42	7	1.42	93	93	93:1	65:1

Key for Table 1.7.2.: HC = Head Count
FTE = Full-time-equivalent
Other = adjunct, part-time and secondary faculty
SFR=Student/FacultyRatio
SFR by total FTEF= total FTE/FTE students

Core = full-time faculty who support the teaching programs
FTEF = Full-time-equivalent faculty
Total = Core + Other
SFR by core FTEF= # of core faculty/FTE students

The program uses a simple formula to calculate its core faculty complement. The FTE of Core Faculty FTE is 100% appointment which is equivalent to 1 FTE. The program employs a similar formula in calculating its ‘Other Faculty’ complement. The FT of ‘Other Faculty’ is 7% appointment per course taught which is equivalent to .07FTE. Additionally, faculty members on sabbatical leave at SGU have a 100% appointment which is equivalent to 1 FTE.

The majority of the students enrolled in the program are full time. In calculating, student FTE, all student taking 9 or more credits in a given semester are considered to be full time students and have an FTE of 100% which is equivalent to 1FTE. The program has a small number of part time students. Those who are registered for than 9 credits in any given semester are considered to be part time and have an FTE of 50% which is equivalent to .5 FTE.

1.7.c. A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.

The program has, as highlighted in Figure 1.4.a.3 above, a four member administrative support staff which includes Administrative Assistant, Executive Secretary and two Secretaries. The staff is coordinated by the Administrative Assistant who distributes relevant administrative responsibilities. The Administrative Assistant as part of the Program/ Department Administration provides oversight of Administrative Duties back to the Program/ Department Administration. The Executive Secretary provides, among other activities, administrative support for program related activities which include student-related services, preparation of course schedules and scheduling and the preparation and updating of program policy documents. The two secretaries engage in various departmental and programmatic duties and assist faculty by providing secretarial services which are aligned with teaching, research and scholarly activities.

Table 16: 1.7.c. Administrative and Secretarial FTEs

Title	Headcount	FTE
Administrative Assistant	1	1.0
Executive Secretary	1	1.0
Secretary	1	1.0
Secretary	1	1.0

In addition to the full-time administrative support at the program, additional administrative support is available to the program from the Provost’s Office, Dean of Graduate Studies, Dean of Students, and the Office of Enrolment and Planning when the program makes specific requests.

Moreover, the program is also supported by the Department of Educational Services (DES). In general, members of that department work with students in the MPH program on activities ranging from learning strategies to professional writing development. In relation, to this, the Director of Specialized Language at DES meets with students that the program recommends for specialized assistance. Additionally, the DES offers a mathematics and statistical support service referred to as a Math Lab to assist students with the Biostatistics requirements for the MPH program.

Furthermore, the Department of Information Technology Unit (IT) provides technical support to faculty and students in the classroom and departmental offices as needed. They also provide technical support as it relates to problem shooting issues faculty encounter with their electronic devices as well as issues relating to the use of the course management tool system Sakai®.

The Institutional Review Board (IRB) at St. George's University collaborates with the Research and Service Committee in the department to review all research proposals and IRB applications to streamline the research process. The result has been a greater amount of IRB applications for the department as well as shorter time for the IRB review process. The program proudly notes that the IRB Administrator is an alumnus of the MPH program.

Moreover, a small research grant is available to faculty and students through the Windward Islands Research and Education Foundation (WINDREF). The program's faculty and students benefit from this essential service.

1.7.d. Description of the space available to the program for various purposes (offices, classrooms, common spaces for student use, etc), by location.

Classrooms

The program currently has three (3) classrooms assigned to it by the Scheduler in collaboration with the program's Executive Secretary. This is because the program only has two classes taking place at any given time. One, B2A, has the capacity to hold approximately 45 students and is located in the Windward Hall building (#9) on the upper floor. Another, D1A, has the same capacity and is located in the Leeward Hall (building#5). The program also uses a VSL East classroom (building #48) based on scheduling and the activities in which faculty and students are engaged, for three of its courses. The image of the layout of SGU in the Accreditation Electronic Folder identifies the location of these buildings. All classrooms are equipped with digital projectors and faculty members have access to standard classroom equipment that is necessary to effectively conduct their classes.

Common Spaces

MPH students have access to all the common spaces that students of the other programs enjoy (See Floor Plan file in the Accreditation Electronic Folder). These include Founder's Library (building #2) as well as the west wing study area of the library. The students also have access the Allen H. Pensick Hall (building #3) and Keith B Taylor Hall (building #40). MPH students also have access to the student centre which houses the cafeteria (building #29) , the Caribbean House Courtyard as well as the MPH lobby on the ground floor of the Caribbean House (building #1). There are a number of common recreational spaces available to students. These include the SGU gym (building #29), the playing field and the basketball court. Additionally, in 2014, the university added an another wing adjacent to the library which houses a study room/lecture hall and an open space which students use for various academic activities.

Office Space

The department which houses the program is located on the ground floor of the Caribbean House on the True Blue campus of SGU. This space houses one small conference room, eight offices and seventeen cubicles. Of the eight offices, one houses the Resource Center/Accreditation Coordinator's office while the others are faculty offices. Of the seventeen (17) cubicles, three (3) are currently vacant but are usually used to accommodate visiting professors, two (2) are used to accommodate administrative/ support staff, eleven are used as faculty spaces and one (1) is used as a print center as it is too small to be used as a space for faculty. It also houses a reception area, a copy area, a kitchen, a storeroom, an IT room and two washrooms.

The copy of the floor plan for the Caribbean House, in the Accreditation Electronic Folder, gives a more detailed layout of the DPHPM.

1.7.e. A concise description of the laboratory space and description of the kind and quantity and special features or special equipment.

The public health program has no independent laboratories of its own. However, it is adequately served by access to all laboratory facilities and resources available on SGU's campuses. With a request to the appropriate university's administrators, students can use these spaces, which are located within the Schools of Medicine, Veterinary Medicine and WINDREF. All facilities include basic life sciences laboratory facilities such as: anatomy, biochemistry, histology, microbiology, pathology, parasitology, clinical sciences. In addition, the School of Veterinary Medicine also provides diagnostic facilities in clinical pathology. Within the Microbiology Department there are level-two Bio-security laboratories and other equipment available such as basic laboratory apparatus, PCR, ELISA, and spectrometry technology. In WINDREF, students can access additional laboratory and work stations to do their research activities.

Specific to the MPH program are community based field resources. As part of the program's education, research, service and scholarly work, the program collaborates with governmental agencies and community based organizations to access community infrastructure such as community health centers to participate in community health education and outreach programs, schools and churches to implement service activities and regional and international partners to access services such as diagnostics and technical support to process research towards scientific reporting and publications.

1.7.f. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty administration and staff.

All program spaces are equipped with computers. As noted in 1.7.d above, each classroom is provided with a laptop computer for course delivery and student presentations. Also available are audio and projection equipment for small and large lecture halls. Students have access to computer laboratories throughout the campus.

In addition, the lobby of the DPHPM, there are three (3) workstations with desktop computers to which students of the program have access. These terminals have epidemiological and statistical software packages. Moreover, as noted in 1.7.d above, some cubicle in the department are empty and as such, upon request, students do have access to the desktop computers housed there, once visiting professors are not using these cubicles. All faculty and support staffs are provided a desktop within their office spaces and have access to both printers in the print areas of the department. All computers come with at least Windows XP/7, Windows Office 2003/2007 and antivirus software. Service support is provided by the IT department.

All faculty, staff and students are provided an individual e-mail account and storage space on SGU's main servers. Faculty-distributed course materials are available on SGU's intranet and the secure portion of SGU's website. Faculty members can provide electronic materials to students through SAKAI®, SGU's course management software. Faculty, staff and students have wifi access in almost all the building on campus.

1.7.g. A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and documentary-delivery services.

The Founders Library of SGU is available to students and faculty of the Public Health Program with access to a wide range of print and electronic resources. Several common electronic databases (such as Medline, PubMed, Ovid, MedCarib, SocIndex, HINARI, AGORA) through the university's online services and can be accessed at any internet portal, (<http://etalk.sgu.edu/contribute/library/trueblue/librarydatabases.htm>) on and off campus. The library also has available for student use a variety of other e-resources that are related to the public health program (<http://etalk.sgu.edu/contribute/library/trueblue/eresources.htm>).

Students and faculty can also request the use of notebook computers for short-term with all hardware and software capabilities. The library provides support to department faculty by sourcing journals and articles upon request. SGU's Copyright Officer ensures compliance with the US Copyright Law (Title 17, US Code, Sect. 101, et seq.). Additionally, library personnel are usually actively involved in the orientation of new faculty. They also provide training for Public Health students, during the early period of the program, on how to access and properly use library resources as well as adherence to the copyright law (http://etalk.sgu.edu/contribute/library/trueblue/copy_faq.htm).

1.7.h. A concise statement of any other resources not mentioned above, if applicable.

The DPHPM houses two collaborating centers: the World Health Organization (WHO) Collaborating Center in Environmental and Occupational Health and the United Nations Framework Convention on Climate Change (UNFCCC), Regional Collaborating Center (RCC). These two (2) collaborating centers, though are coordinated by a lead faculty, international agency staff members. Students and faculty of the program have access to these centers and can use the expertise available there to complement teach and learning activities.

The program also has several working relationships with local, regional, and international agencies which have provided the basis for sharing community resources for instruction, research and service. Some relationships have been solidified with formal MOU, such as MOU between Grenada’s Ministry of Health for workforce development, research, and community service. There are also collaborative relationships with PAHO Regional Office in Barbados and different ministries of health across the region. Some public health elective courses are taught by local public health and public health allied experts.

1.7.i. Identification of measurable outcomes through which the program assess the adequacy of resources, along with data regarding the program’s performance against those measures for each of the last three years.

Table 17: 1.7.i. Outcome Measures for resource adequacy for the last 4 academic years (2011-2012 to 2014-2015)

Outcome Measure	Target	2011-2012	2012-2013	2013-2014	2014-2015
To maintain the number of presentations given to MPH students by library personnel on the access and use of library resources.	2 per academic year	2	2	2	2
To offer MPH elective courses that taught by local public health or public health allied professionals	At least 1 per academic year	1	2	1	2
To maintain, in collaboration with the library, the program’s access to Public Health & Public Health aligned electronic journals and databases	30	33	37	41	42
At least 25% of primary faculty will engage in external professional development activities sponsored by the university per academic year.	25% of current faculty	10 (56%)	16 (89%)	6 (35%)	11 (65%)
To maintain the availability of additional workstations to MPH students for use in the DPHPM.	3	3	3	3	3

Outcome Measure	Target	2011-2012	2012-2013	2013-2014	2014-2015
To maintain the number of administrative staff members who support the program's	4	4	4	4	4
To maintain the number of classroom spaces used by the program.	3	3	3	3	2
To ensure that each faculty and staff member has a personal office space from which to work.	1 per faculty	Met	Met	Met	Met

1.7.j. Assessment of the extent to which this criterion is met and an analysis of the program's strengths and weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The program has a core faculty complement that enables it to successfully offer all of its specialization tracks.
- The program's student-faculty ratio allows for effective interaction and student advisement.
- The program accesses a wide variety of local, regional and international expertise through Public Health and Public Health-related practitioners who contribute to course content delivery.
- The program has adequate administrative staff that provides support for both faculty and students.
- The UNFCCC RCC and the WHO CC are sister organizations of the program and as such, they support the activities of the program.
- The library has a variety of Public Health and Public Health-related electronic databases and journals to which the program's students have access.
- The program's students and faculty have both IT and DES support.

Areas for improvement

- The program identifies no significant weaknesses for this criterion.

Plans relating to this criterion

- The program intends to monitor its current faculty complement to ensure that it continues to successfully achieve its vision, mission goals and objectives.

- The program plans to continue collaborating with the library to additional resources for faculty and students.
- The program has plans to engage the IT department and DES to provide developmental support for students and faculty.

1.8 Diversity

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

1.8.a. A well written plan and/or policies demonstrating systematic incorporation of diversity within the program.

i. Description of the program's under-represented populations, including a rationale for the designation.

For the academic year 2011-2012, the MPH program had a new enrollment of 84 students. Of that number, 24% were Caribbean nationals. A similar trend was observed in the 2012-2013 academic year, 16% of new enrollees were from the Caribbean. For 2013-2014, the pattern continued, 18% of newly enrolled students were Caribbean nationals. Clearly, Caribbean students are underrepresented despite the location of the university and the regional collaborations which the department is involved in with regional ministries of health and other agencies. MPH faculty however, has the opposite situation. There are 18 faculty members who have appointments only with the DPHPM; 67% are Caribbean nationals. As such, with regards to its faculty complement, nationalities outside the Caribbean are underrepresented. Moreover, the program's rationale for this designation is linked to its mission of regional public health development.

Additionally, Public Health practitioners also represent an under represented population in the MPH student population. For the academic year 2011-2012, 9.5% of the new enrollee self-identified as Public Health practitioners. In 2012-2013, 5% of the new enrollees were Public Health practitioners and for the academic year 2013-2014, 4% of the new students self-identified as Public Health practitioners. The rationale for this focus is also linked to its mission; the program has noted that the vast majority of persons working in public health workplaces do not have any formal public health training.

Moreover, over the three year period, the program has recorded a consistent decline in the number of males who are new enrollees in the program. For the academic year 2011-2012, 45% of the new enrollees were male. In 2012-2013, 39% were male and in 2013-2014, 34% were male.

ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.

The DPHPM is very committed to the achievement and maintenance of a high level of diversity and cultural competence both at the departmental and programmatic levels. The MPH program, as part of its program wide goals, has identified one overarching diversity goal and three aligned objectives that are directly related to ensuring a diverse student, faculty and partners population.

These goal and objectives, as highlighted in 1.1.d above, are:

Goal

To advocate for and attract diverse students, faculty and partners from the regional and international community.

Objectives

- To maintain the diversity of the student body, faculty and partners.
- To promote the Public Health Institute to local and regional organizations annually.
- To increase recruitment of public health practitioners and allied professionals from the region and international communities, as students to the program by 50% by the year 2014.

The university's mission statement reads: "St. George's University holds to these truths: Our highest purpose is education and there is no better education than one that is truly international. We are committed to developing the intellectual capacity, creativity and professionalism of our students – immersing them in the rich diversity of human experience and aspirations, thereby preparing them to shape the future of our world while adding to the knowledge base of humankind" (<http://etalk.sgu.edu/contribute/facultyhandbook/introduction.html>). With its focus on diversity, the program's diversity goal and objectives are consistent with this mission.

St. George's University is an international university which thrives on its global characteristics to deliver an international higher education experience within a globally-representative student body, scholarship opportunities and faculty with diverse backgrounds. These dimensions are consistent with the program's diversity goal and objectives. Moreover, the University is committed to the provision of employment opportunities for qualified local citizens and as such Grenadian form part of the population of faculty and staff in every school and on different stratum of the university.

iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.

SGU has established procedures and guidelines for ensuring that faculty, staff and students are not harassed and or discriminated against in any manner. This is highlighted as part of the professional conduct section for all employees and students. Additionally, in the event that anyone contravenes the guidelines, the university also has procedures for faculty to file their grievances, (<http://etalk.sgu.edu/contribute/facultyhandbook/grievance-procedure.html>), for addressing unethical behavior (<http://etalk.sgu.edu/contribute/facultyhandbook/unethical-conduct.html>) and for faculty disciplinary proceedings (<http://etalk.sgu.edu/contribute/facultyhandbook/disciplinary-proceedings.html>). Similar, procedures exist for both students (<http://apps.sgu.edu/members.nsf/Student-Manual2013-2014->

[May-Revision.pdf](#)) and staff
(<http://etalk.sgu.edu/contribute/staffhandbook/ConductandDiscipline.htm>).

iv. Policies that support a climate for working and learning in a diverse setting.

The university's position on a professional and psychologically safe environment for teaching and learning is clearly stated in faculty hand book. More specifically, in subsection C.2 Professional Code of Conduct for the Academic Community, the university highlights faculty's role in encouraging students in the unhindered quest for knowledge and their obligation to be open-minded (<http://etalk.sgu.edu/contribute/facultyhandbook/codeofconduct.html>). The university also has procedures for students' academic and non-academic behavior <http://apps.sgu.edu/members.nsf/Student-Manual2013-2014-May-Revision.pdf>

v. Policies and plans to develop, review and maintain curricular and other opportunities including service learning that address and build competency in diversity and cultural considerations.

The MPH program's Capstone culminating experience is integrated through the program where students engage a public health concept, research methodology, field experience and scholarly reporting and presentation. The Capstone engages students in supervised public health practice which includes field work in communities in Grenada and the geographical location where Capstone work is based. Students are exposed to community participatory research required for their engagement and competency in socio-cultural characteristics and recognition and appreciation of differences that exist.

Additionally, service learning is also part of the syllabus of several courses in the MPH program where students are required to partner with governmental and community based organizations. The course Concepts, Practice and Leadership course as an introductory course exposes requires students to learn about public health issues in a given community and develop and implement educational programs towards informing knowledge, attitudes and perceptions.

Students are also required to participate in the Integrated Public Health Project (IPHP) which presents students with actual country specific data and policies in partnership with the respective agencies and students successfully conduct analysis, policy review and presentations on recommendations to the respective authorized agencies.

Furthermore, courses throughout the various tracks areas engage students through visits to communities and partnering agencies to expose students to actual public health practice. Students particularly evaluate service based learning positively and the MPH program continues to identify avenues to engage students further in community work. The majority of students are international and their exposure to local and regional communities in their graduate public health coursework is instructive to their continued diversity and cultural competencies.

vi. Policies and plans to recruit, develop, and retain a diverse faculty.

Faculty recruitment is contingent on need. The Program, on an annual basis, through the administrative team, conducts a faculty audit to ensure that every course in every track/specialization has the faculty complement to effectively deliver the specialization. Once the administration is made aware of a loss of faculty, plans are put in place to recruit a replacement. In recruiting, the program's administration specifically looks at applicants areas of expertise as well as their record of research and other scholarly activities.

The MPH program's faculty compliment is connected to faculty needs for the MPH program administration. Faculty needs are identified by faculty within their respective tracks and requests are made to the Department Chair. The Department Chair reviews the request for faculty in consultation with the requesting faculty and processes the particular request to the Office of the Provost. The Office of the Provost reviews the request in alignment with the budget and submits the request to the coordinator of faculty recruitment. The MPH program works with the Faculty Recruitment Coordinator to develop the advertisements and avenues where advertisements will take place. The Faculty Recruitment then publishes all advertisement for faculty positions. Upon receipt of applicants, the Faculty Recruitment Coordinator refers all applicants to the Department Chair who convenes a committee within the Department to review. Depending on the level of appointment (from Assistant Professor onwards), a University-wide search committee is convened for interviews and recommendations for appointment. The Department Chair reviews recommendations and forward to the Office of the Provost for final review towards appointment. The process outlined provides for a prospective faculty from diverse backgrounds to apply and be considered for appointment at SGU.

As it relates to faculty development, all faculty have access to a variety of options. Through the Department of Educational Services (DES), faculty can attend regular "Let's Talk Teaching" sessions. Moreover, faculty members make use of the support that is available through the DES as it relates to professional portfolio development and mentorship in career development with other experienced faculty members. In addition, faculty members also have the option to attend "Teaching with Technology" sessions through the IT department. All faculty members have a small grant facility available to them, through WINDREF. Furthermore, both WINDREF and the DPHPM, through the efforts of its Research, Service and Scholarly Activities (RSSA) committee, hold seminar series during which faculty present their research to colleagues. Moreover, the DPHPM promotes and abides by the provisions for faculty development that are made at the university level. The university makes allowance for all faculty members to access a professional development option (course, meeting, conference, presentation) of their choice on an annual basis. The department also grants both time and resources to support faculty. Currently, a number of faculty members are engaged in continuing professional/academic development (PhD- Ms. Christine Richards; MSc- Mr. Gerard St. Cyr; PhF- Dr. Roger Radix; EdD – Dr. Satish Bidaisee & Mrs. Tessa St. Cyr).

Table 1.8.a below illustrates DPHPM's faculty professional development activities for the last three (3) years, as derived from faculty use of their professional travel allowance per year.

Table 18: 1.8.a DPHPM Faculty Development Activities 2011-2014

Date	Faculty	Country	Course Name	Institution
March 15-18, 2015	Satesh Bidaisee	Amsterdam - 3 RD Holland	International One Health Congress	International One Health Congress
March 15-17, 2015	Praveen Durgampudi	USA	16 TH Annual International Summit on Improving Patient Care	Institute for Healthcare Improvement
June 7-11, 2015	Roger Radix	London United Kingdom	International Business Conference	The Clute Institute
July 2-6, 2015	Tessa St. Cyr	United Kingdom	Doctor of Education Residency	University of Liverpool
November 15-19 2014	Shantel Peters	USA	American Public Health Association	APHA
November 15-19 2014	Christine Richards	USA	American Public Health Association	APHA
November 15-19 2014	Shelly Rodrigo	USA	American Public Health Association	APHA
November 15-19 2014	C ecilia Hegamin - Younger	USA	American Public Health Association	APHA
November 10-14, 2014	Cecilia Hegamin - Younger	Suriname	Annual Conference of Caribbean Regional Conference of Psychology	CRCP

Date	Faculty	Country	Course Name	Institution
October 18-22, 2014	Andrew Cutz	USA	Annual American Industrial Hygiene Association Fall Conference	AIHA
November 2-3, 2013	Praveen Durampudi	USA	2013 American Public Health Association	APHA
November 2-6, 2013	Cecilia Hegamin – Younger	USA	2013 American Public Health Association	APHA
April 30 – May 4, 2013	Martin Forde	Barbados	58 th CARPHA Conference	CARPHA
May 17-22, 2013	Muge Akpinar Elci	Philadelphia - USA	American Thoracic Society	American Thoracic Society
May 6 - 8, 2013	Roger Radix	Toronto, Canada	2013 Canadian Management	Talent Management Alliance
Apr. 15 - 26, 2013	Gerard St. Cyr	Hangzhou, China	5th International Course on Epidemiologic methods	IEA Courses
Apr. 15 - 26, 2013	Shantel Peters	Hangzhou, China	5th International Course on Epidemiologic methods	IEA Courses
Apr. 16 - 19, 2013	Praveen Durgampudi	UK	2014 International Forum on Quality and Safety in Healthcare	International Forum on Quality and Safety in Healthcare
Apr. 2, 2013	Omur Cinar Elci	USA	Professional Fundraising Workshop for deans, Department Chairs and Aspiring Academic Leaders	Advancement Resources
November 2-4, 2012	Martin Forde	Barbados	Caribbean Academy of Sciences' 2012 Biennial Conference	Caribbean Academy of Sciences
Nov. 2 - 5, 2012	Cecilia Hegamin-Younger	USA	American Evaluation Association Annual Meeting	Annual Conference of Evaluators
Oct. 27 - 31, 2012	Muge Akpinar-Elci	USA	American Public Health Association Annual Meeting	APHA
Oct. 27 - 31, 2012	Christine Richards	USA	American Public Health Association Annual Meeting	APHA

Date	Faculty	Country	Course Name	Institution
Oct. 27 - 31, 2012	Shelly Rodrigo	USA	American Public Health Association Annual Meeting	APHA
Oct. 27 - 31, 2012	Tessa St. Cyr	USA	American Public Health Association Annual Meeting	APHA
Oct. 27 - 31, 2012	Omur Cinar Elci	USA	American Public Health Association Annual Meeting	APHA
Oct. 19 - 21, 2012	Kennedy Roberts	Brazil	World Conference on Social Determinants of Health	World Health Organization
October 1-5, 2012	Hugh Sealy	Bahamas	21 ST , Annual CWWA Water, Wastewater & Solid Waste Conference	CWWA 2012
Aug. 14 - 16, 2012	Cecilia Hegamin-Younger	UK	The International Conference on Learning	The International Conference on Learning
April 19-21, 2012	Martin Forde	Cayman Islands	Caribbean Health Research Council 57 th Annual scientific conference	Caribbean Health Research Council
Mar. 12th - 15, 2012	Praveen Durgampudi	Kingston, Jamaica	Health Systems Strengthening: Systematic Reviews and Health Technology Assessment Workshop	Workshop
Nov. 18 - 21, 2011	Kamilah Tomas-Purcell	The Bahamas	2011 Caribbean HIV Conference: Strengthening evidence to achieve sustainable action	Caribbean HIV Conference
Nov. 17 - 20, 2011	Satesh Bidaisee	USA	Global Conference on Education	University of Riverside
Oct. 29 – Nov. 2, 2011	Kennedy Roberts	USA	American Public Health Association Annual Meeting	APHA

Date	Faculty	Country	Course Name	Institution
Oct. 29 – Nov. 2, 2011	Omur Cinar Elci	USA	American Public Health Association Annual Meeting	APHA
Sept. 8 - 10, 2011	Praveen Durgampudi	Mexico	ISPOR 3RD Latin America Conference	ISPOR
Jun. 27 – Jul. 15, 2011	Gerard St. Cyr	Italy	European Educational Program in Epidemiology	European Educational Program
Jun. 27 – Jul. 8, 2011	Shelly Rodrigo	UK	Introduction to Infections Disease Modelling	The London School of Hygiene and Tropical Medicine
Apr. 6 - 8, 2011	Martin Forde	Phoenia, Arizona	Clean Med 2011 : Environmentally sustainable healthcare	
Jan. 3 – 8, 2011	Cecilia Hegamin-Younger	Hawaii, USA	Hawaii International Education Conference	Hawaii International Education Conference

In addition, the DPHPM uses a matching/mentorship approach to align new and or junior faculty members to senior/experienced ones, for those who are interested. Also, the department hosts in-house seminars such as grant writing and research presentations for all DPHPM faculty members to assist them in their professional development and the department strongly encourages collaborations among faculty members.

The DPHPM has observed benefits from supporting faculty development. In the recent past, faculty members have been involved in the hosting of international meetings, PAHO Regional Directors, One Health One Medicine Conference, Regional Ministries of Health on Needle Stick and Blood Borne Pathogen Exposure Prevention and Caribbean Occupational Safety and Health. In addition, DPHPM faculty members have given a number of workforce development activities such as Field Epidemiology Training for the Ministry of Education and Occupational Health and Safety for several regional work sectors. Also, Dr. Bidaisee successfully offered a One Health One Medicine Massive Open Online Course.

Faculty promotions details are located in the SGU faculty handbook (See file in Electronic Folder) which stipulates that community service is one of the elements in consideration for promotion. In addition, the department has its own community service criteria that were established by the Research and Service Committee (see Criterion 3.1). The committee's criteria highlight minimum expectations for teaching, research and service activities which are used for faculty promotion and annual bonuses.

vii. Policies and plans to recruit, develop, and retain a diverse staff.

SGU has a memorandum of understanding (MOU) with the Government of Grenada as it relates to the recruitment of staff. In this MOU, both parties agree that all staff positions would be filled by suitably qualified local and Caribbean Community (CARICOM) nationals; although locals are often given preference. This, therefore, has direct implications for the diversity of the staff complement. The program wishes to highlight though that the Caribbean region has a potpourri of ethnicities and there is some representation of this diversity. The program, understandably, functions within this culture. The program wishes to note also that all members of staff are represented by a trade union with a representative being a member of the university community.

As it relates to plans to develop and retain a diversity staff, the university, at least twice per calendar year has staff development activities for the various categories of staff within the university. In addition, the university, through its Graduate Fellowship program makes available to staff different opportunities to engage in both academic and professional development activities. The program supports the development activities of all its members of staff. Moreover, the program wishes to highlight that the four (4) members of staff have either recently completed additional academic development or are currently engaged in furthering their education.

viii. Policies and plans to recruit, admit, and graduate a diverse student body.

SGU has internationalism in its core mission. It actively seeks students from all over the world worldwide, from diverse backgrounds – racial, cultural, and geographical– and commits a substantial amount of resources to this end. Moreover, the program has noted the decrease in the diversity of the student body and has held discussions with the Office of Enrolment Planning (OEP) on how best this situation can be improved. The university has committed to reviewing the student recruitment policy as well as to have the program more involved in the recruitment process. In the most recent discussions, the OEP has asked faculty members of the program to be involved in training recruiters, particularly as it relates to the MPH program. Additionally, the university is increasing its scope of recruitment into Canada and Asia. It is expected that these initiatives would serve to improve both the number of students in the program as well as student diversity. See criteria 4.3a on policies and practices to recruit, admit and graduate a diverse student group.

ix. Regular evaluation of the effectiveness of the above-listed measures.

The Department's evaluation committee tracks all of the MPH program's performance in meeting the goals and objectives overall and specifically towards promoting a diverse faculty, staff and student body. The performance of the program's goals is reviewed annually by the department and every two years through a departmental retreat.

1.8.b. Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, list of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention

The program has a program-wide goal (1.2: To attract diverse students, faculty and partners from the region and international community) that directly addresses the issue of diversity. SGU also recruit internationally. In addition, the practicum places students in diverse sites and in so doing, allows them to work with individuals from diverse backgrounds. Also, the program's service learning components also allow both faculty and students to interact in different cultural and professional settings. Additionally, the program's faculty is diverse thus, both students and faculty interact, on a daily basis, with person of diverse ethnicities and backgrounds.

1.8.c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

The goals, objectives and implementation of efforts towards promoting diversity have been an iterative process of development from the program's stakeholders including:

- Faculty, staff and students in the MPH program
- Community Advisory Board (CAB)
- Alumni
- University Administration
- Office of Enrollment Planning

The program involves all of its stakeholder groups, through the process and based on their capacity. As part of its standard operating procedures, the MPH program has committees which focus on various areas of programmatic functioning. These committees are made up of faculty, staff and students who all play an important role in the development and implementation of policies and procedures. Moreover, these stakeholder groups also participate in general departmental meetings and do have the opportunity to discuss policies and procedures. Specifically as it relates to diversity, the PHSA has actively been involved in marketing the MPH program to their peers in the School of Medicine (SOM) and the School of Veterinary Medicine (SVM). Additionally, the Community Advisory Board (CAB) plays an invaluable role in guiding the various policies and programs of the program. They represent different Public Health and Public Health allied agencies and organizations. They communicate to the program the needs to their various organizations. This, in turn, serves to assist with the development of diversity plans (See CAB meetings in the Accreditation Resource Folder).

1.8.d. Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

As a component of the program's evaluation process, the Evaluation and Planning Committee in collaboration with the Accreditation Coordination monitors and assess the program's diversity objectives. In the case of students, for each intake, they fill out a demographic form which requires them to provide data for different diversity measures. One of the program's administrative staff members, who has responsibility for evaluation and planning and who is a member of the Evaluation and Planning Committee, inputs into an Excel spread sheet and forwards it to the Accreditation Coordinator and the Chair of the Evaluation and Planning Committee for analysis. For faculty, the program has a similar process. Each new recruit provides a CV and is asked to fill out a demographics table which the Evaluation and Planning Committee uses in assessing diversity.

This data is discussed at staff meetings and is also shared with the Office of Enrollment and Planning (OEP). The program also shares the data with the Community Advisory Board and discussion on the data also takes place during the biennial retreat. The OEP uses the data to inform their annual recruitment activities. The program also uses the data to inform the recruitment of faculty when a position becomes vacant.

1.8.e. Identification of measurable objectives by which the program may evaluate the success in achieving a diverse complement of faculty staff and student, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH data template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting would be handled on a case-by-case basis. Measurable objectives must align with the program’s definition of under-represented populations in criterion 1.8.a.

Table 19: 1.8.1 Summary Data for Faculty, Students and Staff

Group Category/Definition	Method of Collection	Data Source	Target	2011-2012	2012-2013	2013-2014	2014-2015
Students: Ethnicity (Caribbean*1)	Self Report	Admissions Form	15%	24%	16%	18%	31%
Staff: Ethnicity/Nationality (Grenadian*2)	Self Report	Human Resources	100%	100%	100%	100%	100%
Students: Geographical location	Self Report	Internal Demographic Form	At least 4 continents	6 continents represented	6 continents represented	6 continents represented	5 continents represented
Students: Public Health Practitioners	Self Report	Admissions Form	10%	9.5%	5%	4%	16%
Students: Gender (male)	Self Report	Entry Interview form	40%	45%	39%	34%	28%
Faculty: Ethnicity (Caribbean*3)	Self Report	Human Resources	50%	55%	68%	60%	60%

*1- The DPHPM has a diverse student population. However, students from the Caribbean are in the minority. Thus the department it is prudent to seek to increase its intake of students from the region. It would be a daunting task to specify ethnicity in this regard as the Caribbean is a melting pot of races/ethnicities. As such, the geographical location is preferred.

*2- The SGU has a standing agreement with the Government of Grenada that speaks to the employment of qualified Grenadians in staff position. The DPHPM mirrors this agreement.

*3- The faculty at the DPHPM, though relatively diverse, can benefit from the recruitment of more regional expertise thus the inclusion of this category. Again, using the geographical area better serves the goal because of the ethnic plurality that exists in the Caribbean.

1.8.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- SGU provides support for a wide cross-section of faculty development initiatives.
- Members of the program's faculty make use of the faculty development support initiatives provided by the university.
- The program's diversity plan is supported by the Office of Enrollment and Planning at SGU.
- The program has core values that endorse the SGU's overall stance on non-discrimination and respect for all.
- The program's Integrated Public Health (IPHP) project is an excellent example of service learning as well as other service learning activities offered in other courses.
- The program currently has five faculty members enrolled in formal education program that can strengthen the MPH programs.

Areas for improvement

- The program identifies no significant weaknesses for this criterion.

Plans relating to this criterion

- The program plans to review and strengthen the IPHP.
- The program's administration has begun discussion with the OEP to have more involvement in marketing the MPH program.



CRITERIA 2

INSTRUCTIONAL PROGRAMS

2.1. Degree Offerings

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

Having eliminated the Generalist track specialization and the MSPH degree option in 2010, the Department of Public Health and Preventive Medicine (DPHPM) offers solely Master of Public Health (MPH) degree with different areas of specialization. These options include Standalone MPH with track specializations as well as dual degrees in collaboration with the SGU’s Medical program and Veterinary program.

2.1. a. An instructional matrix presenting all of the program’s degree programs and areas of specialization, including bachelor’s, master’s and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1

The program offers three track specializations in the MPH Standalone option. These include: Environmental and Occupational Health, Epidemiology and Health Policy and Administration. It also offers, as highlighted above, two joint degrees: MD/MPH and DVM/MPH. However, the Veterinary Public Health Track is reserved for students enrolled in the veterinary medicine while the MD/MPH track is reserved for students enrolled in the MD program. Table 2.1.a.1. illustrates the program’s instructional matrix:

Table 20: 2.1.a.1. Instructional Matrix – Degrees & Specializations

	Academic	Professional
Master’s Degrees		
Specialization/Concentration/Focus Area		Degree*
Epidemiology		MPH
Health Policy and Administration		MPH
Environmental & Occupational Health		MPH
Joint Degrees		
2 nd (non-public health area)		Degree*
Medicine		MD/MPH
Veterinary Public Health		DVM/MPH

*Degree refers to MPH, MS, PhD, DrPH, BS, etc. Specialization refers to any area of study offered to students in program publicity/website, etc., including “Generalist.”

“Joint degrees” are synonymous, for these purposes, with dual degrees, combined degree programs, concurrent degrees, etc.

2.1.b. The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.

Information about the public health graduate program is available in three of the University's brochures, i.e. *Master of Public Health Program* (See Accreditation Electronic Resource Folder), the *School of Medicine* brochure (<http://www.sgu.edu/pdf/som-catalogue.pdf>), and the *School of Veterinary Medicine* (<http://www.sgu.edu/pdf/svm-catalogue.pdf>).

In addition, the Department produces a Program Policies and Procedures Manual on its curriculum (See Program Policies & Procedures File in the Accreditation Electronic Resource Folder). The program's curriculum, inclusive of its list of courses and their descriptions, is described in the Program Policies and Procedures Manual.

Moreover, all MPH degree options offered by SGU are posted on the university's website. The SVM website, <http://www.sgu.edu/graduate-schools/dvm-mpg.html>, highlights the DVM/MPH list of required courses and the course descriptions. The SOM website, <http://www.sgu.edu/graduate-schools/doctor-of-medicine-master-of-public-health-dual-degree-program.html>, displays the courses and descriptions for the MD/MPH track and the MPH website, <http://www.sgu.edu/graduate-schools/master-of-public-health.html>, highlights all of the degree options, standalone and joint degrees.

2.1.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The program offers professional degrees with well-defined specialization tracks and requirements.
- The program provides five specialization tracks: Environmental and Occupational Health, Epidemiology, Health Policy and Administration, Veterinary Public Health (for Veterinary Medicine student) and MD/MPH (for MD students).
- The program has various official publications which describe the different components of the degree options offered.
- The two schools (at SGU) with which the program offers joint degrees explicitly highlight the degree option of which it is a part.

Weaknesses

- The program identifies none for this criterion.

Looking ahead

- The program intends to maintain its current degree offerings; strengthening these options with additional opportunities for research, service and scholarly activities.
- The program plans to continue both digital and print versions of its official publications.

2.2. Program Length

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

As highlighted in 2.1 above, the MPH program at SGU offers five MPH degree options (3 standalone and 2 joint). All degree options, with the exception of the MD/MPH, currently require 42 credits of public health course work (Table 2.1.a.2.). The students in the MD/MPH option, in effect from Fall 2014, as a result of a change in the MD coursework, complete 44 credits. This is as a result of course combinations which resulted in increased credits for some MD courses.

2.2.a. Definition of a credit with regard to classroom/contact hours.

For the program, one credit is equivalent to 16 hours of classroom. The Practicum has a different requirement which is explained in Criterion 2.4. All public health degrees are designed and delivered within 42 credits which equates to three credit hours per course. Class sessions are typically two hours (Fall & Spring) and three hours (Summer), twice weekly; Fall and Spring semesters are 12 weeks while Summer is 8 weeks. However, these contact hours can exceed the allotted contact hours during service-learning and community engagement/interventions (in the field). As for the student’s practicum, the public health research thesis, and two one-credit courses offered in the Veterinary Public track and MD/MPH track, contact hours may vary.

Table 21: 2.1.a.2. MPH Program Degree Requirements

Course Requirements	Credit Hours
Core Courses	15
Program Required Courses	6
Track Required Courses	12
Electives	3
Field-Based Practicum	3
Capstone Seminar*	3
Total	42

2.2.b. Information about the minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different than the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.

The program requires its students to complete a minimum of 42 credits to be awarded an MPH degree. MPH students can either enroll on a full-time or part-time basis. Students registered as full-time may complete the degree within one year. However, the Board of Graduate Studies at SGU allows each student a maximum of five academic years in which to complete the MPH program. Students are required to complete 14 courses: 5 core courses, 2 program-required courses, 4 track-required courses, 2 culminating experiences and 1 elective. Table 2.2.b.1. demonstrates the distribution of 42 credits.

Table 22: 2.2.b.1 Distribution of courses required for the completion of the program

Degree Requirements	Credits
Public Health Core Requirements (3 credits each) PUBH 803 Principles of Epidemiology PUBH 804 Principles of Biostatistics PUBH 805 Health Policy and Management PUBH 806 Social and Behavioral Aspects of Public Health PUBH 807 Principles of Environmental Health	15
Program Requirements (3 credits each) PUBH 831 Concepts, Practice and Leadership of Public Health PUBH 832 Public Health Research Methods and Ethics	6
Track required courses (3 credits each)	12
Elective courses (3 credits each)	3
Culminating Experience PUBH 889 Practicum (3 credits) PUBH 893 Capstone Seminar (3 credits)	6
TOTAL	42

During the Entry Interview, students rank their preferred choice of track specialization. At the end of the first semester, students are assigned to tracks based on the choices identified. This enables the program to manage the number of students in each track. In relation to this, the program has procedures for changing track (see Program Policies and Procedures Manual in the Accreditation Electronic Folder. As highlighted above, all standalone students are required to complete 4 track courses of their track specialization.

Table 2.2.b.2 to Table 2.2.b.7. list the required track courses that students must complete.

**Table 23: 2.2.b.2. Epidemiology Track Required Courses
(12 credits total)***

PUBH 813 – Chronic Disease Epidemiology PUBH 835 – Practical Data Management and Analysis PUBH 842 – Intermediate Epidemiology PUBH 843 – Infectious Disease Epidemiology
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*Students opting for the Epidemiology track must complete Principles of Epidemiology (PUBH 803) and Principles of Biostatistics (PUBH 804) (in the core courses cluster) with at a passing grade of at least a B.

**Table 24: 2.2.b.3. Health Policy and Administration Track Required Courses
(12 credits total)**

PUBH 844 – Decision Making for Health Policy & Management PUBH 850 – Leadership and Management PUBH 851 – Foundations in Health Policy Analysis PUBH 854 – Health Economics
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**Table 25: 2.2.b.4.Environmental and Occupational Health Track Required Courses
(12 credits total)**

PUBH 816 – Occupational Health PUBH 837 – Environmental Sustainable Development PUBH 852 – Environmental Health Management PUBH 856 – Principles of Industrial Hygiene

Students who are enrolled in the Veterinary Public Health Track are required, in addition to the 5 core courses, the 2 program-required courses, the 2 culminating experiences and 1 elective, to take a minimum of 11 credits of track required courses from the SVM curriculum plus the Seminar Series in Community Health. Table 2.2.b.5. lists the required courses for this track.

Table 26: 2.2.b.5. Veterinary Public Health Track Required Courses (12 credits total)

ANPH 514 – Animal Wellness & Behavior	1 credit
PTHB 503 – Bacteriology/ Mycology	4 credits
PTHB 505 – Parasitology	4 credits
PARA 510 – Veterinary Public Health	2 credits
AND	
PUBH 855 – Seminar Series in Community Health	1credit

Students who are enrolled in the MD/MPH Track are also required, in addition to the 5 core courses, the 2 program-required courses, the 2 culminating experiences and 1 elective, to take a

minimum of 11 (though students take 13) credits of track required courses from the MD coursework plus the Seminar Series in Community Health. Table 2.2.b.6. lists the required courses for this track.

**Table 27: 2.2.b.6. MD/MPH Track Required Courses
(14 credits total)**

BIOE 501 – Bioethics & the Professional	1 credit
BMIC 550 – Medical Immunology & Medical Genetics	4 credits
PUBH 501 – Community & Preventive Medicine	1 credits
MICR 670 – Medical Microbiology	6 credits
PATH 693 – Medical Nutrition	1 credits
AND	
PUBH 855 – Seminar Series in Community Health	1credit

Additionally, all students are required to select 3 credits of course work from the following elective cluster, or, alternatively, to elect to substitute any track-required course to fulfill an elective requirement. This requires students to take 1 elective course. Table 2.2.b.7. lists the elective options currently available to MPH students.

Table 28: 2.2.b.7. Elective Courses (3 credits total)

PUBH 808 – Maternal & Child Health	3 credits
PUBH 812 – Nutrition and Public Health	3 credits
PUBH 826 – Women & Health: A Socio-legal Perspective	3 credits
PUBH 853 – Public Health Surveillance	3 credits

Moreover, all MPH students are required to complete a Practicum Seminar (PUBH 889), which has a minimum requirement of 240 hours of field work, and a Capstone Seminar (PUBH 893) to graduate from the MPH program. As highlighted above, the Capstone and the Practicum are the two required culminating experiences for MPH students. These are individually addressed in criteria 2.4 and 2.5.

2.2.c. Information about the number of MPH degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

This criterion is not applicable to the MPH program at SGU; the program did not award any degree option with fewer than 42 semester credit hours.

2.2.d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on following highlights:

Strengths

- The program reflects the standards and conventional practice as recommended by the CEPH.
- The program has a clearly defined minimum contact hours and this definition is consistent across all degree options.
- The program's degree requirements are balanced and symmetrical across all specializations.
- All MPH degree options require a minimum of 42 credit hours for completion.

Weaknesses

- The program identifies no significant weaknesses for this criterion.

Looking ahead

- The program plans to maintain the balance and symmetry of degree options that it offers to students.
- The program intends to continue its offerings of 42 credit hours for each degree option.

2.3. Public Health Core Knowledge

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

The program offers core courses that are consistent with the core Public Health knowledge required by CEPH: Biostatistics, Epidemiology, Environmental Health Services, Health Services Administration and Social and Behavioral Sciences.

2.3.a. Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. See CEPH Data Template 2.3.1.

As highlighted in 2.2.b, the program's five core courses are Principles of Epidemiology, Principles of Biostatistics, Principles of Environmental Health, Health Policy and Management and Social and Behavioral Aspects of Public Health. Table 2.3.1 presents the programs coverage of the public health core knowledge by linking the core knowledge areas to the courses the program offers and which assure that all MPH students have the competence in those areas.

Table 29: 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree Options

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	PUBH 804: Principles of Biostatistics	3
Epidemiology	PUBH 803: Principles of Epidemiology	3
Environmental Health Sciences	PUBH 807: Principles of Environmental Health	3
Social & Behavioral Sciences	PUBH 806: Social and Behavioral Aspects of Public Health	3
Health Services Administration	PUBH 805: Health Policy and Management	3

All students enrolled in the program are required to take these courses in order to be awarded the MPH qualification; the program does not allow any waivers for these courses. In addition, while the program accepts transfer of credits, the program only offers this facility to students of CEPH-accredited schools or programs of public health.

Additionally, all students are required to complete PUBH 831-Concepts, Practice and Leadership in Public Health, a program-required course which exposes students to different aspects of the public health core knowledge areas. Moreover, as noted in

criteria 1.2, the program, as part of its evaluation process, undertakes a syllabi review to ensure that courses address the vision, mission, goals and objectives; students' competence is an integral component of that review. Moreover, as highlighted in criteria 2.6, the program maps the core competencies of all five core courses to determine introduction, enforcement and reinforcement across courses. The program uses these competencies as measureable indicators for assessing students' understanding of the core areas of knowledge. Also, the program publishes the competencies and objectives for each course in the relevant course syllabi as they relate to the course assessment measures as well as for self-monitoring/ regulation.

As highlighted in Criterion 2.7, students enrolled in the program, as part of their coursework, complete an Integrated Public Health Project (IPHP) which is independent of Practicum and Capstone, which requires students to develop a project by synthesizing the public health core knowledge areas. This project therefore serves to reinforce the core competencies. Likewise, the program uses other assessment methods such as the self-reported competency assessments. These tools require students to indicate their level of proficiency in all core, crosscutting, and track-specific competencies.

2.3.b. Assessment of the extent to which this criterion is met and an analysis of the strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The program's core courses are consistent with the public health core knowledge areas required by CEPH.
- All students are required to successfully complete these five core courses of basic public health knowledge.
- Students are also required to successfully complete coursework which add depth of knowledge and reinforce several areas of core public health knowledge.
- The program has course objectives which are developed from department's core competencies with evaluation mechanisms to ensure that students are acquiring those skills.

Areas for improvement

- The program identifies no significant weaknesses for this criterion.

Plans relating to this criterion

- The program plans to maintain the means through which it assures that all its students have the fundamental competence in the areas of knowledge basic to public health. However, the program also intends to explore additional avenues through which this knowledge can be reinforced.

2.4. Practical Skills

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

The Practicum experience, as explained in the program's Practicum Manual file in the Accreditation Electronic Folder, is a critical part of the MPH program. It integrates academic preparation with field-based experience. The practicum therefore allows students to apply academic coursework and training within a public health practice setting under the direction of an on-site supervisor. As highlighted in criteria 2.2.b students are required to complete a minimum of 240 hours of fieldwork in a selected public health practice setting. It serves as one of the two culminating experiences for MPH students.

Since the Practicum is a course, students are required to register for it the semester before they plan to do their fieldwork. This allows the program to effectively manage the students while on their practicum. Moreover, Practicum experiences are arranged based on individual student's needs and must reflect the student's track specialization. Students, the program's Practicum Coordinator and the potential onsite preceptor/supervisor agree on the goals of the practicum experience. The program's students actively engage in the practicum experience. However, the Practicum Coordinator directs the process.

To date, this degree requirement has been conducted in more than 150 selected locations in 46 countries throughout Africa, Asia, the Caribbean, Europe, and North and South America.

Figure 8: 2.4 Geographic Location of Practicum Sites



The practicum is designed to ensure the following objectives:

- To provide the student with practical experience in a public health setting
- To help students further develop skills or competencies learned in the academic program by applying them in a public health practice setting
- To provide a means for acquiring practical skills that are useful to public health professionals and are not available through academic instruction
- To understand the political, economic, social and organizational context within which public health activities are conducted
- To gain exposure to an organizational and/or community context for public health activities

2.4.a. Description of the program's policies and procedures regarding practice placements, including the following:

- *selection of sites*
- *methods for approving preceptors*
- *opportunities for orientation and support for preceptors*
- *approaches for faculty supervision of students*
- *means of evaluating practice placement sites, preceptor qualifications*
- *criteria for waiving, altering or reducing the practice experience, if applicable.*

While the Practicum coordination entails a high volume of administrative responsibilities, the program's Practicum Coordinator is a faculty position. Commensurate with the Practicum Coordinator's qualifications and experience, that individual may engage in non-practicum related activities within the program. However, the Practicum is that faculty member's primary responsibility.

Policies and Procedures:

The program consists of 3 categories of students: standalone, tracked and dual/joint degree. All standalone and dual/joint degree students are required to complete a Practicum/Internship in Public Health (PUBH 889) with an organization, agency, department or community that provides planning and/or services relevant to public health. They can only begin this degree requirement after completing a minimum of 36 credits of public health coursework. Typically, all entrants who are tracked to either of the joint degree options are required to achieve a Grade Point Average (GPA) of 3.5 in their first semester. The students who achieve this requirement transition to dual/joint degree options and as such the requirement of completion of 36 credits apply to them as well.

Fall entrants who do not achieve this GPA requirement receive a time waiver which allows them to begin the practicum after completion of 27 credits. This waiver is further explained below. Spring entrants who are tracked to either of the joint degree options but did not achieve the required 3.5 GPA, at the end of first semester, must complete a minimum of 36 credits, as is the case with the standalone students, before taking the practicum. These students must complete their practicum between November and December of the same year, contingent.

All other fall entry students (standalone only) complete their practicum between July and September of the following year. Students can select field placements from a list of preapproved sites (sites the program has collaborated with before) or they may propose a new site, contingent upon approval from Practicum Coordinator. Additionally, all practicum placements must be approved by the Capstone and Practicum Committee. Additional procedures are presented in the Practicum Manual.

Practice Site Selection, Approvals and Placements:

Prior to beginning their Practicum, the program requires all students to enroll in PUBH 889, during which time they work with the Practicum Coordinator on reviewing placement options and site selection criteria. For those students with a predetermined site, the Practicum Coordinator makes contact with the site to ensure that they meet the requirements. All Practicum sites are selected based on the following criteria:

- The site must be an organization, agency, ministry, department, or community that provides planning and/or services relevant to core public health areas.
- The site must be able to provide students with experiences which further develop students' ability to apply specific skills or competencies learned in the academic program (e.g., assessment, program planning, evaluation, management, data analysis, policy development, etc.).
- The site must provide a supervisor/ preceptor who is willing and able to spend regularly-scheduled time with the student to provide professional guidance and fulfill the goals and objectives for the practicum as outlined in the Practicum Agreement form, (See Practicum Manual file in the Electronic folder).
- The site must exhibit a willingness to gradually increase student responsibility and independence, as warranted, over the duration of the practicum experience.
- The site must provide institutional support (example desk, computer, etc.) to allow for effective completion of practicum duties, within its limitations.
- The site must be a good match with the track specialization, interests, and needs of the student.

As part of the general procedure, the Practicum Coordinator periodically sends a request to various agencies to determine their willingness to serve as a practicum site for MPH students. The Capstone and Practicum Committee reviews and judges their suitability for practicum. If sites meet the minimum criteria and standards as outlined in the Practicum Manual, the Practicum Coordinator enters the sites into a database which students can access. When students wish to use a site, the Practicum Coordinator formally requests a placement for the student via email. The email contains the letter of request, the student's professional resume along with a specialized document detailing DPHPM guidelines to site supervisors. Upon confirmation of a favorable placement for student, the Site Supervisor and the Practicum Coordinator negotiates the practicum agreement. For the program, a successful practicum agreement proposal is one wherein the Student, Site Supervisor and Practicum Coordinator collaborate to establish objectives that are indicative of the students' academic purposes.

Site Supervisor's Requirements:

All Practicum sites available for student placement must have a site supervisor, who must meet the following requirements:

- The Site Supervisor, working in collaboration with the student and Practicum Coordinator, identify a project/or set of activities that the student can undertake during the practicum period—outlined in the Practicum Agreement Form.
- The Site Supervisor should have at least a Master's degree, terminal professional degree, or recognizable academic/professional association with the multidisciplinary facets of public health as: community health practitioners, educators, social workers, researchers, etc.
- A Site Supervisor and/or collaborating partners (within agency) must actively engage in projects that utilize the principles, theories and skills in one or more of the core areas of public health, as listed in criteria 2.3.
- The Site Supervisor must express a willingness to meet with the student in regularly scheduled supervisory sessions.
- The Site Supervisor must accept the responsibility of providing a mid-term and final-term evaluation of the student's performance using the evaluation templates provided by Practicum Coordinator (See Practicum Manual file).

Opportunities for Orientation and Support for Preceptors

The program has established working practicum relationships with different local regional and international organizations, agencies, ministries, departments and communities and the individuals who serve as site supervisors at these locations. At the beginning of each relationship that the program forges with practicum sites, the Practicum Coordinator contacts sites and supervisors via phone, emails and for some of the local sites, in-person. During these initial conversations, the Practicum Coordinator provides the Site Supervisors with an overview of the program and the practicum and discusses the program's expectations of site supervisors; both in supervising students and providing evaluations of students' performance. Even though the program uses sites and supervisors at different times, the Practicum Coordinator uses the same process as with new sites.

Once a site agrees to host an MPH student for the practicum, both the Site Supervisor and the program sign off on the relevant documents, the students and preceptors, with input from the Practicum Coordinator, discuss the practicum experience to ensure that there are no ambiguities. The Practicum Coordinator keeps in contact with both the students and the Site Supervisors and addresses issues as they arise.

Faculty Supervision of Students:

Faculty advisors are required to consult with their advisees on their practicum placements and collaborate with the Practicum Coordinator, with additional guidance from the Practicum and Capstone Committee, to ensure the timely placement of each student. However, faculty supervision of the student's practicum is the primary responsibility of the Practicum Coordinator who orchestrates the completion and submission of required documents (See Practicum Documents file in the Accreditation Electronic Folder).

The Roles of the Practicum Coordinator are as follows:

- Supervising the practicum experience of all students in the MPH program.
- Facilitating the completion and submission of the Practicum Agreement (see Practicum Document file), and monitoring student experience in relation to the roles and responsibilities of the agreement.
- Maintaining contact with the students and site supervisors during the practicum period and address any concerns.
- Ensuring mid-term and final evaluation and other required documents are completed and submitted.
- Informing students' faculty advisors and department chair about placements and its progress, especially as any problems arise during the practicum experience.

Evaluation of Students' Practicum Experience:

The program uses a three overarching avenues through which it assesses students' practicum experience: the Practicum Coordinator, students and Site Supervisor. To begin, the Practicum Coordinator will evaluate the quality of mentorship provided to the student and the extent to which the site met the learning objectives.

In addition, the students are responsible for performing two evaluations of the site/site supervisor (mid-term and final-term evaluations; see Practicum Manual file) to assess the implementation of the practicum agreement's objectives, assess the site supervisor's mentorship and the site's suitability for the practicum.

Moreover, the site supervisor is responsible for performing two evaluations of the student (midterm and final-term evaluations (see Practicum Manual file) to assess the student's performance at the practicum site. Additionally, students are required to submit a Course Final, the "Practicum Portfolio" (See Practicum Manual file) at the end of the practicum. Students submit the portfolio electronically for grading; the program uses standard SGU grading policies; late submission of assignments will result in an incomplete.

The Practicum and Capstone Committee works with the Practicum Coordinator to review and approve student performance based on all submitted documentation, including student and site supervisor reports. After their submission to the Practicum Coordinator and overall review, final grades are assigned based on evaluation policies indicated by the Practicum Policies and Procedures Manual, (See Appendix 2.4.a.).

At the end of each practicum period, the Practicum Coordinator organizes practicum presentation sessions through which students can showcase their practicum experience. Though not graded, students are strongly encouraged to participate in these presentations. The presentations are designed to achieve the following objectives:

- Showcase the practicum's importance to the program.
- Function as an avenue for students to gain interdisciplinary perspectives of various practicum experiences.
- Emphasize the benefits of the practicum, specifically its contribution to strengthening public health competencies and augmenting the students' professional development.
- Exist as a platform for students to receive feedback from DPHPM faculty regarding furthering scholastic development and performance, such as publications.

Program-allowed Exceptions

The Graduate Affairs Committee (GAC) makes an exception of the 36 credit requirement for MPH students who are tracked to MD who entered the program in the Fall semester and did not achieve the requirements for transfer to the MD/MPH or DVM/MPH degree options the following spring. Students who are tracked to either of the joint degree options must earn a minimum of 3.5 GPA at the end of their first semester of MPH. The program allows students who did not achieve the required GPA of 3.5 and are therefore expected to complete the entire MPH degree before proceeding to the joint degree options, to split their practicum; starting the first part of their practicum after completing the 2nd MPH semester in Spring. The remaining hours (at least 80) invested towards the practicum would be completed at the end of the summer term of that year.

The program does not grant practicum waivers to any student. The program encourages students with previous public health practice experience to select a placement with a different field experience to broaden field knowledge and engage in different, newly-acquired skills.

2.4.b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.

The program offers its students strong local, regional and international public health practice experience. It collaborates with a diverse group of sites and Site Supervisors and works proactively to broaden this diversity, as evidenced by the fact that it forges agreements with new sites and works to ensure that it accommodates the students who have predetermined sites. Table 2.4.b.1 highlights agencies and preceptors that the program used during the last two academic years.

**Table 30: 2.4.b.1. List of Practicum Agencies and Preceptors
Fall 2012 – Fall 2014**

Agency	Location	Preceptor (s)	Student's Specialization Track
Winthrop University Hospital, Office of Health Outcomes Research (<i>New site</i>)		Tricia A. Patrick, DrPH (<i>Epidemiologist</i>)	Epidemiology
Ministry of Health, Grenada	St. George's, Grenada	Nurse Nester Edwards MPH, (<i>Chief Nursing Officer</i>)	Health Policy & Administration
Ministry of Health, Botswana	Gaborone, Botswana	Ms. Tuelo Mphele MPH (<i>Chief Health Officer</i>)	MD/MPH
Western Michigan University, School of Medicine, Emergency Department (<i>New site</i>)	Michigan, USA	Catherine L. Kothari PhD (<i>Senior Investigator, Maternal-Child Health</i>)	Environmental & Occupational Health
Integrated Disease Surveillance and Response Unit, Ministry of Health, Botswana	Gaborone, Botswana	Nesredin Jami, MD, MPH (<i>Public Health Specialist</i>)	MD/MPH
PAHO/WHO CPC Office, Barbados Areas of Medicines and Technologies	Bridgetown, Barbados	Adriana Ivama Brummell, PhD (<i>Sub-regional Advisor on Medicines and Health Technologies</i>) Rasul Baghirov PhD Health Systems Advisor	Health Policy & Administration
Ministry of Health and Social Development, Anguilla	The Valley, Anguilla	Maeza Demis-Adams, MPH (<i>Director of National AIDS Programme</i>)	Epidemiology
Regional Health Authorities, Ministry of Health, Trinidad and Tobago	Port of Spain, Trinidad	Dr. Shalini Pooransingh Akenath Misir MD MPH (<i>Chief Medical Officer</i>)	Health Policy & Administration
Disease Surveillance and Epidemiology Caribbean Epidemiology Centre (CAREC/PAHO/WHO)	Port of Spain, Trinidad	Sarah Quesnel Senior, MSc (<i>Biostatistician</i>)	Health Policy & Administration
Surveillance Department, Ministry of Health, Grenada	St. George's, Grenada	Alister Antoine, MD MPH (<i>Epidemiologist</i>)	Health Policy & Administration
National Emergency Management Agency, Bahamas Cabinet Office (<i>New site</i>)	Nassau, The Bahamas	Chrystal R. Glinton (<i>First Assistant Secretary</i>)	Health Policy & Administration

Agency	Location	Preceptor (s)	Student's Specialization Track
Caribbean Environmental Health Institute (CEHI) <i>*site used by 2 students in the same track</i>	Castries, St. Lucia	Shermaine Clauzel <i>(Programme Officer)</i>	Environmental & Occupational Health
Kissito Healthcare International	Malukhu, Uganda	Patrick Eyul, MSc <i>(Training Coordinator at Infectious Diseases Institute)</i>	Epidemiology
Community to Advance Recovery and Education in Schizophrenia (CARES) <i>(New site)</i>	New York, USA	Thomas Jewel PhD, <i>(President)</i> Thomas Conant <i>(Executive Director)</i>	Health Policy & Administration
Sudden Infant and Child Death Resource Center, A Program of Public Health Solutions	New York, USA	Peggy Regensburg PhD,LMSW,CASAC <i>(Program Director)</i>	Health Policy & Administration
Muni Seva Ashram (Goraj Dist Vadodara Gujarat) <i>(New site)</i> <i>*site used by 2 students in the same track</i>	South Vadodara (Baroda) Gujarat,India	Suresh Amin MD IFCAP <i>(Researcher)</i> Dr.Chaitanya S.Buch MD <i>(Consultant Physician/Diabetologist/Tel emed Consultant)</i>	MD/MPH
Baylor College of Medicine Unit: USDA/ARS Children's Nutrition Research Center <i>(New site)</i>	Houston, Texas, USA	Karen W. Cullen, PhD <i>(Professor of Pediatrics-Nutrition)</i>	Health Policy & Administration
Columbia University Unit: Mailman School of Public Health	New York, USA	Sally Findley, PhD <i>(Professor, Clinical Population and Family Health/Socio-medical Sciences)</i>	Environmental & Occupational Health

Agency	Location	Preceptor (s)	Student's Specialization Track
Windward Islands Research and Education Foundation (WINDREF) Sports for Health Programme	St. George's, Grenada	Calum Macpherson, PhD <i>(Director & Vice Provost, Professor and Dean of Graduate Studies)</i>	Epidemiology
University of Texas School of Public Health, Houston Unit: Michael & Susan Dell Center for Healthy Living <i>(New site)</i>	Houston, Texas, USA	Dr. Shreela Sharma, PhD, RD, LD <i>(Assistant Professor, Division of Epidemiology, Environmental Health and Genetics & Assistant Director, Dietetic Internship program)</i>	Epidemiology
Public Health Solutions SIDS Resource and Counseling Center	New York, USA	Peggy Regensburg, Ph.D <i>(Program Director of the NYC Regional Office of Sudden Infant Child Death Resource Center)</i>	Environmental & Occupational Health
Ministry of Health, Botswana Unit: National TB Programme	Gabarone, Botswana	R. Ncube, PhD <i>(Public Health Specialist)</i>	MD/MPH
Ministry of Health, Grenada Unit: Environmental Health Department	St. George's, Grenada	Andre Worme, MPH <i>(Chief Environmental Health Officer)</i>	Environmental & Occupational Health
Riaz Medical Group United Arab Emirates *site used by 2 students in the same track	Sharjah, United Arab Emirates	Dr. Riaz Ahmed Chaudhry <i>(Director)</i>	Health Policy & Administration
North East Medical Services Adult Medicine Unit	San Francisco, California, USA	John Williams <i>(Chief Operating Officer)</i>	MD/MPH
North East Medical Services Adult Medicine Unit Unit: Public Health Department San Fernando City Corporation	San Fernando, Trinidad	Dr. Ingrid Poon-King <i>(Principal Medical and Health Officer)</i>	MD/MPH

Agency	Location	Preceptor (s)	Student's Specialization Track
WHO Collaborating Center on Environmental & Occupational Health (<i>New site</i>)	St. George's, Grenada	Hugh Sealey PhD P.Eng. (<i>Professor</i>) Andrew Cutz, B.Sc., DIH, CIH (<i>Industrial Hygienist</i>)	Environmental & Occupational Health
Ministry of Health, Grenada Primary Health Care Unit	St. George's, Grenada	Francis E. Martin, MD MPH (<i>Director</i>)	MD/MPH
Roberts Caribbean Ltd (<i>New site</i>)	St. George's, Grenada	Mrs. Dianne Roberts, MES (<i>Environmental and Development Specialist</i>)	Environmental & Occupational Health
Virginia Foundation for Healthy Youth (<i>New site</i>)	Richmond, Virginia, USA	Ms. Heidi Hertz, MS, RD (<i>Obesity Prevention Coordinator</i>)	Epidemiology
Caribbean Public Health Agency – CAREC	Port of Spain, Trinidad	Carlene Radix MD MPH (<i>Consultant</i>) James Hospedales (<i>Director</i>)	Epidemiology
Ministry of Education and Human Resources Development <i>Unit: Drug Control Secretariat</i>	St. George's, Grenada	Dave Alexander Drug Control Officer	Health Policy & Administration
University of Southern California Emergency Medicine Department (<i>New site</i>)	Los Angeles, California, USA	Seint Yee, MD (<i>Specialist Physician</i>)	MD/MPH
Florida International University, Herbert Wertheim College of Medicine Unit: Division of Policy & Community Development (<i>New site</i>)	Miami Beach, Florida, USA	Dr Luther Brewster, PhD (<i>Chief, Division of Policy & Community Development</i>)	Epidemiology

Agency	Location	Preceptor (s)	Student's Specialization Track
Food and Agriculture Organization (FAO) Unit: Food Chain Crises Management Framework-Coordination Unit <i>(New site)</i>	Viale delle Terme di Caracalla, Rome, Italy	Dr Jean-Poirson, DVM <i>(Senior Officer)</i>	Health Policy & Administration
Pan-American Health Organization (PAHO)	Georgetown, Guyana	Dr Rosalinda Hernandez-Munoz, MD <i>(Advisor, Family Health/Immunization & HIV, PAHO/WHO)</i>	Epidemiology
Ministry of Health, Grenada Primary Health Care Unit *site used by 2 students in the same track	St. George's Grenada	Francis E. Martin, MD MPH <i>(Director)</i>	MD/MPH
Riaz Medical Group United Arab Emirates	Sharjah, United Arab Emirates	Dr. Riaz Ahmed Chaudhry <i>(Director)</i>	Health Policy & Administration
Ministry of Health, Trinidad	Port of Spain, Trinidad	Dr Clive Tilluckharry <i>(Chief medical Officer)</i>	Epidemiology
Wayne Surgical Center	New Jersey, USA	Diane Popek, MSN <i>(Nurse Care Manager)</i>	MD/MPH
Ministry of Health, Grenada Unit: Environmental Health Department	St. George's, Grenada	Andre Worme, MPH <i>(Chief Environmental Health Officer)</i>	Environmental & Occupational Health
PAHO/WHO Panama <i>(New site)</i>	Panama City, Panama	Dr Monica Guardo, MD, MSc, CID <i>(Advisor, Communicable Diseases)</i>	Epidemiology
Beth Israel Medical Center Unit: Brooklyn Gastroenterology and Endoscopy Associates <i>(New site)</i>	Brooklyn, New York, USA	Robin Baradarian, MD <i>(Medical Director, Chief of Gastroenterology)</i>	MD/MPH
Pitt County Public Health Department Unit: Earl Trevantham Public Health Center <i>(New site)</i>	Greenville, North Carolina, USA	John Morrow, MD, MPH <i>(County Health Director)</i>	MD/MPH

Agency	Location	Preceptor (s)	Student's Specialization Track
Roselle Health Department (<i>New site</i>)	New Jersey, USA	Charles Glagola, MPH (<i>Health Officer</i>)	Health Policy & Administration
Directorate of Gender Affairs (<i>New site</i>)	St. John's Antigua	Alverna Inniss (<i>Program Officer</i>)	Health Policy & Administration
American Red Cross Capital Region Chapter	Sacramento, California, USA	Heidi Elneil (<i>Youth Services Coordinator</i>)	MD/MPH
San Mateo Medical Center Fair Oaks Clinic (<i>New site</i>)	Redwood City, California, USA	Dr. John Mesinger, MD (<i>Clinic Manager/ Cultural Competence Coordinator</i>)	MD/MPH
Essex County Health Department	New Jersey, USA	Dr. Michael Festa, PhD (<i>Health Officer</i>)	MD/MPH
NAL Resources (<i>New site</i>)	Alberta, Canada	Kelly Posadowski, CHRP (<i>Senior Human Resources Advisor</i>)	Environmental & Occupational Health
WINDREF	St. George's, Grenada	Randy Waechter, PhD	MD/MPH
Ministry of Health, Wellness, Human Services and Gender Relations (<i>New site</i>)	Castries, St. Lucia	Cointha Thomas (<i>Permanent Secretary</i>) Dr Merline Fredericks, MD (<i>Chief Medical Officer</i>)	Health Policy & Administration
Syracuse University Unit: Department of Public Health Food Studies and Nutrition	New York, USA	Amy Dumas, MEd (<i>Director, Syracuse Lead Study Project</i>)	MD/MPH
ECOH Management Inc. (<i>New site</i>)	Ontario, Canada	Dr. Om Malik, Ph.D., P.Eng., CIH, ROH (<i>Principal & CEO</i>)	Environmental & Occupational Health
University of Arkansas Unit: Pat Walker Health Center (<i>New site</i>)	Arkansas, USA	Mary Alice Serafini (<i>Assistant Vice Provost for Student Affairs/ Director -Pat Walker Health Center</i>)	Health Policy & Administration

Agency	Location	Preceptor (s)	Student's Specialization Track
University of North Florida Unit: Department of Public Health (<i>New site</i>)	Florida, USA	Julie Merten, PhD, MCHES (Assistant Professor)	MD/MPH
Contra Costa Regional Medical Center and Health Centers (<i>New site</i>)	California, USA	Anthony Longoria (Director of Ambulatory, Detention and Out Patient Nursing)	MD/MPH
Syracuse University Unit: David B. Falk College of Sport and Human Dynamics (<i>New site</i>)	New York, USA	Katherine McDonald, PHD, FAAIDD (Associate Professor, Public Health)	MD/MPH
Missouri Sierra Club (<i>New site</i>)	Missouri, USA	Sara Edgar, MSW (Organizer, Beyond Coal Campaign)	MD/MPH
Rutgers University Unit: School of Environmental And Biological Sciences (<i>New site</i>)	New Jersey, USA	Mark Gregory Robson, PhD, MPH, Dr. PH (Dean of Agricultural and Urban Programs & Professor of Plant Biology and Pathology)	Environmental & Occupational Health
Northwestern University Unit: Feinberg School of Medicine Department of Preventive Medicine	Illinois, USA	Darwin R. Labarthe, MD, MPH, PhD, FAHA (Professor of Preventive Medicine)	MD/ MPH
University of the West Indies	Trinidad and Tobago	Chief Dr. Patrick E. Akpaka, MD Senior Lecturer Microbiology Department	MD/MPH
Cumberland County Public Health Department (<i>New site</i>)	North Carolina, USA	Buck Wilson Executive Health Director	Health Policy & Administration
Child Protection Authority (CPA) (<i>New site</i>)	St. George's, Grenada	Karina Donald, MA, ATR (Clinical Therapist/Counselor)	Health Policy & Administration

Agency	Location	Preceptor (s)	Student's Specialization Track
Pharm.D Target Pharmacy Atlantic Terminal <i>(New site)</i>	New York	Nick Eudaly, MBA (Director)	MD/MPH
PAHO/WHO, Trinidad	Port of Spain, Trinidad	Dr. Bernadette Theodore- Gandi, MD, MPH (PAHO/WHO Representative)	Health Policy & Administration
New York City Department for Aging Unit: Bureau of Community Services <i>(New site)</i>	New York, USA	Laudrey Lamadieu (Deputy Assistant Commissioner)	Health Policy & Administration
Public Health Solutions Sudden Infant Child Death Resource Center <i>(New site)</i>	New York, USA	Peggy Regensburg (Regional Coordinator)	Epidemiology
Transcendent Endeavors <i>(New site)</i>	New York, USA	Sarah Kranzberg (VP, Finance & Operations) Jacqueline Holloway (Director of Research & Partnership Development)	MD/MPH
Ministry of Health, Antigua Unit: Community Development and Social Transformation <i>(New site)</i>	St. John's, Antigua	Ms. Brenda Thomas Odlum (Director)	Health Policy & Administration
Athletic Development Grenada (ADG) <i>(New site)</i>	St. George's, Grenada	Felix Thomas (Co-Founder, Director)	Epidemiology
Mt. Gay Hospital (Ministry of Health & Social Security) <i>(New site)</i>	St. George's, Grenada	Elizabeth Japal	Epidemiology
Grenada Planned Parenthood Association <i>(New site)</i>	St. George's, Grenada	Jeannine Sylvester-Gill	Epidemiology
Ministry of Agriculture, Lands, Forestry, Fisheries & Environment	St. George's, Grenada	Aria Johnson Director of Environment Unit	Health Policy & Administration

Agency	Location	Preceptor (s)	Student's Specialization Track
United Nations Development Programme – Integrated Climate Change Adaptation Strategy (<i>New site</i>)	St. George's, Grenada	Martin Barriteau	Environmental & Occupational Health
Grenada Electricity Company (GRENLEC) (<i>New site</i>)	St. George's, Grenada	Carlyle Ince Acting Generation Manager	Environmental & Occupational Health

2.4.c. Data on the number of students receiving a waiver of the practice experiences for each of the last three years.

While the program make allowances for the timeline in which the tracked students start their practicum, the program all students must complete the practicum to earn the MPH. AS such, no practicum waivers have been issued over the last three years.

2.4.d. Data on the number of preventive medicine, occupational medicine, aerospace medicine, and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.

This criterion is not applicable to the program.

2.4.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

The criterion is assessed as met.

Strengths:

- Every graduate must complete 240 hours of practical experience.
- The program has a well-developed set of policies and procedures in place to administer student practicum with agencies, and site supervisors.
- The program makes allowances to ensure that students who are tracked to medicine complete their practicum in a timely manner.
- The students' practicum experience is relevant to their track specialization.

- The program collaborates with a diverse complement of practicum sites locally, regionally and internationally.
- The program presents student with practicum site options as well as accommodates students' predetermined choices.

Areas for improvement

- The program identifies none for this criterion.

Looking forward

- The program plans to maintain the diverse practicum experiences which it affords MPH students. As such, the Practicum Coordinator has begun and will continue to proactively engage possible practicum sites.

2.5. Culminating Experience

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

The Capstone Seminar is a culminating experience for all MPH students. This program offers this requirement as a course –Capstone Seminar (PUBH 893) for a letter grade. As highlighted in Criteria 2.1, the Capstone Seminar is a 3 credit course. The documentation of the culminating experience below describes the capstone seminar as it currently exists.

2.5.a. Identification of the culminating experience required for each professional public health degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

The program has an integrated approach to its culminating experience. The Capstone requirement, for all new entrants, begins with the Concepts, Practice and Leadership (PUBH 831) course. During their first semester, the program exposes students to the following components:

- Presentation by research methods director, capstone coordinator and practicum coordinator - the presenters have a detailed discussion on expectations and process, followed by a question and answer session. Electronic copies of the capstone and practicum guidelines are also made available to students.
- A library session which is conducted by the library director: session includes discussions on plagiarism, referencing and a practical session on database searching
- A lecture on scholarly writing and methods for writing research papers. This lecture is delivered by the research methods course director.
- Two lectures and one workshop on 'Critical Appraisal of the Literature'

From these initial experiences, the program expects students to critique an assigned article and also to submit a one-page document which clearly outlines public health issue they are interested in exploring - their direction/area of interest which ultimately leads to their Capstone products. The Capstone experience continues in their second semester as the Research Methods and Ethics (PUBH 832) where student develop a proposal on how they intend to explore the issues they identify in PUBH 831. They then move into the Capstone where they refine these proposals into their Capstone products. The Capstone Coordinator directs the Capstone in collaboration with the Capstone and Practicum Committee.

The Capstone allows students to synthesize and apply the concepts, skills, and knowledge acquired throughout their course of study to successfully demonstrate public health

competencies. These competencies though must be relevant to their track specializations. As such, the competencies for each student capstone paper may vary across different track-specific topics. A list of the competencies applicable to each capstone experience will be determined by both the student and capstone advisor from among the cross-cutting and track-specific competencies of the program (see complete list of the competencies in the Practicum Manual file). Students are required to demonstrate mastery in the identified competencies in their paper and presentation. The requirements for the Capstone Seminar include:

- Attendance of Capstone workshops
- Meeting with faculty capstone advisor
- Capstone Paper
- Oral Presentation

Students have the option of doing a grant proposal, a policy analysis, a literature review (critical appraisal), program evaluation, a research report, publishable article for peer-reviewed journal or an application deliverable such as a training manual. As highlighted in Criteria 3, however, the program has noted that the majority of its students are opting to primary research. These options are directly address the key objectives of the Capstone, which, as highlighted in the Capstone Manual (see Practicum Manual file in the Accreditation Electronic Folder), are to:

- Demonstrate competencies relating to the public health field.
- Build students' research capacity by weaving specific aspects and preparation from beginning to end of program.
- Encourage research and/or research publication collaborations for students with faculty.

Typically, the Capstone Seminar requires a literature review, including techniques in relevancy screening, quality assessment of data in evidence-based studies (primarily peer-reviewed), research synthesis, and evaluations of public health interventions and programs, as well as, technical writing for formal written and oral presentation. This seminar also draws upon each of the core areas of public health by tasking students with the following activities:

- To critically define a public health problem by making essentially an Epidemiology-based argument that demonstrates the public health significance of their chosen topic.
- To categorize literature findings reporting the field's interventions within each of the core areas of Social and Behavioral Health, Environmental Health, and Health Policy and Management.
- To make methodologically-informed interpretation of findings based on their competence in Biostatistics.

These requirements ensure and assess students' written and oral presentation skills and their ability to integrate classroom experience, research outcomes and competencies around the five core areas of public health, and critical synthesis of health research in the field.

To facilitate successful Capstone experiences for the students, the program has some key players which include:

- Capstone Coordinator – who is responsible for coordinating workshops, ensuring that the guidelines are maintained and timelines for topic selection, proposal submission, seminar presentation are kept, in addition to compiling and finalizing student evaluations.
- Capstone Committee – which is responsible for coordinating workshops, ensuring that the guidelines are maintained and timelines for topic selection, proposal submission, seminar presentation are kept, in addition to compiling and finalizing student evaluations.
- Faculty Capstone Advisor – who guides students’ research and ensures completion of the proposal components and capstone requirements.

The majority of Capstone evaluation is based on the quality of researched material, prepared content, and substantive delivery of the topic in a conference setting. Most students present their papers during a Capstone seminar which is attended by community stakeholders, faculty, staff, and students. This is an open forum for students to showcase their knowledge and skills, while promoting health research dissemination and discussion.

Other evaluation measures are faculty guidance and review of preliminary proposals of the Capstone topics submitted and faculty evaluators of Capstone student presentations. These measures are monitored by the Practicum and Capstone Committee. The committee’s assessments are integrated into the student’s grade by the Capstone Director.

2.5.b. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The MPH program’s culminating experience has detailed procedures and expectations, with departmental and committee oversight and review.
- Written and formal oral presentations require key competencies of the five core areas of public health.
- Students have different options for the culminating experiences; all students produce a professionally written paper which is also summarized in an oral presentation.
- The Capstone has a well-defined integration process which allows students to synthesize learning across different courses.
- Students’ Capstone products are directly related to their track specializations.
- The program has a fair system for evaluating students’ Capstone products.

Areas for improvement

- The program identifies no significant weaknesses for this criterion.

Looking forward

- The program is looking at ways of strengthening students' Capstone products to encourage student publications.
- The program is also exploring strategies for encouraging students to publish their Capstone products.

2.6. Required Competencies

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

The program has three sets of competencies: core, cross-cutting and track-specific. The program maps these competencies across the curriculum to identify where each competency is introduced, Emphasized and reinforced. This allows the program to successfully analyze its competency coverage.

2.6.a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (eg. One set each for BSPH, MPH and DrPH).

The program uses competencies that are derived from the ASPH/ASPPH set of basic competencies. Table 2.6.a.1 presents the core and crosscutting competencies that the MPH program currently uses.

Table 31: 2.6.a.1. SGU Public Health Program Core and Crosscutting Competencies

<u>Core Competencies</u>
<ol style="list-style-type: none">1. Describe a public health problem in terms of magnitude, person, time and place.2. Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiological data.3. Calculate basic epidemiological measures.4. Communicate epidemiologic information to lay and professional audiences.5. Draw appropriate interpretations from epidemiological data.6. Evaluate the strengths and limitations of epidemiological studies/reports.7. Describe basic concepts of probability, random variation, and commonly used statistical probability distributions8. Describe basic concepts of probability, random variation and commonly used statistical probability distributions.9. Apply descriptive techniques commonly used to summarize public health data.10. Apply common statistical methods for inference.11. Apply descriptive and inferential methodologies according to the type of study design for

- answering a particular research question.
12. Interpret results of statistical analyses found in public health studies.
 13. Develop written and oral presentations based on statistical analysis for both public health professionals and lay audiences.
 14. Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US and other nations.
 15. Discuss the policy process for improving the health status of populations.
 16. Apply quality and performance improvement concepts to address organizational performance issues.
 17. Describe the direct and indirect human, ecological and toxicological effects of major environmental and occupational agents/ toxicants.
 18. Specify approaches for assessing, preventing and controlling environmental and occupational hazards that pose risks to human health and safety.
 19. Describe regional and international legislative frameworks, regulatory programs, and policies that seek to regulate and control environmental or occupational health hazards.
 20. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.
 21. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice
 22. Identify the causes of social and behavioral factors that affect health of individuals and populations
 23. Identify individual , organizational and community concerns, assets, resources and deficits for social and behavioral science interventions
 24. Describe the role of social and community factors in both the onset and solution of public health problems
 25. Describe the merits of social and behavioral science interventions and policies
 26. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies

Crosscutting Competencies

1. Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.
2. Apply basic principles of ethical analysis (e.g. the Public Health Code of Ethics, human rights framework, and other moral theories) to issues of public health practice and policy.
3. Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions.
4. Embrace a definition of public health that captures the unique characteristics of the field (e.g., population-focused, community-oriented, prevention-motivated, and rooted in social justice) and how these contribute to professional practice.
5. Differentiate between qualitative and quantitative evaluation methods in relation to their strengths, limitations.

2.6.b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

As highlighted in Criteria 2.1, the program offers three standalone MPH degree options to its students: Epidemiology, Health Policy and Administration and Environmental and Occupational Health as well as two joint/dual degree options: MD/MPH and DVM/MPH. Tables 2.6.b.1 to 2.6.b.5 present the competencies for each of the five degree options.

Table 32: 2.6.b.1 Epidemiology Track-Specific Competencies

1. Critically synthesize the public health research and practice literature for a selected health topic.
2. Evaluate the validity of an epidemiological study in terms of chance and bias.
3. Conduct an epidemiological and biostatistical data analysis.
4. Distinguish between a statistical association and a causal relationship using appropriate principles of causal inference.

Table 33: 2.6.b.2 Environmental and Occupational Health (EOH) Track-Specific Competencies

1. Recognize, and evaluate environmental and occupational factors that affect susceptibility to adverse health outcomes following the exposure to hazards.
2. Critically evaluate and analyze environmental or occupational literature and draw appropriate conclusions about the results.
3. Develop a testable model to evaluate an environmental and occupational problem and design a program to find a solution.

Table 34: 2.6.b.3 Health Policy & Administration Track-Specific Competencies

1. Demonstrate leadership skills for building partnerships.
2. Apply principles of strategic planning and marketing to public health.
3. Apply quality and performance improvement concepts to address organizational performance issues.
4. Apply "systems thinking" for resolving organizational problems.
5. Communicate health policy and management issues using appropriate channels and technologies.
6. Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.

Table 35: 2.6.b.4 MD/MPH Track-Specific Competencies

1. Integrate and apply general biological, microbiological, and parasitological concepts into public health research and practice.
2. Apply biological principles to the development and implementation of disease prevention, control, or management programs.
3. Identify and address the ethical and social issues implied by public health biology.
4. Utilize evidence-based medicine concepts to inform public health policies and regulations.

Table 36: 2.6.b.5 Veterinary Public Health Track-Specific Competencies

1. Identify and evaluate microbial and non-microbial hazards of animal origin to human health: a. Microbial hazards such as: zoonotic diseases; animal-associated food borne diseases; potential bioagrorterrorism agents, foreign animal disease. b. Nonmicrobial hazards such as: animal-related injuries (dog bites); animal-related environmental and occupational problems such as animal waste pollution.
2. Identify and effectively work with community and governmental resources appropriate for addressing animal-associated human health risks.
3. Apply appropriate epidemiologic methods for the investigation and surveillance of animal-associated public health problems.
4. Identify and facilitate the implementation of appropriate prevention and control strategies for animal-associated human health risks.
5. Identify cultural attitudes and behaviors towards animals and disease to be considered in risk prevention and control.
6. Effectively communicate (orally and in writing) and work with human health care providers (physicians, nurses, health educators, environmental health workers, etc.), other public health stakeholders, veterinary sciences providers, and consumer groups on policy and program planning and implementation on animal-related human health issues.

All of the program's competencies were adopted from the American Schools of Public Health pool and adapted to the program's courses. The track directors of the MD/MPH and DVM/MPH specializations shared and discussed with these competencies with colleagues in the SOM and SVM and necessary modifications were made to ensure the courses and the competencies were properly aligned. Additionally, whenever changes in the SOM and SVM curriculum are proposed, the competencies are checked against the content and objectives of the courses. Moreover, the program conducts a review of its syllabi and the related competencies on an annual basis to ensure its courses are addressing the core, track-specific and cross-cutting competencies across the curriculum

2.6.c. A matrix that identifies the learning experiences (eg. specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.

Each degree option (Epidemiology, Health Policy & Administration, Environmental and Occupational Health, MD/MPH, DVM/MPH) has a set of core and track-specific competencies. Table 2.6.c.1 maps competency coverage across the curriculum. This matrix includes the program's core, cross-cutting and track competencies. The program notes that each course address the cross-cutting competencies, highlighted in 2.6.b. In addition, students choose the competencies on which they wish to focus for the Practicum and Capstone. This means that these courses reinforce all the program's competencies.

Table 37: 2.6.c.1. Courses and other learning experiences by which the competencies are met

Competencies	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name
Describe a public health problem in terms of magnitude, person, place, and time.	803 Principles of Epidemiology <i>Introduced</i>	804 Principles of Biostatistics <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Emphasized</i>	835 Practical Data Management Analysis <i>Reinforced</i>	842 Intermediate Epidemiology <i>Reinforced</i>	843 Infectious Diseases Epidemiology <i>Reinforced</i>	831 Concepts Practice & Leadership <i>Introduced</i>	PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiological data.	803 Principles of Epidemiology <i>Introduced</i>	832 Research Methods <i>Emphasized</i>	835 Practical Data Management Analysis <i>Emphasized</i>	842 Intermediate Epidemiology <i>Emphasized</i>	843 Infectious Diseases Epidemiology <i>Emphasized</i>		831 Concepts Practice & Leadership <i>Introduced</i>	PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Calculate basic epidemiological measures.	803 Principles of Epidemiology <i>Introduced</i>	804 Principles of Biostatistics <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Emphasized</i>	835 Practical Data Management Analysis <i>Emphasized</i>	842 Intermediate Epidemiology <i>Reinforced</i>	843 Infectious Diseases Epidemiology <i>Emphasized</i>		PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Communicate epidemiologic information to lay and professional audiences.	803 Principles of Epidemiology <i>Introduced</i> & 813 Chronic Disease Epidemiology <i>Reinforced</i>	835 Practical Data Management Analysis <i>Emphasized</i> & 842 Intermediate Epidemiology <i>Reinforced</i>	843 Infectious Diseases Epidemiology <i>Emphasized</i>	ANPH 514 Animal Welfare & Behavior <i>Introduced</i> & PTHB 510 Veterinary Public Health <i>Emphasized</i>	BIOE 501 Bioethics & the Professional <i>Emphasized</i> & PATH 693 Medical Nutrition <i>Emphasized</i>	MICRO 570 Medical Microbiology <i>Emphasized</i> & PUBH 501 Community & Preventive Medicine <i>Reinforced</i>	PUBH 855 Seminar Series in Community Health <i>Reinforced</i>	PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Draw appropriate inferences from epidemiological data.	803 Principles of Epidemiology <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Emphasized</i>	835 Practical Data Management Analysis <i>Emphasized</i>	842 Intermediate Epidemiology <i>Reinforced</i>	843 Infectious Diseases Epidemiology <i>Emphasized</i>	PUBH 501 Community & Preventive Medicine <i>Reinforced</i>	BMIC 550 Medical Immunology & Medical Genetics <i>Reinforced</i>	PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>

Competencies	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name
Evaluate the strengths and limitations of epidemiological reports.	803 Principles of Epidemiology <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Emphasized</i>	842 Intermediate Epidemiology <i>Reinforced</i>	843 Infectious Diseases Epidemiology <i>Emphasized</i>	PTHB 510 Veterinary Public Health <i>Reinforced</i>			PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Describe basic concepts of probability, random variation, and commonly used statistical probability distributions.	804 Principles of Biostatistics <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Reinforced</i>	842 Intermediate Epidemiology <i>Emphasized</i>	843 Infectious Diseases Epidemiology <i>Reinforced</i>				PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Apply descriptive techniques commonly used to summarize public health data.	803 Principles of Epidemiology <i>Introduced</i>	804 Principles of Biostatistics <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Emphasized</i>	835 Practical Data Management Analysis <i>Emphasized</i>	842 Intermediate Epidemiology <i>Reinforced</i>	843 Infectious Diseases Epidemiology <i>Emphasized</i>		PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Apply common statistical methods of inference.	804 Principles of Biostatistics <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Reinforced</i>	835 Practical Data Management Analysis <i>Emphasized</i>	842 Intermediate Epidemiology <i>Reinforced</i>	843 Infectious Diseases Epidemiology <i>Reinforced</i>			PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.	804 Principles of Biostatistics <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Emphasized</i>	835 Practical Data Management <i>Emphasized</i>	842 Intermediate Epidemiology <i>Reinforced</i>	843 Infectious Diseases Epidemiology <i>Emphasized</i>	832 Research Methods <i>Emphasized</i>		PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>

Competencies	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name
Interpret the results of statistical analyses found in public health studies.	803 Principles of Epidemiology <i>Introduced</i>	804 Principles of Biostatistics <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Emphasized</i>	832 Research Methods <i>Emphasized</i>	835 Practical Data Management Analysis <i>Emphasized</i>	842 Intermediate Epidemiology <i>Reinforced</i>	843 Infectious Diseases Epidemiology <i>Emphasized</i>	PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Develop written and oral presentations based on statistical analysis for both public health professionals and lay audiences.	803 Principles of Epidemiology <i>Introduced</i>	804 Principles of Biostatistics <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Emphasized</i>	842 Intermediate Epidemiology <i>Emphasized</i>	843 Infectious Diseases Epidemiology <i>Emphasized</i>	832 Research Methods <i>Reinforced</i>		PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Critically synthesize the public health research and practice literature for a selected topic.	803 Principles of Epidemiology <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Emphasized</i>	835 Practical Data Management Analysis <i>Emphasized</i>	842 Intermediate Epidemiology <i>Reinforced</i>	843 Infectious Diseases Epidemiology <i>Emphasized</i>			PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Evaluate the validity of an epidemiological study in terms of chance and bias.	803 Principles of Epidemiology <i>Introduced</i>	804 Principles of Biostatistics <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Introduced</i>	835 Practical Data Management Analysis <i>Emphasized</i>	842 Intermediate Epidemiology <i>Reinforced</i>	843 Infectious Diseases Epidemiology <i>Introduced</i>		PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Conduct an epidemiological and biostatistical analysis.	803 Principles of Epidemiology <i>Introduced</i>	804 Principles of Biostatistics <i>Introduced</i>	813 Chronic Disease Epidemiology <i>Introduced</i>	835 Practical Data Management Analysis <i>Emphasized</i>	842 Intermediate Epidemiology <i>Reinforced</i>	843 Infectious Diseases Epidemiology <i>Introduced</i>		PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US and other nations.	805 Health Policy & Management <i>Introduced</i>	844 Decision making for Health Policy & Management <i>Reinforced</i>	850 Leadership & Management <i>Emphasized</i>	854 Health Economics <i>Emphasized</i>				PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>

Competencies	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name
Discuss the policy process for improving the health status of populations.	805 Health Policy & Management <i>Introduced</i>	850 Leadership & Management <i>Emphasized</i>	831 Concepts, Practice & Leadership in Public Health <i>Introduced</i>					PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Apply quality and performance improvement concepts to address organizational performance issues.	805 Health Policy & Management <i>Introduced</i>	844 Decision making for Health Policy & Management <i>Reinforced</i>	851 Foundations in Health Policy Analysis <i>Emphasized</i>	854 Health Economics <i>Emphasized</i>				PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Demonstrate leadership skills for building partnerships.	805 Health Policy & Management <i>Introduced</i>	844 Decision making for Health Policy & Management <i>Emphasized</i>	850 Leadership & Management <i>Reinforced</i>	854 Health Economics <i>Emphasized</i>	831 Concepts, Practice & Leadership in Public Health <i>Introduced</i>			PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Apply principles of strategic planning and marketing for public health	805 Health Policy & Management <i>Introduced</i>	850 Leadership & Management <i>Emphasized</i>	851 Foundations in Health Policy Analysis <i>Emphasized</i>					PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Apply “systems thinking” for resolving organizational problems.	805 Health Policy & Management <i>Introduced</i>	850 Leadership & Management <i>Emphasized</i>	851 Foundations in Health Policy Analysis <i>Emphasized</i>	831 Concepts, Practice & Leadership in Public Health <i>Introduced</i>				
Communicate health policy and management issues using appropriate channels and technologies.	805 Health Policy & Management <i>Introduced</i>	844 Decision making for Health Policy & Management <i>Emphasized</i>	850 Leadership & Management <i>Reinforced</i>	851 Foundations in Health Policy Analysis <i>Emphasized</i>	854 Health Economics <i>Emphasized</i>			PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>

Competencies	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name
Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives	805 Health Policy & Management <i>Introduced</i>	844 Decision making for Health Policy & Management <i>Emphasized</i>	850 Leadership & Management <i>Emphasized</i>	851 Foundations in Health Policy Analysis <i>Emphasized</i>	831 Concepts, Practice & Leadership in Public Health <i>Introduced</i>			PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.	831 Concepts, Practice & Leadership in Public Health <i>Introduced</i>	806 Social & Behavioral Aspects of Public Health <i>Emphasized</i>						PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Identify the causes of social and behavioral factors that affect health of individuals and populations.	831 Concepts, Practice & Leadership in Public Health <i>Introduced</i>	803 Principles of Epidemiology <i>Introduced</i>	806 Social & Behavioral Aspects of Public Health <i>Emphasized</i>					PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>

Competencies	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name
Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.	831 Concepts, Practice & Leadership in Public Health <i>Introduced</i>	806 Social & Behavioral Aspects of Public Health <i>Emphasized</i>	807 Principles of Environmental Health <i>Introduced</i>					PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Describe the role of social and community factors in both the onset and solution of public health problems.	831 Concepts, Practice & Leadership in Public Health <i>Introduced</i>	806 Social & Behavioral Aspects of Public Health <i>Emphasized</i>	807 Principles of Environmental Health <i>Introduced</i>					PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Describe the merits of social and behavioral science interventions and policies.	831 Concepts, Practice & Leadership in Public Health <i>Introduced</i>	806 Social & Behavioral Aspects of Public Health <i>Emphasized</i>	803 Principles of Epidemiology <i>Introduced</i>					PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.	803 Principles of Epidemiology <i>Introduced</i>	806 Social & Behavioral Aspects of Public Health <i>Introduced</i>	BIOE 501 Bioethics & the Professional <i>Reinforced</i>	PATH 693 Medical Nutrition <i>Emphasized</i>	MICRO 570 Medical Microbiology <i>Reinforced</i>	PUBH 501 Community & Preventive Medicine <i>Reinforced</i>	PUBH 855 Seminar Series in Community Health <i>Reinforced</i>	PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.	803 Principles of Epidemiology <i>Introduced</i>	831 Concepts, Practice & Leadership in Public Health <i>Introduced</i>	806 Social & Behavioral Aspects of Public Health <i>Emphasized</i>					PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Describe the direct and indirect human, ecological and toxicological effects of major environmental agents.	807 Principles of Environmental Health <i>Introduced</i>	816 Occupational Health <i>Emphasized</i>	837 Environmental Sustainable Development <i>Reinforced</i>	852 Environmental Health Management <i>Reinforced</i>	856 Principles of Industrial Hygiene <i>Emphasized</i>			PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>

Competencies	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name
Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety.	807 Principles of Environmental Health <i>Introduced</i> & 816 Occupational Health <i>Emphasized</i>	837 Environmental Sustainable Development <i>Emphasized</i>	852 Environmental Health Management & 856 Principles of Industrial Hygiene <i>Reinforced</i>	BIOE 501 Bioethics & the Professional <i>Emphasized</i> & MICRO 570 Medical Microbiology <i>Reinforced</i>	PUBH 501 Community & Preventive Medicine <i>Reinforced</i> & PUBH 855 Seminar Series in Community Health <i>Reinforced</i>	ANPH 514 Animal Welfare & Behavior <i>Introduced</i> PUBH 855 Seminar Series in Community Health <i>Reinforced</i>	PTHB 510 Veterinary Public Health <i>Emphasized</i> & PTHB 503 Bacteriology/ Mycology <i>Emphasized</i> PTHB 505 Parasitology <i>Reinforced</i>	PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Recognize, and evaluate environmental and occupational factors that affect susceptibility to adverse health outcomes following the exposure to hazards	807 Principles of Environmental Health <i>Introduced</i>	816 Occupational Health <i>Emphasized</i>	837 Environmental Sustainable Development <i>Emphasized</i>	852 Environmental Health Management <i>Reinforced</i>	856 Principles of Industrial Hygiene <i>Reinforced</i>			PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Critically evaluate and analyze environmental or occupational literature and draw appropriate conclusions about the results.	807 Principles of Environmental Health <i>Introduced</i>	816 Occupational Health <i>Emphasized</i>	837 Environmental Sustainable Development <i>Reinforced</i>	852 Environmental Health Management <i>Reinforced</i>	856 Principles of Industrial Hygiene <i>Emphasized</i>			PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Develop a testable model to evaluate an environmental and occupational problem and design a program to find a solution	816 Occupational Health <i>Introduced</i>	852 Environmental Health Management <i>Introduced</i>	856 Principles of Industrial Hygiene <i>Introduced</i>					PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>

Competencies	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name
Identify & evaluate microbial and non-microbial hazards of animal origin to human health: a. Microbial hazards such as: zoonotic diseases; animal-associated food borne diseases; potential bioagroterrorism agents, foreign animal disease. b. Nonmicrobial hazards such as: animal-related injuries (dog bites); animal-related environmental and occupational problems such as animal waste pollution.	PTHB 503 Bacteriology/Mycology <i>Introduced</i>	PTHB 505 Parasitology <i>Emphasized</i>	PTHB 510 Veterinary Public Health <i>Reinforced</i>	PUBH 855 Seminar Series in Community Health <i>Reinforced</i>				
Identify and effectively work with community and governmental resources appropriate for addressing animal-associated human health risks.	ANPH 514 Animal Welfare & Behavior <i>Introduced</i>	PTHB 510 Veterinary Public Health <i>Emphasized</i>						PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>
Apply appropriate epidemiologic methods for the investigation and surveillance of animal-associated	PTHB 510 Veterinary Public Health <i>Introduced</i>							PUBH 889 Practicum & PUBH 893 Capstone <i>Reinforced</i>

public health problems.								
Identify and facilitate the implementation of appropriate prevention and control strategies for animal-associated human health risks.	ANPH 514 Animal Welfare & Behavior Introduced	PTHB 503 Bacteriology/ Mycology Emphasized	PTHB 505 Parasitology Reinforced	PTHB 510 Veterinary Public Health Reinforced				PUBH 889 Practicum & PUBH 893 Capstone Reinforced
Identify cultural attitudes and behaviors towards animals and disease to be considered in risk prevention and control.	PUBH 855 Seminar Series in Community Health Reinforced	ANPH 514 Animal Welfare & Behavior Introduced	PTHB 510 Veterinary Public Health Emphasized					PUBH 889 Practicum & PUBH 893 Capstone Reinforced
Effectively communicate (orally and in writing) and work with human health care providers (physicians, nurses, health educators, environmental health workers, other public health stakeholders, veterinary sciences providers, and consumer groups on policy and program planning and implementation on animal-related human health issues.	PUBH 855 Seminar Series in Community Health Reinforced	ANPH 514 Animal Welfare & Behavior Introduced	PTHB 503 Bacteriology/ Mycology Emphasized	PTHB 505 Parasitology Reinforced	PTHB 510 Veterinary Public Health Reinforced			PUBH 889 Practicum & PUBH 893 Capstone Reinforced

Competencies	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name	Course Number & Name
Apply basic principles of ethical analysis (e.g. the Public Health Code of Ethics, human rights framework, and other moral theories) to issues of public health practice and policy.	831 Concepts, Practice & Leadership in Public Health Introduced	*Emphasized across the curriculum	PUBH 889 Practicum & PUBH 893 Capstone Reinforced					
Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions.	831 Concepts, Practice & Leadership in Public Health Introduced	*Emphasized across the curriculum	PUBH 889 Practicum & PUBH 893 Capstone Reinforced					
Embrace a definition of public health that captures the unique characteristics of the field (e.g., population-focused, community-oriented, prevention-motivated, and rooted in social justice) and how these contribute to professional practice.	831 Concepts, Practice & Leadership in Public Health Introduced	*Emphasized across the curriculum	PUBH 889 Practicum & PUBH 893 Capstone Reinforced					
Differentiate between qualitative and quantitative evaluation methods in relation to their strengths, limitations.	831 Concepts, Practice & Leadership in Public Health Introduced	*Emphasized across the curriculum	PUBH 889 Practicum & PUBH 893 Capstone Reinforced					

2.6.d. Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

The program consistently maps all of its competencies. Competency mapping allows the program to identify the courses in which each competency is introduced, emphasized and reinforced. Periodically, the program, through the Evaluation and Planning committee, reviews its competencies as part of its curriculum review. The Evaluation and Planning committee analyzes, guided by input from faculty members and or Track Directors, the competency coverage. Periodically, the program, through the Evaluation and Planning committee, reviews its competencies as part of its curriculum review.

Moreover, while the National Board of Public Health Examiners' (NBPH) Certified in Public Health (CPH) examination is not a requirement, the program uses the competencies to ensure coverage across the curriculum. Also, the program uses feedback from current student, alumni, its workforce survey, practicum evaluations and input from its CAB members to review competencies and their coverage. Additionally, the program revises its curriculum based on its faculty complement, faculty members' expertise and continuing education endeavors. While the program registers a relatively low faculty attrition rate, whenever faculty members resign their positions, the program reviews its competencies to identify if and where gaps exist. As highlighted in Criteria 4, when such situations arise, the program immediately begins a search to fill the position. Sometimes, it is not possible to do so and as a result the program has retired some of the courses it once offered. For instance, the program retired PUBH 849-Environmental Toxicology. Related to this, university policies dictate that to offer a course a minimum of three students must register for it. Therefore, the program has removed courses from its curriculum based on registration. In some cases, some tracks develop new courses, based on trends in public health, to ensure that the program covers critical competencies were being covered in their track. One such example is the development of PUBH 856-Principles of Industrial Hygiene.

The program has also had to adjust its competencies based on curriculum changes made in the School of Medicine (SOM) and the School of Veterinary Medicine (SVM). Some changes affect courses for which the program shares credits with these schools and as such, the program reviewed and adjusted its competencies to reflect those changes. For instance, the SOM recently combined courses as part of its response to trends in medical education. The program in turn had to review competency coverage to ensure that it reflects those changes. The program has a similar experience with the SVM and it had to revise programmatic competencies from that school.

2.6.e. Description of the manner in which competencies are developed, used and made available to students.

After the CEPH first staff review visit in 2006, faculty, students and Community Advisory Committee adopted a modified version of ASPH's Master of Public Health Competencies. The competency matrix presented in Criteria 2.6.c maps the program's competencies across

each of the courses the program currently offers. The competencies cover core, cross-cutting and track-specific competencies by each of the degree options that the program offers. These competencies are consistent with those of the ASPH/ASPPH competencies which the program uses to inform its listing.

The Evaluation and Planning committee gives oversight to all competencies; discussing alignment of competencies with the vision, mission, goals and objectives of the program as well as competency coverage. The committee is also responsible for reviewing course syllabi and as an outcome, shares its findings with the Department Chair as well as members of faculty to ensure competency coverage as well as to enhance integration across the curriculum. The program also uses its competencies to guide the selection of practicum sites and Site Supervisors

However, as part of its standard operating procedures, the program has specialization tracks. A Track Director leads each of the five degree options that the program offers. Track Directors work with faculty members in their track to ensure that core and cross-cutting competencies are covered and to map where these courses introduce, enforce and reinforce the competencies. Additionally, specialization tracks generate track –specific competencies which Track Director submits to the Evaluation and Planning committee and which the program maps on its competency matrix. The program makes these competencies available to students on course syllabi, in its program Policies and Procedures document, track brochures, Capstone Manual, Practicum Manual as well as on its website.

2.6.f. Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

The program uses a variety of avenues to periodically assess changing practice or research needs.

The program has membership with different professional public health and public health-aligned organizations/ associations such as the Association of Schools and Programs of Public Health (ASPPH). These organizations often organize annual meetings and or sections meetings/retreats during which participants discuss the evolving public health landscape and research needs as well as other issues that member organizations face. The program uses these activities to reflect on its actions and offerings to ensure that it is addressing the key areas that emerge. In relation to this, faculty members are consultants, advisors, reviewers for a variety of organizations. They use the professional activities to assess practice and research needs as well.

Related to this, the program receives invitations for various organizations to participate in activities related to public health practice and research. Recently, the program received an invitation to participate in the Harvard School of Public Health's The Second Century Symposium: Transform Public Health Education. Two of the program's faculty members attended the symposium and on their return presented the issues during the program's/ departmental biennial retreat in the Fall of 2014. From these presentations, the program reflected on its current course offerings and functioning and decided it needed to conduct further assessments before making adjustments.

Additionally, the program's faculty has membership on different community-based and professional organizations through which they become aware of both educational and practice developments. Linked to this, members also receive frequent updates on public health practice, research and education. Faculty often discusses and reviews this information to assess the program's current competencies. Added to that faculty members, as part of their professional development, as highlighted in Criteria 3, attend professional courses which they sometimes use assess track-specific competencies and, from time to time, to make adjustments to their courses.

Moreover, the program uses its collaborations with local, regional and international partners to assess changing practice and research needs. In this regard, the program's CAB members, employees from diverse public health organizations (see CAB file in the Accreditation Electronic Folder), provides the program with information on changing practice, priorities and research needs. Related to this, international partners are also important. For instance, a faculty member collaborated on a research project with the Jackson State University (See Criterion 3.1). Based on that project, a number of research needs emerged and the program has decided to focus on at least one of those needs.

Furthermore, the program uses feedback from the practicum sites, preceptors and alumni to assess changing practice. As seen in Criterion 2.4, the program has working relationship with a wide range of practicum sites across the world. The preceptors at those sites provide both formal and informal (some are the program's alumni) feedback to the program on competency needs. Related to this, through the alumni survey, the program also receives competency needs. Though the majority of the program's alumni, as highlighted in Criteria 2.7 advance to higher education, those who do not provide useful information based on their place of employment. The program uses this information to assess its competencies as well as training needs.

2.6.g. Assessment of the extent to which this criterion is met and an analysis of the programs strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The program has established core, crosscutting, and specialization competencies.
- The competencies were formulated based on iterative process with faculty members, students, and community advisors.
- The program maps competencies across all five courses to determine where they are introduced, emphasized and reinforced.
- The program uses the IPHP to synthesize core competencies.
- All competencies are linked to program course objectives and related activities.
- The program has a variety of avenues through which it assesses changing public health practice and research needs.

Weaknesses

- The program identifies no significant weaknesses for this criterion.

Looking forward

- The program intends to maintain the integration of competencies across the curriculum.
- The program plans to map competencies on a semester basis instead of yearly to ensure it captures changes in courses.

2.7. Assessment Procedures

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

The department has several mechanisms to monitor and evaluate students' progress. Most of these measures are collaboratively done internally or with University-wide programs such as the CAPPs, coordinated by the Office of the Dean of Students (DOS).

2.7.a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.

The program uses different avenues through which it monitors and evaluates students' achievement against its competencies. The program uses course work, competency assessments from the End of Term Evaluations, Integrated Public Health Project (IPHP), Capstone, Practicum Mid and Final evaluations, graduation rates, the National Board of Public Health Examiners' (NBPHE) Certified in Public Health (CPH) examination and Exit Interviews. The relevant program committees review the results of these evaluations, share the data with faculty and discuss areas of concern at different levels of the program.

Course work: Each course requires a variety of individual and group assignments and activities including from class presentations, debates, community intervention projects and researched papers. Faculty assesses these activities against the competencies identified as an indication of whether or not students are attaining the competencies and at what level. The program has an established minimum of a C grade as a pass. Related to this, the program also uses the results *End of Term Evaluations* which include exams and summative assessments of different modes to measure students' competency attainment. As part of it routine and to ensure students' success, the program holds a mid-semester review of students' performance, based on grades and faculty's overall perception as a proxy, to measure student learning. The program also uses these reviews to identify students who may be having challenges with attaining the competencies. Students who have extremely low GPAs at that point are referred to different professional services which the university offers.

The program also uses *the Integrated Public Health Project (IPHP)*, an authentic, evidence-based assessment which responds to the needs of the regional workforce through an interdisciplinary training project. The project fosters critical thinking and evidence-based decision making by bridging the gap between theory and practice while achieving an understanding of the complexity and inter-sectorial nature of public health. While objectively

measuring students' achievement of public health competencies, the project not only connects the concepts learned in the classroom to what is needed in practice in a just in time approach to teaching and learning, it also brings together the faculty of the courses along with government officials to assess the projects.

During the 2010-2011 period, the program revised the Practicum and Capstone components with overall program evaluation through implementing assessment of competencies. The Practicum and Capstone Committee, in collaboration with the Evaluation and Planning Committee, streamlined students' Practicum and Capstone experiences in order to effectively measure the attainment of specific core and cross cutting competencies.

Capstone: the Capstone was fully integrated into the overall program's curriculum in the summer of 2011. The Capstone process is integrated throughout students MPH training as they develop a scholarly product on a particular public health topic by demonstrating the breath of competencies acquired in the program. The students along with their Capstone Advisors identify competencies from the core, crosscutting and track competencies of the program. Students are required to demonstrate proficiency in these competencies on the Capstone paper as well as in the oral presentation. Evaluation of students is conducted in four stages:

- Capstone Advisor Assessment: in addition to assessing the students' overall performance during the Capstone, assesses the students' level proficiency towards the competencies used.
- Capstone Panel Evaluation (Paper): involves one member of the Capstone committee and two track faculty and focuses on the students' ability to meet and prepare their Capstone product based on guidelines that were identified by the students and their Capstone Advisors.
- Capstone Seminar Evaluation (Oral): three (3) faculty examiners listen to and question students based on their presentations and evaluate the students overall standard of students' Capstone.
- Student Assessment of Capstone Experience: relates to students' self-evaluation of their level of proficiency towards the competencies that were used.

As highlighted in Criteria 1, to date the programs is exceeding its objective of having 80% of Capstone students receive at least a B average on their Capstone paper per year.

Practicum: The practicum is a pass or fail course. Students, in collaboration with each site supervisor and the Practicum Coordinator, identify specific competencies that students are expected to demonstrate during the period of placement. The list of competencies are documented in a Practicum Agreement Form (see Practicum Manual file) and included in both the Site Supervisor and Student Evaluations, including mid-term and final evaluation assessments (See Practicum Manual). Upon receipt of mid-term evaluations, the Practicum Coordinator reviews the evaluations, appraises the Capstone and Practicum Committee of results, discusses areas of concern, if any and the resolutions. Based on the evaluations, the committee makes recommendations for any changes to the placement requirements. The Practicum Coordinator also uses the Final Evaluations and the submission of the Practicum Portfolio to determine if each student successfully met the requirement of their Practicum Agreement and the

level of expected competency attainment. The Practicum Coordinator evaluates the competency assessment by linking and reviewing each student's self-reported assessment of competency proficiency together with their site supervisor's review. This is to evaluate any differences in competency attainment. The program also uses the practicum completion rate to evaluate competency.

Graduation rates: The program has an established GPA of a minimum of 3.0 as its main requirement for graduation; Table 2.7.c.1. below highlights the program's graduation rates, given that students have 5 years maximum time to graduate (MTTG). Moreover, the program holds that any student achieving this GPA would have attained an overall competence in public health. Related to this, the program keeps track of the GPA of graduating students and notes that its students are meeting the expectations of the program.

The *National Board of Public Health Examiners' (NBPHE) Certified in Public Health (CPH)* examination was offered for the first time on the SGU campus in the Spring 2013. While the program does not currently require its students to take and or pass the examination, the program uses it an avenue through which it can assess competency attainment. The program's students and alumni who have taken the examination have, to date, recorded a minimum of a 90% pass rate. Since the CPH examination measures students' attainment of core and cross cutting competencies, this is a good indication of student learning in the MPH program.

Competency Assessments: These are self-reported by students using E*VALUE, a web-based system that allows users to manages data via an easy-to-access online resource that houses a variety of evaluations. The program uses it to allow students complete evaluations that the program assigns to them. Students are required to report their assessment based on the following scale: 4= above proficient, 3 = proficient, 2 = knowledgeable, 1 = aware, or 0 = not applicable. During this assessment, students self-evaluate their competency attainment on core, cross-cutting and track specific competencies. Table 2.7.a below presents data on students self-reported competency attainment for the last three academic years.

Exit Interview is a summative measure which is the program administers to all MPH graduating students and through which these students self-report their levels of proficiency.

Alumni Evaluations: the program electronically administers these evaluations for each academic year. The program uses the data to track the destination of alumni beyond the MPH program as well as to assess the relevance of the program's competencies to their worksites (through the Workforce Development Survey; see Accreditation Electronic Folder). For the academic year 2012-2013, we once more noted that the majority of our students are tracked towards a degree in medicine. As such, many of our graduates are dual degree students pursuing a Doctor of Medicine (MD) degree jointly with their MPH program. In Relation to this, the program also uses its Employer Survey to analyze competence on the core competencies.

2.7.b. *Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelor's, master's and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided. See CEPH Outcome Measures Template.*

In addition to the outcomes associated with service, research and scholarly activities, as noted in Criteria 3, the program specifically uses its educational objectives, as highlighted in Criteria 1, as the benchmarks for evaluating students' learning. Table 2.7b.1 highlights those educational objectives and the programs performance on them. The program holds that these effectively measure student proficiency.

Table 38: 2.7.b.1. Outcome Measures for evaluating student Achievement for the last 4 academic years

Outcome Category	Target	2011-2012	2012-2013	2013-2014	2014-2015
Graduation Rates	Maintain a graduation rate of 90% per cohort.	83%	63.9%	43.5%	15.4%
Practicum Completion	Maintain an annual successful practicum completion rate of at least 90% per cohort.	100%	100%	100%	*
Core Areas Competence	Annually, at least 90% of all graduating students will be evaluated in Public Health core competencies as at least	78%	71%	70%	*
Specialization/Track Competence	Annually, at least 90% of all graduating students will be evaluated in their track specialization as at least "proficient".	84%	74%	84%	*
	Annually, at least 90% of all graduating students will be evaluated in the Public Health cross cutting competencies as at least "knowledgeable".	73%	87%	87%	*
Capstone Performance	80% of Capstone students will receive at least a B average on their Capstone paper per year.	100%	100%	100%	*

***Note:** The program wishes to highlight, as noted in Table 4, criteria 1.2, that the graduations rates reflects the fact that the majority of the program's students are dual degree students. These students usually use a maximum time allowed to graduate. In addition, the program wishes to also highlight that students' competencies on core, cross-cutting and track-specific competencies are gathered at the end of their academic program. As such, for the academic year 2014-2015, the program does not yet have the data required.

In relation to this, originally, the program defined proficiency as an individual's ability to synthesize, critique, and teach the skill while demonstrating skills beyond the Master's level. After review and discussions initiated by the Evaluation and Planning Committee, the program arrived at a consensus that it should change definition of proficient to indicate "an individual able to apply and evaluate the skill". In keeping with its vision of being a centre of excellence, as noted in Criteria 1, the program added a fourth category on its competency assessment form to measure skills that are above proficiency, whereas the individual is able to synthesize, critique and teach the skill. The program uses numerical values for each level of competence, as presented in Criterion 2.7.a. Table 2.7.b.2 presents students self-reported competencies based on their specialization/ track.

Table 39: 2.7.b.2. Results of Competency Self-Assessment for the last three academic years

Competency Category	2011-2012				2012-				2013-2014				2014-2015			
	Above Prof.	Prof.	Know.	Aware	Above Prof.	Prof.	Know.	Aware	Above Prof.	Prof.	Know.	Aware	Above Prof.	Prof.	Know.	Aware
Core	44%	34%	5%	14%	28%	42%	13%	3%	30%	40%	16%	2%	*	*	*	*
Crosscutting	56%	17%	0%	1%	42%	45%	7%	1%	52%	35%	3%	1%	*	*	*	*
Epidemiology	50%	25%	0%	12%	52%	20%	0%	0	54%	42%	0%	0%	*	*	*	*
Environmental Occupational Health	67%	8%	0%	0%	27%	50%	14%	0	81%	6%	13%	0%	*	*	*	*
Health Behavior &	68%	25%	0%	1%	45%	28%	12%	6%	39%	41%	2%	0%	*	*	*	*
DVM/MPH	0	100	0	0									*	*	*	*
MD/MPH									53%	36%	11%	0	*	*	*	*

**Prof = proficient*

Know = knowledgeable

The program uses five years maximum time to graduate. During that period the program notes that it has a low level of attrition through dismissals and withdrawals. The program tracks its students throughout their MPH experience. This is of particular importance for the joint/dual degree students whose schedules require them to move back and forth between MPH and the other degree in the joint/dual degree option. MPH faculty advisors are responsible for keeping in contact with these students to ensure that they are progressing satisfactorily while taking courses in the other degree option; the majority of the program's students are in the joint/dual degree option. In relation to this, most Standalone students complete the program between 1-2 years while joint/dual degree students take longer. However, they complete they program within the five years allowed for completion. Table 2.7.b.3 presents data for each cohort in the program.

In 2011, the program noticed that the competency rating of proficient included both the application and synthesis (using Bloom's taxonomy) of the competency. The rating scale changed to make a clear distinction between application and synthesis. The program went from a scale with 3 rating categories to one with 4 rating categories. This separation in the rating did not impact the calculation of proficient as the new proficient includes both categories.

***Note:** The program wishes to again highlight that students' competencies on core, cross-cutting and track-specific competencies are gathered at the end of their academic program. As such, for the academic year 2014-2015, the program does not yet have the data required.

Table 40: 2.7.b.3. Students in MPH Degree, by Cohorts Entering by semester per academic years for the last four academic years

Years	Cohort of Students	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
2009-2010	#Students entered	54					
	# Students withdrew, dropped, etc.	9					
	# Students graduated	15					
	Cumulative graduation rate	27.8%					
2010-2011	# Students continuing	30	73				
	# Students withdrew, dropped, etc.	0	8				
	# Students graduated	13	26				
	Cumulative graduation rate	51.8%	35.6%				
2011-2012	#Students continuing	17	39	86			
	# Students withdrew, dropped, etc.	0	0	4			
	# Students graduated	11	26	16			
	Cumulative graduation rate	72.1%	71.2%	18.6%			
2012-2013	# Students continuing	6	13	66	87		
	# Students withdrew, dropped, etc.	0	0	5	10		
	# Students graduated	4	6	16	9		
	Cumulative graduation rate	79.5%	79.4%	37.2%	10.3%		
2013-2014	# Students continuing	2	7	45	68	77	
	# Students withdrew, dropped, etc.	0	0	2	2	0	
	# Students graduated	0	2	18	17	3	
	Cumulative graduation rate	79.5%	82.1%	58.1%	29.8%	3.8%	
2014-2015	# Students continuing	2	5	25	49	74	34
	# Students withdrew, dropped, etc.		2	2*	0*	2	1
	# Students graduated		1	5	12	9	
	Cumulative graduation rate		83.4%	63.9%	43.5%	15.4%	

The program routinely administers its Alumni Survey during the Fall semester. This survey generates data on destination of the MPH program's graduates. As highlighted in the program's Matriculation List (see file in the Accreditation Electronic Folder), the majority of the program's alumni continue onto graduate education in Doctor of Medicine, Doctor of Veterinary Medicine and other Doctoral programs including in public health core disciplines. Table 2.7.b.4 presents data on the destination of the program's alumni for the last three academic years.

Table 41: 2.7.b.4. Destination of Graduates by Employment Type for the last three academic years (2011-2012 to 2013-2014)

Status	Number			
	2011-2012	2012-2013	2013-2014	2014-2015
Employed	96 (30%)	98 (26%)	96 (30%)	*
Continuing Education/ training	221(68.8%)	269 (72%)	221(68.8%)	*
Actively seeking employment	4 (1.2%)	7 (2%)	4 (1.2%)	*
Not seeking Employment	-	0	-	*
Unknown	-	0	-	*
Total	321	374	321	*

Note: *Data are not yet available for the current academic year.

The program, using the same Alumni Survey, further monitors the destination of its graduation by specialization tracks. Table 2.7.b.5 presents data from the most recent alumni survey that the program administered.

Table 42: 2.7.b.5. Destination of Graduates by specialization

Track	Gov.'t	Non-profit	Health Care	Private Practice	Uni./ Research	Proprietary	Further Education	Non-Health Related	Not Employed
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Epi.	6	1	0	1	3	0	0	0	0
HP&A	10	2	0	0	1	0	0	0	0
EOH	4	1	0	2	2	0	0	1	0
DVM/ MPH	0	0	6	0	0	0	0	0	0
MD/ MPH	3	0	44	0	0	0	0	0	0
Overall	23 (24%)	4 (4%)	59 (61%)	3 (3%)	6 (6%)	0	0	1(1%)	0

Epi. – Epidemiology
 EOH – Environmental and Occupational Health
 MD – Doctor of Medicine
 HP&A – Health Policy & Administration
 DVM – Doctor of Veterinary Medicine

Also, one of the program's outcome measures is student overall GPA. Students are required to maintain a GPA of a minimum of 3.0 to remain in good academic standing. For students on track

to the Joint/dual MD/MPH or DVM/MPH degree options, a minimum GPA of 3.5 must be achieved either at the end of their first semester of MPH or at the end of MPH program to secure a place. This requirement, however, is required by the other degree option (MD or DVM) not by the program whose requirement is 3.0. Standalone students can be placed on academic probation if they fail to make the 3.0 during the first two semesters. Table 2.7.b.5 shows the distribution of graduating student’s grade point averages between the years for the last three academic years.

Table 43: 2.7.b.6. Categorical GPAs of Public Health Graduate Students

Academic Year	Below 3.0	3.0 - 3.49	3.5 – 3.9	4.0
2011-2012 (n=56)	0	13	39	4
2012-2013 (n=34)	0	17	17	0
2013-2014 (n=40)	0	18	21	1
2014-2015 (n=32)	*	*	*	*

Note: *Data are not yet available for the current academic year.

2.7. c. An explanation of the methods used to collect job placement data and of graduates’ response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

The program, as part of the Exit Interview, asks students about their plans after the completion of their MPH program. As noted above, the majority of the programs’ students are in the joint/dual degree options. As such, many of them continue as students in those programs. Every graduating student must complete the exit interview before they graduate. Therefore, the response rate is consistent with the program’s graduation rates, as highlighted in 2.7.b above. Additionally, the program annually administers its Alumni Survey to its graduates. The Deputy Chair of the program also functions as the program’s Alumni Relations Officer and in this capacity, electronically administers the survey.

2.7. d. In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program’s graduates on these national examinations for each of the last three years.

As noted in Criterion 2.7, while the program does not currently require its students to take and or pass the National Board of Public Health Examiners’ (NBPH) Certified in Public Health (CPH) examination, the program uses it an avenue through which it can evaluate student learning. As of the Spring of 2013, the program began offering the exam on campus. Thus far, there has been three seating (February and October 2013 and February, 2014). In the February seating, 20 students and alumni took the exam and 18 passed. In October, 10 students and alumni took the exam, 9 passed. In February 2014, 3 students and alumni took the exam and 1 passed.

2.7. e. Data and analysis regarding the ability of the program's graduates to perform competencies in an employment setting, including information from specific assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.

The program uses its Employer Survey (see Employer Survey file in the Accreditation Electronic Folder) to analyze its students ability to perform the core competencies in an employment setting. As is the case with the Alumni Survey, the Deputy Chair of the program electronically administers the survey to employers of the program's graduates. Furthermore, as highlighted above, the Deputy Chair administers the Alumni Survey. Through this survey, in addition to information on their employment, graduates self-report their level of preparedness based on their experiences throughout the program. Also, graduates identify the program's strengths based on these experiences.

2.7.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met with commentary.

Strengths

- The program employs a range of avenues through which it monitors and evaluates students' achievement of competencies.
- All areas of the program (core, cross-cutting and track-specific competencies are consistently measured.
- The program has measurable competency-based objectives that measure student's competencies.
- The program has a low attrition rate; indicative of a high graduation rate.
- The program includes student self-assessments as part of its assessment procedures.
- The practicum portfolio provides an opportunity for the assessment of competencies.
- The program has assessments to analyze its graduates' performance in a Public Health employment setting.

Areas for improvement

- The program acknowledges inconsistencies linked to the administering of Alumni Survey and Employer Survey compared to other program assessments.
- The program recognizes that Alumni Surveys and Employer Surveys were not analyzed as systematically as they should have been; through the Evaluation and Planning committee.
- The DPHPM recognizes a need for refining its Alumni Survey measures

Looking forward

- The program is exploring the option of administering the Alumni Survey and the Employer Survey on E*VALUE.
- The program intends to have all assessments administered and analyzed by the Evaluation and Planning Committee; emphasis here is on the Alumni and Employer surveys.

2.8. Bachelor's Degree in Public Health

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

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

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

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

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

2.8.a. Identification of all bachelor's-level majors offered by the program. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose.

This criterion is not applicable to the program.

2.8.b. Description of specific support and resources available in the program for the bachelor's degree programs.

This criterion is not applicable to the program.

2.8.c. Identification of required and elective public health courses for the bachelor's degree(s). Note: The program must demonstrate in Criterion 2.6.c that courses are connected to identified competencies (ie, required and elective public health courses must be listed in the competency matrix in Criterion 2.6.d).

This criterion is not applicable to the program.

2.8.d. A description of program policies and procedures regarding the capstone experience.

This criterion is not applicable to the program.

2.8.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

2.9. Academic Degrees

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

2.9.a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose.

This criterion is not applicable to the program.

2.9.b. Identification of the culminating experience required for each degree program. If this is common across the program's academic degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

This criterion is not applicable to the program.

2.9.c. Identification of the means by which the program assures that students in academic curricula acquire a public health orientation. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

This criterion is not applicable to the program.

2.9.d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is not applicable to the program.

2.10. Doctoral Degrees

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

2.10.a. Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

This criterion is not applicable to the program.

2.10.b. Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.

This criterion is not applicable to the program.

2.10.c. Data on student progression through each of the program's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See CEPH Template 2.10.1.

This criterion is not applicable to the program.

2.10.d. Identification of specific coursework, for each degree, that is aimed at doctoral-level education.

This criterion is not applicable to the program.

2.10.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is not applicable to the program.

2.11. Joint Degrees

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

2.11.a. Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

The program, as highlighted in Criterion 2.1.a, currently offers two joint/ dual degree options. The program offers an MD/MPH degree option in collaboration with the School of Medicine (SOM) and a DVM/MPH option in collaboration with the School of Veterinary Medicine (SVM). The goal of these offerings is to complement medical and veterinary training with a broad understanding of public health as well as to support the One Health One Medicine thrust; one of the program's core values. Students must meet the requirements of both programs.

The program notes that its semester system is designed in such a way that it does not conflict the MD or DVM programs' schedules (see schedules in the Program Policies and Procedures Handbook in the Accreditation Electronic Folder). Students, who enroll in these joint / dual degrees, interchange courses in both programs. For instance, joint/ dual degree students, for their first semester, take only MPH courses after which they do MPH courses on a limited basis during their respective medical and veterinary terms.

2.11.b. A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.

As highlighted above, joint/ dual degree students have the same overall requirements as standalone students. The program does not allow any student to substitute any requirement. The program notes though that while all MPH courses are 3 credits, courses in the SOM and SVM have different credit weight. Also, joint/ dual degree students must complete Seminar Series in Community Health, as presented in Criterion 2.2.b5 and 2.2.b.6, whereas standalone students are not required to take that course.

As presented in criterion 2.1, joint/ dual degree students complete the same course requirements as Standalone MPH students: 15 core credits, 12 program-required credits, 3 credits from electives and 12 track credits. The program notes that although it requires 12 track credits, MD/MPH students complete 14 as a result of curricula changes in the SOM where course were combined and credits for the 'new' course increased.

2.11.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The program offers two joint/ dual degrees in collaboration with other degree-granting unit within SGU.
- The joint/ dual degrees that the program offers serve to support the program's core value of One Health One Medicine
- The joint/ dual degrees which the program offers are highly consistent with its Standalone options.

Areas for improvement

- The program identifies no significant weaknesses for this criterion.

Looking forward

- The program plans to strengthen the two joint/ dual degrees it currently offers before exploring additional options.

2.12. Distance Education or Executive Degree Programs

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

2.12.a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

This criterion is not applicable to the program.

2.12.b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the program's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the program, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

This criterion is not applicable to the program.

2.12.c. Description of the processes that the program uses to verify that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

This criterion is not applicable to the program.

2.12.d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is not applicable to the program.

3.1. Research

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

3.1.a. Description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.

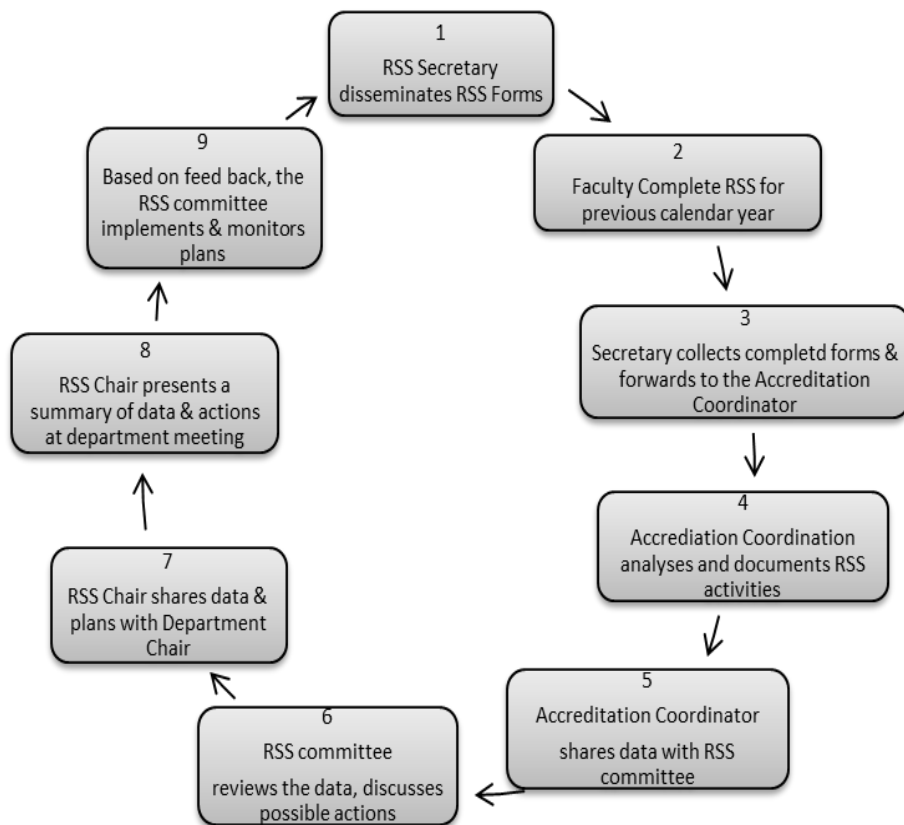
Research is an integral component of the MPH program's functioning, as highlighted in its vision and mission in Criteria 1.1.a. Moreover, the program has a goal and different objectives which specifically address and guide its research activities. As such, the research activities of the department play an important role in ensuring that faculty, students and local, regional and international partners have an interdisciplinary environment in which to engage in varied public health interests. Therefore, each member of faculty, as part of their professional responsibility, is expected to contribute individually and collectively to the department's research output. The program's faculty engages in both internally funded and externally funded projects on public health and public health aligned issues. Some of these projects have been published in peer-reviewed journals as well as governmental and non-governmental reports and or at professional conferences. While the program expects its faculty members who hold doctoral/terminal degrees to carry the bulk of its research outputs, the number of those faculty members, as explained in Criteria 4, has decreased. As a result, so did the program's research outputs as junior faculty lack the skills and motivation to engage in research. The sustainability of research, therefore, remains one of the program areas of concern.

Despite the challenges in this area, the program, through the Research, Service and Scholarly Activity (RSSA) committee, has undertaken different initiatives to address them. One such initiative is the Lunchtime Seminar, highlighted in 3.1.d.2 below. The program identifies this seminar as an excellent initiative but has a concern as it relates to faculty participation for various reasons; one of which is teaching responsibility/scheduling. The program's RSSA committee has the responsibility of overseeing all research, service and scholarly activities of the program. This committee, consists of faculty members, staff and students, that propose, document and review basic guidelines and benchmarks of these programmatic activities, as highlighted in criteria 1.5.a. Further to that, the RSSA committee is guided by the DPHPM's Research Strategic Plan (See Research Strategic Plan folder in the Accreditation Electronic Resource Folder).

The RSSA committee has an established cycle for the collation, analysis and reporting of all departmental research activities (see Figure 3.1a). The committee, at the beginning of every calendar year, through the RSSA committee secretary (a member of the administrative staff), disseminates the RSSA form (see RSSA Form file in the Electronic Folder) to every faculty member via email. Faculty members fill in the forms and submit to the secretary. The secretary

collects the completed forms and forwards them to the Accreditation Coordinator for analysis and documentation. The Accreditation Coordinator shares the analysis (see RSSA Analysis file in the Accreditation Electronic Folder) with the Chair of the RSSA committee. The RSSA Chair shares a copy with the Chair of the MPH program. The RSSA committee discusses the data, proposes possible courses of action and the chair of the RSSA committee presents a briefing at department meetings. Additionally, the RSSA committee undertakes activities to ensure the program does not jeopardize the RSS activities/ outcome measures that the program is currently meeting. The committee also implements initiatives that are geared at improving performance on measures with which the program is not satisfied. For instance, the RSSA committee has proposed a mentoring program through which it encourages senior faculty to mentor junior members. Although, the program observed a slow start, a number of senior faculty members have indicated their willingness to work with junior faculty on research projects. One such project is the Jackson Heart Study and another is the Obesogenics study.

Figure 9: 3.1.a RSS data collection, analysis and action cycle



Moreover, SGU considers faculty RSS activities as a criterion that is linked to faculty’s annual bonus payment as well as for promotion (See Performance Benefit Evaluation file in the Accreditation Electronic Folder). Through this measure, faculty’s performances are measured as being satisfactory or unsatisfactory based on the departmental determinations of what constitutes an appropriate level of productivity.

In relation to this, during the DPHPM's biennial retreat in the Fall of 2012 geared at reviewing the program's performance and to chart the way forward, after discussions on the goals and objectives related to Research and scholarly activities, stakeholders agreed that the benchmarks needed to be revised and more emphasis needed to be placed on research and scholarly activities. Consequently, in the Spring of 2013, the program adopted a revised goal and set of objectives for faculty research and scholarly activities as highlighted in criterion 1.1.d; the program added new objectives to the existing ones. The program uses the following as its current benchmarks:

- Submission of at least 1 grant application per academic year
- Submission of at least 1 article to a peer reviewed journal
- Present at 1 conference (regional or international) per year
- Increase faculty-student research & scholarly activities
- Increase community-based research

The program acknowledges that the nature of faculty contracts hinder its ability to enforce these benchmarks. Therefore, the program has had initial discussion with university administrators to modify the contract for MPH faculty so that scholarly activities, research included, can be part of faculty requirements.

As part of its procedures and functioning, the program updates its faculty research interests every academic year. The list is shared with members of faculty as well as with students. Table 3.1.1 below highlights the research interests of its primary and secondary (joint & adjunct) faculty.

Table 44: 3.1.a1. DPHPM Primary and Secondary Faculty Research Interests

Name	Title/ Academic Rank	Department	Research Interest
Omur Cinar Elci	Chair, Professor and Track Director	DPHPM	General public health, Occupational epidemiology; workplace evaluation and exposure assessment; health education
Satesh Bidaisee	Associate Professor and Deputy Chair	DPHPM	Emerging Infectious Diseases, Zoonoses, Food Safety and Food Security, One Health, One Medicine Concept
Martin Forde	Professor	DPHPM	Environmental and Occupational Risks, environmental toxicology, workplace evaluations and exposure assessments, applied ergonomics, zoonotic infections, biomedical waste management systems, reproductive health issues, recreational water quality
Emmanuel Keku	Professor	DPHPM	Chronic Disease Epidemiology: Cancer, Cardiovascular Diseases (CVD), Obesity, Nutritional Determinants of Chronic Diseases, Genetic Determinants of Diseases, and Clinical Trials. Infectious Disease Epidemiology - Emerging Infectious Disease, HIV and HPV
Hugh Sealy	Professor	DPHPM	Climate Change & Energy Policy, Sustainable Development Policy, Energy, Solid Waste Management, Water Supply, Wastewater Treatment
Cecilia Hegamin- Younger	Professor	DPHPM	Biostatistics, Health education, drug demand reduction, health outcomes
Roger Radix	Associate Professor	DPHPM	Childhood obesity, Health Policy and Management, Decision Making, Healthy Organizations, Presenteeism and Absenteeism, Nutrition, Stress and Chronic Disease, Prevention of Needle Stick Injuries and blood borne pathogens
Praveen Durgampudi	Associate Professor	DPHPM	Health Services Research and Management
Shelly Rodrigo	Associate Professor	DPHPM	Microbiology, Epidemiological Methods, Communicable diseases, zoonoses, environmental Epidemiology, Public Health

Name	Title/ Academic Rank	Department	Research Interest
Christine Richards	Instructor	DPHPM	Women's Health, Reproductive Health
Gerard St. Cyr	Instructor	DPHPM	Chronic diseases, the impact of climate change
Dianne Roberts	Instructor		Environmental Health, Land Degradation
Shantel Peters	Instructor	DPHPM	Community Based Research
Tessa St. Cyr	Instructor	DPHPM	Performance Management, Child Mental Health, Issues in Education, Policy making and Administration in Higher Education, Health Education, Child Mental Health,
Leselle Pierre	Instructor	DPHPM	Health Economics, Economic Evaluations in Occupational Health, Sexual Health Behavior
Andrew Cutz	Instructor	DPHPM	Indoor Air Quality, Industrial Hygiene
Jerry Enoe	Instructor	DPHPM	Spatial Epidemiology, Pandemic Influenza, Environmental Health
Rohini Roopnarine	Associate Professor (Joint)	SVM	Microbiology, Diagnostics Molecular biology
Carey Williams	Assistant Professor (Joint)		* No interests identified
Richard M. Kabuusu	Associate Professor (Joint)	SVM	Disease Mapping, Injury Epidemiology, Molecular Epidemiology, Historical Research, Zoonotic Infections
Calum Macpherson	Vice Provost, International Program Development / Dean, Graduate Studies Program/ Director of Research/ Professor (Joint)	SOM	Parasitology, Tropical Medicine, Epidemiology of Parasitic Zoonoses, Ultrasound for Tropical Parasitic Diseases
David Lennon	Professor (Joint)	SOM	Microbiology, Food Safety and Nutrition
Zara Ross	Professor (Joint)	SOM	Microbiology, Food Safety and Nutrition
Jacklyn Sealy-Burke	Part-time Instructor	Legal Counseling	Domestic Violence, Judicial Systems

Name	Title/ Academic Rank	Department	Research Interest
Cheryl Macpherson	Cox-Professor (Joint)	SOM	Palliation and end of life; Caribbean bioethics; Culture and bioethics; Research ethics; Bioethics education, Ethics in public health and health policy; Climate change and health
Rhonda Pinckney	Professor (Joint)	SVM	Zoonotic Diseases, Infectious Diseases, Parasites of Public Health Significance, Parasitic Diseases, Parasitology, Tropical Medicine, Community Outreach Programs
Susan Pasquini	Assistant Professor (Joint)	SVM	* No interests identified

Additionally, SGU financially supports faculty engagement in scholarly activities. As part of the faculty benefits, each full faculty member, after been employed by the university for one year, is entitled to one professional development activity per year. The university pays up to \$3,100.00 USD in expenses and allows faculty an additional \$200.00 USD as book allowance, as evidenced by the Faculty Contracts File in the Accreditation Electronic Resource Folder. The procedure for securing this support begins when the faculty fills out the required form (see form in the AERF). The faculty member then reviews the form to ensure that professional development activities do not coincide with professional duties and if they do that the necessary arrangements are made for coverage of those duties. Faculty members apply for a leave of absence if professional duties and professional activities are concurrent. Once this step is completed, the administration forwards the application to the Office of the Provost. The Provost informs faculty members of the decision to allow or deny the request. It is important to note though that the university does not determine the type of professional activities to which this support can be applied. The program has noted that both junior and senior faculty members make use of this resource. Additionally, the MPH program as part of the Graduate Studies in Grenada allows for faculty and students to receive additional financial support to attend and present their scholarly work in the amount similar to the Professional Development stipend at SGU.

Table 3.1.a.2 below gives an indication of faculty's professional development activities for the last three academic years.

Table 45: 3.1.a.2 SGU-supported Faculty's Professional Development Activities 2011-2014

Date	Faculty	Country	Course Name	Institution
May 9 - 12, 2014	Omur Cinar Elci	USA	Consortium of Universities for Global Health 5th Annual Conference	Consortium of Universities for Global Health (CUGH)
Apr. 10 - Jun 18, 2014	Tessa St. Cyr	Online (UK)	Module 2: Learners & Learning	University of Liverpool through Laureate Online Education
Mar 23 - 24, 2014	Shantel Peters	USA	Connect Conference 2014 - Houston Global Health Collaboration	Houston Global Health Collaboration
Nov. 2 - 4, 2013	Leselle Pierre	USA	2012 ASPPH Annual Meeting	ASPPH
Aug. 22 - 23 2013	Kamilah Thomas-Purcell	USA	Face-to-Face Seminar: Qualitative Data Analysis with Atlas TI	Qualitative Data Analysis with Atlas TI
Jul. 30 - Aug. 1, 2013	Martin Forde	USA	Climate Reality Leadership Corps Training Workshop and Seminar	The Climate Reality Project
Jun. 18 - 21, 2013	Emmanuel Keku	USA	46th Annual Society for Epidemiologic Research (SER) Meeting	Epidemiologist Conference
Jun. 28 - 29, 2013	Kamilah Thomas-Purcell	USA	8th Annual Health Leadership "Aha" Conference	Annual Health Leadership
May 6 - 8, 2013	Roger Radix	Canada	2013 Canadian Management	Talent Management Alliance
Apr. 15 - 26, 2013	Gerard St. Cyr	China	5th International Course on Epidemiologic methods	IEA Courses
Apr. 15 - 26, 2013	Shantel Peters	China	5th International Course on Epidemiologic methods	IEA Courses
Apr. 16 - 19, 2013	Praveen Durgampudi	UK	2014 International Forum on Quality and Safety in Healthcare	International Forum on Quality and Safety in Healthcare
Apr. 2, 2013	Omur Cinar Elci	USA	Professional Fundraising Workshop for deans, Department Chairs and Aspiring Academic Leaders	Advancement Resources
Nov. 2 - 5, 2012	Cecilia Hegamin-Younger	USA	American Evaluation Association Annual Meeting	Annual Conference of Evaluators
Oct. 27 - 31, 2012	Muge Akpinar-Elci	USA	American Public Health Association Annual Meeting	APHA

Date	Faculty	Country	Course Name	Institution
Oct. 27 - 31, 2012	Christine Richards	USA	American Public Health Association Annual Meeting	APHA
Oct. 27 - 31, 2012	Shelly Rodrigo	USA	American Public Health Association Annual Meeting	APHA
Oct. 27 - 31, 2012	Tessa St. Cyr	USA	American Public Health Association Annual Meeting	APHA
Oct. 27 - 31, 2012	Omur Cinar Elci	USA	American Public Health Association Annual Meeting	APHA
Oct. 19 - 21, 2012	Kennedy Roberts	Brazil	World Conference on Social Determinants of Health	World Health Organization
Aug. 14 - 16, 2012	Cecilia Hegamin-Younger	UK	The International Conference on Learning	The International Conference on Learning
Mar. 12th - 15, 2012	Praveen Durgampudi	Jamaica	Health Systems Strengthening: Systematic Reviews and Health Technology Assessment Workshop	Workshop
Nov. 18 - 21, 2011	Kamilah Thomas-Purcell	Bahamas	2011 Caribbean HIV Conference: Strengthening evidence to achieve sustainable action	Caribbean HIV Conference
Nov. 17 - 20, 2011	Satesh Bidaisee	USA	Global Conference on Education	University of Riverside
Oct. 29 – Nov. 2, 2011	Kennedy Roberts	USA	American Public Health Association (APHA) Annual Meeting	APHA
Oct. 29 – Nov. 2, 2011	Omur Cinar Elci	USA	American Public Health Association Annual Meeting	APHA
Sept. 8 - 10, 2011	Praveen Durgampudi	Mexico	ISPOR 3RD Latin America Conference	International Society of Pharmacoeconomics & Outcomes Research (ISPOR)
Jun. 27 – Jul. 15, 2011	Gerard St. Cyr	Italy	European Educational Program in Epidemiology	European Educational Program
Jun. 27 – Jul. 8, 2011	Shelly Rodrigo	UK	Introduction to Infections Disease Modelling	The London School of Hygiene and Tropical Medicine
Apr. 6 - 8, 2011	Martin Forde	USA	Clean Med 2011: Environmentally sustainable healthcare	

Date	Faculty	Country	Course Name	Institution
Jan. 3 – 8, 2011	Cecilia Hegamin-Younger	Hawaii	Hawaii International Education Conference	Hawaii International Education Conference

Additionally, SGU has a Research Day every 18 months during which the program’s faculty has the opportunity of presenting their research activities in a variety of formats: oral, round table and or poster. Some faculty members have participated in presentations while others were attendees.

To help faculty and students with the funding of their research, SGU employs a full-time Grants Coordinator who is located at WINDREF. The Grants Coordinator has conducted a presentation on grant writing for the program’s faculty members. Additionally, he makes a brief presentation to each group of incoming students at the program’s orientation exercise to highlight the presence and work of his office. The Grants Coordinator also forwards grant availability notices to the program’s faculty.

3.1.b. Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community based organizations. Formal research agreement with such agencies should be identified.

The program’s faculty members actively seek opportunities through which they can collaborate with local, regional and international agencies and organizations to conduct research on a variety of public health issues. There are multiple occasions when organizations and agencies have approached the program’s faculty to take the lead on research projects. For instance, recently the program responded to a request by the local Ministry of Health (MOH) to conduct training in Field Epidemiology.

The program has research agreements with each of the agencies/organizations that it engages in research. The agreements/contracts specify the terms of the agreements, highlighting the funding period, amount, deliverables and recipients of reports. In order to ensure that standard research protocols are adhered to, some faculty members submit their research proposal to the RSS committee for review by its review teams and upon approval, to the SGU Internal Review Board (IRB), which deals with research involving human subjects, and to the Institutional Animal Care and Use Committee (IACUC), which deals with research involving animal subjects, for final authorization. If the proposed research involves local governmental ministries and personnel, then they are also required to gain approval by the Research Oversight Committee (ROC) at the Government Ministries.

There are a variety of projects that are being conducted by faculty as part of the program’s response to needs expressed by community partners. The program’s faculty are currently engaged in community-based projects which are listed in Table 3.1.b.

Table 46: 3.1.b.1 Current Faculty Community-Based Research Activities

Project Name	DPHPM Faculty	Agency/ Collaboration
Nutmeg Project	Muge Akpinar-Elci	Grenada, Grenada Cooperative Nutmeg Association/ Ministry of Agriculture
Occupational Health & Safety Training	Muge Akpinar-Elci	Grenada, Grenada Cooperative Nutmeg Association
Sports For Health	Satesh Bidaisee	Grenada, Royal Grenada Police Force
Analysis of Motor Vehicle Accidents in Grenada	Satesh Bidaisee	Grenada, Royal Grenada Police Force
Snake Bite Analysis in Trinidad & Tobago	Satesh Bidaisee	Trinidad & Tobago, Eastern Regional health Authority
Stray Dog Control for Grenada	Satesh Bidaisee	Grenada, Ministry of Health, Environmental Health Unit
Work Stream 2 - Implementation of all the elements of decision 1/CP.17, (b); Matters related to paragraphs 7 and 8 (ADP)	Hugh Sealy	Grenada, United Nations Framework Convention on Climate Change
Exploring a Framework for a Solar Regional Nationally Appropriate Mitigation Actions (NAMAs) for the Caribbean	Hugh Sealy	World Bank
Evaluate implementation of drug curricula for preschool teachers in Grenada	Cecilia Hegamin-Younger	Grenada Drug Secretariat
Secondary School students drug prevalence	Cecilia Hegamin-Younger	Grenada Drug Secretariat , CICAD
Analysis of prison inmate drug use	Cecilia Hegamin-Younger	Grenada Drug Secretariat
Validation of secondary school drug prevalence survey	Cecilia Hegamin-Younger	Comision Interamericana para el Control del Abuso de Drogas (CICAD)
Understanding drug use in secondary school students	Cecilia Hegamin-Younger	Global Health Collaborating Center, Grenada Drug Secretariat
Disaster Risk Management Plan for the agriculture sector 2013-2018	Dianne Roberts	Guyana, Ministry of Agriculture/FAO

Project Name	DPHPM Faculty	Agency/ Collaboration
An analysis of current and projected protected area financing in the State of Grenada	Dianne Roberts	Grenada, Ministry of Agriculture/UNDP
Implementing a “Ridge to Reef” approach to protected biodiversity and ecosystem functions within and around protected areas in Grenada: Ecological and socio-economic conditions of communities in the Beausejour Watershed	Dianne Roberts	Grenada, Ministry of Agriculture/UNDP
Summary of baseline investments with respect to the environment sector (protected area, sustainable land, water and forest management)	Dianne Roberts	Grenada, Ministry of Agriculture/UNDP
Research group: Implementation of Research Projects on Health Services & Health Economics	Praveen Durgampudi	St. Lucia, Ministry of Health
Katrina Project: Impact on Mississippi and Louisiana	Emmanuel Keku	USA, University of Mississippi, Jackson State University
Review of Grenada Solid Waste Primary School education program	Roger Radix	Grenada, Ministry of Health/Grenada Solid Waste Management Authority
Evaluation of sickle cell knowledge in secondary school teachers	Roger Radix	Grenada, Grenada Sickle Cell Association
Grenada Schools Nutrition Study	Roger Radix	USA, Louisiana State University & Grenada, WINDREF
SGU East Caribbean Bee Research and Extension Center (improving the health & productivity of bees in Grenada)	Rhonda Pinckney	Grenada, Government of Grenada
National Exotic Pest and Disease Surveillance (Africanized Bees)	Rhonda Pinckney	Grenada, Ministry of Agriculture
A Survey of Grenada Bees, Disease prevalence, Resistance and virulence of insect/pathogens to test the efficacy of formic acid, thymol and oxalic acid against <i>Varroa destructor</i> and <i>Acarapis woodi</i> mites (Project trials and Bee Survey Part II)	Rhonda Pinckney	USA, United States Department of Agriculture Agricultural Research Service (USDA ARS), University of Florida, the National Science & Technology Council and Hemispheric Enterprises

3.1.c. A list of current research activity of all primary and secondary faculty identified in 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. This data must be presented in table format and include at least the following: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based, and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported elsewhere. See CEPH Data Template 3.1.1.

Table 3.1.c.1. below reports the research activities in the program for the last three years 2011-2014.

Table 47: 3.1.c.1 Research Activities of Primary and Secondary Faculty, 2011 – 2014

Project Name	Principal Investigator	Funding Source	Funding Period Start/End	Amount Total Award (USD)	Amount Current Year (USD)	Community Based Y/N	Student Participation Y/N
2011 FUNDING							
Caribbean Eco-Health Programme: Public and Environmental Health Interactions in Food and Water-Borne Illnesses	M. Forde	International Development Research Centre (IDRC)	2007 -2012	1,671,817	92,587	Y	Y
Ethics Issues and Challenges in Global Population Health Research Partnerships	M. Forde	International Development Research Centre (IDRC)	2010 -2012	70,655	30,282	Y	N
Implementing Renewable Energy and Preventing Land Degradation: An Intervention in the Nutmeg Industry in Grenada	M. Akpinar-Elci	Global Env. Facility/Small Grants Programme (“GEF/SGP”), CDC/NIOSH	2010 -2012	GEF 50,000 CDC/NIOSH (in kind) 50,000	35,000	Y	Y

Project Name	Principal Investigator	Funding Source	Funding Period Start/End	Amount Total Award (USD)	Amount Current Year (USD)	Community Based Y/N	Student Participation Y/N
2011 FUNDING (cont'd.)							
Reducing needle stick injury among healthcare workers	O.C Elci, S. Bidaisee	PAHO	2011-2012	11,550	11,550	Y	N
The Use of Theatre as a Medium to Educate: Grenada Secondary Schools Theatre Production for the Sensitization of Risks and Prevention of HIV/AIDS	M. Akpinar-Elci, A. Larsen	US Ambassador's HIV/AIDS Fund	2011-2012	6,000	6,000	Y	N
Students Prepared and Informed to Combat AIDS (SPICA)	K. Thomas-Purcell	SGU Small Research Grant Initiative	2011-2012	2,268	2,268	Y	Y
Outbreak investigation of fish mortality	R. Kabuusu	Produmar Fish Farm	2011-2014	65,000	21,666	Y	Y
Enterically-transmitted viral hepatitis in pigs in Grenada	R. Kabuusu	SGU School of Veterinary Medicine	2011-2012	8500	8500	Y	N
Multi-Locus Sequence Typing of fluoro-quinolone-sensitive and – resistant Campylobacter isolates from Grenadian poultry; A basis for ecologic investigation	D. Stone	SGU Small Research Grant Initiative	2011	3000	3000	Y	Y

Project Name	Principal Investigator	Funding Source	Funding Period Start/End	Amount Total Award (USD)	Amount Current Year (USD)	Community Based Y/N	Student Participation Y/N
2011 FUNDING (cont'd.)							
Caribbean Solar Finance Programme	H. Sealy	UN Industrial Development Organisation (UNIDO), The Organization of American States	2011-2012	40,000	40,000	N	N
Case Study of Water Management and Maladaptive System Traps on a Small Island Developing State	B. Neff	The University of Waterloo	2011-2012	8,109	8,109	Y	Y
Katrina Project: Impact on Mississippi and Louisiana	E. Keku	NIH Granted Institutions: University of Mississippi	2008-2011	975,000	Probono	Y	N
Jackson Heart Study, Jackson, MS (Phase II)	PI: H. Taylor, Co-Inv: E. Keku	National Heart, Lung and Blood Institute	2005-2013	1,500	Probono	Y	N
A systematic review of HIV/AIDS research in PANCAP and TCHARI countries across the decade, 2002-2011	A. Sebro, K. Thomas-Purcell, E. August		2011		Probono	Y	N
Sports for Health	C. Macpherson S. Bidaisee	The House of Lords, UK, K.B.T. Global Scholars Program	2011-2012	10,100	Probono	Y	Y

Project Name	Principal Investigator	Funding Source	Funding Period Start/End	Amount Total Award (USD)	Amount Current Year (USD)	Community Based Y/N	Student Participation Y/N
2012 FUNDING							
Reducing Needle Stick Injury Among Healthcare Workers	M. Akpinar-Elci	PAHO	2012	11,550 US	11,550 US	Y	N
Revitalizing the Nutmeg Industry	M. Akpinar Elci S. Bidaisee	The Canadian Fund for Local Initiatives	2012	20,500 CAN	20, 500 CAN	Y	Y
Grenada Schools Nutrition	R. Radix	International Development Research Centre (IDRC)	2012	300,000 US	????	Y	Y
Focus on Youth Caribbean-Grenada	K. Thomas-Purcell C. Richards	SGU/WINDREF Small Research Grant Initiative	2012	1,718 US	1,718 US	Y	Y
Evaluation of PATHWAYS	K. Thomas-Purcell	amFAR, The Foundation for AIDS Research	2012	20,000 US	20, 000 US	Y	N
2013 FUNDING							
Breaking Barriers: A Human Rights Intervention	M. Akpinar-Elci S. Bidaisee	The Canada Fund for Local Initiatives	2013	21, 000 CAN	21, 000 CAN	Y	N
Planning Grant for Chronic, Non-Communicable Diseases and Disorders Across the Lifespan: Fogarty International Research Training Planning Award	E. Keku M. Akpinar-Elci	NIH NCD-Lifespan D71 Planning Grant	2014-2016	50,000 US	-	Y	N

Project Name	Principal Investigator	Funding Source	Funding Period Start/End	Amount Total Award (USD)	Amount Current Year (USD)	Community Based Y/N	Student Participation Y/N
2013 FUNDING cont'd							
Grenadian Schools Nutrition	Roger Radix	IDRC	2012 (3years)	300,000 US		Y	Y
Revitalizing the Nutmeg Industry	M. Akpinar-Elci	The Canada Fund for Local Initiatives	2013	20, 500 CAN	20, 500 CAN	Y	Y
Bioethics and Health in the Caribbean: Climate Change	Cheryl Cox-Macpherson	The Wellcome Trust, Ethics and Society	2013	8,000US	8,000US	Y	N
Campylobacters from human cases of diarrhea, their genotypes, and drug susceptibility patterns.	Harry Harriharan	SGU/WINDREF Small Research Grant Initiative	2013-2012	5,000US		Y	Y
Grand Challenges Explorations grant: Managing Diseases and Pests of Honey Bees to Improve Queen and Colony Health, Survivorship and Pollination	Rhonda Pinckney		2013-2014	40,000US	11, 907US	N	N
A Survey of Grenada Bees, Disease prevalence, Resistance and virulence of insect/pathogens to test the efficacy of formic acid, thymol and oxalic acid against <i>Varroa destructor</i> and <i>Acarapis</i>	Rhonda Pinckney	SGU/WINDREF Small Research Grant Initiative	2013	11, 036US		N	N

<i>woodi</i> mites (Project trials and Bee Survey Part II)							
Identification of Parasites in Related Species of Commercially important fish – Dolphin fish (<i>Coryphaena hippurus</i>) and Jacks – Bigeye scad (<i>Selar crumenophthalmus</i>)	Rhonda Pinckney	SGU/WINDREF Small Research Grant Initiative	2013	3,000US		N	N
2014 FUNDING							
Development of diagnostic protocols for diseases affecting Grenadian honeybee apiaries	Rhonda Pinckney	SGU/WINDREF Small Research Grant Initiative	2014	5,000US	5,000US	N	N
Building research capacity in Caribbean and Latin American nations	Cheryl Cox-Macpherson	NIH/Fogarty	2014	1,100,000US		N	N
Grenadian women's perspectives on screening for breast and cervical cancer	Christine Richards	Franklin Kenyon Agneski Trust Endowed Cancer Research Award	2014	8,862US	8,862US	N	N
Grenadian Schools Nutrition	Roger Radix	IDRC	2012 (3years)	300,000 US		Y	Y
Dissemination of Ethics Report on Ethical issues and challenges in global population health research partnerships	Martin Forde	IDRC	2014 (2 years)	15,260CAN		N	N

Project Name	Principal Investigator	Funding Source	Funding Period Start/End	Amount Total Award (USD)	Amount Current Year (USD)	Community Based Y/N	Student Participation Y/N
2014 FUNDING cont'd							
Evaluation of the Grenada Sports for Health Program	Calum Macpherson	United Kingdom, House of Lords	2014 (4 years)	28,000US		N	Y

3.1.d Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (eg. Citation references), extent of research translation (eg. adoption by policy or statute), dissemination (eg. publications in peer-reviewed publications, presentations at professional meetings) and other indicators.

As noted in Criterion 1.1, the program has adopted several objectives that were created as its measurable objectives for research. The program tracks its performance on different areas that are related to its outcome measures.

In relation to the program's research-related outcome measures, Table 3.1.d illustrates the program's performance between 2011 and 2013. The program has noted that, despite, the global economic situation and the inherent limited funding for projects, it has performed quite well met its outcome measures consistently in undertaking public health related projects. Moreover, though the program has experienced a small reduction in the number of grants received, it has more or less maintained the amount of research dollars its faculty has brought in through these grants. After a general review, the program concluded that the loss of some of its more experienced faculty/researchers can be credited for its performance on some measures.

Table 48: 3.1.d.1 Outcome Measures for Research

Outcome Measure	Target	2011	2012	2013	2014
To increase the number of public health research projects that DPHPM faculty members undertake annually (base line year of 2011). (data consistent with criteria 3.1)	25	30	35	39	41
To annually increase the number of new grants submitted by DPHPM faculty members to undertake research or other scholarly activities (2011). (data consistent with criteria 3.1)	10	12	13	9	11
To increase the number of annual publications by DPHPM faculty members (base line year of 2011). (data consistent with criteria 3.1)	30	40	58	33	31
To increase the number of MPH student-faculty research projects by at least 10%, by 2014; excluding Capstone. (data consistent with criteria 3.1)	25	33	35	27	24 (-27%)

The program has recognized the need and importance of stabilizing these activities and has undertaken initiatives to improve these areas. Moreover, as noted before, the program is aware that most of their junior faculty members are not as engaged in research and scholarly activities. This is negatively impacting the programs research outputs. Thus far, the program, through its Research, Service and Scholarly Activities (RSSA) committee, has embarked on a departmental seminar series through which different faculty members and other stakeholders present on their current research endeavors and or research interest areas at least once per month. The RSS Committee hosted a number of presentations since this initiative began. Table 3.1.d.2 below highlights these presentations.

Table 49: 3.1.d.2 DPHPM Lunchtime Seminar Presentations

Date	Presenter	Title/Position	Organization/Affiliation	Title of Presentation
11 th Feb. 2014	Martin Forde, ScD	Professor	SGU: Department of Public Health & Preventive Medicine, Grenada	What's in the Caribbean baby?
4 th Mar. 2014	Elizabeth Limakatso Nkabane-Nkholongo,	Public Health Nurse/ Country Director	Lesotho, South Africa: Lesotho-Boston Health Alliance (LeBoHA)	Lesotho's Health Care System and LeBoHA'S Approach
18 th Mar. 2014	Kimberly Jungkind, MPH, RN	Director of Clinical Support Services	SGU: Office of the Dean of Basic & Allied Health Sciences	Einstein's Table: The Search to find a cure for Chronic Hepatitis B
26 th Aug. 2014	Martin Forde, ScD	Professor	SGU: Department of Public Health & Preventive Medicine	Applying for an NIH grant
16 th Sept. 2014	Marie Swanson, PhD	Professor & Associate Chair	Department of Public Health, Indiana University	Global Health Diversities and Disparities
30 th Sept. 2014	Omur Cinar Elci, MD, Phd	Department Chair	SGU: Department of Public Health & Preventive Medicine	Public Health Workforce Development in Mozambique Catholic University of Beira
14 th Oct. 2014	Shelly Rodrigo, PhD	Associate Professor	SGU: Department of Public Health & Preventive Medicine	Practical Tips: Lessons Learned from the Caribbean Grant Writing Workshop
20 th Jan 2015	Tessa St. Cyr, MSc	Instructor	SGU: Department of Public Health & Preventive Medicine	Completing the RSS forms
27 th Jan. 2015	Lucille Adams-Campbell, PhD	Professor	Georgetown Lombardi Comprehensive Cancer Center	Obesity, Metabolic Syndrome & Breast Cancer Risk
10 th Feb. 2015	Juliet Enow	MPH Student	SGU: Department of Public Health & Preventive Medicine	Building a Functional Lab from Scratch: Learning New Skills
24 th Feb. 2015	Andrew Cutz, CIH	Instructor	SGU: Department of Public Health & Preventive Medicine	What is an Industrial Hygienist

The program expects this initiative will serve to further spark the interest of all faculty members and students to engage in research and scholarly activities. Moreover, as explained in 3.1.a, the RSS committee has proposed a mentorship/matching program through which less experienced faculty, in terms of research and scholarly activity, are mentored by another more experienced faculty member. While some senior members are working with junior faculty, the program has not yet officially adopted the mentorship plan. Additionally, the program has endeavored to engage as many students as possible in research activities with faculty. For instance, for every incoming class, the program presents the students with a list of faculty's current research activities and encourages them to dialogue with these faculty members to explore the possibility of collaborating with them.

3.1.e. Description of student involvement in research.

Students in the program have institutional support for engaging in research. As noted before, the University makes available the SGU Small Research Grant Initiative to students, although applications must be made on their behalf, and faculty who express interest in conducting research (see <http://www.sgu.edu/research/pdf/small-research-grant-initiative-guidelines.pdf>). This fund provides up to \$5,000 USD for each project. Faculty and students who get papers accepted at International conferences are also able to obtain travel and conference registration through the Graduate Studies Program. This provides an additional conference attendance to the faculty professional travel award. At the program level, students are provided with a list of faculty research interests and current research endeavors to give them an idea of the research activities of the program. Students have the opportunity to work with faculty on ongoing research activities. Some students have co-authored articles with faculty; some of which have been submitted to and accepted for publication in peer-reviewed journals. In addition, to the research undertaken with departmental faculty, as highlighted in Table 3.1.d above, many students also lead research studies while pursuing their MPH degree. The majority of these research endeavors are linked to their Capstone projects. Students have a range of Capstone options; however, many of them are opting to undertake research (See Students Capstone Research Activities in the Accreditation Electronic Resource Folder). Students also participate in SGU's Research Day activities which are held every eighteen months.

Students in the program have also engaged in community outreach and prevention programs and activities. The Windward Islands Research and Education Foundation's (WINDREF) Sports for Health program used personnel from PHSA and Humanitarian Service Organization (HSO) at SGU to collect additional data. WINDREF's intention for this data was to show improvements among the Sports for Health participants in an effort to encourage increased physical activity across the island to counter the increasing chronic disease burden. Additionally, screening techniques for chronic diseases were performed during data collection. An example of screening was the use of the IPSWITCH Touch Toe Test to check for diabetic peripheral neuropathy. Students participating gained practice in taking pulses, blood pressures, histories, and physical measurements. At the end of the summer 2012 term, PHSA and the Department of Public Health and Preventive Medicine formed a committee to collaborate with WINDREF and the Grenada Ministry of Health on a media project for National Diabetes screening and awareness. The PHSA also worked with the Ministry of Health in facilitating a Health Expo in early 2014 to help raise awareness for chronic diseases and the changing health system.

This is the beginning of collaboration in community education that PHSA hopes to develop. Additionally, some students, though not many, have either presented their research findings or submitted their Capstone papers for publication in peer-review journals. The program acknowledges that some of the Capstone papers that students present do not meet the standard for publication in a peer-reviewed journal.

3.1.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met with commentary based on the following highlights:

Strengths

- The program's RSS Committee has established guidelines and procedures for research, service and scholarly activities.
- There is institutional support for faculty and student engagement in research and scholarly activities through small grants
- University administration has articulated new support for faculty involvement in research and service. WINDREF and the Office of Research administer initiatives geared at support faculty and student engagement in research. Both provide resources and support to facilitate the department's research and scholarly activity goals.
- A full-time Grants Coordinator who assist faculty with their grant applications has been hired.
- The university has an Institutional Review Board (IRB) and Institutional Animal Care and Use Committee (IACUC) that provides ethical oversight for all research projects in Grenada. SGU's IRB is registered with Department of Health and Human Services (DHHS) at NIH.
- The Research Oversight Committee provides support for all research activities between faculty members at SGU and local, regional and international agencies and organizations.

Areas for improvement

- Though research is an inherent part of the university's mission, there is no policy that mandates members of faculty to engage in research and scholarly activities.
- Few students are opting to submit their research papers for publication in peer review journals.
- The opportunities for students to conduct research are limited by the structure of the program. In the first term, students have minimal time to participate/collaborate in research. After the first term, most students move into medical school and do not have a chance to engage in research until the following summer.

Plans relating to this criterion

- The program plans to continue its efforts, in collaboration with the university's administration, to revise faculty appointments/contract to include the requirement of research activities as part of their professional responsibilities.
- The program intends to explore avenues through which Capstone Advisors and or other faculty members can collaborate with students to transform their Capstone products into publishable articles.
- The program is also considering hiring faculty with a main appointment will be research.

3.2 Service

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

3.2.a. A description of the program's service activities including policies, procedures, and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

The program uses a combination of service learning, student association activities, community-based activities and working relationships with a variety of organizations as avenues through which its faculty and students can provide services to the wider public. The program's mission statement, goals, and objectives indicate its value of faculty and student service. The RSSA committee identifies guidelines/outcomes for the program's service activities, measures, monitors and proposes actions to improve the program's performance on the established measures.

Each member of faculty is expected to actively contribute to the program's service outputs. As highlighted in Figure 3.1.a, the program has a set data collection cycle which include the collection, analysis and reporting on faculty's service activities. Moreover, as part of SGU's performance benefit program, faculty members report on the service activities within the university, the wider community as well as professionally-related activities (See Performance Benefit file in the Accreditation Electronic Resource Folder). The program notes, however, that, as is the case with research, faculty contract do not mandate faculty to engage in service activities. Despite this, the program acknowledges the MPH is a professional degree; an inherent component of which is service. It therefore supports faculty engagement in service activities by time release, expert advice and guidance.

Moreover, as highlighted in Table 3.2.c, some of the program's faculty members hold membership in the Grenada Public Health Association (GPHA). These members also engage in the service activities of the association. Additionally, different governmental and community agencies seek the assistance of the program's faculty in responding to a variety of issues. In relation to this the CAB continues to play an important role in assisting the program with identifying the needs of the community.

3.2.b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.

Both the university and the program place strong emphasis on community and professional service activities. The service activities of the program's faculty is not limited to public health and public health-related activities but include other activities based on their general expertise, qualification and experience. As highlighted in 3.2.a above, SGU's performance benefit program has specific components that address faculty members' service activities. Furthermore, the program's vision and mission points stakeholders' attention to the importance of service on different levels. Additionally, the program has specific goals and objectives, as noted in 1.1 that emphasize service and the RSS committee that is charged with guiding monitoring the program's services activities, in collaboration with the Evaluation and Planning committee.

3.2.c. A list of the program's current service activities, including identification of the community, organization, agency or body for which the service is provided and the nature of the activity over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.

The program's faculty members engage in a variety of service activities, as highlighted in 3.2.a above, and with a variety of organization. Faculty members service activities are inclusive of both professional public health related activities as well as activities that are aligned to their experience and qualifications but which may not necessarily be public health related. Table 3.2.c. below identifies some of the service activities of the program's faculty for the last four years.

Table 50: 3.2.c. Faculty Service from 2011 to present

Faculty member	Role	Organization	Activity or Project	Year(s)
Omur Cinar Elci	Member of the Board of Directors	Global Health through Education Training and Service (GHETS)		
	Member	Editorial Board Turkiye Klimkleri		2011-to present
	Member	ASPPH Global Health Comm.		2013 to present
	Reviewer			
Muge Akpinar-Elci	Consultant	Government of Grenada	Land Degradation Project	2011, 2012
	Member of Advisory Board	Turkiye Klinikleri Journal of Medical Sciences		2011-2013
	Associate Editor	Journal of Natural & Environmental Sciences		2011-2013
	Member	Environmental & Occupational Health Assembly	Planning Committee of ATS	2011-2013
	Member	SGU School of Veterinary Medicine, Occupational Health & Safety Committee		2011, 2013
	Consultant	Government of Grenada	Occupational health and safety training for the Royal Grenada Police Force	2012
	Technical Advisor	Grenada Cooperative Nutmeg Association (GCNA)	Worked with GCNA administration and staff on Occupational Health & Safety	2013

Shelly Rodrigo	Mentor	Caritas Grenada		
	Consultant	Ministry of Health St Lucia	Integrated Disease Surveillance and Epi Info training	
	Member	Grenada Public Health Association (GPHA)	Discussions and actions for public health needs in Grenada	
Dianne Roberts	Consultant	Government of Grenada	Coordinating the Implementation of Sustainable Land Management Project	2011
	Consultant/Project Manager	Government of Grenada	Provided leadership in the management of the Capacity Building and Mainstreaming of Sustainable Land Management Project in Grenada	2012
	Disaster Risk Management Consultant	Government of Grenada	Present the results of the FAO-funded research study on the status of disaster risk management plans within the Caribbean & facilitated the Regional Writeshop on Disaster Risk Management for floods and drought in CARICOM Member States	2012
	Advisor	Government of Grenada	Assisted the Ministry of Education's Tourism Education Program to raise awareness of environmental management/wise environmental use within the context of the tourism industry	2012
	Watershed Expert Manager	Government of Grenada	Conducted an assessment of the ecological and socio-economic conditions in the Beausejour Watershed; presented a comprehensive list of interventions to facilitate completion of the full project document for the "Ridge to Reef" project designed to enhance management of protected areas	2013

	Consultant	Government of Grenada	Documented the financial investments and projected financing needs for protected area, sustainable land, water and forest management in the State of Grenada Conducted an assessment of the policy, legislative and governance frameworks for sustainable land, forest and protected area management.	2013
	Coordinator	Government of Grenada	Coordination of the Caribbean Regional Fisheries Mechanism-ACP FISH II Regional Fisheries Prosecution Workshop hosted in Grenada.	2013
	Presenter	Holy Innocent Anglican School	Presented lecture on “Best practices for conserving the environment” at the Holy Innocent Anglican Primary School Camp	2013
Cecilia Younger Hegamin-	Consultant	Government of Grenada	Grenada Drug Information Network	2011
	Reviewer	American Educational Research Association Annual Conference		2011
	Reviewer	American Evaluation Association Annual Conference		2011
	Member	Dissertation Committee: “Predicting Success in Physical Therapy Programs		2011
	Technical Specialist	Government of Grenada	Consultation for the Grenada Drug Secretariat	2012-2013
	Technical Specialist	OAS	Consultation for the Secondary School’s Drug & Substance use and abuse	2012
	Consultant	Government of St. Lucia	Health Insurance Prioritization	

Martin Forde	Advisor	Caribbean Academy of Sciences (CAS)/Inter-American National Academies of Sciences (IANAS)	Provide expertise on water related issues for the Caribbean	2013
	Member	Grenada Public Health Association (GPHA)		2013
Emmanuel Keku	Consultant	Government of Grenada	Grenada National Advisory on Chronic Non-communicable Disease Prevention and Control, Grenada Chronic Diseases Task Force	2011-2013
	Consultant	Government of Grenada	Grenada Heart Project	2011-2013
	Consultant	Government of Grenada	National Disaster Management Authority	2011-2013
	Consultant	Government of Grenada	Assist Ministry of Health with surveillance-related activities	2011-2013
	Presenter	Full Gospel Business Men's Fellowship International	Workshop in Chronic Disease, Risk Factors and Prevention and Churches	2011-2013
	Member	Science Advisory Board	Symposium of Human Papilloma Virus (BIT's HP)	2011, 2012
	Section Reviewer	American Public Health Association (APHA)	Epidemiology Section Reviewer, Society for Epidemiologic Research Conference	2013
	Member	SGU team	Reducing the Incidence of Domestic Canine Associated Human Rabies In Selected West African Countries (RIWA).	2013
	Grant Reviewer	South African National Research Foundation (NRF), Research and Innovation Support and Advancement (RISA)	Grant reviewed: Project Title: IYEZA Project: Botanical Medicines for Diabetes & Hypertension in Eastern & Western Provinces. Submitted by Dr. Gail Hughes, University of the Western Cape	
	Reviewer	International Journal of	A peer-reviewed scientific journal	

		Environmental Research and Public Health (IJERPH) (ISSN 1660-4601; CODEN: IJERGQ),	published by Molecular Diversity Preservation International (MDPI), Basel, Switzerland	
	Reviewer	Journal of the National Medical Association (JNMA)		
	Reviewer	African Journal of Traditional, Complimentary and Alternative Medicine (AJTCAM)		
Fatima Friday	Instructor	Western Cops	Health & Wellness Fitness Instruction	2013
	Instructor	International Federation of Medical Students Association (IMFSA)	Yoga and Fitness activities for Primary School students	2013
Rohan Jeremiah	Advisor	UN Women and USAID	Partnership for Peace, Gender Responsibility	2011, 2012
	Advisor	PEPFAR Caribbean		2011
Hugh Sealy	Advisor	Government of Grenada	Prepared the energy section of the annual budget statement of the Ministry of Finance	2011
	Advisor	Government of Grenada	Assisted Grenada Solid Waste Management Authority to develop and publish the Terms of Reference for Waste-to-Energy facility	2011
	Advisor	Government of Grenada	Negotiated with the OAS to obtain technical assistance funding for the development of a Geothermal Bill	2011
	Member	Government of Grenada/ Geothermal Energy Committee	Negotiated with Grenada Electricity Company (GRENLEC) on the Geothermal Concession Agreement	2011
	Advisor	Government of Grenada	Prepared a wind turbines lease agreement	2011

			for signing between the government and GRENLEC	
	Consultant	Governments of Grenada /SGU	Prepared a technical and financial proposal for creating a climate change headquarters	2011
	Advisor & Negotiator	Government of Grenada	Energy and sustainable development advisor and attendant for AOSIS at different international meetings	2011
	Member	United Nations Framework Convention on Climate Change (UNFCCC)	Small Island Developing States (SIDS) Executive Board of the Clean Development Mechanism (CDM)-setting policies and regulating the CDM	2012
	Vice Chair	UNFCCC	Methodologies Panel of the SIDS Executive Board-Policy review & regulation	2012
	Advisor	Government of Grenada	Energy and Sustainable Development advisement, development and implementation of the Government's Energy Policy	
	Mentor	GRENLEC/ Grenada Boys Secondary School (GBSS)	Assisted the finalists (GBSS) in the Annual Inter-Secondary School Debate	2012
Gerard St. Cyr	Presenter/Facilitator	Government of Grenada	Lecture presentation on Leadership Skills for the Department on Youth Empowerment and Sports	2011
	Consultant & Supervisory Committee Secretary	Grenville Co-operative Credit Union	Supervise and evaluate adherence to policies and procedures of the organization	2011-2013
	Coach	Community Basketball Development (Antidrug use/abuse initiative)	Coaching and personal development of young basket ballers in Grenville	2012-2013
	Member	St. Andrew's Basketball Interim Committee	Manage basketball activities in St. Andrew's; seek sponsorship for tournaments; plan training for officials	

			and referees; manage basketball facility	
Praveen Durgampudi	Member	Grenada Heart Foundation	Worked on different areas relating to improving heart health in Grenada	2012
	Member	PhD Committee, Dept of Neurosciences		
	Member	Grenada Public Health Association (GPHA)		
Satesh Bidaisee	Trainer/Technical Advisor	Government of Grenada	Meat Quality and Food Inspection Training with the Ministry of Health	2011
	Member	Trinidad and Tobago Veterinary Medical Association	Coordination of Veterinary Service Recognition and Award Ceremony for Veterinarians in Trinidad and Tobago	2011
	Member	St. George's University Institutional Animal Care and Use Committee	Development of Policies and Review of Applications for the Use of Animals in Research and Teaching at SGU	2011
	Technical Advisor	Government of Grenada	Advisement on the design, construction and activities of the abattoir	2012
	Member	Royal Society of Biology	Serve on continuing education committee	2012
	Fellow	Royal Society of Tropical Medicine and Hygiene	Technical advisement on vector control for Chagas Disease prevention program in South America	2012, 2013, 2014
Shantel Peters-St. John	Member	Government of Grenada	Surveillance Assistance to the Surveillance Task Force in the Ministry of Health	2011, 2012
Christine Richards	Consultant	Grenada Planned Parenthood Association (GPPA)	Provided assistance with questionnaire development and refinement and IRB application. Implementation of SAASS project: Focus on Youth Grenada.	2013
	Member	Grenada Public Health Association (GPHA)		
Tessa St. Cyr	Trainer/Facilitator	Government of Grenada	Trained participants for the St. Andrew's Youth Parliament in parliamentary	2012

			procedures, research, writing, oratory and auditory skills	
Leselle Pierre	Member	Grenada Sickle Cell Association		2013
Roger Radix	Consultant/ Presenter		Prostate Cancer Community Education Forum	2011
	Consultant/ Presenter	Caribbean Health Environmental & Safety Services (CHESS)	Preparation of leaflets and presenting at Community Education forum/workshops	2011, 2013
	Producer/Presenter	Government of Grenada	Grenada Information Service Chronic Diseases presentation	2012
	Consultant	Government of Grenada	Provided support and consultation for the Ministry of Health	2013
	Consultant	Government of Grenada	Provided support and consultation for the Ministry of Social Services	2013
	Reviewer	External Reviewer for Research Center and Innovation and Technology University of San Jose – Recoletos, Phillipines		
	Member	Government of Grenada	World Health Day Planning in collaboration with Health Promotion Unit , Ministry of health	2013
	Guest Editor	University Journal		
	Member	Grenada Public Health Association (GPHA)		
Andrew Cutz	Corresponding Member	American Industrial Hygiene Association (AIHA) International Affairs Committee	Hosting and Moderating online technical and professional groups	2013
	Member	AIHA Social Concerns Committee	Promoting minority workers' rights	2013

	Member	AIHA Computer Applications Committee	Identifying and exchanging technical computer applications	2013
	Member	American Society for Testing Materials (ASTM) International	Technical subcommittee to address issues involving asbestos, mold, paint	2013
Jerry Enoe				
Richard Kabuusu	Consultant	Government of Grenada/FAO	Comprehensive Food & Nutrition Plan for Grenada	2012
	Reviewer	Annual Research & Review in Biology		2013
	Reviewer	The Scientific World Journal		2013
	Reviewer	La revue de Médecine Vétérinaire		2013
	Reviewer	Microbiology research international		2013
	Facilitator	Workshop for private veterinary clinicians in Grenada		2013
	Consultant	GSPCA	Veterinary diagnostics to the small animal clinic, GSPCA and private clinicians: interpretation of results	2013
Calum Macpherson	Assistant Editor	PLOS Neglected Tropical Diseases		2013
	Member-Research Advisory Committee	Caribbean Public Health Agency (CARPHA)		2013
	External Examiner	Murdoch University, Australia	PhD theses in the College of Veterinary Sciences	2013
Rohini Roopnarine	Consultant	PAHO/SGU	Development of primary healthcare facilities in the CARICOM region	2012
	Member	DVM Dissertation Committee	Review of MSc students' dissertation	2013
	Member	Caribvet Veterinary Public	Project planning for Rabies, Leptospirosis	2013

		health Working Group	and <i>Salmonella spp.</i> in the Caribbean	
Harry Harriharan	Reviewer	Journal of American Medical Association		2013
	Reviewer	Journal of the American Animal Hospital Association		2013
	Reviewer	Online International Journal of Microbiology Research		2013
	Reviewer	Veterinaria Italiana		2013
	Reviewer	Journal of Veterinary Diagnostic Investigation		2013
	Reviewer	ISRN Bacteriology		2013
	Chair	Dissertation Supervisory Committee		2013
Rhonda Pinckney	Member (Editorial Review Board)	Journal of Parasitology		1994-present
	Member (Editorial Review Board)	Veterinary Technician		1994-present
	Member (Editorial Review Board)	West Indian Veterinary Journal		2013
	Member (Editorial Review Board)	Journal of Zoo and Wildlife Medicine		2013

The program embraces a wide definition of public health which encompasses mental, social, emotional, spiritual and financial dimensions of health. As such, the activities of the program's faculty are all directly or indirectly relate to the public's health of the communities we serve. The program encourages this wide involvement in the community especially considering the limited resources that are available.

3.2.d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program’s performance against those measures for each of the last three years.

The program’s outcomes measures for this criterion directly reflect its service goals and objectives (see Criterion 1.1). With the Research, Service and Scholarly Activities Committee’s criteria (see Criterion 3.1.a. above), the department has also incorporated measureable outcomes in its program goals (see Table 3.2.c).

Table 51: 3.2.c. Outcome Measures for Service

Outcome Measure	Target	2011	2012	2013	2014
To actively engage in service activities regionally and /or internationally (on average)	80 hrs/yr per faculty member	122	263	147	169
To increase the number of workforce development training by 20% in 2014.	3 per year	16	8	0	6 (-63%)
To maintain the number of faculty service-based activities with students	9 per year	10	6	16	2
To increase the number of continuing education courses given annually by 10%, by 2014.	3 per year	5	1	1	2 (-60%)
To maintain PHSA’s participation in community-based service activities annually	6 per year	2	2	6	6
As a program to collectively engage in extramural capacity building exercises annually	2 per year	2	3	3	8

3.2.e. Description of student involvement in service, outside those activities associated with the required practice experience and previously described in Criterion 2.4.

Students’ involvement in service occurs within the department and across the university campus. Within the program, public health students’ involvement in service is primarily led by the PHSA; with the input and support of different faculty members; the program views this as an excellent opportunity for student to hone their leadership skills. PHSA is a student organization that promotes public health within the University community and among Grenadian communities. For example, the PHSA has developed a relationship with the Mt Gay Mental Hospital and has engaged in a number of activities aimed at assisting the patients. PHSA undertakes fundraisers and collection drives to buy/gather items that the mental hospital needs. Additionally, the PHSA has an ongoing environmental initiative which involves cleaning up/ trash removal in different communities. Added to that, students also participate in health fairs organized by the Medical Students Association as well as Veterinary Medical Students Association. These events occur each term in several communities throughout Grenada. Moreover, students engage in service activities with other associations such as student chapters of World Health Organization and Physicians for Human Rights, and the university’s Student Government Association.

These groups have lead outreach activities such as discussions and presentations on a variety of topical issues.

PHSA has also taken an environmental health advocacy campaign through its 'Going Green' committee. Thus far, the committee has organized the first student-driven climate change workshop: "Our Role as (Public?) Health Students in Climate Change" (January 2012). The workshop featured various SGU faculty members and a guest speaker from Johns Hopkins University School of Public Health to educate students on climate change, its impact on human health, and implications for medical education and practice. Furthermore, the Going Green committee also distributed a survey to the medical student body assessing the desire for more environmentally-friendly campus practices. Results show over 80% support for green initiatives on campus. PHSA hopes that these numbers along with energy saving ideas tailored for the SGU campus will continue to be implemented across the campus.

As highlighted above, many PHSA members belong to multiple student organizations. The Orphanage Student Organization (OSO) has historically been an attractive service option for our members. As a gesture of approval for OSO's goals, during PHSA meetings we remind students of OSO's service opportunity that are available throughout the year. PHSA also uses some of the funds that it raises to purchase lunches and art supplies for the children. In relation to this, in collaboration with the SGU Humanitarian Service Organization (HSO), PHSA helped host the Valentine's Day, flower-gram fundraiser. Specific support from PHSA included organizing the delivery method and supplying personnel. PHSA donated all of its profit from this activity to the Richmond Hill Home for the Elderly to assist with renovations. Additionally, during the period of the self-study, PHSA actively worked with the GPHA and participated on Globeathon events to raise awareness on below the belt cancers.

The PHSA has also undertaken other independent activities to support various communities as well as initiated several community-based service activities such as beach cleanups, physical activity events for children and healthy nutrition and lifestyle promotion in schools throughout Grenada. Students also volunteer on several local organizations such as the Caribbean Youth Volunteer Service through which several community-based activities are organized.

3.2.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

The criterion is assessed as met with commentary based on the following highlights:

Strengths

- The RSSA committee, in collaboration with the Evaluation and Planning committee, directs the program's service activities.
- The program has clearly articulated goals, objective and outcome measures for service.
- The program has strong visibility within the Grenadian community for its continuous engagement in providing both offered and requested service.

- The program's faculty and students uses different avenues for providing service to the public.
- There are opportunities for students to engage in service activities with faculty.
- The program is successful in achieving all but one of its outcomes measures.
- The program has a wide range of service activities and with a variety of organizations.
- The program's students are actively involved in different service activities.

Areas for improvement

- Continuing education courses offered by the program needs to be increased in order to meet the outcome measure.
- Faculty need to better accommodate students who are interested in engaging in service activities with them.

Plans relating to this criterion

- Overall, the program intends to re-evaluate the feasibility of its service outcomes considering the resources that are available.
- The program plans to also continue discussions with university administrators to have service engagement included on faculty contract as part of their responsibility.
- Expand its delivery of continuing education activities in Grenada and across the Caribbean region.
- The program notes that resources, financial and time, affect engagement in service. The program plans to advocate for an increase in these resources.

3.3 Workforce Development

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

3.3.a. A description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary and secondary data collection or data sources.

Considering that the program's faculty members are also part of the Public Health workforce, the program has recognized the need to support its own faculty's continuing education activities. As mentioned in 3.1 above, faculty members have access to the use of professional development funds to attend professional conferences, seminars, or other continuing education activities around the world. Other funding mechanisms are available for faculty and students to present at professional conferences. Faculty and students can also secure funding for developmental projects with regional and international funding agencies.

Additionally, the Program engages various stakeholder organizations on different levels. The program's Community Advisory Board (CAB) is one of the main mechanisms used to assess the continuing education needs of governmental and community organizations. The organizations represented on the CAB, through which its members express their needs as it relates to continuing education. The CAB members inform the program of these expressed needs and the program in turn, based on qualifications, experience and interests, respond to those needs. With regards to the organizations that are not represented on the CAB, most past and current service activities and technical consultations were identified and requested by the community organizations, governmental agencies and other stakeholders.

Also, the program has been continuously offering several short course sessions to the Ministry of Health and the Ministry of Agriculture. These courses are developed and delivered based on identified needs from the various agencies.

3.3.b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded Training/continuing education activities may be reported in a separate table. See CEPH Data Template 3.3.1 (ie. optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.1.1 (research) or Template 3.2.2 (funded service), respectively.

Table 3.3.b. below presents a sample list of continuing education activities undertaken by the program’s faculty members. An approximate number of participants for each is included in the table below.

Table 52: 3.3.b. Continuing Education Opportunities provided by faculty

Year/ Place	Organization	Faculty	Program	Number of Participants
2014	Ministry of Health/ CARPHA	Shantel Peters/ Gerard St. Cyr/ Shelly Rodrigo	Caribbean Regional Field Epidemiology Laboratory Training Program	20
2013, St. Lucia	Ministry of Health	Shelly Rodrigo	Integrated Disease Surveillance and Epi Info Workshop	25
2013, Grenada	Grenada General Hospital	Zara Ross	Clostridium difficile (Friend or Foe)	30
2012, St. Lucia	Ministry of Health	Roger Radix	Prevention of Needle stick Injuries	50
2011, USA	International Symposium on Society and Resource Management	Brian Neff	Presented on integrating conservation and sustainable living	25
2011, Grenada	School of Veterinary Medicine, SGU	Muge Akpinar-Elci	Occupational Health & Safety among laboratory technicians	30
2013, 2014	St George’s University	Satesh Bidaisee	One Health One Medicine on line course	454
2011, Grenada	Grenada Cooperative Nutmeg Association (GCNA)	Muge Akpinar-Elci	Occupational Health & Safety among nutmeg workers	88

3.3.c. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

The DPHPM has a Public Health Institute (PHI) Program which is primarily geared to the following groups of individuals: has been established primarily for working public health practitioners, who:

- have a minimum of 5 years experience of work in public health, but have never had any formal public health education.
- wish to pursue an MPH and expecting to use these credits towards that goal.
- with advanced degrees in related fields such as medicine and nursing who wish to enhance their professional knowledge of core public health concepts
- do not hold a first degree

The structure of the PHI allows students to do the Institute's certificate program over the course of three semesters. Students can start the program in Spring or Fall of a given academic year. In their first semester, students register for PUBH 803: Principles of Epidemiology, PUBH 805: Health Policy & Management and PUBH 807: Principles of Environmental Health. Based on scheduling, the courses that they take in the second and third semesters may vary. At the end of the program, however, all students in the program take the required 16 credits.

Based on the five core areas of public health, these students must successfully complete the following five 3-credit courses and one 1 credit course for a total of 16 credits:

- PUBH 803: Principles of Epidemiology
- PUBH 804: Principles of Biostatistics
- PUBH 805: Health Policy & Management
- PUBH 806: Social & Behavioral Aspect
- PUBH 807: Principles of Environmental Health
- PUBH 855: Seminar Series in Community Health

If these students maintain a 3.0 grade point average from these courses, they can opt to enroll into the graduate public health program based on the recommendation of their advisor and a successful application to the program; matriculation into the MPH is not automatic.

The other option allows PHI to accept health professionals who have a baccalaureate degree but are unsure about pursuing a graduate public health degree. These students can enroll in the institute; if they maintain a 3.0 grade point average and if they would like to continue into the graduate program, they can opt to enroll. Upon completing the institute, graduates are awarded a "Certificate in Public Health". If they opt to matriculate into the MPH program, their credits from the PHI courses will be applied to their graduate course requirements.

During the period of the self-study, two (2) students (both in the 2012-2013 academic year) enrolled into the PHI program. Having failed to make the PHI's requirement of 3.0, one student has since withdrawn from the program. The other student has taken a leave of absence. Table 3.3.c. below provides data on the annual enrollment into the public health institute. The program notes that few individuals are enrolling in the PHI. The program believes one reason for this is the low level of program the institute receives.

Table 53: 3.3.c. Annual Enrollment into the Public Health Institute

2011-2012	2012-2013	2013-2015
No students applied	No student applied	Two (2) students applied; one (1) in the Fall of 2013 and one (1) other in Spring of 2014 and one (1) in Spring 2015

3.3.d. Description of the program's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

Once continuing education and or workforce development needs are received , particularly through the CAB, or identified, the program reviews its faculty complement to match the needs that are expressed by the different organizations. The Department Chair, based on the timing of the requests, leads a discussion on how best to address the need either during a department meeting or a specially organized meeting for that purpose. Based on expressed interest and availability, the Department Chair solicits faculty members' commitment in responding to the needs/ requests. There are instances, however, when organizations approach individual faculty members for assistance. The information is then shared with the rest of the program's faculty and those who are interested volunteer their time and expertise.

Moreover, the program functions with a team approach. As such, faculty collaboratively responds to continuing education needs/ requests. This allows faculty members to effectively use their time and specific areas of expertise to maximize the impact of the various training because each member focuses on particular components of the training sessions. Additionally, the collaborative approach enables the program to ensure that MPH courses are covered while addressing continuing education and workforce development needs. This approach also strengthens the program's ability to respond to regional and international needs

The university's practices support the program's involvement/engagement in addressing continuing education and workforce development needs of the local, regional and international community. As part of the university's Performance Benefit assessment, the program's primary and joint faculty members are required to report on their involvement in these activities. By extension, promotion of faculty members is also linked to faculty's engagement in these activities.

As part of its procedures, the program uses feedback from its annually administered alumni and workforce development surveys to identify current competency needs. Additionally, the program has recently, in alignment to its objective on the conduct of a workforce needs assessment, completed a web-based review of job vacancies/ description to identify recurring competencies that are required in the workplace. In relation to this, the program has initiated discussion as it relates to offering non-credit courses to the public as a means of building capacity.

3.3.e. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.

The program currently collaborates with different academic, public health and public health aligned institutions and organizations. Table 3.3.e below provides a list of these organizations. Included in the list are both governmental and non-governmental organizations.

Table 54: 3.3.e. Collaborative Institutions and organizations

US NIH	Pennsylvania State University
University of North Carolina-Chapel Hill	Grenada Legal Aid and Counseling Clinic
WHO / PAHO	Grenada’s National AIDS Directorate
University of Trinidad and Tobago (UTT)	Grenada’s National Disaster Management Authority (NADMA)
Grenada Ministry of Health	US Association for Addiction Specialist
Caribbean Community and Common Market (CARICOM)	Grenada Community Development Agency (GRENCODA)
US CDC and NIOSH	Caribbean Epidemiology Centre (CARPHA)
Trinidad and Tobago Ministry of Health	Grenada’s Food and Nutritional Council
St. Vincent and the Grenadines Ministry of Health	Grenada Diabetes Association
Grenada Cooperative Nutmeg Association (GCNA)	Makerere University, Uganda
Grenada Ministry of Agriculture	United Nation’s Population Fund (UNFPA)
United Nation’s Development Fund for Women (UNIFEM)	United Nation Children’s Fund (UNICEF)
St. Lucia Ministry of Health	Grenada General Hospital

3.3.f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met with commentary based on the following points:

Strengths

- There are established relationships with many key public health providers and agencies within Grenada, the Caribbean and the world.
- The department maintains a unique partnership with Grenadian communities that facilitate research, service and workforce development opportunities. Some initiatives have been formulated into service learning courses.

Areas for Improvement

- Enrollment in the Public Health Institute continues to be a concern for the program.

Plans relating to this criterion

- The program intends to re-evaluation the functioning and its promotion as an avenue for workforce development.
- The program plans to establish partnerships with other educational institutions and health promotion organizations.
- The program intends to strengthen the program's career development capacity to secure more workforce and career development resources for students and alumni.
- The Program plans to review the Public health Institute as well as to explore avenues for better promoting in locally and regionally.

4.1 Faculty Qualifications

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

4.1.a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas, k) current research interests. *Note: classification refers to alternative appointment categories that may be used at the institution. See CEPH Data Template 4.1.1.*

The program, as a point of reference, uses individual faculty member's academic/professional qualifications and experience, research, service and scholarly activities to assess its faculty complement.

From its beginning, the Master of Public Health program has had, as one of its strengths, diversity in faculty qualifications. This diversity has been one of the engines that have evolved the program into being the quality program that it has become. Faculty diversity, in all aspects, has also ensured that the program continues to achieve its mission of being a 'dynamic regional and international centre of excellence' and that the department achieves its goals and objectives.

The core faculty complement, defined as full-time appointments within the Department of Public Health and Preventive Medicine (DPHPM) with responsibilities such as teaching, research, service, student advising, and some administrative tasks, is 19. However, 16 of those are appointed primarily to teach MPH courses while the other 3 faculty members' (the Accreditation Coordinator, the Capstone Coordinator and the Practicum Coordinator) main responsibilities are to plan and manage activities involving accreditation, Capstone and Practicum respectively. These 3 faculty members though are trained and do lecture in MPH courses that are commensurate with their qualifications and experience.

Faculty qualifications inform the distribution of faculty members into the different course/track offering in the MPH program. Most faculty members lecture in program required courses only or track specific courses only; the only exception being Dr Shelly Rodrigo who lectures in a program required course as well as in a specific course. Faculty members teach either 1 or 2 courses per semester based on the scheduling of the MPH curriculum. However, the MPH program encourages the team teaching approach that is employed in some courses.

Table 4.1.a. presents a summary of our faculty’s key demographic information such as academic degrees, titles, instructional areas and research interests.

Table 55: 4.1.a Current Primary Faculty who Support Degree Offerings of the Program by Specialty Area

Specialty Area	Name	Title/ Academic Rank	Tenure Status	FTE/ % Time to MPH	Grad. Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
Epidemiology	Omur Cinar Elci	Department Chair, Professor, Track Director	Permanent	FTE= 1	Ph.D	Dokuz Eylul University	Public Health	Principles of Epidemiology	General public health, occupational epidemiology, workplace evaluation and exposure assessment, health education
					MD	Ege University	Medicine	Principles of Biostatistics	
								*Seminar series in community health	
	Emmanuel Keku	Professor	Permanent	FTE= 1	MD	University of North Carolina	Medicine	Chronic Disease Epidemiology	Chronic disease epidemiology, Cardiovascular diseases, Cancer, HIV, HPV, clinical trials
					MSPH	University of North Carolina	Epidemiology : chronic diseases epidemiology	Infectious Disease Epidemiology	
					MA	Wake Forest University	Genetic Counseling & Education		
	Cecilia Hegamin-Younger	Professor	Permanent	FTE= 1	Ph.D	University of Iowa	Measurement & Statistics	Research Methods & Ethics	Substance use, health education, secondary data analysis,
MPH					University of North Carolina	Biostatistics			

									program evaluation
	Shelly Rodrigo	Assistant Professor	Permanent	FTE= 1	Ph.D	Monash University	Epidemiology	Practical Data Management & Analysis	Microbiology, Epidemiological Methods, Communicable diseases, zoonoses, environmental Epidemiology, public health
					M.Phil	University of the West Indies	Microbiology	Intermediate Epidemiology	
					MSc	University of the West Indies	Food Technology		
Gerard St. Cyr	Instructor	Permanent	FTE= 1	MPH	St. George's University	Generalist	Principles of Epidemiology	Community education	
Shantel Peters-St. John		Permanent	FTE= 1	MPH	New York Medical College	Generalist	Capstone Seminar	Community-based research	
Health Policy & Administration	Praveen Durgampudi	Assistant Professor, Track Director	Permanent	FTE= 1	MD (MBBS)	NTR University of Health Sciences	Medicine/ surgery	Health Policy & Management	Health Services Research & Management
					MPH	University of Sheffield	Generalist		
					MSPH	Jagiellonian University	Health Economics & Financial Management	Health Economics	

					EPH	École des Hautes Études en Santé Publique			
Roger Radix	Professor	Permanent	* FTE= 1 (as of Fall 2011)	MD	LMSSA	Medicine	Decision making in Public Health	Health Policy	
				MPH	St. George's University	Generalist			
				MIB	St. George's University	Generalist			
				MPH	University of North Carolina	Health Behavior & Health Education			
Leselle Pierre	Instructor	Permanent	FTE=1	MSc	City University of London	Economic Evaluation in Health Care	Decision Making for Public Health	Health Economics, Economic Evaluations in Occupational Health, Sexual Health Behavior	
Tessa St. Cyr	Instructor	Permanent	FTE= 1	MSc	University of Leicester	Human Resource Development & Performance Management	Concepts, Practice & Leadership in Public Health	Performance Management, Child Mental Health, Issues in Education	
Jerry Enoe	Instructor	Permanent	FTE=1	MS	University of the West Indies	Geo-informatics	Practicum	Spatial Epidemiology, Pandemic Influenza, Environmental Health	
Christine Richards	Instructor	Permanent	FTE= 1	MPH	St. George's University	Generalist	Concepts, Practice &	Women's health, reproductive	

								Leadership in Public Health Maternal & child health	health
Environmental & Occupational Health	Martin Forde	Professor	Permanent	FTE= 1	Sc.D	University of Massachusetts Lowell	Occupational ergonomics		Environmental and Occupational Risks, Pesticide exposures, heavy metals exposures, POPs exposures and health outcomes, zoonotic infections, global population health, Ecohealth, ethical challenges in North-South research partnerships
					MSc	Harvard University	Env. Health Management	Env. Health Management	
					M.A.Sc	Technical University of Nova Scotia (Dalhousie University)	Industrial engineering	Occupational Health	
	Hugh Sealy	Associate Professor	Permanent	FTE= 1	Ph.D	University of Liverpool	Env. Science	Env. Sustainable Development	Climate change & energy policy, sustainable development policy
					MSc	Brunel University	Env. pollution	Principles of Env.	
	Andrew Cutz	Instructor	Permanent	FTE=1	CIH	American Board of Industrial	Industrial Hygiene	Principles of Industrial Hygiene	

						Hygiene		Water Resources & Public Health	
	Dianne Roberts	Instructor	Permanent	FTE= 1	MES	Uiniversity of Waterloo	Environment & Resource Management	Principles of Env. Health	Environmental health
Veterinary Public Health	Satesh Bidaisee	Deputy Chair, Assistant Professor,	Permanent	FTE= 1	DVM	University of the West Indies	Veterinary medicine	Veterinary Applications for Public Health	Zoonotic diseases, food safety
					MSPH	St. George's University	Generalist	* Seminar series in community health	
								*Capstone Seminar	
MD/MPH	Emmanuel Keku	Professor	Permanent	FTE= 1 FTE= 1	MD	University of North Carolina	Medicine	Chronic Disease Epidemiology	Chronic disease epidemiology, Cardiovascular diseases, Cancer, HIV, HPV, clinical trials
	Omur Cinar Elci	Dept. Chair, Professor	Permanent		Ph.D	Dokuz Eylul University	Public Health	Principles of Epidemiology /Principles of Biostatistics	General public health, occupational epidemiology, workplace evaluation and exposure assessment, health education
					MD	Ege University	Medicine	*Seminar series in community health	

	Praveen Durgampudi	Associate Professor, Track Director	Permanent	FTE= 1	MD (MBBS)	NTR University of Health Sciences	Medicine/ surgery	Community & Preventive Medicine	Health Services Research & Management, Community-based research
								Health Policy & Management	
					MSPH	Jagiellonian University	Health Economics & Financial Management	Health Economics	
					EPH	École des Hautes Études en Santé Publique		Community & Preventive Medicine	

The faculty in the dual degree tracks are repeated to show the program’s primary faculty involvement in these tracks. Additionally, after consultation with CEPH, it was suggested that the Accreditation Coordinator, the Practicum Coordinator and the faculty member who teaches a program require course should be included in this table. This therefore would identify the Health Policy and Administration track as having 6 faculty as opposed to 3 in Criterion 1.7.

4.1.b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc. Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to teaching program, e) gender, f) race, g) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect expertise), h) disciplines in which degrees were earned, and i) contributions to the program. See CEPH Data Template 4.1.2.

The department values the role of additional faculty as a valuable source of richness and diversity of scholarship and experience in areas related to public health education and practice. Thus, in addition to our core faculty members, the department is supported by additional faculty (See table 4.1.b); as defined by the following categories:

Joint Faculty

A joint faculty appointment is defined as one in which a faculty member has an appointment with the Master of Public Health (MPH) program and another program within St. George's University.

Adjunct Faculty

Adjunct faculty has full-time appointments in other departments at SGU or it is defined as community/local-based professionals that teach courses offered within the MPH program.

Visiting Faculty

Visiting faculty are off- island experts who come to the department from other regional and international institutions to participate in teaching in one or more of our courses.

The MPH program Core Faculty has an FTE of 100% appointment which is equivalent to 1 FTE whereas other faculty has an FTE of 7% appointment per course taught which is equivalent to .07FTE.

Table 4.1.2 below present data on the program's other faculty complement.

Table 56: 4.1.2 Other Faculty Used to Support Teaching Programs (adjunct, part-time, secondary appointments, etc.)

Specialty Area	Name	Gender	Race	Title/ Academic Rank	Title & Current Employer	FTE or % Time to MPH	Grad. Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
Epidemiology	Girardin Jean-Louis	Male	Afro-American	Adjunct Professor	Professor, SUNY Downstate Medical Center	FTE=.07	PhD	Psychology	Non Communicable Chronic Diseases
							Post D	Chrono-biology/ Epidemiology	
	Olugbenga Ogedegbe	Male	African	Adjunct Professor	Associate Professor: New York University School of Medicine Director: Center for Healthful Behavior Change	FTE=.07	MD		Non Communicable Chronic Diseases
							MPH		
						MS	Clinical Epi & Health Services		
	Doneal Thomas	Male	Afro Caribbean	Visiting Professor		FTE=0.7	PhD Cand.	MPhil in Mathematics (Statistics)	Biostatistics

Health Policy & Administration	Michael Smalley	Male	Caucasian	Visiting Professor	Director General: The African Medical & Research Foundation (AMREF)	FTE=.14	PhD	Zoology	Decision Making for Health Policy & Management, Leadership & Management
	Omar Sherif Abdoelrahman	Male	Indo-Caribbean	Visiting Professor	Anton de Kom University of Surinam	FTE=.07	MS	Political Science	Health Policy & Management
	Stephen John Gillam	Male	Caucasian	Visiting Professor	Director Undergraduate Public Health Teaching, Institute of Public Health, University of Cambridge	FTE=.14	MBBS MSc MD	Community Medicine	Health Policy and Management, Leadership & Management
Environmental & Occupational Health	Berran Yucesoy	Male	Caucasian	Visiting Professor	Project Leader: NIOSH/ CDC (Chronic Inflamm. and Immune Diseases Team), Toxicology	FTE=.14	MSc	Toxicology	Occupational Health, Principles of Environmental Health
							PhD	Toxicology	

					& Molecular Biology Branch				
DVM/MPH	Harry Hariharan	Male	Indo-Canadian	Joint Professor	Professor/ St George's University School of Veterinary Medicine Professor	.07	DVSM	Veterinary State Medicine & Public Health	Bacteriology/ Mycology
							MSc	Veterinary Parasitology	
							PhD	Bacteriology/ Epidemiology	
	Susan Pasquini	Female	Caucasian	Joint Professor	Assistant Professor/ St George's University School of Veterinary Medicine	.07	DVM	Veterinary Medicine	Animal Welfare & Behavior
	Rhonda Pinckney	Female	Afro-American	Joint Professor	Professor/ St George's University School of Veterinary Medicine	.07	MS	Veterinary Parasitology & Mycology	Veterinary Parasitology
							DVM	Veterinary Medicine	
							PhD	Biomedical Sciences & Veterinary Parasitology	
	Richard Kabuusu	Male	African	Joint Professor	Professor/ St George's University School of Veterinary Medicine	FTE=.07	Ph.D	Microbiology	Veterinary Public Health
							MPH	Generalist	

	Rohini Roopnarine	Female	Indo-Caribbean	Joint Associate Professor	Professor/ St George's University School of Veterinary Medicine	FTE=.07	M.Phil	Veterinary public health	Veterinary Public Health
MD/MPH	Calum Macpherson	Male	Caucasian	Joint Professor	Professor/ St. George's University/	FTE=.07	PhD	Parasitology/ Epidemiology	Medical Parasitology
	Cheryl Cox-Macpherson	Female	Caucasian	Joint Professor	Professor, Chair/ St. George's University School of Medicine	FTE=.07	PhD	Anatomical Sciences	Bioethics and the professional
	Jacqueline Stanley	Female	Caucasian	Joint Professor	Professor/ St George's University School of Medicine	FTE=.07	Ph D	Medicine	Medical Immunology
							MSc	Chemistry	
	David Lennon	Male	Caucasian	Joint Professor	Professor, chair (Dept of Microbio) St George's University School of Medicine	FTE=.07	Ph.D	Biological Science	Medical Microbiology
							MSc	Biological Science	
Zara Ross	Female	Caucasian	Joint Professor	Professor/St George's University	FTE=.07	PhD	Microbiology	Medical microbiology	

Program required Courses	Marshall Tulloch-Reid	Male	Afro-Caribbean	Visiting Professor	Programme Coordinator: MSc Epi. The University of the West Indies	FTE=.07	MBBS		Concepts, Practice & Leadership in Public Health
							MPhil	Epidemiology	
							DSc	Epidemiology	
Electives	Peter Radix	Male	Afro-Caribbean	Adjunct Professor	Consultant: Intellectual Property (Music Copyright)	FTE=.07	PhD	Experimental Nutrition	Nutrition & Public Health
							MSc	Microbiology	
	Jacqueline Sealy-Burke	Female	Afro-Caribbean	Adjunct Associate Professor	Director: Legal Aid & Counseling	FTE=.07	LLM		Women and Health: A Sociolegal Perspective

4.1.c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

Faculty members integrate their public health knowledge and expertise, as well as their research and service activities within the program's courses. As noted in Criterion 3.1.b., during the self-study period the program faculty's was actively involved in community-based research and service projects. The program notes also that faculty's continuing community work and professional certifications, such as CPH and FRSPH are avenues through which faculty's practice/training/field experiences/certifications are transferred to the classroom experiences for the MPH program.

In addition, the department draws upon local and regional public health practitioners, public law experts, and health management specialists to teach several of our courses. Besides the core faculty's field experience, many of our adjunct and visiting faculty members are also public health practitioners with immediate field experience. The wealth of perspectives can be observed through the curriculum vitae of faculty members (See Faculty CV folders in the Electronic File).

The department faculty also attends and participates in the Annual Meetings of the American Public Health Association, American Thoracic Society, Association for Prevention Teaching and Research, American Psychology Association, American Anthropology Association, World Health Organization (WHO) and Pan American Health Organization (PAHO) meetings and other professional meetings and associations. Many of the department course materials also use current peer-review journal articles and resources that focus on different aspects of Public Health and Public Health allied practice. Furthermore the department also offers several community-based classes that provide the MPH students with exposure to local communities.

The program, through the Community Advisory Board, maintains a relationship with local, regional public health practitioners and depends on these members to assist in integrating perspectives from the field of practice into the academic program.

4.1.d. Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

Table 57: 4.1.d. Outcome Measures for Qualification of Faculty Competencies

Outcome Measure	Target	2011-2012	2012-2013	2013-2014	2014-2015
To maintain a core senior Faculty complement who has a record of sponsored research and publications.	5	13	10	9	10
To maintain the diversity in the qualification of core faculty in terms of disciplines in which graduate degrees were earned.	15 disciplines	23 disciplines	25 disciplines	25 disciplines	25 disciplines
To recruit other faculty with Different work/field experience to complement core faculty	10 fields	12 fields	20 fields	19 fields	22 fields
To host visiting professors to lecture in program-required and track-specific courses each academic year.	At least 5 across the program (per year)	9 hosted	12 hosted	13 hosted	8 hosted

4.1.e. Assessment of the extent to which this criterion is met and an analysis of the strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The department has successfully recruited numerous faculty members who are engaged in expanding the scope and range of interdisciplinary public health activities for the department.
- DPHPM faculty background, competence and engagement in research, service and scholarly activities strongly supports the program’s vision and mission statements, goals and objectives.

- In addition to core faculty members, the department integrates the use of leading public health practitioners as adjunct and visiting professors.

Areas for Improvement

- The program identifies no significant weaknesses for this criterion.

Plans relating to this criterion

- The program plans to maintain the diversity of its faculty complement.
- The program intends to continue hosting local regional and international Public Health and Public Health-aligned practitioners in the various courses as visiting professors.
- The program plans to continue its discussion with SGU administrators with regard to additional faculty to enhance its RSS activities/outcomes.

4.2. Faculty Policies and Procedures

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

4.2.a. A faculty handbook or other written document that outlines faculty rules and regulations.

SGU aims at maintaining a complement of faculty with high personal and professional standards and qualifications. As a result, the university has explicit policies, procedures and operational guidelines for faculty recruitment, appointment, retention and promotion which are outlined in SGU's Faculty Handbook found on the SGU's website (<http://etalk.sgu.edu/contribute/facultyhandbook/index.html>). The DPHPM functions within the parameters of these policies and as such all faculty members within the department are governed by policies and procedures as stipulated within the Faculty Handbook. A copy of the Faculty Handbook is on file in department's resource center, and electronically available to the faculty through SGU's controlled-access internet network.

4.2.b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

Provisions for faculty development are made both at the university level and at the departmental level; granting time and resources to support faculty. The University makes several allocations for faculty development such as:

- Five scholarships, for faculty to pursue advanced doctoral or postdoctoral training at other academic institutions.
- Access to advanced degree training at SGU.
- Access to US\$3,000.00 in Small Research Initiation Grants for approved research proposals through the Office of Research.
- Sponsorship of scholarly activities including annual conference attendance as well as faculty and student presentations at various conferences.
- The Faculty Performance Benefit Evaluation Program evaluates research and service for annual bonuses.

Support is also available through the university's DES for professional portfolio development and mentorship in career development with other experienced faculty members. Other services include:

- Teaching and professional consultation with experts
- Personal Development and Management sessions
- Faculty mentorship
- Topical focus group session such as "Let's Talk Teaching" series.
- Online support network and resources.

In addition, the DPHPM uses a matching/mentorship approach to align new and or junior faculty members to senior/experienced ones. Also, the department hosts in-house seminars such as grant writing and research presentations for all DPHPM faculty members to assist them in their professional development and the department strongly encourages collaborations among faculty members.

4.2.c. Description of formal procedures for evaluating faculty competence and performance.

All faculty members are annually evaluated in keeping with university-wide procedures. The university conducts these faculty appraisals before contract renewal and bonus distribution. SGU does not have tenure; faculty received contracts up to a maximum of three years. As noted in Criteria 3.1, the university's Provost Office and Faculty Senate launched a Pilot Faculty Performance Benefit Evaluation Program in 2009. This program was set to standardized faculty evaluations for SOM and its departments. It has since been accepted, adopted and has been in use. This system streamlines and includes the departmental evaluation measures (See Course and Instructor Evaluations file in the Accreditation Electronic Folder).

These reviews begin at the departmental level and are led by the Department Chair. After faculty members have filled out their evaluation forms, the reviews are scheduled and take place in the form of a discussion between the department chair and the various core faculty members. Evaluations areas cover teaching, departmental involvement, management and supervisory activities, service to the university community, institutional support/non-teaching responsibilities, scholarly activities and community and outreach activities.

Faculty performance is rated on a criteria scale of exceptional, above expectations, meets expectations, below expectations and unacceptable. Information filled in on the Performance Benefit Evaluation (PBE) forms are verified by the Course Evaluations, Instructor Evaluations, RSS forms as well as other departmental and university forms and committees. At the end of the evaluation interviews, PBE forms are forwarded to the Provost and Chancellor for review and award of benefits, where applicable. Faculty members can and do appeal their evaluations according to the procedure outlined in PBE form (See PBE folder in the Electronic File for process).

The Faculty Affairs Committee, a sub-committee of the SOM Faculty Senate is also involved in the process when faculty members have submitted applications for promotion. These reviews include, and are not limited to, instructor classroom evaluations for courses taught and comments collected at student exit interviews (See Exit Interview file in the Electronic Folder). Applications for promotions are sent to the Senate for the first review. They are then forwarded to the Faculty Promotions Committee for further evaluation and then recommendations for promotions are forwarded to the Chancellery.

In terms of joint, adjunct and visiting faculty members, they are assessed by their students contact hours or period in the classroom and field. The same course and instructor evaluations are used for the visiting faculty. They are evaluated on the basis of continuing their position within the DPHPM.

4.2.d. Description of the processes used for student course evaluation and evaluation of teaching effectiveness.

All our Public Health courses have an evaluation component as stipulated and required by the SGU's Student Manual (See Student Manual file in the Accreditation Electronic Folder). All students are required to at least initiate the evaluation process but can opt out of completing the evaluation. Also, based on discussions held during PHSA meetings, the executive gives aggregate feedback to the DPHPM on courses and instructor effectiveness.

These course and instructor evaluations are administered by DES, as an independent unit external to the department's administration. Course and instructor evaluations are administered at the end of each term, and the results are used as one of the assessment measures that the competencies are met.

When the evaluation results are published, the Department Chair discusses them with each relevant individual faculty member. Then, all faculty members are required to summarize their feedback at the beginning of the following term and propose measures of improving their performance in the new term. Feedback from the evaluations is used to improve/modify course content (as agreed on in track meetings), course delivery method as well as instructor effectiveness. Students can also submit evaluative feedback to their faculty advisor and the department chair at any time throughout the program and during their exit interviews.

In addition, as a result of team teaching, faculty members engage in peer-reviewed teaching effectiveness both on the informal, one-on-one level as well as on the more formal, track meeting level. Also, the department holds a mid- semester and end of semester grade review which gives an indication of the teaching effectiveness in the various courses. Based on this review, instructors alter the teaching strategies, course content and or syllabi accordingly.

Core and joint faculty members who consistently receive poor evaluations are assisted by colleagues to improve their effectiveness. As it relates to adjunct and visiting faculty, these evaluations inform decisions as to whether or not they will continue work with the DPHPM in that capacity.

4.2.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths and weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- SGU has well-established policies and programs for faculty evaluation which are used to recruit, retain and promote its faculty members.
- Faculty members have various programs/initiatives available to them, at both at the university and departmental levels, which support and encourage their development.
- SGU has mechanisms that consistently and fairly evaluate faculty performance. These are explicitly stipulated in the faculty handbook which is readily available to faculty in the Resource Center of the DPHPM as well as electronically, on the SGU's website.
- The DPHPM has different channels through which MPH students evaluate courses and instructors. The department also has different modes for evaluating teaching effectiveness within the MPH program.

Areas for improvement

- The program identifies no significant weaknesses for this criterion.

Plans relating to this criterion

- Since the current policies, procedures and practices allow to program to accomplish its objectives as it relates to this criterion, the program plans to maintain them. It is open, however, to other options that will allow it to do the same or better.

4.3 Student Recruitment and Admissions

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

4.3.a. Description of the program's recruitment policies and procedures. If these differ by degree (eg. Bachelor's vs. graduate degrees), a description should be provided for each.

SGU has internationalism in its core mission. It actively seeks students from all over the world, from diverse backgrounds—racial, cultural, and geographical— and commits a substantial amount of resources to this end. The recruitment initiatives include countries where English is not necessarily the native language but is taught at the different levels of the education system. Such recruitment activities though do not include the non-English speaking Caribbean nationals. Moreover, SGU recruitment policies are to seek students for the public health program who will contribute to the promotion of public health concepts, policies, practices, and research throughout the world. SGU subscribes to the concept of One World, One Health, One Medicine and seeks students who acknowledges the importance of public health through the integrated health sciences education and practice approach.

The SGU's Office of Enrollment and Planning (OEP) handles the policies and procedures for recruitment. This office conducts recruitment/ outreach activities on five of the seven continents through Open Houses, College Fairs, Public Health conferences, electronic and print Advertisements along with banner placement on high traffic websites. It also conducts campus visits and advertises in university publications and campaigns. When students express an interest in SGU, the OEP includes the public health degree program in their orientation. Recruitment and marketing strategic plans allocate for thirty countries, where SGU actively recruits applicants from around the world.

The following procedures are used to recruit diverse students:

Advertisements

The University regularly advertises in journals, newspapers, websites, and other relevant media in more than 40 countries. The University highlights the Public Health Program, not only in specific public health documents, but in most of the advertisements for schools within the University.

Open House Presentations

On average, the University conducts over 100 information session presentations in the United States and over 20 countries each year. Public Health Program options are addressed in every one. Please see below table 4.4.a. list of states and countries visited in the past three years.

College Fairs

The University attends an average of more than 140 graduate and health professional school fairs and almost 40 health-related conferences each year at which its Public Health Program information is disseminated.

School/University Visits

The University, either Enrollment and Planning staff or alumni visit on average, more than 125 schools and universities each year.

Professional Contacts

The University enthusiastically encourages networking and the recruitment of students by faculty, staff, students, and alumni. Also, the department encourages the members of the MPH Community Advisory Board (CAB) to informally advertise the MPH program at their various workplaces; CAB members are representatives from across a variety of public health and public health allied agencies and organizations. Also, MPH program brochures are given to CAB members for display in their offices (See MPH Promotion File in the Accreditation Electronic Resource Folder). The program, in collaborations with the OEP, is currently working on strategies to recruit more public health practitioners from the Caribbean region.

Conferences and Workshops

SGU has a booth at every APHA conference where information on its MPH program is disseminated and where queries are addressed. In addition, the public health faculty and sometimes Enrollment Counselors, when appropriate, attend professional conferences and workshops, handing out literature and talking about the central role of public health in today's world.

4.3. b. Statement of admissions policies and procedures. If these differ by degree (eg. bachelor's vs. graduate degrees), a description should be provided for each.

The Office of Enrollment and Planning's admissions policy is to recruit global students with diverse interests and backgrounds. The following are the MPH program's admission criteria.

Admission Requirements

- Graduation from an accredited or approved four year college or university.
- For North American applicants, the university requires scores from the Graduate Record Examination (GRE). However, candidates may submit scores from the Medical College Admission Test (MCAT) in lieu of the GRE.
- US applicants must submit the MCAT for the MD/MPH dual degree students as well as for MPH students on the path to MD.
- If English is not the applicant's principal language, the official record of a score of at least 600 Test of English as a Foreign Language (TOEFL) points from the written or 250 points from the computer-based exam must be submitted;
- Two letters of reference from academic and professional contacts.

In addition, the program requires applicants to report their GPAs which it then evaluates based on the candidates' educational performance of their context. The admission office defines a minimum GPA of 3.0 or any equivalent academic qualification for non-US educational background based on these conditions.

The program requires all applicants and enrolling students to have at least an undergraduate degree or its equivalent. However, in few exceptions, the program has a provision for applicants who are Public Health professionals to enroll in our program through the PHI (See Criterion 3.3.c.).

Application Review Procedures

The Program has a Panel on Admission for Public Health (PAPH), established in the Fall of 2008, which consists of 6 departmental faculty members. The panel established the following procedures for applicant review in collaboration with the Office of Enrolment and Planning:

Process for MPH Applicants: The Committee on Admissions (COA) receives and processes all applications for SGU programs. When application files are completed, they are forwarded to the PAPH. The PAPH returns its decision to the COA. A letter of determination is then sent from the Office of Admissions within 48 hours.

Process for Applicants to the MD\MPH or DVM\MPH: These applicants express interest in the public health program by completing the Graduate Programs Application Addendum. The School of Medicine Committee on Admission (SOMCOA) and the School of Veterinary Medicine Committee on Admission (SVMCOA) will conduct the first review of the dual degree applicants, if the respective COA accepts the student to the MD or DVM degree, the files are then forwarded electronically to the PAPH. That committee has one week to review files and return their decision to the Office of Enrolment and Planning/Admissions. Then, the Office of Admissions issues the applicant's the final determination letter within a 48 hour time frame.

For the MD or DVM applications that the SOMCOA or the SVMCOA deem as suitable for the MPH to MD or MPH to DVM path, the respective COA forwards them to the PAPH for review for the pathway program. Then, the applicants are notified via a letter from the Office of Admission on the admission decision.

Process for Free Standing MPH Applicants: These applicants are reviewed by the PAPH committee, using the Admissions Application Review Form (See PAPH Application Review Form in the Accreditation Electronic File).

4.3.c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

The SOM and SVM Catalogues, the Public Health Bulletin, and the Student Manual describe the admission requirements and courses, program calendars, rules, regulations and guidelines (See Criteria 4 in the Filing Cabinet/ DPHPM Resource Center). Additionally, SGU promotes its programs via different modes (see Promotion Documents in the Accreditation Electronic Resource Folder).

On an annual basis the program publishes its policies, guidelines and other relevant information on the program (See Program Policies folder in the Accreditation Electronic Resource Folder). Included in these manuals are, among other information, grading criteria.

Relevant MPH materials are also posted on the website <http://www.sgu.edu/graduate-schools/master-of-public-health.html>. More over, information on our curriculum can be retrieved from <http://www.sgu.edu/graduate-schools/mpg-curriculum.html>. Term calendars can be found at <http://www.sgu.edu/graduate-schools/mpg-termcalendar.html> and academic calendars at <http://www.sgu.edu/accepted-students/academic-calendars-mpg.html>.

4.3.d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.

The program admits students into the general MPH program and as such, they do not apply for a particular track/ specialization except in the case of the two dual-degree programs. Some of them though do indication on the application a preferred specialization. However, an Entry Interview (See Evaluation Forms Folder in the Accreditation Electronic Resource File) is conducted by members of the DPHPM's administration during which they identify an interest/preference in a specific track/ specialization. At the end of their first semester, students are placed into tracks based on their Entry Interviews. Table 4.3.d. below provides data on the number of students that applied to the program, those the program accepted and those who enrolled in the program for the last three academic years, by track specialization.

Table 58: 4.3.d Quantitative Information on Applicants, Acceptances, and Enrollments, for the academic years 2010-2011 to 2014-2015

Specialization/Concentration /Track		2011-2012	2012-2013	2013-2014	2014-2015
Epidemiology	Applied	0	8	7	7
	Accepted	0	6	5	6
	Enrolled	10	10	7	9
Health Policy & Administration	Applied	2	4	6	9
	Accepted	2	4	6	9
	Enrolled	21	15	10	6
Environmental & Occupational Health	Applied	3	2	10	4
	Accepted	1	2	8	3
	Enrolled	11	11	12	2
DVM/MPH	Applied	0	7	9	6
	Accepted	0	7	9	6
	Enrolled	0	4	5	1
MD/MPH	Applied	30	41	49	29
	Accepted	30	40	49	29
	Enrolled	43*	41*	41	14

Applied = number of completed applications

Accepted = number to whom the school/program offered admissions in the designated year

Enrolled = number of first-time enrollees in the designated year

* SGU allows students who have a cumulative GPA of 3.5 or higher at the end of the first semester of MPH to matriculate into the medical program as a dual degree student. As a result, these students after their first semester of MPH go into the medical program and return to finish their MPH at a later date (See MD/MPH program outline in the Accreditation Electronic Resource Folder). The numbers shown for MD/MPH track for the academic years 2011-2012 and 2012-2013 include students who would have achieved that 3.5 GPA. Bearing in mind that students have 5 years MTTG, this does not affect the MPH program in any way.

4.3.e. *Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any program or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.*

Over the years, the program observed differing trends as it relates to choice of specialization, particularly among free standing students. Prior to the academic year 2010-2011, more students opted for the Epidemiology track. In 2012-2013, more students preferred the Health Policy and Administration track and a slight inclination towards Environmental and Occupational Health was observed in 2013-2014. It is also important to note that the Health Policy and Behaviour Track was discontinued in 2009. However, the program allowed students in that track to complete their program of study. Table 4.3.e below presents data on the total enrollment in each area of specialization for the last three academic years.

Table 59: 4.3.e Student Enrollment Data from 2011-2012 to 2014- 2015

Degree & Specialization	2011-2012		2012-2013		2013-2014		2014-2015	
	HC	FTE	HC	FTE	HC	FTE	HC	FTE
MPH: Epidemiology	16	14	20	19	17	16.5	9	8.5
MPH: Health Behaviour & Policy*	3	2	1	.5	*	*	*	*
MPH: Health Policy & Administration	41	39.5	25	23.5	18	17.5	6	5
MPH: Environmental & Occupational Health	19	18.5	16	16	18	17	2	2
MPH: Veterinary Public Health	4	4	7	7	6	6	1	1
MPH: Medicine	54	5	73	73	85	85	14	14
MPH: Undecided	1	.	2	1.5	0	0	0	0
Total Students	138		144		146		32	32

*This track was discontinued.

Note:* Definitions match those in Templates 1.7.2 and 2.1.1. Each year’s enrollment should include both newly matriculating students and continuing students. The HC and FTE should NOT include non-degree students (eg, certificate students). If data on non-degree students are germane, the school or program should provide a supplemental table and/or narrative.

4.3.f. Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.

The program’s goal 1.2 directly addresses its success in enrolling a qualified student body. Specific objectives and its measurable outcomes for recruitment and enrollment are as follows:

- 1.2.1. To maintain the diversity of the student body, faculty and partners
- 1.2.2. To promote the Public Health Institute to local and regional organizations annually.
- 1.2.3. Increase recruitment of public health practitioners and allied professionals from the region and international communities, as students to the program.

Table 4.3.f below shows the department’s performance on these objectives and outcomes related to them.

Table 60: 4.3.f. Measurable Objectives of Student Diversity

Objectives	2011-2012	2012-2013	2013-2014	2014-2015
Maintain the diversity of the student body.	6 global regions represented.	6 global regions represented.	6 global regions represented	5 global regions represented
	10 ethnicities represented	11 ethnicities represented	11 ethnicities represented	11 ethnicities represented
	^a New diversity measure	23 first generation college enrollees	17 first generation college enrollees	11 first generation college enrollees
To promote the Public Health Institute to local and regional organizations annually.	Promoted in the policies & procedures manuals	Promoted in the policies & procedures manuals, brochures	Promoted in the policies & procedures manuals, brochures	Promoted in the policies & procedures manuals

Objectives	2011-2012	2012-2013	2013-2014	2014-2015
Recruit more public health practitioners from the region and international communities as students to the program by 50% in the year 2014.	8	4	3	5 (-38%)

4.3.g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- The Office of Enrolment and Planning which leads admission activities promotes the department as an international center of learning in public health through a variety of media and avenues world-wide.
- St. George's University has set policies and procedures for admissions.
- The program, through its Panel on Admission for Public Health, has direct involvement in the admissions process
- The program has a consistent number of applicants, acceptances and enrollment in the program every academic year.
- The program reviews and provides input on all marketing and admission information that the OEP distributes.
- The program attracts a diverse student body, as it relates to geographic location, ethnicity and Public Health interests.

Areas for improvement

- The Public Health Institute (PHI), as a means of attracting more Public Health practitioners, is not widely promoted as it could be.
- The program has limited direct involvement in promoting the MPH program.

Plans relating to this criterion

- The program will engage the Office of Enrollment and Planning to undertake additional recruitment measures to better promote the PHI.
- The program has begun dialogue with university officials as it relates to exploration of non-traditional markets to recruit students.

4.4 Advising and Career Counseling

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

4.4.a Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Every student who applies to the MPH program receives all relevant details on the program and is given an MPH program manual. In addition, students who are accepted receive an acceptance/welcome letter. This letter, among other things, informs them of the time and location of their orientation; a required activity for all new students. Orientation is organized by the DPHPM for both the Fall semester intake and the Spring semester intake.

During the orientation sessions, students receive their MPH program policies booklet (See Program Policies File in the Accreditation Electronic Resource File). This booklet clearly outlines information for the successful completion of the MPH program. Also, faculty members present different aspects of the program to the incoming students at orientation. After each orientation, SGU facilitates a faculty advisor-student lunch meeting for the new students. This is done in an effort to promote a productive relationship between faculty advisor and students.

In addition, SGU's School of Medicine regularly holds Faculty Advisor/Advisee sessions to address/advise on relevant issues affecting the program. Advisement for MPH students has two facets:

Academic Advising

Each student is assigned to an academic advisor who assists in determining their academic portfolio. Students are also encouraged to meet with faculty, who are regularly available during scheduled weekly office hours to discuss academic and professional development issues. Advisement is reflected on the MPH Student Advisement Form (See Folder in the Electronic File).

In addition, the DPHPM collaborates with the Department of Educational Services (DES) to ensure that students are also given the technical support that they need. The DES offers various services to the DPHPM, by way of guidance to enhance academic performance. The learning strategists help students develop a wide range of skills in order to become more effective learners through individual consultations, workshops, lectures and presentations. Topics covered by learning strategists include: Time and task management strategies, study skills, test preparation and test taking strategies, learning styles assessments and long term memory development. In addition, students receive research writing support from the Specialized English Language Program (SELP), which works with students on all components of their writing projects. These components include identification of scholarly resources, thesis statement development, outline

creation, rough and final draft editing. The goal of the SELP is to assist students in writing development by assessing their strengths and weaknesses and devising a personalized plan for improvement.

Career Counseling

Career counseling is an integrated part of the MPH program which begins at the point of students entering the program and continues as part of the responsibility of Alumni Relations. The program contains as part of its administrative structure, an Alumni Relations Coordinator who also coordinates the Career Counseling service offered to students and alumni.

4.4.b. Description of the program's career counseling services for students. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.

The Career Counseling is delivered in the following stages of the program:

Orientation: students in the beginning of their MPH program experience receive a session during the orientation session on the overall program. Students as part of the orientation period are also required to have an entry interview. During the entry interview, each student shares his/her background, interest, expectations and career interests. Based on this discussion, students are referred to different faculty and professional personnel to have a follow up discussion on their professional interests. Students are also required to prepare a professional resume which they use as part of their practicum placement and updated for employment applications and continued education opportunities.

Faculty Advisement: students as part of their academic advisement are required to consult their faculty advisors to plan their overall academic experience at the beginning of the MPH program. This academic planning is done based on each student's individual career interest. Each student has an advisement folder and faculty keeps track of meetings with students as well as tasks assigned and advice given.

Continued Education and Professional Development: the MPH program supports students and alumni towards seeking continued education and professional development. Continuing education is provided in the MPH program by seminars delivered by faculty of various research and professional interests. Also, the Graduate Studies Program, of which all MPH students are part, conducts weekly seminars as part of a seminar series. During this seminar series, faculty, visiting faculty and scholars present their work and experience which serves to benefit students that have a particular interest in a given seminar presentation. Professional development is facilitated by the program through the availability of SGU as an examination center for the National Board of Public Health Examiners (NBPHE), Certified in Public Health (CPH) exam. The program provides all relevant study and review materials as well as academic support to students and alumni who have successfully sat the exam. Students and alumni are also provided with routine announcements on internships, fellowships and research opportunities which several students and alumni have benefitted from. All continued education, professional development and extracurricular opportunities are shared with a mailing list that includes all students and alumni.

Higher Education: several stand alone MPH students continue their professional development in other graduate education opportunities including doctoral training programs. The MPH program works directly with students and alumni who have an interest in pursuing continued higher education opportunities. Support is provided to prepare and submit letters of recommendations and related documentation in support of students and alumni applications. Additionally, students and alumni benefit from the network of institutions that the international faculty and partners that engage the MPH program that serve as resources and reference persons to higher education opportunities.

Alumni Relations: the MPH program maintains contact with all alumni through the Alumni Relations Coordinator. Alumni relations include sharing information about the MPH program to alumni, serving as a point of contact for alumni who wish to engage the MPH program. And, evaluating alumni's professional status through the Alumni survey and employers Assessment. The Alumni survey provides the MPH program with the various professional and career development experiences for alumni and serve to identify needs where alumni request. Alumni relations are facilitated through an on-line platform from the SGU website. Alumni register as a member of the Graduate Studies Program Alumni Association and benefit from the services for the website including information related to employment opportunities, platforms for alumni to post their professional profile and communicate with each other as part of an on-line alumni community.

Employment: for the few alumni that remain unemployed immediately upon graduation, the MPH program maintains a professional relationship and provides support by part time employment opportunities as teaching assistants and staff for research activities and community based projects. These activities serve to maintain the professional development of alumni and provide earning opportunities as well. The MPH program also contains faculty that are alumni through the life of the program.

4.4.c. Information about student satisfaction with advising and career counseling services.

The program encourages its students to provide feedback through student evaluations, exit interviews and consultations with their academic advisors. Students at the exit interview evaluate the support services offered to them towards their career development.

Students enrolled in the MPH free standing degree option are the ones who express a level of continued need in the area of requiring career counseling services as alumni. Students enrolled in the MD/MPH and DVM/MPH dual degree programs do not assess any gaps in the career advisement that they received during their stay in the program. The Alumni Survey, highlighted in Criteria 2, serves as a follow up evaluation of where alumni are in their careers and results of the survey have demonstrated alumni that are unemployed have the greatest need of career counseling services (see Alumni Survey file in the Accreditation Electronic Folder).

4.4.d. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/ or student grievances submitted for each of the last three years.

Direct Communication with Faculty, Advisor, or Department Chair: Students can approach individual faculty members about issues that are directly linked to circumstances of the problem. If the students are not satisfied with the faculty response, they are encouraged to approach their track directors and department chair.

Office of Dean of Students: The Office of Dean of Students is also available to address student concerns throughout the academic year. The SGU Student Manual and the DPHPM's Program Design and Policies Manual which are distributed to all students at the beginning of every academic year explicitly encourage students to utilize their services.

Public Health Student Association (PHSA): PHSA provides student representation on several of the department's committees. These representatives have the opportunity to express interests and concerns during general departmental and committee meetings as well as through the Student Government Association.

The SGU Student Handbook also provides the published policies and procedures relating to the communication of concerns expressed by students. Students can also find this information in the Department's Policies and Procedures Manual; the program provides each student with a copy this manual at the MPH orientation.

The Dean of Students' Office (DOS) confidentially holds specific details of these grievances to protect the interests of the students and other members of the university community. The DOS addresses each case through the disciplinary committee to which one of the Assistant Deans of Students has the responsibility of overlooking. Within the last three academic years, no formal complaints or grievances were submitted to students. On occasion where students were dissatisfied with elements of their experiences in the program, they either discussed these matters directly with the faculty member involved, their faculty advisor, the PHSA and the program's administration; sometimes a combination of these options are used.

4.4.e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths and weaknesses and plans relating to this criterion.

This criterion is assessed as met based on the following highlights:

Strengths

- Career counseling is part of the student and alumni services for the MPH program.
- The program exposes students to career development as part of their overall professional development in the graduate public health program, at different stages in the program.

- The MPH program collaborates with students to design their academic experience towards meeting their career ambitions.
- The MPH program maintains in contact with alumni and provides all necessary support services towards job employment opportunities, higher education and continued education and professional development.
- The program provides individual advisement to all students.
- The program encourages students to utilize the various avenues to seek support services within the department but also from the University as well. The Dean of Students Office, various student organizations as well as the University Health Services and Psychological Support Services are all avenues that students can utilize for support services.
- The program diverse faculty provides opportunities for students to be exposed to academic and career counseling from varying background and experiences.

Areas for improvement

- At the moment, despite different avenues through which students receive career counseling, the program recognizes that more can be done to more effectively address career guidance and career opportunities.

Plans relating to this criterion

- The DPHPM will review and update its career development resources data found on the website (<http://www.sgu.edu/graduate-schools/mph-career-dev-resources.html>).