The review committee

✓ Thanks the officials, faculty, staff, and students at GSU, and specifically at the Institute of Public Health (IPH) for their hospitality and quality of preparedness for this visit.

✓ Believes the IPH has completed a remarkable transformation of program and faculty – moving from a standing start to a fully accredited graduate program in public health is such a short period of time.

✓ Believes the IPH has the potential of developing into an accredited school of public health if appropriate support is provided by the University. The external review committee believes that the return on investment for this unit is very high.

Respectfully submitted:
✓ Nicholas Freudenberg, Hunter College
✓ Mohammad Torabi, Indiana University
✓ Robert S. Gold, University of Maryland

Section A. Unit Assessment: Evaluate the overall strengths and weaknesses of the program, referring specifically to each of the five areas in Section A.

1. Quality

We believe that the Institute of Public Health has developed a high quality program – reflected in their capacity to complete full accreditation for their MPH program in a short period of time. The quality of instruction is high; they have realized significant growth in the amount and quality of funded research; they have taken advantage of a significant opportunity in location to provide high quality service to agencies in the area. Listed below, in many sections are specific strengths and weaknesses that we’ve found based on our reading of the self study and our site visit.

We provide the following general recommendations based on the findings below:

Faculty
✓ Develop a more structured mentoring program for junior faculty;
✓ Reduce teaching and service expectations of junior faculty to allow them to build teaching and research portfolios;
✓ Develop mechanisms for rewarding academic unit and faculty initiatives;
✓ Examine mechanisms for incentivizing excellence

Students
✓ Strengthen student organizations;
✓ Involve students in academic governance more fully and formally;
✓ Develop a plan for student advising that will allow students to meet with faculty for professional, academic, and career advising at least once a semester;
✓ Develop a strategy and marketing tools for recruitment of highly qualified students;
✓ Develop a plan for engaging students as alumni from the time they first enter a program to ensure they are active alumni following their graduation;

Infrastructure
✓ Develop a plan to ensure that infrastructure grows with the institute and its programs, including but not limited to research support, advising support, budgetary and fiscal management; and, technology and information systems;

Research
✓ The IPH should identify several key themes to focus its research agenda. Articulating such an agenda will help to build faculty cohesion, distinguish GSU from other research institutions, and inform faculty hiring.
Several such themes are already implicit in IPH work (e.g., urban health; health disparities; disability and health)

Future

- Develop a specific plan to recruit appropriate faculty needed to attain Council on Education for Public Health accreditation as a School of Public Health;
- Develop facilities that will enable the Institute to achieve its potential, i.e., student / faculty / staff lounges; computer laboratories; teaching laboratories for science-based teaching in environmental and other sciences;

a. Instruction

Strength(s):
- Students and alumni report that the graduate program is preparing them for their professional career and /or further study (p. 4)
- Annual increase in credit hour production by tenure track faculty (Table B-4, p. 14)
- Clear identification of eight (8) program learning outcomes and five (5) associated measures (p. 18)
- Clear targets for 3 of the 5 outcome measures (1) successful completion of core courses (at least 90% of MPH degree program students are expected to receive at least a "B" in the core courses); 2) Course Evaluations (IPH course evaluations should meet or exceed college norms and benchmarks. Achievement target—60% of all IPH courses will have an overall student evaluation of 4.0 or better); 5) completion of alumni survey (75 percent of students will complete an alumni survey, and 50% of respondents will report that being employed in a public health setting).
- Four of the five identified outcome measures achieved during academic years for which data are available – 2006-2007, 2007-2008;
- Ratings by students and alumni regarding the quality of the instruction and faculty were generally high (p. 19)

Weakness(es):
- No explanation of how the learning outcomes were derived or the processes used to develop them
- It is assumed, though not explicitly stated that two of the learning outcomes measures expect 100% of students to achieve: 3) Successful Completion of Practicum or Field Experience; 4) successful completion of final thesis or capstone project; (p. 18)
- IPH reports it has not yet reached its criterion of 75% response rate on alumni survey. Its actual response rate (35.7%) to its first survey is very low but indicates it will continue administering the survey. No analysis of reasons for low response rate and there is no specific proposal to address how the rate may be increased.
- Ratings by both current students and alumni suggest that academic advisement and career advisement offered by IPH could be improved (p. 19)

b. Research

Strength(s):
- Faculty research is on par with that of their peer comparison institutions (p. 5)
- Faculty members continue to increase both external and internal funding (p. 5)
- Much of the research is interdisciplinary and collaborative within IPH and GSU (p.5)
- Faculty have close ties to US Centers for Disease Control, facilitating research relevant to national priorities

Weakness(es):
- More focused research agenda might help to gain external support and define unique niches for GSU
c. Service

Strength(s):
- Community relationships deep and varied and faculty highly regarded in the community (p.5)
- Faculty hold leadership positions in state, national, and international levels (p.5)
- Uniquely urban focus of faculty service and programs (p. 6)

Weakness(es):
- None to report

2. Centrality

There are many references in the current GSU strategic plan that suggest that public health has an important overall role in the mission of the University. There are many units throughout the university that are either conducting public health related research or are solidly entrenched within one or more of the foundational disciplines of public health.

Strength(s):
- The mission of IPH seems consistent and central to the mission of the University as stated in its strategic plan (e.g., mission of GSU is to develop, transmit, and utilize knowledge that is responsive to our urban environment and diverse students, creating leaders and global citizens) (p. 6)

Weakness(es):
- None to report

3. Viability

The review committee not only feels that IPH is a viable unit at GSU, but feel it should be grown into a full school of public health as defined by the requirements of the Council on Education for Public Health (CEPH) – the accrediting body for public health. In the last section of our report we are more specific about what should be done in this regard and provide a rationale for such an investment by the University.

Strength(s):
- As defined in the self study: Viability is measured with respect to enrollments and graduates, and the continuing resources to support both (p.7). There appears to be a sufficient bolus of students to suggest viability (average of 124.7 MPH majors, with an average of 27 degrees awarded each year (Table B-3a). In addition to our MPH degree program, there has been an average of 9 public health certificate students, and 5.3 certificates conferred annually during this 3 year review period) (p. 7)

Weakness
- Time to degree longer than anticipated because of significant number of part time graduate students (p. 7)
- Large student pool a drain on faculty resources during significant periods of time to degree among students (e.g., during thesis preparation which requires greater faculty engagement and involvement). This has led the IPH to consider altering its policies regarding faculty support for thesis preparation (p. 7)

4. Strategic Focus – premier research university located in an urban setting

The vision provided by the Strategic Plan calls for the College of Health and Human Sciences to become “the leading 21st century urban research college, promoting healthy communities through multidisciplinary
knowledge and skills in the health and human sciences.” This is an important, and essential role for this institution to serve. At the current time there are five institutions that advertise public health or public health related programs with an emphasis area related to urban health:

- Hunter College of the City University of New York offers an MPH in Urban Public Health
- The School of Community Health at the College of Urban and Public Affairs at Portland State University
- The W.P. Carey School of Business and ASU’s College of Nursing and Health Innovation
- UC Berkeley has a designated emphasis graduate group in global metropolitan studies
- Morgan State University’s designation as Maryland's Public Urban University with an MPH program in their School of Community Health and Policy

Few of these have the unique and unfair advantages available to Georgia State’s Institute of Public Health: large diverse and cosmopolitan city; close proximity to the U.S. Centers for Disease Control and Prevention; the National Headquarters of the American Cancer Society; and so many other major business and industrial centers.

Strength(s):
- Located in a large, cosmopolitan city with diverse population with close proximity to corporations and centers of state and city governments

Weakness(es):
- The program materials do not adequately show how the IPH leverages its unfair advantages

5. Financial Resource Analysis

Strength
- Self study suggests that instructional funding is sufficient and growing annually in small increments (p. 7)
- This growth is reflected in annual increase in tenure-track faculty count (Table B-5, p 15)
- Extramural research funding has increased each year with $2.6 million in FY 2008 (p. 7)
- The indirect return has been able to satisfy requests for faculty travel, equipment, and materials (p.7)

Weakness(es):
- Absence of five-year projections showing increased state support for programmatic growth

Section B. Given the historical and current context of the department as outlined in Section B

1. Are the programs offered and program enrollments appropriate from a disciplinary perspective?

The external review committee would like to begin this section by recognizing the remarkable achievements of the Institute of Public Health and its faculty in creating a fully accredited program in such a short period of time since its inception. At the current time, the IPH offers one degree granting program – the Masters of Public Health with three concentrations. They also offer a 15-credit certificate program. The MPH program identifies five principal objectives:

1. Prepare students to use multi-disciplinary skills to address contemporary public health problems.
2. Prepare students for positions of senior responsibility in public health practice, research, and training, particularly at the federal, state and local levels.
3. Train students to understand an —ecological approach to public health, with emphasis on
the linkages and relationships among the multiple determinants of health.
4. Train students to excel in reducing public health disparities, particularly in urban communities.
5. Advance public health sciences and our understanding of the causes and prevention of disease.

These objectives are feasible, appropriate, and consistent with current disciplinary trends in public health training programs. To address these objectives, and the Council on Education for Public Health (CEPH – the public health accrediting body) expectations there are 7 required core courses. Each of these is also consistent with current disciplinary expectations and scope.

Following substantial feedback during previous years, their current program allows for three specialty tracks – Prevention Sciences; Health Promotion and Behavior; and Health Management and Policy. These three tracks are current, have the appropriate structure and supporting coursework, and appear on target given the overall focus of the program.

Strength(s):
- The MPH program received accreditation from the Council on Education for Public Health in 2007 – indicating it is designed and implemented consistent with current standards.
- The stand-alone certificate program does not substitute for the training students get from an MPH experience, but the certificate program serves as a feeder mechanism for the MPH program.

Weakness:
- The processes used to generate and approve the competencies for the coursework and the program itself were not clearly described;
- The strategies for evaluation required for effective learning outcome assessment are not fully realized as of yet;

2. Are the faculty number, composition, and research productivity sufficient to support the programs offered by the department?

The faculty number, composition, and research productivity is sufficient to support the programs currently offered by the department. However, as the program grows additional faculty FTE would be required.

Strength(s):
- Where possible, when compared with peer institutions on measures of productivity (e.g., publications per tenure-track faculty) they fare very well (Table B-7, p 17);
- Research productivity, as measured by external funding is in the middle of the range among their peer institutions (Table B-7, p 17);
- The faculty diversity is consistent with the characteristics of the population;

Weakness(es):
- IPH has fewer tenured and tenure track faculty overall than its peer institutions (9 vs. 15) and when compared with its aspirational peer (9 vs. 33) (Table B-7, p 17);
- Absence of a structured mentoring program for junior faculty;
- If IPH continues to pursue a course of action to convert to a fully accredited school of public health, it will need to recognize the Council on Education for Public Health’s requirements for five full-time FTE faculty in each of the five core disciplines of public health (i.e., biostatistics, epidemiology, environmental health, behavioral / social sciences; health services and policy);
- As the faculty continues to grow, further work needs to be done to ensure diversity of faculty in the fullest sense – specifically given the growing percentage of Hispanic and Asian members of the population;
- More faculty resources may be needed to provide adequate supervision for masters theses;
3. **Comment on the relevance of the programs, and the degree to which the department’s programs serve various needs (community, student, professional).**

At the current time, given the needs of the potential public health workforce the program appears to be serving these needs well; and are actively engaged with the community. It is clear from all current evidence (Institute of Medicine workforce needs analysis; American Public Health Association) that these needs will only grow for the foreseeable future.

**Strength(s):**
- Graduates of our programs have 1) secured positions in major public health organizations (such as the Centers for Disease Control, the Georgia State Department of Health, and the American Cancer Society), 2) been admitted to doctoral programs (i.e. Harvard University, University of South Carolina, and University of Georgia), and 3) published manuscripts as well as presented research at national and international conferences (pp 4-5)
- The tenure-track to student ratio at IPH compares favorably with its peer institutions (18:1 vs. 20:1) (Table B-7, p 17)

**Weakness(es):**
- If IPH chooses to pursue the public health route, IPH will need to expand its workforce development activities outside the academic settings in addition to the academic programs. As the IPH re-examines its strategic plan in light of the University’s revision of its strategic plan, the IPH should consider the role that workforce development plays as a critical element of schools of public health.

4. **Evaluate the appropriateness of the peer institutions selected by the department for comparison.**

The IPH has identified three peer institutions: Hunter College, San Francisco State University, and Temple. Because Hunter College has declared its intent to transition from an MPH program to an accredited School of Public Health, the IPH further designates them as an “aspirational peer” in light of the IPH interest in doing the same. From the perspective of programmatic size and distinctive features these four institutions serve well as the designated peer institutions.

**Strength(s):**
- Each of the three peer institutions is a comparable public university located in an urban setting
- The size comparisons are appropriate
- The use of the term “aspirational peer” is sound given the long term intent of the IPH to pursue designation as a School of Public Health

**Weakness(es):**
- There may be others that could serve as reasonable peer institutions, including Portland State University, and Morgan State University – each of which have accredited graduate programs in public health and designation as urban universities

**Section C  Progress Toward Goals and Objectives**

1. **Taking a disciplinary perspective, evaluate the ways in which the unit has succeeded in meeting its goals and objectives since its last academic program review (Section C).**

As stated in the program review document on page 17:

*As this is our first self-study, this section is not applicable to IPH.*
As a result, the external reviews will not complete this section of the recommended report.

Section D. Quality of the Curriculum

1. Evaluate the quality of the curriculum from a disciplinary perspective for each of the department’s programs (Section D).

Accreditation by the Council on Education for Public Health indicates that the program has met these professional expectations. However, we did not review course outlines and cannot make our own judgment on the disciplinary content of each course and each concentration.

Strength(s):
- IPH program of study is accredited by the Council on Education for Public Health (p. 5)
- Upon completion of program coursework, students are eligible to take the National Board of Public Health Examiners (NBPHE) Certificate in Public Health (CPH) exam (p. 5)

Weakness
- There is a need to strengthen technological support for the courses. Current problems (e.g., difficulty in making statistical software and better computer equipment accessible to students both inside and outside of classrooms) hinder delivery of course content (p. 5)
- IPH may want to consider coursework in Urban Health and/or health disparities for all tracks either through a required course or by integrating this material into its core courses.

2. Evaluate the appropriateness of the learning outcomes and learning outcomes assessments for each of the programs.

The IPH has engaged in the process of identifying learning outcomes and specific measures as is now required by virtually all accrediting bodies for programs in higher education. The ultimate value of this exercise is to be able to improve teaching and therefore outcomes. Changes have already been made in courses and the program by IPH as a result of implementing their current plan. In our view however, this process will need further development to meet the standards now expected by accrediting bodies.

Strength(s):
- It is clear the IPH has undergone a process designed to identify specific learning outcomes (8) and specific measures (5) (p. 18);
- Specific changes have been made in the program as a result of learning outcome assessment;

Weakness(es):
- The measures chosen to assess learning outcomes are generic process measures which do not adequately assess or measure student actual mastery of competencies;

3. How have learning outcomes assessments influenced curricular modifications.

From the aggregate data collected over the course of the program, a number of changes have been made that have been directly responsive to the data. Among the most critical changes:
- Identified problem with length to thesis completion and identified specifically a weakness in research methods training during core resulted in creation of new required course – Health Research Methods (App D-1, p. 41) Also modified faculty participation requirement. RESULT: 32 out of 33 students have completed thesis since change.
- Existing data collection did not provide adequate assessment of quality of academic advisement. As a result assessment of advisement was specifically targeted as an essential task (App D-1, p. 51)
- Based on accreditation report it was noted that the three specialty tracks of the MPH program needed greater specificity of structure. As a result, faculty proposed curricular changes to be
instituted with new students entering August 2008: an additional core course (Foundations of Public Health); increasing core to seven courses; and, each specialty track will require four specific courses (App D-1, p. 65)

**Strength(s):**
- Learning outcomes assessments have been completed since the inception of this strategy and have continued faithfully throughout the life of the program;
- Specific data have been collected on most of the learning outcome assessments;

**Weakness(es):**
- Alumni survey data has suffered from low response rate;

4. **Have these modifications been effective in improving student learning outcomes?**

The external review committee feels that not enough time has passed since changes were made to assess their impact.

**Section E. Quality of the Students**

1. **Evaluate the quality of students, both incoming and graduated students, in the department’s programs (Section E) relative to discipline-specific norms.**

Students are one of the very high points of quality of the program. Virtually all faculty report that having students with actual public health experience in the classroom adds to the quality of the instruction and the opportunities for peer to peer learning. These students represent the diversity of the region’s population and the breadth of public health settings available in the region. The quality of the students entering the program appears to be very good. When compared on standard measures to its peer institutions, IPH students have higher GRE scores than these peers. There are other less formal indications of student quality – “IPH has received 17 Fulbright Scholar students” and “... students have received competitive fellowships/scholarships for study.” However, there are no real measures of student quality during the program itself. There are process measures reflected as learning outcomes – but no measures such as “percentage of students winning prestigious awards”, or “number of student publications / presentations”.

**Strength(s):**
- Students across the programs are meeting or exceeding all indicators, targeted outcomes, objectives, and standards of student outcomes included in the GSU WEAVE system
- GRE scores of enrolled students exceed comparable measures at peer institutions (p. 20)

**Weakness(es):**
- Absence of specific measures of student quality during the program
- Absence of systematic tracking of students after graduation

2. **Are the quality standards appropriate?**

To date, measures of quality have been anecdotal. As the IPH moves forward, it should develop more systematic methods and measures of quality.

**Strength(s):**
- The presence of Fulbright scholars is an indicator of strength;
- Job placements following graduation have been appropriate;
- A global pool of students is an indicator of strength;
- Students being accepted into top ranked doctoral programs;
Weakness(es):
  ✓ Lack of systematic data

Section F. Quality of the Faculty

1. Evaluate the quality of the department’s faculty (Section F). Include in your discussion an evaluation of the faculty with respect to peer program faculties.

IPH’s many accomplishments in its short history depend upon its faculty and its willingness and ability to meet many competing demands in teaching, research, and service; often without the support of a fully development infrastructure found at other institutions. Everything the external review committee sees is suggestive of a meaningful upward trajectory in all critical measures of faculty effectiveness.

Strength(s):
  ✓ Comparison on standard measures of scholarly productivity with peer institutions is usually difficult because of absence of data except on some measures such as number of refereed publications. In this measure the IPH faculty stand well when compared with their peers;
  ✓ The number and percentage of faculty engaged in funded research has grown in each year of operation;
  ✓ The quality of the faculty in terms of professional engagement, positions as chairs of important professional committees, and journal review boards is very good (pp 22-23);
  ✓ Student evaluations of teacher effectiveness have been very high (4.53 average on 5-point scale) (p. 23);

Weakness(es):
  ✓ When compared with peers in terms of absolute dollars of research funding, the IPH is in the middle of the range (though with significantly fewer tenure-track faculty) With the addition of preliminary data from FY 2009 it appears that IPH has moved up to the level of its leading peers;
  ✓ Currently, external funding depends heavily on a few productive faculty;
  ✓ Faculty time devoted to student advising seems inadequate;

Section G. Resource Adequacy

1. Considering each of the seven areas discussed in Section G, evaluate the adequacy of departmental resources.

In most areas resources seem to have increased over the last three years. In order to create a doctoral program and become a school of public health this rate of increase will need to continue.

Strength(s):
  ✓ Number of tenure-track faculty have increased over the 3-year study period (Table G-1, p 24)
  ✓ Physical space requirements appear adequate to house faculty and graduate assistants (p. 24)
  ✓ Library and information resources appear to be very good, and exceptional when compared with peer institutions (p. 25)

Weakness(es):
  ✓ While the number of administrative support staff has increased, and positively perceived in terms of their contributions, there is no indication of the overall adequacy of the number of administrative staff given support needs and requirements of the program. There is no comparison of staff to faculty, or staff to student ratios when compared with peers.
  ✓ While all faculty and offices are supplied with up to date computer / laptops for their teaching and research needs, there is no indication of the adequacy of instructional technology to support the curricular offerings (p. 24)
Section H. Goals and Objectives

1. Evaluate the goals and objectives that the department has outlined in Section H for the next review cycle.

The IPH has provided an overview of eight (8) ambitious goals in Table H-1 (page 26) of its report. It is our recommendation that these goals and objectives should be prioritized.

Strength(s):
- The proposed goals and objectives cover the breadth of teaching, research and service.

Weakness(es):
- The external review committee feels that the goals and objectives should be prioritized;
- Some objectives may need to be further specified to be more measurable;

2. Are the goals and objectives appropriate for the unit?
   a. Are they in accord with disciplinary trends?

For all schools thinking about the creation of accredited schools of public health these are entirely consistent with disciplinary trends.

b. Are the priorities reasonable?

As represented in the listing of goals, each of the goals and objectives listed is a reasonable priority of next phase development for the IPH.

Strength(s):
- Achieving these priorities would be a first step towards becoming a school of public health;

Weakness(es):
- If the priorities are represented by the “presence or absence” of specific goals, then the priorities are reasonable. But there is not prioritization found in Table H-1 that allows us to assess priorities within listed goals. For example, the first listed goal under teaching is the development of a doctoral program; the third enhancement of evaluation of quality of current programs. From an outside perspective this third listed goal seems to be of a higher order of priority than the creation of new programs. This could simply be addressed by concluding that there is no prioritization implied in the ordering of goals; but it makes responding to this item in the report more difficult.

c. Are any changes warranted?

The IPH has the potential of developing into an accredited school of public health if the University provides appropriate support. The external review committee believes that the return on investment for this unit is very high.
The External Review Team met with Associate Provosts at the outset of our two-day site visit. In addition to the Program Review we are asked to address three questions. We do that here:

**Should IPH create a PhD program?**
- The successes of the IPH suggests that it has the capacity and potential to develop and support a high quality doctoral program. Doing so in the behavioral and social sciences reflects their current strengths;
- Establishing a doctoral program is a prerequisite for becoming an accredited school of public health;
- If IPH decides to pursue becoming an accredited school of public health, the IPH should develop specific plans for creating two additional doctoral programs as required by the accrediting body – existing programs such as the ones in biostatistics and health policy may be possible sources;
- For IPH to offer credible doctoral programs more resources will be needed.

**Should GSU create a school of public health?**
- We believe GSU has the potential to create a credible SPH with the capacity for national recognition. The region can support at least one more SPH, especially in the public sector. A GSU SPH will have the potential for generating substantial external support and for training the urban public health workforce, regionally and nationally.
- To realize these opportunities, GSU will need to invest in the IPH in order to enable them to meet CEPH expectations for a minimum of 25 FTE faculty, 5 in each core area, and the administrative and other infrastructure needed for an SPH.

There are many reasons that supporting a school of public health would be a good investment for GSU, including but not limited to:

- Public health is a field attracting growing policy, research and philanthropic attention; many institutions that want to win national attention have added schools of public health in last few years;
- Having a School of Public Health will qualify Georgia State University for major set-aside funding consideration from HRSA, NIH, FDA, CDC and other agencies in the Public Health Service. This set-aside funding includes training grants, research grants, and also prevention research center opportunities.
- Further, schools of public health are well-situated to attract growing portion of NIH funding that will be devoted to interdisciplinary and translational research in coming years, helping GSU to achieve its target of $100 million in external funding;
- With low tuition, dedicated faculty and potential for growth, GSU SPH can challenge main competitor in region for best students and innovative research;
- Compared to basic sciences, investing in a school of public health has relatively low capital and laboratory costs, making ROI higher;
- A school of public health would build on existing strengths of GSU (mission, faculty in several areas, existing ties with CDC, etc), allowing new program to leverage existing resources rather than requiring all new investment to reach critical mass;
- The 21st century university will be increasingly interdisciplinary and public health offers an opportunity to integrate natural and social sciences and professional programs to demonstrate value of interdisciplinary;
- It would allow GSU to unify various fragmented public health related units and programs under one mission of a School of Public Health.
- It would provide an entrepreneurial opportunity by offering public health continuing education training for the work force at an affordable price for the urban community.

**How can IPH strengthen and expand partnerships with other units at GSU to build a SPH?**
- Provide IPH Director additional discretionary resources to fund pilot studies and provide release time for faculty in IPH and other units to build interdisciplinary research initiatives;
✓ Examine how university supports, incentivizes, and provides infrastructure for interdisciplinary research and service activities (e.g., promotion and tenure processes rarely reward interdisciplinary work);
✓ Develop a focused research agenda that builds on GSU’s interdisciplinary strengths in urban health and health disparities;