



LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF PUBLIC HEALTH

SELF-STUDY REPORT FOR ACCREDITATION

Prepared for the Council on Education for Public Health
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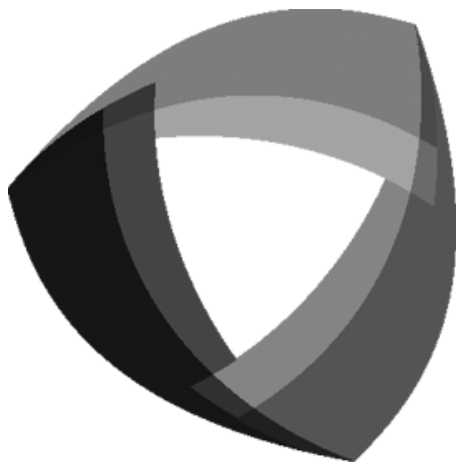
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LIST OF ABBREVIATIONS

ABOG	American Board for Obstetrics and Gynecology
ACS	American Cancer Society
ADAA	Associate Dean for Academic Affairs
ADFA	Assistant Dean for Finance and Administration
ADR	Associate Dean for Research
AETC	(Delta Region) AIDS Education and Training Center
AHEC	Area Health Education Center
BCHS	Behavioral and Community Health Sciences
BIOS	Biostatistics
BISCO	Bayou Interfaith Shared Community Organizing
BP	British Petroleum
BR	Baton Rouge
CDC	Centers for Disease Control and Prevention
CE	Culminating Experience
CEASAR	Comparative Effectiveness Analysis of Surgery and Radiation
CHATS	Children's Health after the Storms
CHS	Community Health Sciences
CITI	Collaborative Institutional Training Initiative
CLAB	Community Leadership Advisory Board
CM	Chancellor's Memorandum
CME	Continuing Medical Education
CNRU	Clinical Nutrition Research Unit
CORC	Childhood Obesity Research Consortium
COBRE	Center of Biomedical Research Excellence
CPS	Cancer Prevention Study
DoD	Department of Defense
DHH	Department of Health and Hospitals
DHHS	Department of Health and Human Services
EC	Evaluation Committee
ENHS	Environmental and Occupational Health Sciences
EPA	Environmental Protection Agency
EPID	Epidemiology
EPSCoR	Experimental Program to Stimulate Competitive Research
FAMRI	Flight Attendant Medical Research Institute
GeoDA	Geographical Data
GIS	Geographic Information System
GRE	Graduate Record Examination
HBCU	Historically Black Colleges and Universities
HCSD	Health Care Services Division
HIPAA	Health Insurance Portability and Accountability Act
HPSM	Health Policy and Systems Management
HPV	Human Papilloma Virus
HRSA	Health Resources and Services Administration
IACR	International Association of Cancer Registries

IACUC	Institutional Animal Care and Use Committee
IAEA	Institutional Atomic Energy Agency
IBC	Institutional Bio-Safety Committee
ICON	Improving Clinical Outcomes Network
InBRE	IDEA Networks of Biomedical Research Excellence
IPE	Interprofessional Education
IRB	Institutional Review Board
JJP	Juvenile Justice Program
LAMP	Louisiana Asthma Management & Prevention
LBCHP	Louisiana Breast and Cervical Health Program
LA CaTS	Louisiana Clinical & Translational Science
LCCCP	Louisiana Comprehensive Cancer Control Program
LCRA	Louisiana Cancer Registrars Association
LGBT	Lesbian, Gay, Bisexual and Transgender
LPHI	Louisiana Public Health Institute
LSUHSC	Louisiana State University Health Sciences Center
LTR	Louisiana Tumor Registry
MCLNO	Medical Center of Louisiana in New Orleans
MCMBT	Medical Case Management Base Training
MCMCC	Markov Chain Monte Carlo Method
MOU	Memorandum of Understanding
MSPPS	Minority Science and Preprofessional Society
MTA	Material Transfer Agreement
NAACCR	North American Association of Central Cancer Registries
NAACP	National Association for the Advancement of Colored People
NCCR	National Center for Research Resources
NCI	National Cancer Institute
NHANES	National Health and Nutrition Examination Survey
NIAAA	National Institute on Alcohol Abuse & Alcoholism
NIH	National Institutes of Health
NIMHD	National Institute on Minority Health and Health Disparities
NIEHS	National Institute of Environmental Health Sciences
OASA	Office of Admissions and Student Affairs
OMERAD	Office of Medical Education Research and Development
OPH	Office of Public Health
ORPH	Office of Research for the School of Public Health
ORS	Office of Research Services
PACE	Program of All-Inclusive Care for the Elderly
PACT	Programme of Action for Cancer Therapy
PCaP	Prostate Cancer Project
PEC	Proposal Evaluation Committee
PM	Permanent Memorandum
PROMIS	Patient Reported Outcomes Measurement Information System
QOL	Quality of Life
QPCaP	Quality of Life in Prostate Cancer Project
SACS	Southern Association of Colleges and Schools

SEER	Surveillance Epidemiology and End Results
SEET	Section of Environmental Epidemiology and Toxicology
SGA	Student Government Association
SoM	School of Medicine
SOPHAS	Schools of Public Health Application Service
SPH	School of Public Health
STD	Sexually Transmitted Diseases
TOEFL	Test of English as a Foreign Language
UICC	Union for International Cancer Control
UNO	University of New Orleans
WATCH	Women And Their Children's Health
WES/ECE	World Education Services/Educational Credential Evaluators
WHO	World Health Organization
WOW	Wives of Workers



LSU
Health Sciences Center
School of Public Health

OVERVIEW: LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER SCHOOL OF PUBLIC HEALTH

The Louisiana State University Health Sciences Center School of Public Health (LSUHSC SPH) is one of six schools in the LSUHSC and the most recently established. The SPH is comprised of five Academic Programs: Behavioral and Community Health Sciences (BCHS), Biostatistics (BIOS), Environmental and Occupational Health Sciences (ENHS), Epidemiology (EPID), and Health Policy and Systems Management (HPSM). Both professional and academic degrees are offered by the School. The professional Master of Public Health (MPH) degree is offered with concentrations in BCHS, BIOS, ENHS, EPID and HPSM. Academic degrees offered by the SPH include the Master of Science (MS) in BIOS and three PhD degrees, one each in Community Health Science (CHS), BIOS and EPID.

An MPH program, originally offered by the former Department of Public Health and Preventive Medicine in the LSUHSC School of Medicine, was CEPH-accredited in 2003. Later in 2003-04, the LSU Board of Supervisors and the Louisiana State Board of Regents, approved establishment of an SPH. The LSUHSC SPH was in CEPH applicant status in 2005 with a self-study to be submitted in October 2005 and a site visit scheduled for April 2006. The SPH was forced to withdraw from applicant status after the levee failures during Hurricane Katrina seriously damaged the SPH facilities at the end of August 2005.

Administration of the SPH was temporarily relocated in Baton Rouge from September 2005-January 2006. Teaching for the fall 2005 semester resumed electronically within 30 days of Katrina using an interactive software program to link course directors and students in all five MPH concentrations located throughout the country. The SPH returned to New Orleans in late January 2006 after obtaining a short term lease on office space for some of our faculty and staff and resumed in-class teaching. During that year the criteria for CEPH accreditation changed significantly, including the requirement for three doctoral programs rather than one. At the same time, as a result of hurricanes and economic upheavals in the state, the Louisiana State Board of Regents, governing higher education in all public institutions, declared several consecutive lengthy moratoria on creation of new degree programs. A BIOS PhD program was originally planned pending final approval prior to the storm, but approval was deferred for several years. The PhD in BIOS first enrolled students in the fall semester 2008 and had its first graduate in May 2012. The PhD in EPID began two years later in Fall 2010 and the CHS PhD first enrolled students in Fall 2011. As of fall semester 2012, the three PhD programs have a total of 31 students, and there are 78 MPH students and 2 MS students enrolled.

The SPH is now permanently housed on LSUHSC campus in space renovated for the School. These offices represent the fifth relocation of the SPH between August 2005 and June 2011. Despite the upheaval and time-consuming nature of any move, our faculty, students and staff have been remarkably resilient, and all progress that we have made since establishment of the School is the result of a creative, can-do spirit of all involved as well as support of the LSUHSC administration.

This self-study highlights three years of progress toward accomplishing our mission through goals and objectives set for the five-year period 2009-2014. Our competency-based curriculum is the result of creation, review and modification of competencies to achieve the essential and relevant elements of public health. Our culminating experience has undergone revision to improve a good experience into one that we believe will be stronger through consistency across all concentrations and direct links to specific competencies. As a result of the self-study process, actions have been taken to modify existing activities and processes where needed.

Our focus on building and enhancing ties to public health practice and providing community service in key areas is evident in the strong relationships that we have nurtured within the public health community and with the communities around us. In building our research program we have focused on enhancing areas of existing research strengths, such as cancer epidemiology as well as modifiable disease risk factors such as tobacco and alcohol use and obesity, while actively seeking research in new areas important to the state, such as the study of the health effects of the Gulf oil spill. Both the research and service programs in the School offer rich opportunities for student training and experiences, as well as salary support for faculty and staff, and are grounded in collaboration.

1.0 The School of Public Health

The LSUHSC SPH is guided by its mission, vision, purposes, and values operationalized in the goals and objectives in its Strategic Plan for 2009-2014. As an integral part of the Louisiana State University System (LSU System) and the Louisiana State University Health Sciences Center (LSUHSC) in New Orleans, the SPH is both governed and supported by the larger academic institutions of which we are a part. Education, research, and service represent the triad upon which the LSU System and each of its components rest.

1.1 Mission. *The school shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The school shall foster the development of professional public health values, concepts and ethical practice.*

1.1a A clear and concise Mission Statement of the School as a whole

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

Vision of the School

An overarching vision guides the School's long-term development:

To become nationally recognized as an inter-disciplinary community of outstanding teaching and research scholars and public health professionals who educate, innovate, and improve the public's health and well-being.

Core Purposes of the School

High quality public health education
Innovative high impact research
Community service through public health advocacy, collaboration and practice

1.1b-c Goals and Objectives

The SPH goals and objectives are from its 2009-2014 Strategic Plan.

Education

Goal 1: Recruit and retain qualified students and prepare them to improve the public's health.

Objective 1: Attract well qualified students based on several indicators, including GRE scores of 1000+, undergraduate GPA of 3.0+, and experience/employment in the field of public health of 20+%.

Objective 2: Retain qualified fulltime MPH and MS students, 80% of which graduate within 3 years of fulltime enrollment, and PhD students, 80% of which graduate within 8 years.

Objective 3: Establish and integrate into the curriculum school-wide MPH competencies, MPH concentration-specific competencies, and MS and PhD degree program competencies via the following: coursework, the practice experience, and the culminating experience as documented in course syllabi, practice and culminating experience proposals, and student, alumni and employer evaluations.

Objective 4: Annually at least 75% of the MPH graduates self-report attaining the competencies at a high level. (NOTE: Assessment of revised core competencies available beginning with 2010-11 graduates; concentration-specific assessment available beginning with 2012-2013 graduates.)

Objective 5: At least 50% of MPH alumni who graduated prior to 2013 report on the alumni survey attainment of the competencies at a level of 3+/4 and 75% of graduates who graduate on or after May 2013 report attainment of the competencies at a level of 4+/5.

Objective 6: Beginning 2013-14 and annually thereafter, at least 75% of participants in the employer assessment report that MPH graduates demonstrate performance of new competencies at a high level of 4+/5.

Objective 7: By 2012 at least 80% of graduates are employed in their field or in training within one year of their graduation.

Goal 2: Establish a diverse student body qualified to appropriately address public health issues now and into the future.

Objective 1: Conduct focused student recruitment with at least 3 visits to HBCUs annually and through other outreach efforts.

Objective 2: Seek to achieve minority representation in the student body of 35% or greater annually (includes domestic and international students).

Objective 3: Diversify opportunities for individuals to contribute to public health by the establishment of a joint degree program(s) and 3-2 program(s) with undergraduate institutions.

Goal 3: In order to attract and retain a variety of learners, establish and maintain a sustainable, multi-dimensional, instructional delivery system.

Objective 1: By December 2012 and beyond, all courses will use one or more components of the multi-dimensional instructional delivery system available in the School.

Objective 2: By May 2014, students will indicate the instructional delivery system met their needs with an average rating of 4+/5 on course evaluations.

Community service

Goal 1: Provide programs and initiatives in community-based and professional service and practice.

Objective 1: The faculty and staff will make continuing education available to professionals and/or community members, reaching 2000 individuals or more annually.

Objective 2: At least 40% of faculty will serve on advisory boards, committees and task forces of community and professional organizations annually.

Objective 3: Establish and convene the Community Leadership Advisory Board at least twice annually to discuss community needs and opportunities beginning 2011-12.

Goal 2: Provide service engagement opportunities and activities for students.

Objective 1: Annually, at least 50% of the standing committees established by Faculty Assembly By-Laws have at least one student member, and students are included on School standing and ad hoc committees and workgroups as appropriate.

Objective 2: At least 25% of fulltime MPH students participate in SGA-sponsored or other community service activities annually.

Objective 3: Each year 2 or more eligible first-year students apply for and receive service fellowships (e.g. Albert Schweitzer Fellowship Program).

Research

Goal 1: Expand areas of current expertise and develop new research opportunities.

Objective 1: Generate an average of 25% or more of faculty salaries from external grants and contracts annually.

Objective 2: All fulltime faculty members without current grant or contract support will submit at least one proposal annually as Principal Investigator or a key Co-Investigator.

Objective 3: Increase the number of research awards in which fulltime faculty serve as Principal or Co-Investigators from a baseline of 36 in 2008-09 by 5% per year through 2014.

Objective 4: Increase the number of research projects related to events and issues uniquely important to Louisiana from a baseline of 7 projects in 2008-09 by 10% per year between 2009-2014.

Objective 5: Establish fulltime student participation in grants and contracts at an average of 25% or more of eligible students per year beginning 2009-2010.

Objective 6: By December 31, 2012, increase the number of funded research awards within or using data from SPH public health service/practice programs from 5 in 2008-09 by 30% and maintain/increase that level through 2013-2014.

Goal 2: Advance faculty research achievements and recognition of faculty expertise by professional and lay audiences.

Objective 1: At least 100 abstracts from SPH faculty, professional staff, and/or students will be accepted for presentation at professional meetings annually.

Objective 2: By 2011-12, SPH faculty and/or students will publish at least 100 peer-reviewed publications annually and thereafter.

Objective 3: By 2011-12, establish an electronic research data file available to internal and external communities, including areas of expertise and bibliographies of faculty and technical staff, and update semi-annually.

Objective 4: By 2011-12, establish a research mentoring program based on best practices and create mentor-mentee partnerships for 80% or more of junior investigators, and continue annually thereafter.

Objective 5: In collaboration with the LSUHSC Office of Information Services, feature expertise and achievements of SPH faculty and programs in print publications, radio, television and web on 24 or more occasions annually.

Professional development

Goal 1: Create and sustain a school-wide culture of on-going professional development.

Objective 1: By 2011-12 at least 40% of fulltime faculty members attend one or more professional development programs on education and learning offered by the Academy/OMERAD annually.

Objective 2: Secure and provide up to 1% in SPH unrestricted funds to those faculty, students and staff who lack travel support from grants and contracts to attend a professional meeting when they have accepted posters and/or oral presentations annually.

Objective 3: Provide at least 50 electronic communications on educational or professional development annually to faculty, students, staff and external audiences (from SPH programs featuring CDC, NIH, and other information sources.)

Organization

Goal 1: Develop and continually enhance a sustainable School of Public Health with an emphasis on ongoing assessment and quality improvement processes.

Objective 1: Develop mission, goals and objectives with evaluation and assessment processes including outcome measures & baselines or targets; review and revise as needed, annually.

Objective 2: Conduct a collaborative annual evaluation process based on the mission, goals and objectives beginning Fall 2010 in order to assess progress, develop baselines as needed, adjust goals/objectives and report the need for new policy development.

1.1d A description of the manner in which mission, goals and objectives are developed, monitored and periodically revised and the manner in which they are made available to the public.

The LSUHSC SPH intends to attain its mission through its strategic plan, which includes the mission, vision, purpose and values as well as the goals and objectives. The plan reflects priority areas and specific goals and objectives that the members of the academic and public health practice communities viewed as the most important and strategic to realizing the mission and vision of the LSUHSC SPH over the five year period. The current strategic planning process for 2009-2014 began after final evaluation of the strategic plan for the period 2004-2009. The 2009-14 strategic goals and objectives are for each of the priority areas identified from a school-wide retreat that was held on May 20, 2009. Faculty members, staff, students, alumni, and community representatives attended the retreat. Following the retreat, the Strategic Plan Steering Committee identified working groups for each priority area and included interested faculty, staff, and students who volunteered to participate in the development of the School's strategic plan for 2009-2014. The Steering Committee shared a draft of the strategic plan with LSUHSC SPH faculty, staff, and students through a series of small group discussions conducted in August, 2009, and used feedback to finalize the plan. The order in which priority areas are listed and the order of goals and objectives within each area do not suggest any ranking of importance or additional priority. The Steering Committee developed objectives-focused action items and strategies with target dates to provide guidance regarding the implementation of this strategic plan over the next five years. The Dean charged the targeted committees, task forces, and the SPH community with specific responsibilities for realizing the goals and objectives of this plan.

The Strategic Plan Implementation Committee oversees monitoring, managing, and evaluating the successful implementation of the strategic plan. Periodic revision has taken place since 2010-2011 in response to feedback provided by the CEPH Councilors on our accreditation application that many of the objectives were process objectives with binary (yes/no) outcomes. A subgroup of the Strategic Plan Implementation Committee was formed to include objectives that were quantifiable beyond binary outcomes and consistent with the general plan previously established and reviewed. Faculty, staff and students have had an opportunity to review revised goals and objectives. The Community Leadership Advisory Committee also reviewed the mission, goals and objectives of the 2009-2014 Strategic Plan as well as the School's purpose, vision and values, all of which are available to the public and our internal community on our website. The SPH held a second half-day retreat for students, faculty and staff in April 2012 to review the goals and objectives and status of outcome measures for 2009-10, 2010-11 and 2011-12. Minor wording changes were incorporated to clarify the intent of a goal or objective at that time. This retreat will be held annually each spring to review outcomes and discuss any changes needed prior to the development of a new strategic plan for period 2015-2019. Development of the new strategic plan will likely focus on expansion of resources and infrastructure needed to support growth of the School, conditional upon CEPH accreditation, and will be led by a committee of faculty, students, staff, alumni and community partners.

1.1e A statement of values that guide the school, with a description of how the values are determined and operationalized.

Core Values of the School

- Engaging in professional behavior that incorporates honesty, integrity, fairness, respect, and resilience
- Reducing health disparities while optimizing health and well-being for all
- Demonstrating an enduring commitment and drive to be the best, fostering creativity and innovation
- Embracing the contributions of diverse cultures, backgrounds, experiences, and perspectives
- Responding to community needs through collaboration

The Strategic Plan Steering Committee, working with the retreat facilitator, articulated the values of the School expressed as part of the strategic planning process described in section 1.1 d. The School's values are operationalized in a number of ways as follows:

- Professional behavior is modeled by the senior faculty and staff, as such behavior is an expectation of all in the School where our resilience has been tested all too often since its establishment. Without these stated behaviors we could not have survived five office relocations and expanded our research, teaching and practice to meet the challenges and needs of public health in Louisiana and beyond.
- Reducing health disparities guides our intentional selection of public health practice programs and research that we choose to engage in.
- Demonstration of an enduring commitment to be the best while fostering creativity and innovation can be seen in the activities and recognition of our faculty, staff and students. A few examples include Dr. Richard Scribner's selection as a member and chair of the recently established NIH study section "Community Influences on Health Behavior", 2009-2014; the recognition of Dr. Melinda Sothern's *Trim Kids* program by the National Cancer Institute as a Research-Tested Intervention Program and acknowledged by the US Surgeon General for its community dissemination; Dr. Edward Trapido's election as president of the American College of Epidemiology, 2012-13; and our students' success garnering highly competitive fellowships and scholarships, e.g. Schweitzer Fellowships, Department of Energy Mickey Leland Fellowships, Ochsner Fellowships, and the Gil Dupre Scholarship.
- Embracing the contributions of diverse cultures, background, experiences and perspectives is apparent in the composition of all constituencies in the School. Our students have shown leadership in peer outreach efforts between international and domestic students. They were instrumental in hosting a school-wide multicultural event held in 2012 to celebrate our cultural diversity at Thanksgiving. Additional activities are planned throughout the year by the SPH Multicultural/Diversity Committee comprised of faculty, staff and students.
- The SPH has extensive collaborations with community partners as discussed in detail in Criterion 3 and these partnerships are essential to meeting community needs not easily addressed by a single entity. These collaborations are reflected in our formal and informal endeavors.

Our values are promulgated through School policies and procedures, and School print and digital promotional materials, and shared by the school administration with students at orientation and prospective students at open houses and other recruitment events. The LSUHSC Compliance Office also provides mandatory training and education modules that emphasize the expectation of professionalism and conduct consistent with our core values.

1.1f Assessment of the extent to which criterion is met.

This criterion is met.

Strengths

The school-wide community (faculty, staff, students, alumni and community partners) actively participated in the development of goals and objectives to achieve the SPH mission as part of the SPH five-year Strategic Plan. Our mission is clear and publicly stated, appearing on each page of the school website. Our core purposes and values foster the development of professional public health values, concepts and ethical values. On-going review and revision of the goals and objectives has resulted in more measureable and quantifiable objectives.

Weaknesses

Because of the relevantly recent revision of many of the goals and objectives to be more quantifiable, monitoring of outcomes has been less timely than otherwise would have occurred.

Future Plans

The SPH will develop additional and more innovative approaches to fostering our values and professional concepts and ethical practices. We will continue to hold an annual school-wide retreat for students, faculty and staff to review and refine targeted outcomes for each year of the strategic plan goals and objectives.

We anticipate significant growth and needed changes as a result of accreditation. Our current strategic plan is for the period 2009-2014 and development of our next five-year plan will be critically important to effectively manage growth while maintaining those components of our current, small school that greatly are valued by our constituents. We will begin that strategic planning process in 2013-14.

1.2 Evaluation and Planning. *The school shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the school's effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.*

1.2a Description of the evaluation procedures and planning processes used by the school, including an explanation of how constituent groups are involved in these processes.

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

Program Directors conduct an annual evaluation with individual faculty members. This evaluation includes a review of progress toward mutually agreed upon goals, accomplishments for the past year, and a goal setting process for the coming year. All staff members are reviewed annually by their direct supervisor with a discussion of expectations and accomplishments.

Two additional groups are responsible for monitoring outcome measures related to the goals and objectives in the strategic plan. The Strategic Plan Implementation Committee includes three staff, four senior administrators (faculty and staff) and seven faculty members. The Self-Study Steering Committee which includes primary writers for each section, readers for each section, and an editor is comprised of students, faculty and staff (Membership of Strategic Plan and Self-Study committees in the Appendix). There is some intentional overlap in the membership of these two committees to provide consistency and longitudinal knowledge. Data related to outcomes measures are collected from relevant sources, such as admissions (OASA), finance (ADFA), programs in the SPH offering CME (LTR, LCCCP, AETC, and HIV/AIDS), the LSUHSC Office of Information Services, and others in addition to the surveys and evaluations noted above, and assessed annually. Those responsible for collecting and analyzing outcome measures are shown in Table 1.2c, column "Data Source". Analyses of outcome measures are shared with faculty, staff and students at school-wide retreats and within each academic program.

Actions taken related to outcomes for educational goals are focused at the academic program level. Actions needed for community service goals are as follows: continuing education is addressed at the funded service program level; the Community Leadership Advisory Board actions are directed by the Dean; community service by the faculty is overseen by Program Directors; and student service community engagement is primarily addressed by the OASA and the SGA. Actions related to research goals are addressed through the academic programs and the Office of Research for the SPH (ORPH). For professional development goals and organizational goals, the Dean's Office initiates actions in collaboration with constituents. Actions needed at the program level are the responsibility of the Program Directors.

1.2b Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.

The results of evaluation and planning are used throughout the SPH for continuous improvement. Enhancements have been made on many levels, including academic program curricula, the culminating experience, practice experience processes, and development of new processes for improving pre-review of research proposals in the ORPH prior to submission.

The monthly Administrative Council meeting includes a review of data on applicants, admissions and acceptances for all degrees by program with a written summary from the Director of the Office of Admissions and Student Affairs (OASA). The Council discusses recruitment activities in the context of on-going admissions rates, and recommends changes as needed. An example includes the addition of open houses for potential applicants during Spring 2012 in the new on-campus home of the SPH in an effort to increase the applicant pool. The OASA maintains data for tracking of educational goals and objectives and provides data for annual assessments in addition to monthly updates.

The Dean and Assistant Dean for Finance and Administration (ADFA) review budgetary and financial issues on a monthly basis or more often as needed. Any issues are discussed at Administrative Council. The ADFA meets monthly with the Business Managers and Assistant Business Managers for a school-wide business professional meeting. Corrections in budgets, income and expenditures are made as indicated. Examples include measures instituted to reduce non-recurring (i.e. non-salary costs) expenses in the face of several state funding cuts in the period covered by this self-study and reallocation of SPH indirect costs to address shortfalls in personnel costs to accommodate new faculty hires. Informal interactions between the Assistant Dean and the Dean's Administrative Coordinator and the two Business Managers occur daily for routine planning and monitoring.

Each Academic Program Director annually reviews each faculty member on his/her progress related to the previous year's goals, research, service and educational achievements during the year, and goal setting for the next academic year, all of which are components of specific goals and objectives in the Strategic Plan. After these faculty reviews are completed, the Dean evaluates each Academic Program Director and this review includes a discussion of individual faculty members in the program and any quality improvement activities recommended for the faculty as well as the program director.

A few examples of changes made as a result of review of outcome and other performance measures include the following:

- Based on student evaluations, reassignment of a course director has been made to enhance effective course delivery.
- After two years of subpar attendance by the faculty at professional development programs on education and learning offered by the Academy/OMERAD, Program Directors and the Dean took a much more active role in emphasizing the importance of this excellent opportunity. Attendance increased almost 3-fold in year 3 (see Program Development Goal 1, Objective1).
- Achievement of MPH core competencies reported by alumni on surveys indicated poor attainment of two core competencies related to health systems and organizational management. We have hired two new senior faculty in the past six months with strengths in these areas. Development of new courses is ongoing.

The Curriculum Committee, with the Associate Dean for Academic Affairs as an ex officio member, plans, reviews and monitors academic programs to ensure consistency with the mission of the LSUHSC School of Public Health and the LSU Health Sciences Center, and in accordance with the criteria espoused by the Council on Education for Public Health. They conduct rolling reviews of existing courses throughout the year as well as review and approve new courses. The Curriculum Committee also promotes optimum coordination among curriculum areas and provides a forum for faculty and students with regard to curriculum issues. As a result, the content and format of course syllabi have been modified to ensure direct links between learning objectives and competencies in each respective course. The Culminating Experience (CE) has also recently been modified to better insure consistency across programs and more

clearly assess core and program competencies. The CE has been continuously revised and improved since 2008 and the [most recent revision](#) is being implemented with the students graduating in May, 2013 (see Resource File for CE Manual).

Goals and objectives related to mastery of competencies are evaluated in several ways, subjectively and objectively. Faculty members develop course learning objectives that are derived from the competencies for each course. Students who pass the course are ostensibly meeting the derived learning objectives. Students self-rate their attainment of the competencies in both the exit survey (prior to graduation) and the alumni survey. Results of self-assessments are summarized for each competency and those with inadequate scores will be linked with course competencies specified on course-specific syllabi. Inadequacies will be remediated at the program level when indicated. Both the core and program competencies are objectively assessed at two points in the Culminating Experience process. Decisions at both points are documented. Students are instructed to name the core and program competencies to be addressed in the proposed project and to develop learning objectives from the competencies. A five-member committee, the Proposal Evaluation Committee (PEC) representing each of the core programs reviews student proposals to insure that the competencies are appropriate and able to be addressed and demonstrated by the project as proposed. With the PEC's approval, the student may begin the project. When the CE is completed, the project is evaluated by faculty from the student's respective program. The key standard used to evaluate the project is the student's demonstrated attainment of the competencies. A grade of Pass is assigned if, among other things, the student has demonstrated a mastery of both core and program competencies in the project. A more informal assessment of the competencies occurs on Capstone Day each spring when selected students present their projects to the SPH. Delta Omega sponsors a competition in which students are judged, among other things, on how well they have attained the competencies specified in their projects. Three faculty members in Delta Omega serve as judges at this event.

1.2c Identification of outcome measures used to evaluate effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the school's performance provided for each of the last three years.

Three years of progress on the strategic goals and objectives are presented in Table 1.2c. In most areas, the SPH has made excellent progress and met or exceeded our targets.

This success is true for the outcomes in all three of our educational goals. An exception is educational Goal 2, Objective 3: *to diversify the opportunities for individuals to contribute to public health by establishment of a joint degree program(s) and 3-2 programs*. The SPH has established a joint degree program with the LSUHSC School of Medicine (SoM), at their initial request, but uptake of this opportunity by medical students has been slower than anticipated by both schools. As the current MD-MPH students successfully progress through the curriculum, we expect increased interest and enrollment. This objective was established because the addition of medical students to our student body adds diversity of perspectives to classroom interactions and the MPH training provides a lifelong public health perspective to those who become clinicians. The School successfully established a 3-2 program with Dillard University which has an undergraduate public health degree program, at the time the only undergraduate program in the state. Unfortunately, Dr. Carlin McLin who led the program at Dillard moved to another university. We have been establishing our relationship with new individuals at Dillard and have recently had contact from an interested Dillard student about entry into the 3-2 program. We feel confident that within the next several years this can also flourish.

Among our community service goals the SPH has successfully met our targets. The one exception has been one of our targets in Goal 1, Objective 1: *the faculty and staff will make continuing education available to professionals and/or community members – with targets of 100 or more events and 2000 or more participants annually*. We have exceeded the minimum number of participants in our continuing education programs each year (3148, 2073, and 2175 respectively), but the number of different programs has been fewer than 100 since establishing this target. Subsequent to establishing the targets, the Juvenile Justice Program, which provided many continuing education programs, was closed, thus

reducing the funded opportunities to sponsor trainings. We have offset fewer events with more attendees per session and will continue to seek new resources to expand continuing education programs.

In our research goals and objectives, the School has moved forward in many areas despite difficult federal funding trends and reduced funding opportunities in other areas as well. For example, the overall average funding of our faculty from research, service and training grants and contracts is almost twice the minimum target of 25%. The SPH has been successful in increasing the number of grants and Louisiana-specific projects, although not the total amount of funds received annually. Student participation in grants and contracts remains strong and exceeds the minimum target. Abstracts and manuscripts hover around the targets of 100 per year.

The School is on target for our professional development goal and objectives and our organizational goal and objectives.

In some cases, the targets we initially set were not set high enough based on our significantly exceeding these targets in our first three years of the plan. This occurred when we lacked a basis for target setting. These targets will be revised upward this year.

Monitoring, evaluation, and revision, as needed, will continue.

Table 1.2c Outcome Measures for Monitoring Effectiveness in Meeting Mission, Goals and Objectives for Each of the Last 3 Years

Objective	Outcome Measure/ Data source	Target	2009-2010	2010-2011	2011-2012
EDUCATION GOALS					
EDU Goal 1: Recruit and retain qualified students and prepare them to improve the public's health.					
Objective 1: Attract well-qualified students based on several indicators, including GRE scores of 1000+, undergraduate GPA of 3.0+, experience/ employment in the field of public health of 20%+	Average GRE scores of entering MPH, MS and PhD students, undergraduate GPAs, % prior Experience/ employment in PH Data Source: OASA	GRE Target:1000+	<u>Mean GRE</u> MPH 1076 MS none admitted PhD 1390	<u>Mean GRE</u> MPH 1106 MS none admitted PhD 1260	<u>Mean GRE</u> MPH 1063 MS 1350 PhD 1195
		GPA Target: 3.0+	<u>Mean GPA</u> MPH 3.4 MS none admitted PhD 3.6	<u>Mean GPA</u> MPH 3.2 MS none admitted PhD 3.6	<u>Mean GPA</u> MPH 3.3 MS 3.1 PhD 3.1
		PH Exp./Emp. Target: 20%+	35%	34%	48%
Objective 2: Retain qualified fulltime MPH/MS students, 80% of which graduate within 3 years of fulltime enrollment, and PhD students, 80% of which graduate within 8 years.	Retention information on MPH, MS and PhD – % graduates/admitted Data Source: OASA	Target: 80% MPH & MS :3 year completion	Admitted 2007-8 MPH 83% MS 100%	Admitted 2008-9 MPH 95% MS – Not applicable	Admitted 2009-10 MPH 85% MS - Not applicable
		Target: PhD - 8 yr completion NOTE: first PhD students admitted in BIOS 2008-9	PhD - Not applicable	PhD - Not applicable	PhD – in process 1 graduate in 4 yrs. (May 2012)
Objective 3: Establish and integrate into the curriculum school-wide MPH competencies, MPH concentration-specific competencies, and MS and PhD degree program competencies via the following: coursework, the practice experience, and the culminating experience as documented in course syllabi, practice and culminating experience proposals, and student, alumni and employer evaluations.	Course syllabi, course assessments, and program evaluations (practice experience, culminating experience) Data Source: Curriculum Comm. & ADAA	Target: Establish MPH competencies by end of 2009-10 & integrate into curricula by beginning 2011-12.	100% MPH competencies established June 2010	MPH competency integration begun	MPH competencies fully integrated Fall 2011
		Target: Establish PhD, MS competencies by end of 2010-11 & integrate into curricula by end of 2011-12.		100% PhD, MS competencies established Summer 2011	PhD, MS competencies fully integrated

Objective	Outcome Measure/ Data source	Target	2009-2010	2010-2011	2011-2012
Objective 4: Annually at least 75% of the MPH graduates self-report attaining the competencies at a high level.	Student exit survey: first students to complete new competency-based curric. graduate 5/2013. Prior exit surveys on previous competencies. In 2009/10 not on indiv.core comp Data Source: Evaluation Committee (EC)	Target: 75% of each competency rated average of 4+ beginning Spring 2013.	Exit survey questions: "Curriculum provided me with skills necessary to be competitive in job market" 81.8% (4+/5)	<u>MPH Comp (3+/4)</u> 1. 88.2% 7. 81.3% 2. 68.8% 8. 87.5% 3. 100% 9. 75.0% 4. 93.8% 10. 70.6% 5. 93.8% 11. 93.8% 6. 93.3% 12. 93.8% Competency List - Table 2.6a1	<u>MPH Comp (4+/5)</u> 1. 81.3% 7. 93.8% 2. 75.0% 8. 87.5% 3. 68.8% 9. 81.3% 4. 75.0% 10. 81.3% 5. 100 % 11. 93.8% 6. 93.8% 12. 87.5% Competency List - Table 2.6a1
Objective 5: At least 50% of MPH alumni who graduated prior to 2013 report on the alumni survey attainment of the competencies at a level of 3+/4 and 75% of alumni who graduate on or after May 2013 report attainment of the competencies at a level of 4+/5.	Alumni survey – only alumni that have completed the new competency-based curriculum for 75% target Data Source: Evaluation Committee	Target: 50% 3+/4 pre 5/2013 Target: 75% 4+/5 5/2013 and after	77% of 2008-9 graduates report 3+/4	80% of 2009-10 graduates report 3+/4	<u>% of 2010-11 graduates report 4+/5</u> 1. 80.0% 7. 80.0% 2. 66.7% 8. 73.3% 3. 86.7% 9. 46.7% 4. 86.7% 10. 40.0% 5. 80.0 % 11.73.3% 6. 86.7% 12. 53.3% Competency List - Table 2.6a1
Objective 6: Beginning 2013-14 and annually thereafter, at least 75% of participants in the employer assessment report that MPH graduates demonstrate performance of new competencies at a high level (4+/5).	Employer survey or focus group will be held to assess those alumni/students that have completed the full competency-based curriculum (graduate 5/2013 on) Supplement with key informant interviews or focus groups Data Source: EC	Target:75% 4+/5	N.A.	N.A.	Employer focus group held April 2012. Full report in Appendix. Employer surveys specific to competencies to begin 2013.
Objective 7: By 2012, at least 80% of graduates are employed in their field or are in training within one year of their graduation.	Alumni survey, OASA contact Data Source: EC, OASA	Target: 80+% employed or in additional training	93% of 2008-09 graduates employed/in training by 5/2010	93% 2009-10 graduates employed or in training by 5/2011	92% 2010-11 graduates employed or in training by 5/2012

Objective	Outcome Measure/ Data source	Target	2009-2010	2010-2011	2011-2012
EDU Goal 2: Establish a diverse student body qualified to appropriately address public health issues now and into the future.					
Objective 1: Conduct focused student recruitment with at least 3 visits to HBCUs annually and through other outreach efforts to reach multiple ethnic groups.	School Visits Career fairs Letters/brochures to HBCUs in Southeastern US Ads in relevant publications Data Source: OASA	Target: 3+ HBCU school visits 3 other state schools Targeted outreach to regional HBCUs by letters (20+) Other opportunities as they arise (sponsorships, exhibits, ads)	<u>Visits</u> - 4 HBCU in person visits <u>Sponsored</u> African Studies Assn. 52nd meeting <u>Recruitment</u> letters-brochures to 21 regional HBCUs	<u>Visits</u> - 4 HBCU in person visits UNO, LSU <u>Ad</u> in Keepsake Magazine <u>Exhibit</u> at annual conf. of National Inst. of Science (βKX) <u>21 letters/brochures</u>	<u>Visits</u> 4 HBCU in-person visits In state visits: LSU, Nichols, UNO,ULL, Loyola, Tulane N.O. public high school students visit to SPH <u>21 letters/brochures/Invitations</u> <u>2 Open Houses at SPH</u>
Objective 2: Seek to achieve ethnic minority representation in the student body of 35% or greater annually (domestic and international).	Demographics on current student population Data Source: OASA	Target: 35+ % for all degree programs	2009-10 MPH - 45% MS- 50% PhD - 57% Student body - 46%	2010-11 MPH- 46% MS- 50% PhD- 47% Student body- 46%	2011-12 MPH - 48% MS -50% PhD - 46% Student body -48%
Objective 3: Diversify the opportunities for individuals to contribute to public health by the establishment of a joint degree program(s) and 3-2 program(s) with undergraduate institutions.	List of currently approved programs List of future programs and their status (in development, approved, implemented) Data Source: OASA	Target: 1 or more 3-2 programs by 2011-12	MOU signed by Dillard (an HBCU) and LSUHSC SPH to establish 3-2 program	3-2 program logistics developed No students yet enrolled;	1 Dillard Sophomore has expressed intent to apply in one year
		Target: 1 or more joint degree programs to integrate public health training with other relevant disciplines		MD-MPH joint program re-established at LSUHSC	Enrollment 2 MD-MPH Summer 2011 1 new MD-MPH Summer 2012
EDU Goal 3: In order to attract and retain a variety of learners, establish and maintain a sustainable, multi-dimensional, instructional delivery system					
Objective 1: By December 2012 and beyond, all courses will use one or more components of multi-dimensional instructional delivery system available in the School.	Record of Moodle incorporation in courses; training schedule for all faculty in Access Grid use; Media Site use; Adobe webinar use (described in section 1.6i) Data Source: IT Comm/ D.Behrhorst	Target: all courses will use one or more modalities by Dec 2012	Access Grid use: Access Grid use distance delivery: 7 courses	Access Grid use distance delivery: 10 courses 3 Summer 3 Fall 4 Spring	Moodle use: 100% courses; Media Site use - video & post lectures: all core courses Fall; Spring core courses & others Access Grid use- 3 Fall/ 4 Spring

Objective	Outcome Measure/ Data source	Target	2009-2010	2010-2011	2011-2012
Objective 2: By May 2014, students will indicate that the instructional delivery system met their needs with an average rating of 4+/5 on course evaluations.	Student course evaluations Data Source: Office of ADAA	Target: average ranking of 4+/5 on 7 questions (Appendix) from course evaluations	1. 4.4 5. 4.2 2. 4.4 6. 4.4 3. 4.4 7. 4.4 4. 4.1 (See Appendix for survey questions)	1. 4.2 5. 4.0 2. 4.2 6. 4.3 3. 4.2 7. 4.2 4. 4.1 (See Appendix for survey questions)	1. 4.5 5. 4.2 2. 4.6 6. 4.6 3. 4.5 7. 4.5 4. 4.3 (See Appendix for survey questions)
COMMUNITY SERVICE GOALS					
COMMUNITY SERVICE Goal 1: Expand programs and initiatives in community-based and professional service and practice					
Objective 1: The faculty and staff will make continuing education available to professionals and/or community members, reaching 2000 individuals or more annually.	Lists of events and participants Data Source: CE sponsors (AETC, LCCP, LTR, HIV)	Target: 100+ events 2000+ participants	96 events 3148 participants	95 events 2058 participants	70 events 2175 participants
Objective 2: At least 40% of core faculty will serve on advisory boards, committees and task forces of community and professional organizations annually.	List of faculty service Data Source: Self report by CV – Dean's Office	Target: 40+%	62% (23/37)	66% (23/35)	66% (26/39)
Objective 3: Establish and convene the Community Leadership Advisory Board at least twice annually to discuss community needs and opportunities beginning 2011-12.	Meeting minutes Data Source: Dean's Office	Target: meet 2x/year beginning 2011-2012	N.A.	N.A.	Board appointed 2 meetings April 23/May 1, 2012 September 12, 2012
COMMUNITY SERVICE Goal 2: Provide opportunities for student engagement in service.					
Objective 1: Annually, at least 50% of the standing committees established by Faculty Assembly By-Laws have at least one student member and students are included on School standing and ad hoc committees and workgroups as appropriate.	Committee rosters Data Source: Faculty Assembly	Target: 50+% of F.A. standing committees have student members and additional membership on ad hoc committees	3/5 Faculty Assembly standing committees. Other SPH committees: Web Advisory, Peer Advocate Liaison, Student Technology Fee & Copping Teaching Excellence	3/5 Faculty Assembly standing committees with students. Other SPH committees: Web Advisory, Peer Advocate Liaison, Student Technology Fee and Copping Teaching Excellence	3/5 Faculty Assembly standing committees. Other SPH committees: Web Advisory, Peer Advocate Liaison, Student Technology Fee and Copping Teaching Excellence
Objective 2: At least 25% of fulltime MPH students participate in SGA-sponsored and other community service projects annually.	SGA sign-up sheets Student resumes Data Source: OASA, SGA	Target: 25+% fulltime MPH students	34%	27%	35%

Objective	Outcome Measure/ Data source	Target	2009-2010	2010-2011	2011-2012
Objective 3: Each year 2 or more eligible first-year students apply for and receive service fellowships (e.g. Albert Schweitzer Fellowship Program)	Application and award info Data Source: OASA	Target: two or more students with service fellowships	4 Schweitzer Fellows	4 Schweitzer Fellows	2 Schweitzer Fellows
RESEARCH GOALS					
RESEARCH Goal 1: Expand areas of current expertise and develop new research opportunities.					
Objective 1: Generate an average of 25% or more of faculty salaries from external grants and contracts annually.	SPH faculty salary support by category Data Source: ADFA	Target: Average of 25+% per year	49%	43%	44%
Objective 2: All fulltime faculty without current grant or contract support will submit at least one proposal annually as Principal Investigator or a key Co-Investigator.	Faculty proposal submissions Data Source: ADFA, ORPH	Target: 100% of unfunded FT (core) faculty submit at least one proposal annually	2/5: 40%	2/5: 40%	2/2: 100%
Objective 3: Increase the number of research awards in which fulltime faculty serve as Principal or Co-Investigators from a baseline of 36 in 2008-09 by 5% per year through 2014.	# of faculty as PIs and Co-I's Data Source: ORPH	Target: Increase the number of research awards by 5% per year over 2008-2009 baseline	41 research grants/contracts (14% increase over 2008-09)	52 research grants/contracts 27% increase over previous year (44% increase since 2008-09)	51 research grants/contracts; no increase over previous year (42% increase since 2008-09)
Objective 4: Increase the number of research projects related to events and issues uniquely important to Louisiana by 10% per year between 2009 and 2014.	# of LA-related research projects Data Source: ORPH	Target: Increase by 10+% annually over 2008-09 baseline of 7 funded projects for a 50% overall increase by 2014.	9 funded projects: 29% increase since 2008-09	16 funded projects: 129% increase since 2008-09	11 funded projects: 57% increase since 2008-09
Objective 5: Establish full-time student participation in grants and contracts to a level of 25% or more per year.	# of students participating in grants and contracts Data Source: ORPH & ADFA	Target: 25+% per yr. student participation	15 students/57 eligible students: 26%	22 students/66 eligible students: 33%	33 students/81 eligible students: 41%
Objective 6: By December 31, 2012, increase the number of funded research awards within or using data from SPH public health service/practice programs from 5 in 2008-09 by 30% and maintain/increase that level through 2013-2014.	# of research projects linked to SPH service/practice programs Data Source: ORPH	Target: Increase number of funded research awards linked to SPH public health practice programs by 30% through 2014 from baseline of 5	7 funded projects linked to public health service/practice program (40% increase over 08-09)	7 funded projects (40% increase over 08-09)	4 funded projects (20% decrease from 2008-09)

Objective	Outcome Measure/ Data source	Target	2009-2010	2010-2011	2011-2012
RESEARCH Goal 2: Advance faculty research achievements and recognition of faculty expertise by professional and lay audiences.					
Objective 1: At least 100 abstracts from SPH faculty, professional staff and/or students will be accepted for presentation at professional meetings annually.	# of abstracts accepted Data Source: CV's and resumes – ORPH	Target: 100 or more abstracts annually (2008-09 baseline: n=98)	103 abstracts/ presentations	98 abstracts/ presentations	109 abstracts/ presentations
Objective 2: By 2011-12, SPH faculty and/or students will publish at least 100 peer reviewed manuscripts annually and thereafter.	# of published manuscripts Data Source: CV's and student resumes - ORPH	Target: 100 or more abstracts annually (2008-09 baseline: n=99)	94 peer reviewed publications	99 peer reviewed publications	90 peer reviewed publications
Objective 3: By 2011-12, establish an electronic research data file available to internal and external communities, including areas of expertise and bibliographies of faculty and technical staff, and update semi-annually.	Status of database, establishment and content Data Source: ORPH	Target: Established and on-line	Electronic data limited to grant expenditures by grant	As of 1/2011, electronic records include: all grants awarded to SPH faculty PIs, or CoPI's; all contracts; all faculty support on grants and contracts outside SPH	To date, the following have been collected: All faculty CVs; biosketches; and other support. Summary of research for some (continuing collection).
Objective 4: By 2011-12, establish a research mentoring program based on best practices and create mentor-mentee partnerships for 80% or more of junior investigators, and continue annually thereafter.	Mentor/mentee partnerships Data Source: ORPH	Target: 80+% eligible partnerships established by end of 2011-12 and maintained annually.	20/22 junior faculty with mentors (91%) (Formal program in development)	19/20 junior faculty with mentors (95%)	23/23 junior faculty with mentors (100%)
Objective 5: In collaboration with the LSUHSC Office of Information Services, feature expertise and achievements of SPH faculty and programs in print publications, radio, television and web on 24 or more occasions annually.	Media exposure Data Source: LSUSHC Director of Information Services and Dean's Office	Target: An average of 2+ per month or 24 annually.	55	37	78
PROFESSIONAL DEVELOPMENT GOALS					
Goal 1: Create and sustain a school-wide culture of on-going professional development					
Objective 1: By 2011-12, at least 40% of core faculty attends one or more professional development programs on education and learning offered by the Academy/OMERAD annually.	Annual attendance Data Source: OMERAD and Dean's Office	Target: 40+% of FT faculty attending per year and /or members of the Academy	19% (7/37)	20% (7/35)	56% (22/39)

Objective	Outcome Measure/ Data source	Target	2009-2010	2010-2011	2011-2012
Objective 2: Secure and provide up to 1% in unrestricted SPH funds to those faculty, students and staff who lack travel support from grants and contracts to attend a professional meeting when they have accepted posters and/or oral presentations annually (priority).	Annual expenditures for travel of SPH funds Data: ADFA	Target: 1%/yr. 2009-10 \$57,189	\$41,662		
		2010-11 \$57,401		\$51,786	
		2011-12 \$54,277			\$64,944
Objective 3: Provide at least 50 electronic communications on educational or professional development annually to faculty, students, staff and external audiences (from SPH programs featuring CDC, NIH, and other information sources.)	Email and other communication about CDC, NIH, LCCP, LTR, Delta Region AETC, Tobacco programs, OPH, DHHS, other programs Data Source: D. Feist & Dean's Office	Target: 50+ communications per year describing professional development program opportunities distributed to the SPH and external community organizations.	178 emails to ~400 individuals from SPH and 14 external organizations	106 emails to ~400 individuals from SPH and 14 external organizations	283 emails to ~400 individuals from SPH and 14 external organizations
ORGANIZATION GOALS					
Goal 1: Develop and continually enhance a sustainable School of Public Health with an emphasis on ongoing assessment and quality improvement processes.					
Objective 1: Develop mission, goals and objectives with evaluation and assessment processes including outcome measures & baselines or targets; review and revise as needed, annually.	Development, revision and review of Strategic Plan Data Source: Dean's Office	Target: Develop and revise	Original 2009-2014 goals and objectives developed	Revision of goals and objectives begun in Spring 2011	Revision completed in Fall 2011. Goals/objectives metrics evaluation reviewed at SPH Retreat April 2012.
Objective 2: Conduct collaborative annual evaluation process based on the mission, goals and objectives, beginning Fall 2010 to assess progress, develop baselines, adjust goals/objectives and report the need for new policy development.	Evaluation status Data Source: Strategic Plan Steering Subcommittee & Self Study Steering Comm	Target: Annual assessment done	Evaluation of original 2009-2014 goals and objectives conducted 2010	Goals and objectives revised 2011	Evaluation and assessment on-going 2011-2012 as part of self-study

1.2d An analytical self-study document that provides a qualitative and quantitative assessment of how the school achieves its mission, goals and objectives and meets all accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the school's performance against the accreditation criteria.

The LSUHSC SPH community has prepared this self-study to demonstrate how our school meets the accreditation criteria, as well as achieving our established mission, goals and objectives. We have assessed each criterion in terms of performance against those goals and objectives. We have stated our assessment of strengths, weaknesses, and plans to enhance our future performance in all criteria.

1.2e An analysis of the school's responses to recommendations in the last accreditation report (if any).

Not applicable. The SPH is seeking accreditation for the first time.

1.2f A description of the manner in which the self-study document was developed, including effective opportunities for input for important school constituents, including institutional officers, administrative staff, teaching faculty, students, alumni and representatives of the public health community.

In Spring 2011, the School began organizing for the CEPH Self-Study and the site visit scheduled for February 2013.

To ensure continuity throughout the process, the Dean established the Self-Study Steering Committee which included many members who had served on the Strategic Plan Implementation Committee. The Dean appointed administrators, faculty, staff and students as members and formed small writing groups responsible for specific sections of the self-study and for overseeing the internal review of successive drafts of the document.

Fiscal databases, faculty CVs and self-reports, student databases, and survey data from internal as well as external constituents from the Evaluation Committee provide the measures used to assess achievement of mission, goals and objectives quantitatively.

Qualitative assessment has been in the form of review and revision, as appropriate and was begun in response to the comment by the CEPH Board of Councilors, at the time of our letter requesting entry into the accreditation process, that our objectives were too heavily focused on process measures with binary outcomes. A subgroup from the Self-Study Steering Committee convened by the Dean reviewed objectives and outcomes and proposed more quantifiable outcomes for the goals established to achieve our mission. This review began in Spring 2011 and the proposed changes and modifications were then brought to the Strategic Plan Implementation Committee, the faculty, and the Student Government Association in the fall of 2011. Our Community Leadership Advisory Board (CLAB) has reviewed and commented on our mission, goals and objectives and did not recommend any changes. Community employers/practice experience preceptors have provided an assessment of public health and community needs and have suggested that the School considers developing certificate program(s) to address unmet needs in training outside of formal degree programs. Faculty, students and staff reviewed progress on outcome measures from 2009-10 through 2011-12 and provided feedback at a school-wide retreat held April 13, 2012.

The Self-Study Steering Committee reviewed all outcome measures and assessed the strengths and weaknesses in terms of the School's performance against each accreditation criterion. The faculty, students and staff reviewed this assessment of strengths and weaknesses and each section of the self-study in a series of four meetings July 24, 26, 31 and August 2, 2012. Modifications were made to the document in response to feedback from these reviews. Based on these assessments of criteria, program directors and their faculty as well as the administration develop plans for addressing weaknesses and enhancing strengths on an on-going basis.

Dr. G. Marie Swanson and Dr. H. Virginia McCoy, each with CEPH accreditation experience, independently reviewed the document and provided very helpful suggestions that have been incorporated. A senior faculty member, Dr. Vivien Chen, who was not a part of the writing teams or Steering Committee also assumed the responsibility for full review and comment of later versions of the document. The chief academic officer of the LSU Health Sciences Center, the Vice Chancellor for Academic Affairs, also reviewed the self-study. After final review by the Self-Study Steering Committee and Administrative Council, the draft was posted on the School's website for review and input by internal and external audiences. Comments and recommendations from each of these reviews were incorporated into the Preliminary Self Study, submitted September 18, 2012. A mock site visit which included a review of the Self Study Report was conducted in December 2012 by Drs. Katherine Stewart and Mary Hovinga. The comments and suggestions from Drs. Stewart and Hovinga as well as the requests and suggestions from the CEPH-designated readers of the Preliminary Self Study have been incorporated into this document.

1.2g Assessment of the extent to which this criterion is met.

This criterion is met with commentary.

Strengths

The SPH has an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives annually. In addition, the self-study process has abundantly illustrated the necessity for easily accessible data and database management to facilitate monitoring and evaluation. The SPH anticipates that the recent move of the Evaluation Committee from the Faculty Assembly to an SPH standing committee will improve information gathering, evaluation, and dissemination of findings; and ensures that the feedback loop from data collection to evaluation to planning and management incorporates all constituencies.

Weaknesses

Modification of the original goals and objectives in our Strategic Plan 2009-2014 in 2010-11 has resulted in incomplete data for some outcome measures for the three year self-study period of interest. From 2011-12 forward data should be available for almost all measures. However, review and evaluation of strategic plans are and should be a continuous process, so this limitation is in some respects inevitable. Targeted outcomes that are not yet met will be a focus.

Future Plans

The School recognizes the importance of a readily accessible database system for all monitoring, evaluation and reporting needs. Biostatistics faculty and a doctoral student have spent a significant amount of time to develop a database for student data (pre-admission through post-graduation). This database will enhance the speed at which future evaluation data can be generated for use in an on-going evaluation and planning process. It should be noted that development has been a very lengthy process, is not yet completed, and so this potential strength is not yet fully realized. The SPH is also exploring purchase of additional software or a subscription to an online database to complement fulfillment of the School's needs. As noted previously, the SPH will begin development of a strategic plan for the next five-year period (2015-19) in 2013-14.

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

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

The Louisiana State University Health Sciences Center (LSUHSC) School of Public Health is one of six schools in the LSUHSC-New Orleans. The LSUHSC-NO is one of 10 institutions in the LSU System statewide. A Chancellor appointed by the President of the LSU System and approved by the Board of Supervisors heads each institution in the System.

The Board of Supervisors of Louisiana State University and Agricultural and Mechanical College serves as the management board for the [Louisiana State University System](#). Sixteen members who serve overlapping terms of six years comprise the Board. The Governor appoints two members from each congressional district and one member from the state at large. As provided by the Louisiana Constitution, the Board also has a student member who serves a one-year term. The [Board of Regents for Higher Education for the State of Louisiana](#), a state agency created by the 1974 Louisiana Constitution, coordinates all public higher education in Louisiana. The Governor appoints 15 volunteer members of the Board of Regents to six year overlapping terms, of at least one, but no more than two terms, Regents are drawn from each of Louisiana's six Congressional districts. In addition, the Louisiana Council of Student Body Presidents appoints one student member as its representative on the Board. Policies and decisions of the Board of Regents are administered by a full-time staff headed by the Commissioner of Higher Education.

The LSUHSC has teaching, research and health care functions state-wide, through its professional schools, as well as more than 100 hospitals and other health science-related institutions throughout the state, region, nation and world, with which it maintains affiliations. The LSUHSC provides health care for approximately 75% of Louisiana's indigent population.

Component professional schools, each headed by a dean, which now comprise the Health Sciences Center include, in order of establishment: the School of Medicine in New Orleans, the School of Graduate Studies (academic), the School of Dentistry, the School of Nursing, the School of Allied Health Professions and the School of Public Health. The mission of the LSUHSC in New Orleans is to provide education, research, and public service through direct patient care and community outreach.

The faculty of the Health Sciences Center consists of approximately 3,900 appointees, including physicians, dentists, nurses, research scientists, and allied health and public health professionals. Of these, approximately 1600 are involved in fulltime teaching and research in the professional schools, augmented by more than 2300 part-time faculty involved in the academic programs. Approximately 2800 students are enrolled in the programs of study in the six schools of the LSUHSC.

The Southern Association of Colleges and Schools (SACS) Commission on Colleges accredits LSUHSC, which was first accredited in 1931, with its most recent accreditation for the period 2005-2015. Other national, institutional and specialized accrediting bodies to which LSUHSC responds are as follows:

School of Allied Health Professions:

Commission on Accreditation of Allied Health Education Programs

Committee for Accreditation of Respiratory Care:

Respiratory Therapy

Joint Review Committee on Education in Cardiovascular Technology:

Adult Echocardiography

National Accrediting Agency for Clinical Laboratory Sciences:

Medical Technology

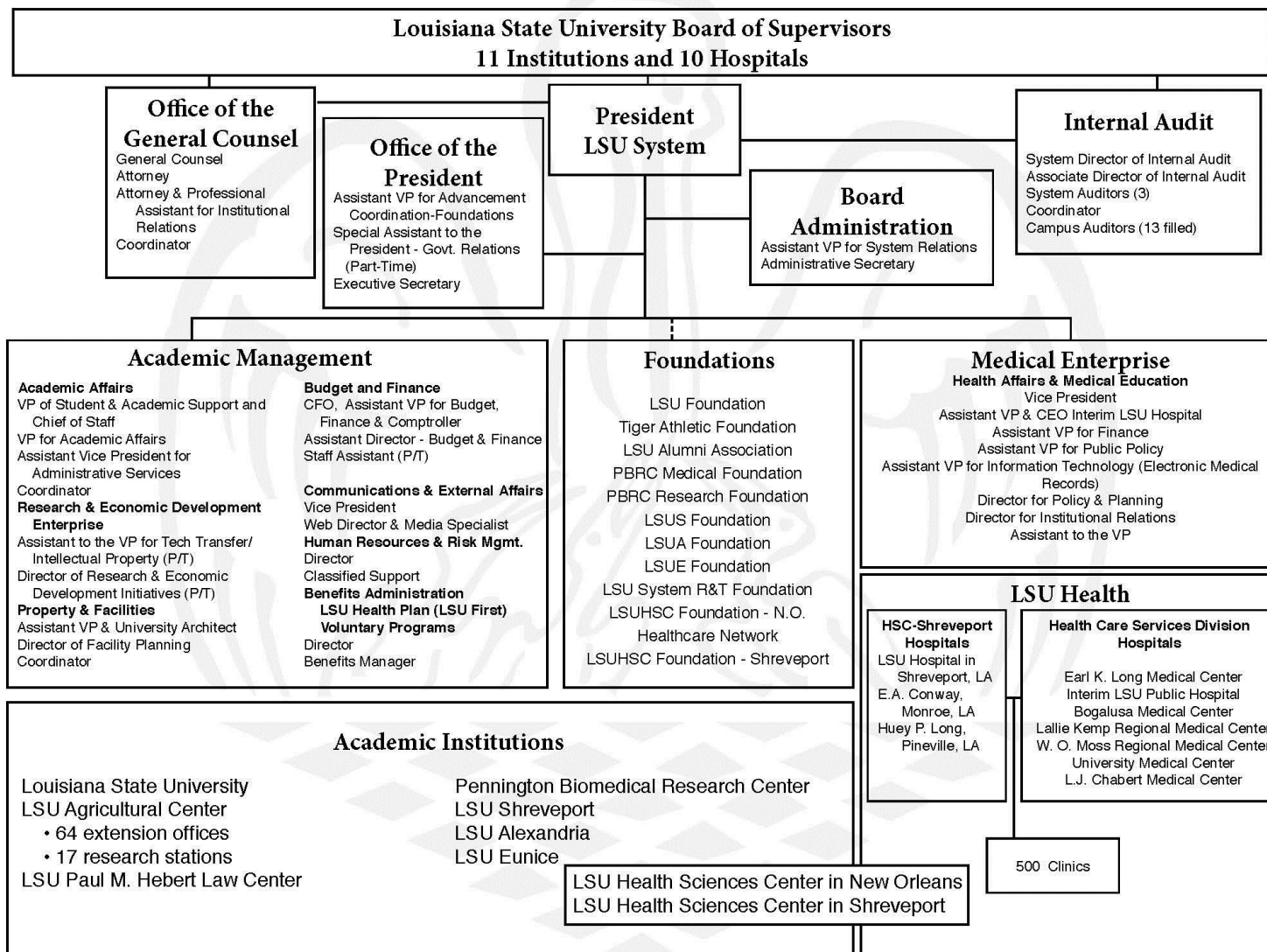
Council on Rehabilitation Education:

Rehabilitation Counseling
American Occupational Therapy Association, Accreditation Council for Occupational Therapy Education:
Occupational Therapy
American Physical Therapy Association, Commission on Accreditation in Physical Therapy Education:
Physical Therapy
Council on Academic Accreditation in Audiology and Speech-Language Pathology
Audiology
Speech Language Pathology
School of Dentistry
American Dental Health Association, Commission on Dental Accreditation
Dental Hygiene
Dental Laboratory Technology
Dentistry
School of Medicine
Liaison Committee on Medical Education
School of Nursing
Commission on Collegiate Nursing Education
Nursing
Council on Accreditation of Nurse Anesthesia Educational Programs
Nurse Anesthesia

The [Louisiana Board of Regents Academic Affairs Policy 2.13](#) provides a master list of approved academic program accrediting agencies and related Regents' accreditation policies for all public institutions of higher education.

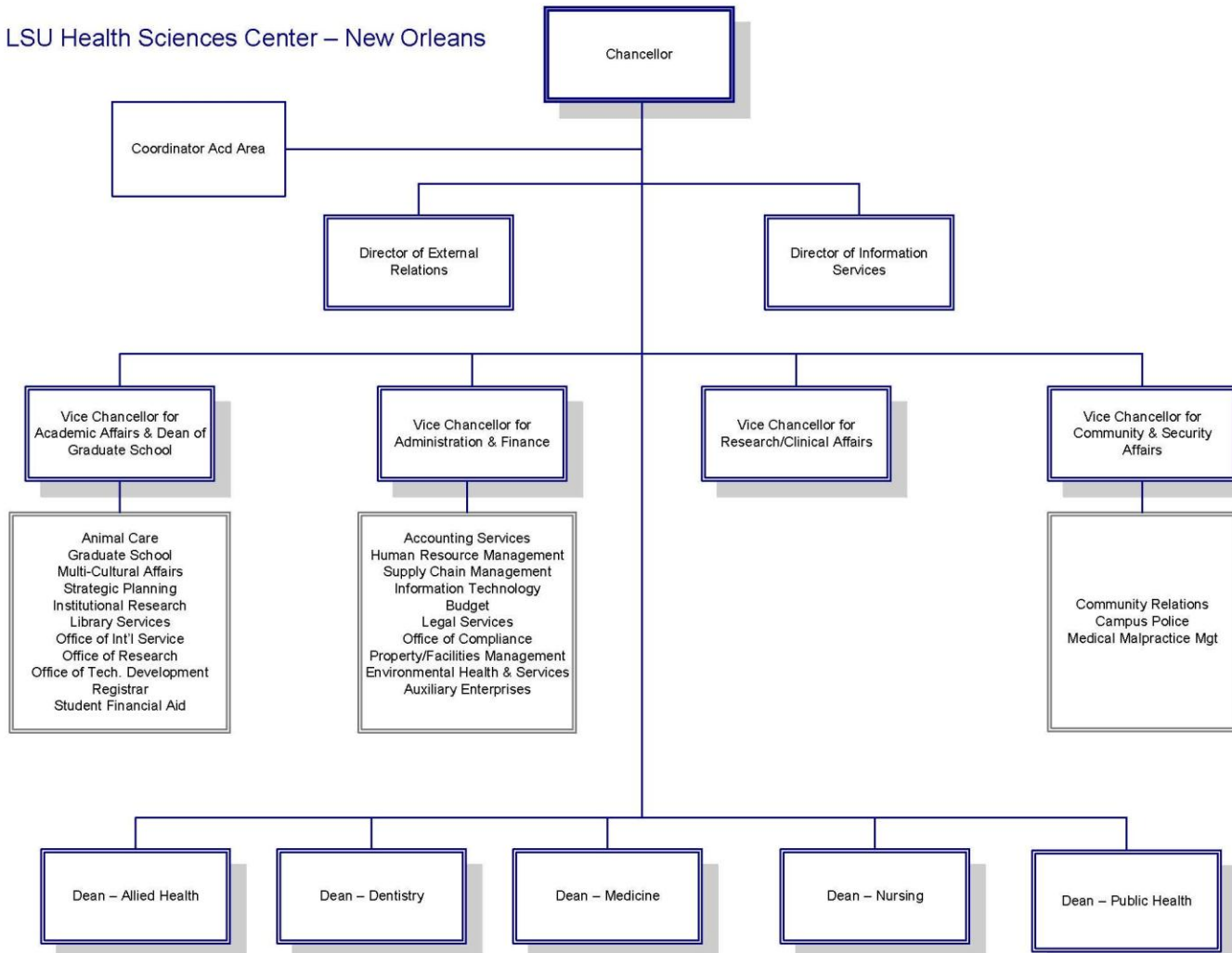
1.3b One or more organizational charts of the university indicating the school's relationship to the other components of the institution, including reporting lines.

The organizational charts follow: the Louisiana State University System and the Louisiana State University Health Sciences Center-New Orleans. The LSUHSC School of Public Health has the same level of independence as all other professional schools in the institution. As shown, direct reporting lines for the SPH are between the Dean and the Chancellor.



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LSU Health Sciences Center – New Orleans



Revised 12/10

1.3c A brief description of the university practices regarding: lines of accountability, including access to higher-level university officials; prerogatives extended to academic units regarding names, titles and internal organization; 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.

-Lines of accountability, academic units, budgeting and resource allocation

The LSU Board of Supervisors approves the institution's mission. [The Bylaws & Regulations of the Board of Supervisors of the LSU System](#) outline the controls and responsibilities delegated to the Board and institution, respectively. The Board of Supervisors allocates state funding for the year to the institution. The institution, in turn, presents a budget for the fiscal year to the Board for approval. The Chancellor is responsible to the President for the LSUHSC campus budget. This responsibility includes review and recommendation of budgets for the units and divisions within the campus as well as the consolidated budget for the institution as a whole. In [Chapter V: Financial & Business Procedures, Bylaws & Regulations](#) the financial and business procedures governing the Board and the institutions of the LSU System are stated. [Chapter VIII: Affiliated Organizations, Bylaws & Regulations, and Permanent Memorandum \(PM\) 9: LSU System Investment Policy](#) govern institutional policy, including policies concerning related and affiliated corporate entities and all auxiliary services. These same policies govern relationships to related foundations (research, etc.) and other corporate entities whose primary purpose is to support the institution and/or its programs. [Chapter VI: Gifts & Grants, Bylaws & Regulations](#) provides additional policy information. In addition, on the New Orleans campus Chancellor's Memoranda [CM-19](#), [CM-31](#), [CM-46](#) govern related activities, such as the relationship of Centers of Excellence to departments, schools and units and the fundraising policy.

The LSU System governs names, titles and internal organization. The LSU Board of Supervisors and the President of the LSU System establish the framework for the functions and programs of the institution as noted in [Article VII](#), the Board's Bylaws & Regulations. The Chancellor prepares the organizational chart delineating the major division of the campus and designates duties and responsibilities, as he or she deems proper. The Dean reports directly to the Chancellor on matters related to budgeting and distribution of resources allocated to the School.

- Indirect cost recoveries, distribution of tuition and fees, and support for fund-raising

Through 2011-12 the NIH negotiated indirect cost rate for the LSUHSC is 42%, with 74% retained by the LSUHSC administration and 26% allocated to each of the respective schools in the Health Sciences Center as determined by the Chancellor. The rate increased to 44% on July 1, 2012, but the LSUHSC SPH distribution has not yet been determined. The Dean allocates indirect cost funds at the school level: one-third to the Academic Program of the Principal Investigator, one-third for doctoral student assistantships and one-third to the Dean for school needs, including faculty and student travel, partial faculty support and other. That distribution will be retained in 2012-13. Each year a Research Incentive Compensation Plan (Appendix 1.3c) is submitted by participating schools in the LSUHSC, including the SPH, to the LSU System President for approval. The plan rewards eligible faculty monetarily for salary offset and indirect cost recovery generated and is fully discussed in Research: Criterion 3.1.

The LSUHSC awards tuition and fees from all students to the school in which they matriculate. These funds are in addition to the state funds budgeted to the schools.

The LSUHSC Foundation, a 501c3, provides support for fund raising and serves as the repository of school accounts for donated funds as well as the funds for endowed Professorships and Chairs, both the corpus and interest accounts used by the holders of those accounts. Proposals for matching funds for endowed professorships and chairs are developed in conjunction with the Foundation. For each of the three years of this Self Study, the Foundation has contributed \$10,000 from its earnings to the School of Public Health for use as needed. The Foundation also contributed funds to the Rock Professorship established in 2012. The Dean represents the SPH on the LSUHSC Foundation Board.

- Personnel recruitment, selection and advancement, including faculty and staff

The Bylaws of the LSU Board of Supervisors, the university Permanent Memoranda, and LSUHSC-NO Chancellor's Memoranda prescribe the appointment and employment of faculty and staff. Specific information on employment at LSUHSC is found in these documents and links to the relevant items in each are found in the Appendix (1.3c By-Laws and Memoranda).

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

The SPH Appointments, Promotions & Tenure Committee reviews the credentials of new faculty who seek advanced appointments (Associate or Full Professor) and makes a recommendation to the Dean. The Dean, the Vice-Chancellor for Academic Affairs for LSUHSC and the LSU Board of Supervisors must each approve appointment. Hiring policies are based on the policies of the LSUHSC and the LA Board of Supervisors noted previously.

The SPH directs several large statewide practice programs through contracts with the Louisiana Office of Public Health and other state and federal agencies. Some of these programs are conducted jointly with the agency and others independently. On occasion, the practice program needs new doctoral level personnel and so upon the request of such a program for a position funded by the contract, the SPH will agree to establish a faculty position to accommodate program-specific needs with candidates suitable for a faculty appointment in the SPH. Similarly, large extramurally funded research and service programs also have funding and need for new doctoral level faculty. This is done only with the approval of the relevant Academic Program Director and program faculty. Selection is done in collaboration with the practice program and/or Principal Investigator. The SPH alone determines academic rank. All subsequent approvals follow the same process as state-fund supported general faculty.

Diversity among faculty is a goal of the SPH. The LSUHSC has an Associate Vice Chancellor for Academic and Multicultural Affairs who serves as a resource to enhance diversity. The LSUHSC established a Multicultural Advisory Committee with representation from each of the schools in the LSUHSC. Each of the six schools in the LSUHSC has also established a school-specific multicultural committee.

The institution hires both classified (civil service) and unclassified staff and follows all of the policies and procedures specified in the By-Laws, CMs and PMs listed above as well as civil service procedures for classified staff. Staff positions on extramural grants and contracts are generally unclassified positions. The Principal Investigator or Director of a contract has responsibilities for recruitment and promotion of staff funded 80% or more by external funds with the approval of the Program Director and Dean and must be in accord with institutional procedures as noted. Classified positions (civil service) are for positions reasonably anticipated to be permanent and are funded by state/institutional monies. Hiring and promotion of persons for classified positions follow procedures mandated for all state agencies and such positions are generally for school-wide functions and are generated at the level of the Dean.

-Academic standards and policies, including establishment and oversight of Curricula

Each school in the LSUHSC has a curriculum committee or other designated body that approves and evaluates its courses as well as its curriculum as a whole. Most of these curriculum committees, and specifically the SPH Committee, have faculty and student voting members. All courses in each school are reviewed periodically by its Curriculum Committee.

Each course is evaluated by students at the end of each semester. At the LSUHSC, the School of Graduate Studies and the SPH follow the same course evaluation process.

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

1.3d Identification of any of the above processes that are different for the school of public health than for other professional schools, with an explanation.

The same processes govern the School of Public Health as those that govern the other professional schools in the LSU Health Sciences Center.

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

Not applicable

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

Not applicable

1.3g Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The SPH is an integral part of the LSUHSC and is afforded the same level of independence and status given to other professional schools in the LSUHSC. Since the formation of the SPH, the LSUHSC has been uniformly and demonstrably supportive of the School. The Dean has direct and ready access to the Chancellor of the LSUHC as well as to the Vice Chancellor for Academic Affairs for all matters related to academics. The Deans of the six schools of the LSUHSC have exceptionally collegial and collaborative working relationships resulting in healthy interactions in education and research and meet monthly as a group with the Chancellor and Vice-Chancellor. LSUHSC renovated new space for the SPH on campus that became available in June 2011 and this move has enhanced our working/teaching environment.

Weaknesses

Our recent move to the main LSUHSC campus addressed what was in some respects a weakness in terms of collaborations with other schools and access to common facilities in the LSUHSC, and hence the institutional environment. The SPH was formed from the Department of Public Health and Preventive Medicine in the School of Medicine in 2003-04. That department was always housed off campus and the SPH at the time of its establishment remained in that space. After those offices were destroyed in Hurricane Katrina, the SPH leased space in three different locations. While they provided good

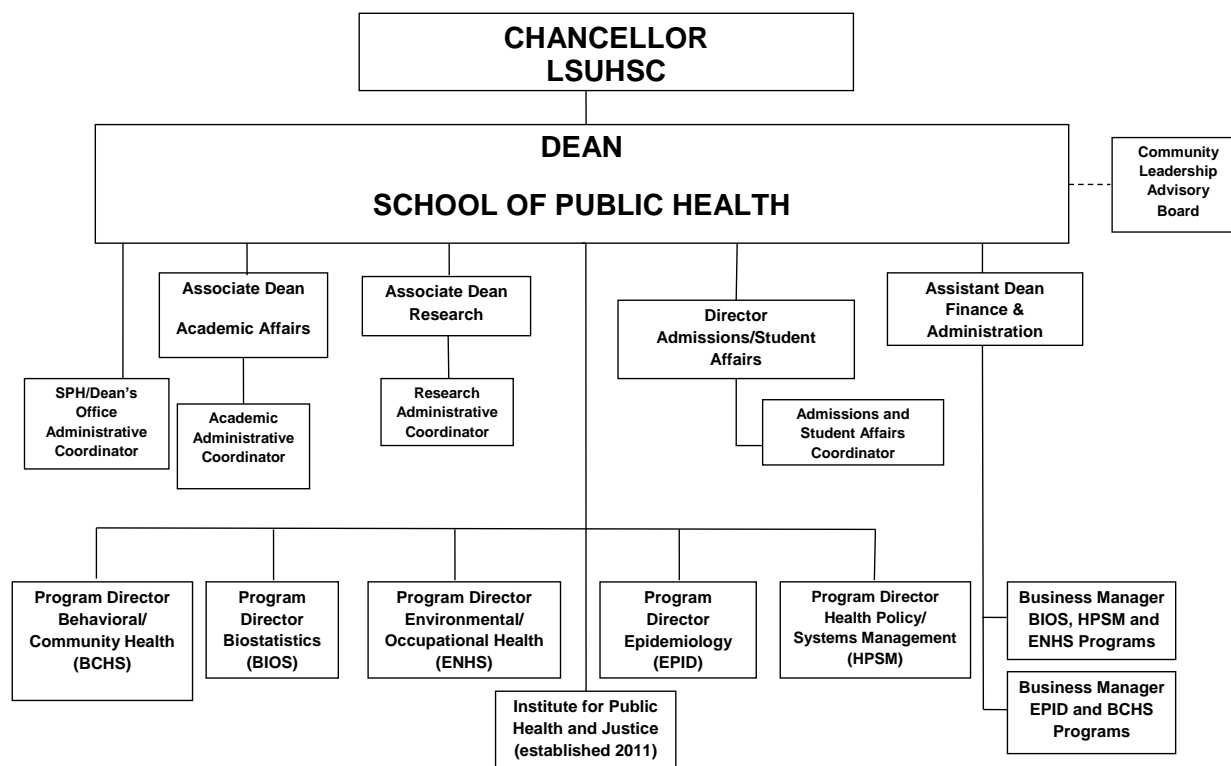
accommodations, they were less than ideal because of diminished access to the library, common classrooms, credit union and the like. That former weakness has been very well addressed in our new location in the heart of the campus.

Future Plans

The SPH will take advantage of the organizational strengths of an HSC with six strong schools to foster interprofessional opportunities in research, academics and community service for both faculty and students.

1.4 Organization and Administration. The school shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the school's constituents.

1.4a One or more organizational charts showing the administrative organization of the school, indicating relationships among its component offices, departments, divisions or other administrative units.



1.4b Description of the roles and responsibilities of major units in the organizational chart.

The **Dean** is responsible for oversight of all aspects of the School's activities and operations. Dean Elizabeth T.H. Fonham is the primary representative of the SPH at meetings of the Chancellors-Deans Council. She reports directly to the Chancellor of the LSUHSC and, for academic matters, reports through the Vice Chancellor for Academic Affairs of the LSUHSC. Through the Chancellor, the Dean is responsible to the President and the Board of Supervisors for the actions of the School. The Dean represents the School in external affairs as well as with internal constituencies. The Dean heads the Administrative Council.

The **Associate Dean for Academic Affairs (ADAA)** oversees and coordinates academic programs, including curriculum and faculty affairs. Dr. Stephanie Tortu serves as Associate Dean for Academic Affairs and is an ex officio member of the Curriculum Committee and a member of the Evaluation Committee. She is responsible for ensuring that monitoring and evaluation are incorporated into academic planning for the School. She oversees the activities of the **Academic Administrative Coordinator**, Ms. Martha Cuccia. Dr. Tortu works closely with the Dean and is a member of the

Administrative Council where she reports on academic issues monthly and reports on new developments for review and discussion.

The **Associate Dean for Research (ADR)**, Dr. Edward Trapido, reviews and processes research grant and contract applications at the school level prior to submission to the LSU Health Sciences Center Research Office. He oversees the activities of the **Research Administrative Coordinator**, Ms. Ann Clesi. He heads the SPH's Research Committee which is responsible for fostering research opportunities within the School. He guides the mentoring of junior faculty in the area of research by development of mentor-mentee partnerships. He is a member of the Administrative Council and reports new research-related developments on a monthly basis.

The **Assistant Dean for Finance and Administration (ADFA)**, Mr. Scott Dessens, leads financial operations of the School. He conducts financial analyses, including projections, and develops and monitors the annual operating budget. He represents the SPH in all financial matters with LSUHSC administrative personnel. The **Business Managers and Assistant Business Managers** who support these activities of the School report to the Assistant Dean. He ensures adherence to compliance and regulatory matters for extramural funds as well as all state funds in the School, administration and compliance with human resource regulations, IT matters, and other support activities. He works closely with the **Dean's Administrative Coordinator, Ms. Daesy Behrhorst**, who reports to the Dean and is responsible for coordinating space allocation and physical plant issues, emergency preparation for the School and other administrative needs. Mr. Dessens and Ms. Behrhorst are members of the Administrative Council.

The **Director of Office of Admissions and Student Affairs (OASA)**, Ms. Alice LeBlanc, conducts and/or coordinates activities related to student recruitment, including outreach and promotion, admissions and enrollment. She is also responsible for development and maintenance of student records and databases ensuring compliance with privacy procedures and regulations. She is the primary SPH liaison with the Registrar and coordinates school-related commencement activities and other student events as needed.

She develops and maintains an alumni database. In the absence of a job placement director, she is responsible for communicating employment opportunities to both students and alumni, and she provides assistance and guidance in the preparation of resumes and other relevant materials. She oversees the activities of the **Admissions and Student Affairs Coordinator**, Ms. Isabel Billiot, who supports Ms. LeBlanc and various activities of the office. Ms. LeBlanc is a member of Administrative Council.

Academic Program Directors

The School is divided into five academic programs, equivalent to departments, headed by an Academic Program Director, and is the academic home for faculty members in their respective discipline-specific programs. The Dean appoints Academic Program Directors to lead day-to-day operations of their programs. Program Directors work closely with their faculty members to address education, service and research needs and to cultivate opportunities within the program, across academic programs in the School, with other schools in the LSUHSC and with partners at the LA Office of Public Health and other public health practice venues. They oversee admissions to each program, recruitment of faculty and staff as needed, appoint faculty to standing and ad hoc committees, and other administrative activities. Program Directors monitor the academic progress of students and oversee advising responsibilities of faculty. Program Directors conduct annual performance evaluations and goal setting for the next year with each of their faculty members, guide the promotion and tenure process at the Program level for their faculty members, and consult with the Dean on recommended salary increases when such are available. The School administers its state funds centrally, but Academic Program Directors administer the indirect cost funds allocated to their programs, and each Director, with assistance of a Business Manager, is responsible for grants and contracts of program faculty who serve as PIs.

Academic Program Directors are expected to lead by example and participate in the education, research and service activities of the School and their Programs. Each Director is a member of the Administrative Council.

Current Program Directors (2012-13) are as follows:

Behavioral & Community Health Sciences Program – Melinda Sothern, PhD [This position held by Dr. Sarah Moody-Thomas through June 2012.]

Biostatistics Program – Donald Mercante, PhD

Environmental and Occupational Health Sciences Program – James Diaz, MD, MHA, MPHTM, DrPH

Epidemiology Program – Edward Peters, DMD, SM, SM, ScD [This position held by Dr. Vivien Chen through June 2010.]

Health Policy & Systems Management – Richard Culbertson, MHA, PhD [This position held by Dr. Peter Fos through January 2012.]

An **Institute for Public Health and Justice** was recently established with approval by LSU Board of Supervisors and subsequently by the Louisiana Board of Regents. After a three-year period to demonstrate the ability to garner the resources needed to support the infrastructure, this Institute will continue to develop the programs and guide policy in the area of best practices in juvenile justice working with at-risk youth. The Institute is based in the LSUHSC School of Public Health with offices in the LSU Law School on the Baton Rouge campus.

Dr. Debra DePrato is the Director of this new institute and a member of the faculty in HPSM. She has been Director of the Louisiana Models for Change Program funded by a John D. and Catherine T. MacArthur grant since 2006. The current MacArthur grant is funded through 2012-13 and provides support as the institute works to develop sustainability through additional funding sources. Dr. DePrato reports to the Dean.

Community Leadership Advisory Board (CLAB)

In 2011-12, the Dean in consultation with faculty and professional/technical staff, established the CLAB to advise the School and the Dean. The Board meets twice a year (fall and spring semesters) with the option of additional meetings as needed. The CLAB is engaged in the following:

- provides advice on current needs, opportunities, and trends in public health education including competencies, research, and service;
- provides review and comments on our Mission, Goals and Objectives and our progress in meeting them;
- assists in identifying new venues for community service for students, faculty and staff as well as practice experience opportunities;
- promotes the School in the community and state and assists in identifying development opportunities.

Members of CLAB (2012-13)

- Terry Birkoff, MPH, Executive Vice President, American Cancer Society for Louisiana
- Gerelda Davis, MBA, Director, Bureau of Primary Care and Rural Health, Louisiana Department of Health and Hospitals
- Donald Erwin, M.D., CEO, St. Thomas Community Clinic, the largest FQHC in the New Orleans metropolitan area and one of the oldest community-led clinics in New Orleans.
- Joseph Kimbrell, MSW, MA, CEO, Louisiana Public Health Institute; CEO, the National Network of Public Health Institutes
- Shaula Lovera, MPH, Project Director, Catholic Charities Archdiocese of New Orleans, Spirit of Hope; and community organizer for language access and access to care for the Hispanic community
- Elizabeth Scheer, MN, MBA, RN, Vice President for Health Grants for Baptist Community Ministries of New Orleans
- Dylan Tete, MPH, Executive Director, BASTION (formerly Planning Chief, Urban Area Security Initiative, City of New Orleans)
- Noel Twilbeck, CEO, NO/AIDS Task Force

- Gordon Wadge, CEO and President of Catholic Charities Archdiocese of New Orleans (in mid-January 2013, he will become CEO of the YMCA of Greater New Orleans and will remain on the CLAB)
- Deon Haywood, Executive Director, Women with a Vision; community organizer for the African-American community
- Diem Nguyen, CEO, NOELA Community Health Center; community organizer for Vietnamese-American community

1.4c Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.

The SPH faculty works collaboratively within the School, across the LSUHSC and with community and government organizations and agencies, and through this mechanism seeks to enrich the quality of our education, research and service endeavors. Additional details are found in Appendix 1.4c.

A number of our faculty members hold joint appointments in other schools of the LSUHSC. As of September 1, 2012, seven faculty members with primary appointments in the SPH hold joint appointments in the School of Medicine, 30 in the School of Graduate Studies, two in the Dental School, and 16 are members of the Stanley S. Scott Cancer Center. In addition, eight LSUHSC faculty members whose primary appointments are with another school of the LSUHSC have joint appointments in the SPH.

Adjunct faculty in the SPH represent colleagues whose primary position is in an institution other than the LSUHSC. The SPH has a total of 21 adjunct faculty members. In addition, SPH faculty members whose primary appointment is in the SPH also hold adjunct faculty appointments at Tulane University School of Public Health and Tropical Medicine, the University of Miami, University of New Orleans, Louisiana State University (LSU) School of the Coast & Environment, LSU College of Agriculture, LSU School of Veterinary Medicine, Louisiana Tech, and others.

LSUHSC School of Public Health educational collaborations with other LSU System Institutions during past 3 years:

The SPH offers seven courses to students in the **LSU School of Veterinary Medicine** in Baton Rouge via our Access Grid connection (See Appendix).

The SPH offers Biostatistics 6310 (Applied Bayesian Methods) to graduate statistics students at **LSU School of Agriculture, Dept. of Experimental Statistics**.

The SPH offered courses to students in the **UNO College of Business Administration** - Graduate Studies Programs: MHA and MS in Health Care Management (See Appendix).

The SPH offers two courses in biostatistics (BIOS 6100, BIOS 6102) to students at four other schools in the **LSUHSC: School of Nursing, the School of Dentistry, School of Allied Health Professions & School of Graduate Studies**.

LSUHSC SPH offers students in the **LSU School of Veterinary Medicine and LSU School of Coast and Environment** enrollment in ENHS.

LSUHSC SPH Research/Service Collaborations

The SPH has extensive research and service project collaborations with universities/institutions throughout the state and the nation. Examples of specific collaborations are provided in the Appendix and include the following institutions: Pennington Biomedical Research Center; LSU-Baton Rouge Dept of Computer Science; LSUHSC Shreveport; Tulane University; University of Louisiana-Monroe; University of Louisiana-Lafayette; Dillard University; Louisiana Tech; Southern University (Baton Rouge); Xavier University of Louisiana; University of North Carolina-Chapel Hill; Duke University; Columbia University; University of Hawaii; Penn State University; San Diego State; University of Mississippi; University of

Kentucky; University of Alabama-Birmingham; Joint Genome Institute-Dept. of Energy, Walnut Creek CA; UCLA; University of Washington; Vanderbilt University; Georgetown University; Northwestern University; Florida State University; and University of Florida.

1.4d Identification of written policies that are illustrative of the school's commitment to fair and ethical dealings.

The SPH, the LSUHSC, and the LSU System have many policies that illustrate our commitment to fair and ethical dealings and that document student, faculty and staff rights to such treatment.

The following example relates to the governing board of the LSU System and is taken from the SACS Report:

The governing board is free from undue influence from political, religious, or external bodies, and protects the institution from such influence.

As public servants for the State of Louisiana, members of the LSU Board of Supervisors are subject to the laws of the state which govern their conduct and responsibilities. The State Code of Ethics and Article 10: PUBLIC OFFICIALS AND EMPLOYEES, Section §9 of the 1974 State Constitution specifically address ethical standards for public servants. Additionally, the Bylaws & Regulations of the Board of Supervisors, Chapter VII, Section 7-3-e. and Section 7-3f. (pp. 40 - 42), provide guidelines protecting the institution from influence and conflicts of interest with regard to grant administration, the management of distributable royalties, LSUHSC personnel officers, other influencers, or with regard to a corporation in which LSUHSC holds and/or acquires stock.

Hiring practices at the SPH and the LSUHSC have been described in detail in section 1.3c. One of the Chancellor's Memoranda (CM), [CM12](#) addresses Nepotism:

It shall be contrary to general University policy for persons related to each other in the first degree by blood or marriage to be placed in a supervisor-employee relationship. This restriction will apply to all forms of employment: regular full-time employment, regular part-time employment, temporary full-time employment, temporary part-time employment, etc., and will apply to all employees including student workers. This restriction shall also apply when the supervisor employee relationship develops after employment.

The LSUHSC website states the responsibility of the Associate Vice Chancellor for Academic and Multicultural Affairs:

The goal of this office is outlined in the [LSUHSC-NO Strategic Plan](#), which states:

At LSUHSC-NO, we seek to eliminate barriers and nurture talent. It is part of our institutional culture to promote participation by every member of our university community, encourage involvement from citizens of our city and State, and provide excellent medical care for Louisiana's diverse multicultural population. LSUHSC-NO will constantly seek ways to promote multiculturalism in our:

- *Faculty, staff and student body*
- *Curriculum*
- *Patient care activities*
- *Interactions with the general public*

For ethical dealings in research all SPH staff and faculty engaged in research undergo all required trainings (IRB, HIPAA, CITI, etc). In addition, all of our students are required by the SPH to take CITI training as well as HIPAA. The SPH has mandatory presentations each fall and spring semester for new students on plagiarism and other forms of cheating, and a course in ethics is required of all students. The first of the SPH core values as stated in section 1.1e is that of "engaging in professional behavior that incorporates honesty, fairness, respect and resilience".

1.4e Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.

The SPH has a Grievance Committee for addressing student complaints brought by and against members of the student body and/or faculty. Such complaints go to the Grievance Committee only after informal conflict resolution is not effective. The ADAA meets with the individual against whom the complaint has been made in an attempt to resolve the conflict if it has not been previously resolved. The ADAA refers unresolved complaints to the Grievance Committee.

The Grievance Committee is established under the Faculty Assembly and is composed of five faculty (elected and appointed) and two students (elected by the student body) who serve on the committee when matters of student grievances are being considered. Any committee member believing it to be inappropriate for him/her to hear and vote on a particular case due to a perceived conflict of interest shall recuse him/herself prior to the formal hearing. A minimum of four committee members must be present at each session.

The committee functions in the following manner:

- Determine whether an appeal actually sets forth an appealable issue.
- Conduct hearings on unresolved complaints involving faculty work situations or student academic situations that assert that: a policy, rule, or regulation has been violated or applied improperly; no policy, rule, or regulation exists where one should; or there has been unfair or inequitable treatment.
- Conduct any independent investigation necessary including calling witnesses.
- Render a written report on each appeal.
- Provide formal recommendations to the ADAA/Dean on unresolved matters of grievance.

No student or faculty grievances have been filed with the Grievance Committee during the past three years.

All students are asked to sign a Code of Conduct during orientation; this informs students of the academic and professional behavioral expectations in the SPH and minimizes difficulties and conflict throughout the students' academic careers. (Resource File) Additional details about procedures related to academic and professional misconduct are found in section 4.6b. Students may be dismissed for misconduct following the procedures in [CM-56](#) posted on the LSUHSC website and in the Student Handbook.

One student was dismissed from the SPH in AY 2011-2012 for egregiously inappropriate professional behavior reported by the student's practice experience agency with written documentation. In accordance with CM56 the student against whom a complaint was made was directed to the ADAA who met with the student stating the charges and giving him an opportunity to refute them. The student failed to do so substantively and was given a letter of dismissal, a copy of CM56 with the procedure for appeals, and instructions to meet with the Vice Chancellor for Academic Affairs for the Health Sciences Center for that appeal. The dismissal was appealed to the Vice Chancellor of Academic Affairs who determined that the decision was appropriate. The Vice Chancellor offered to empanel an ad hoc committee of three faculty members, at least one of whom was from the faculty senate and two students appointed by the appropriate SGA President to resolve the matter or he would allow the student to voluntarily resign without expulsion. The student indicated in writing to the Vice Chancellor within the appropriate timeframe that he would not appeal the decision and would resign from the university. The Vice Chancellor allowed the student to resign in lieu of expulsion. This case is now in litigation.

Student complaints about grades are addressed through the following Grade Appeal process outlined in the SPH Student Handbook:

- speaking personally with the instructor;
- providing a written grade appeal to the instructor and program director;
- written response from instructor and program director;
- appeal to Associate Dean for Academic Affairs;

- formation of an appeal committee, comprised of faculty members and students to make recommendations; decision by Associate Dean for Academic Affairs; and
- final determination made by Dean of the School.

Three Grade Appeals were made, and all were resolved at the program level.

- AY 2010-2011 Grade was changed as per student's request after investigation of the grade and a determination that the request was valid.
- AY 2010-2011 Grade remained. The student accepted its validity after discussion with the Program Director.
- AY 2011-2012 Grade remained. The student accepted its validity after discussion with the Program Director.

1.4f Assessment of the extent to which this criterion is met.

This criterion is met

Strengths

The SPH encourages collaborations that enhance achievement of our mission. Our close ties to the Louisiana Office of Public Health are one of the greatest strengths in our organizational setting as a state institution. Both parties benefit greatly from our numerous collaborations which include joint hires and service programs. Despite the fact that our institution and the health department are both state entities, academic institutions may have more flexibility in hiring, moving quickly and securing additional funding sources, and we work collaboratively to address opportunities in the most effective manner available. Shared faculty, staff, and programs enhance practice experiences and other learning opportunities for our students as well. Similarly, our collaborations with other schools in the LSUHSC have enhanced research opportunities within the institution. Our organizational setting enriches interdisciplinary communication, cooperation and collaboration.

Weaknesses

Our CLAB is a very strong group of individuals who have much to contribute to the growth and development of the SPH. Because the Board was first established in the academic year 2011-12, we have only just begun to benefit from its collective wisdom.

Future Plans

As the School grows in the size of the student body, faculty and resources, we may configure in a more traditional departmental or division organizational structure. However, at the present time our organizational structure works well for us in terms of flexibility, collaboration and interconnectivity. We consider additional administrative and clerical support to be a priority for the near term. We will be guided by the input of our CLAB and internal constituencies.

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

1.5a Description of the school's governance and committee structure and processes, particularly as they affect:

General school policy development

The Dean, Faculty Assembly and Administrative Council are responsible for policy development at the SPH other than those policies that pertain to all schools in the LSUHSC and/or all institutions within the LSU System. General administrative policies impacting the operations of the School are developed by the Dean, Associate Deans and Assistant Dean, in consultation with Program Directors faculty, staff and students on relevant topics. The Faculty Assembly has several standing committees which are responsible for development and implementation of specific policies and these include Faculty Appointments, Promotions and Tenure; Evaluation (through June 30, 2012); Curriculum; and Grievance. School-wide standing committees or ad hoc committees are responsible for development and implementation of specific policies, for example the IT Committee and, effective July 1, 2012, the Evaluation Committee.

Planning

The Dean and administrative leadership share responsibility for the SPH's routine planning activities. At the academic program level (department equivalent,) each Academic Program Director and faculty conduct program-specific planning such as admissions, and new program initiatives. The Director of OASA conducts planning for recruitment and outreach in conjunction with the academic programs. The Strategic Planning process is discussed in section 1.2. Plans to address specific initiatives are developed as needed. For example, a Diversity Plan for the SPH was developed by several faculty members and the SPH Multicultural /Diversity Committee. A plan for the evaluation of the adequacy of financial resources for the SPH was developed under the leadership of the ADFA in collaboration with the former director of HPSM, Dr. Peter Fos. (See Resource File.)

Budget and resource allocation

The Assistant Dean for Finance and Administration represents the SPH in all financial matters with LSUHSC administrative personnel. The Dean's Office oversees budgeting and resource planning, allocation, and monitoring. A proposed budget is developed annually by the ADAF in consultation with the Dean, guided by the allocation of state funds to the SPH by the LSUHSC Chancellor and estimated tuition for the fiscal year. The Assistant Dean monitors expenditures and acquisition of new funds on an on-going basis and holds meetings weekly or more often with the Business Managers and Assistant Business Managers responsible for the Academic Programs. The Dean and ADFA provide monthly updates at the Administrative Council meeting and discuss any new fiscal issues or procedures at that time. Allocation of state funds occurs centrally to support faculty and staff and operations throughout the SPH. The SPH allocates indirect costs accrued to the School with one-third to the Academic Program holding the grant or contract, one-third for student assistantships, and one-third retained by the Dean's Office for partial salary support for faculty and other costs as needed. A business manager assigned to each program administers grants and contracts for the program and its respective principal investigators.

Student recruitment, admission and award of degrees

The SPH OASA coordinates student recruitment with the active participation of faculty and students. The SPH utilizes numerous venues to recruit students. Each year, the faculty and staff of the SPH participate in recruitment activities, including college visits and participation in career fairs in the south Louisiana area. Print and online advertisements, letters to undergraduate programs, and open houses are coordinated by the Director of OASA in conjunction with the SPH Recruitment Committee. The OASA

enlists faculty and students to participate in all recruiting visits to colleges along with OASA staff. Recruitment efforts also take place at professional public health meetings such as APHA. Minority recruitment includes regular faculty visits to Louisiana area Historically Black Colleges and Universities (HBCU). Our Academic Programs send annual mailings to HBCU faculty and career counselors in nearby states. The SPH faculty members also present information about the SPH to Minority Science and Pre-professional Student chapters at non-HBCU campuses in the state. LSUHSC SPH places an annual full-page ad in the Keepsake Guide to Minority Science Students when funds permit. We also pursue other opportunities available to engage the professional minority community, as demonstrated in the sponsorship of the African Studies Association's 52nd Annual Meeting in November 2009, and exhibition at the National Institute of Science/Beta Kappa Chi 67th Annual Meeting in March 2010.

Faculty in each academic program reviews application materials for those seeking admission to each of the degree programs and selects the applicants for admission. Selection criteria for students at the master's level through 2011-12 include the attainment of an undergraduate degree with at least 3.0 average, GRE scores of at least 1000 and three letters of recommendation. Effective 2012-13, a GRE is required but no minimum score is required at this time until the new scoring system has been in place for a sufficient period of time to ensure stable rankings. In addition to the aforementioned criteria, admission to PhD programs includes attainment of a master's degree and knowledge of public health. Knowledge of public health and its relationship to the student's area of interest is demonstrated by having a MPH degree or by completion of master's level relevant coursework offered by the School, in addition to the doctoral curriculum. Recommendations are made by the program faculty to the Dean, who approves recommendations for admissions.

The School of Public Health awards all degrees upon successful completion of the course of study as determined by the faculty. Specific criteria are found in the [LSUHSC Catalog](#) and [SPH Student Handbook](#).

Faculty recruitment, retention, promotion and tenure

A more detailed description of SPH faculty recruitment is found in section 1.3c. Section 1.3 also delineates the LSUHSC and LSU System policy and procedures related to employment matters. The [LSUHSC Faculty Handbook](#) includes promotion and tenure policies for the schools of the Health Sciences Center. The current handbook was developed in 2008 and was reviewed/revised in 2010. The SPH [Appointments, Promotion and Tenure Committee](#) specifies additional criteria for the SPH faculty.

Academic standards and policies

The ADAA sets policies and procedures related to academic standards in consultation with faculty and Academic Program Directors. The Curriculum Committee of the SPH Faculty Assembly oversees the curriculum and review of relevant standards and policies. They may recommend new or revised standards and policies, as needed. In addition to academic standards and policies applicable to all schools of the LSUHSC, academic standards and policies unique to the SPH have been developed by an ad-hoc committee of SPH faculty, administration, and students and reviewed by Administrative Council. The [SPH Student Handbook](#) describes the standards expected of students in the SPH as well as academic expectations and regulations.

Research and service expectations and policies

All faculty members are expected to participate at some level in the education, research and service mission of the SPH. The letter of offer to faculty provided prior to hiring serves as a contract between the university and new faculty member. The letter of offer states expectations in these areas and is specific to the individual. In terms of funding for research and/or funded service/practice, a faculty member is generally expected to cover 25% or more of his/her salary on grants or contracts by the end of the third year at the SPH. Plans for education, service and research activities are developed annually by each

faculty member and the Academic Program Director at the time of annual review and goal setting. The ORPH develops SPH-specific research policies and procedures.

1.5b A copy of the constitution, bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the school.

Links to each of the following: a copy of the [LSU System Bylaws and Regulations](#), [LSU System Permanent Memoranda](#), [LSUHSC Chancellor's Memoranda](#), [LSUHSC School of Public Health Faculty Assembly Bylaws](#), [LSUHSC Faculty Handbook](#), [LSUHSC School of Public Health Student Handbook](#), [LSUHSC SPH Appointments, Promotions and Tenure Guidelines](#), and [LSUHSC School of Public Health SGA Constitution](#) contain the requested governance documents.

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

Faculty Assembly and its Standing Committees

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

Composition:

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

Current Officers (Executive Board) 2012-13

President – Julia Volaufova, Professor, BIOS

Past President – Hilary Thompson, Professor, BIOS

Secretary – Patricia Andrews, Instructor, EPID

Delegates to Faculty Assembly 2011-13

William Robinson, Appointed - Associate Professor, BCHS

Quigzhao Yu, Appointed - Associate Professor, BIOS

David Lirette, Appointed - Assistant Professor, ENHS

Neal Simonsen, Appointed - Assistant Professor, EPID

Xiao Ke, Appointed - Assistant Professor, HPSM

Faculty Appointments, Promotions and Tenure Committee - Standing Committee of Faculty Assembly

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

Composition:

Academic Program Representatives – one senior faculty member appointed from each of the five academic programs by the Program Director; if no eligible senior faculty member is available the Program Director shall serve until an appropriate senior faculty member becomes available.

Two senior faculty members elected by the Faculty Assembly
One senior faculty member appointed by the Dean

Current Members 2012-13:

Sarah Moody-Thomas, Professor, BCHS, Appointed
Zhide Fang, Associate Professor, BIOS, Appointed
Kari Brisolara, Associate Professor, ENHS, Appointed
Ariane Rung, Associate Professor, EPID, Appointed
Peggy Honore, Associate Professor, HPSM, Appointed
Lynn LaMotte, Professor, Elected, CHAIR
Vivien Chen, Professor, Elected
Chih-yang Hu, Associate Professor, Dean Appointed

Curriculum Committee – Standing Committee of Faculty Assembly

Charge: to plan, review and monitor academic programs to ensure consistency with the philosophy and mission of the LSUHSC SPH and the LSUHSC and in accordance with the criteria of the Council on Education for Public Health; to provide educational oversight and strategic policy recommendations for the development of instructional courses and programs offered by the School; and to coordinate curricula among SPH and partner institutions (e.g. LSUHSC School of Graduate Studies).

Composition:

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

Current Members 2012-13:

Stephanie Tortu, Associate Dean for Academic Affairs
William Robinson, Associate Professor, BCHS
Zhide Fang, Associate Professor, BIOS
Chih-yang Hu, Associate Professor, ENHS, CHAIR
Neal Simonsen, Assistant Professor, EPID
Yu-Wen “Angela” Chiu, Assistant Professor, HPSM
Mary Anne Lynch, EPID MPH student
Robert Uddo, BCHS MPH student
Maura Mohler, CHS PhD student

Faculty and Student Grievance Committee – Standing Committee of Faculty Assembly

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

Composition:

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

Current Members 2012-13:

Evrin Oral, Assistant Professor, BIOS, Elected
Xiao-Cheng Wu, Associate Professor, EPID, Elected
Rebekah Gee, Assistant Professor, HPSM, Appointed
Yu-Wen “Angela” Chiu, Assistant Professor, HPSM, Appointed, CHAIR
Kari Brisolara, Associate Professor, ENHS, Elected
Jahangeer Khan, HSPM MPH student
Jessica Thompson, BCHS MPH student

Bylaws, Nominations & Elections – Standing Committee of the Faculty Assembly

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

Composition:

Two faculty members elected from the Faculty Assembly; Past President/President-Elect

Current Members 2012-13:

Hilary Thompson, Professor; Past-President, President
Tekeda Ferguson, Assistant Professor, Elected
Ariane Rung, Associate Professor, Elected, CHAIR

School of Public Health Standing Committees

SPH Evaluation Committee

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

Composition:

Associate Dean for Academic Affairs (ex-officio, non-voting)
Representatives selected by each academic program. Membership of this committee should not overlap with that of the Curriculum Committee with the exception of the Associate Dean for Academic Affairs.
Two student representatives elected by the SGA
One or more staff representatives invited by the Committee.

Current Members 2012-13:

Stephanie Tortu, Associate Dean for Academic Affairs
Donna Williams, Assistant Professor, BCHS
Evrin Oral, Assistant Professor, BIOS
Kari Brisolaro, Associate Professor, ENHS
Vivien Chen, Professor, EPID
Christine Brennan, Assistant Professor, HPSM, CHAIR
Amea Barattini, Business Manager (Staff)
Randi Kaufmann, TOPs Program Manager (Staff)
Ondrej Blaha, BIOS PhD student
Carla Rosales, EPID MPH student

SPH Multicultural/Diversity Committee (linked to the LSUHSC Multicultural Advisory Committee)

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

Composition:

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

Current Members 2012-13:

Sarah Moody-Thomas, CHAIR, and member, LSUHSC *Multicultural Advisory Committee*
Daesy Behrhorst, Staff, Dean's Office
Dana Feist, Staff, BCHS
Donna Williams, Assistant Professor, BCHS
Cruz Velasco, Associate Professor, BIOS
Ariyon Bryant, BCHS MPH student
Carla Rosales, EPID MPH student
Yilin Xu, BCHS MPH student
Jigar Chotalia, EPID PhD student

SPH Administrative Council

Charge: to provide an update to Program Directors, administrators, and representatives of the Faculty Assembly (FA) on current issues and initiatives of the School, LSUHSC and LSU System and related issues by the Dean; to provide a forum for oversight of the strategic plan and progress in meeting its goals and objectives; to review and discuss school finances, academic, administrative, and student affairs policies and procedures as well as new or modified LSUHSC policies; to evaluate progress in student recruiting and admissions; to share academic program-specific initiatives to enhance multidisciplinary opportunities school-wide; and to recommend changes to policies and procedures to the Dean for consideration.

Composition:

Dean, CHAIR
Associate Deans for Academic Affairs (1) and for Research (1)
Assistant Dean for Finance and Administration
Academic Program Directors (5)
2 faculty members, elected from Faculty Assembly (1 junior and 1 senior)
Current President of the Faculty Assembly
Director of Admissions and Academic Affairs
Coordinator of Academic Affairs Office
Dean's Administrative Coordinator

Current Members 2012-2013:

Elizabeth Fontham, Dean
Stephanie Tortu (Academic Affairs)
Edward Trapido (Research)
Scott Dessens (Administration & Finance)
James Diaz, Professor, ENHS
Richard Culbertson, Professor, HPSM
Donald Mercante, Professor, BIOS
Edward Peters, Professor, EPID
Melinda Sothern, Professor, BCHS
Julia Volaufova, Professor, FA President
Daniel Harrington, Associate Professor, FA Elected Jr. Faculty
Kari Brisolar, Associate Professor, FA Elected Sr. Faculty,
Alice LeBlanc, Admissions & Academic Affairs
Martha Cuccia, Academic Affairs
Daesy Behrhorst, Administrative Coordinator/Staff Assembly (development in process)

SPH Research Committee

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

Composition:

Dean

Associate Dean for Research, CHAIR

Associate Dean for Academic Affairs

Academic Program Directors (5)

Faculty Assembly Representative

PhD students, one each BIOS, EPID, CHS

MPH students, one each in five programs

Current Members 2012-2013:

Edward Trapido, Associate Dean for Research, CHAIR

Elizabeth Fontham, Dean

Stephanie Tortu, Associate Dean for Academic Affairs

Donald Mercante, BIOS Program Director

Melinda Sothern, BCHS Program Director

James Diaz, ENHS Program Director

Richard Culbertson, HPSM Program Director

Robin Gruenfeld, ENHS MPH student

Matthew James, EPID MPH student

Yetzia Bakle Aponte, ENHS MPH student

Kathryn Jeanfreau, EPID MPH student

Ondrej Blaha, BIOS PhD student

Jonathan Joseph, BIOS PhD student

Claire Hayes, CHS PhD student

Lauren Cole, EPID PhD student

SPH Information Technology Steering Committee

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

Composition:

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

Current Members 2012-2013:

Scott Dessens, Assistant Dean for Finance and Administration, CHAIR

Daesy Behrhorst, Staff, Dean's Office

Kari Brisolara, Associate Professor, ENHS

Robin Gruenfeld, ENHS MPH student, SGA President

Daniel Harrington, Assistant Professor, ENHS

Peggy Honore, Associate Professor, HPSM

Carl Kluttz, Staff, IT

Edward Peters, Associate Professor, EPID

Robin Gruenfeld, ENHS MPH student

Jahangeer Khan, HPSM MPH student

Teri Windstrup, HPSM MPH student

SPH Fundraising Committee

Charge: To develop fundraising campaigns for existing faculty and staff, alumni and other interested parties to increase philanthropic support for the School and its needs.

Composition:

Volunteer representatives from faculty, staff and students.

Current Members 2012-2013:

Scott Dessens, Assistant Dean for Finance and Administration, CHAIR

Daesy Behrhorst, Staff, Dean's Office

Alice LeBlanc, Director of Office of Admissions and Student Affairs

Randi Kaufman, Staff, BCHS

SPH Student Recruiting Committee

Charge: to develop new approaches for recruiting in coordination with Student Admissions; to ensure participation of faculty and students in recruiting outreach efforts, visits to schools, open houses at SPH, and other activities as needed.

Composition:

One faculty representative from each of the five programs, Dean (ex officio), Director of Admissions (ex officio), 3 student representatives selected by SGA)

Current members 2012-13:

Tekeda Ferguson, Assistant Professor, EPID, CHAIR

Yu-Wen "Angela" Chiu, Assistant Professor, HPSM

Joseph Hagan, Assistant Professor, BIOS

Chih-Yang Hu, Associate Professor, ENHS

Henry Nuss, Assistant Professor, BCHS

Elizabeth Fonham, Professor, EPID, Dean

Alice LeBlanc, Director of Office of Admissions and Student Affairs

Matthew James, EPID MPH student

Yetzia Bakle-Aponte, ENHS MPH student

Teri Windstrup, HPSM MPH student

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

LSUHSC Faculty Senate current members 2012-13:

Neal Simonsen, Assistant Professor, EPID

Joseph Hagan, Assistant Professor, BIOS

Daniel Harrington, Assistant Professor, HPSM

Zhide Fang, Associate Professor, BIOS

Xiao-Cheng Wu, Associate Professor, EPID

LSUHSC Faculty Senate Committees current members 2012-13:

Constitution, Bylaws, Resolutions, Nominations and Elections Committee

Neal Simonsen, Assistant Professor, EPID, CHAIR

Lynn LaMotte, Professor, BIOS

Research Committee

Xiao-Cheng Wu, Associate Professor, EPID

Joseph Hagan, Assistant Professor, BIOS

IT Committee

Daniel Harrington, Assistant Professor, ENHS

Other LSUHSC Committees

LSUHSC Multicultural/Diversity Advisory Committee

Sarah Moody-Thomas [and Chair of the SPH Multicultural/Diversity Committee], Professor, BCHS

LSUHSC Chancellor and Deans Council

Elizabeth Fontham, Professor and Dean, EPID

LSUHSC Institutional Review Board

Edward Peters, Associate Professor, EPID

LSUHSC Executive Research Council

Elizabeth Fontham, Professor and Dean, EPID

LSUHSC Safety Council

Stephanie Tortu, Professor and Associate Dean for Academic Affairs, BCHS

LSUHSC Crisis Communication Steering Committee

Elizabeth Fontham, Professor and Dean, EPID

1.5e Description of student roles in governance, including any formal student organizations, and student roles in evaluation of school and program functioning.

The LSUHSC School of Public Health SGA's mission/purpose is to develop and further academic achievement; to maintain a high standard of ethics; to ensure consistency and cohesion in the regulation of the student body; to promote understanding among students, faculty, administration and alumni; to coordinate student activities of the SPH and to guide all current and future students in the tradition of excellence in scholarship and public service. Details are included in the [SGA Constitution](#).

The SGA actively promotes participation in community service activities. It has developed an electronic newsletter through which it communicates volunteer opportunities and school activities. It coordinates intramural sports, sponsors a "Mentor Match-Up" each year for students and faculty interested in research. The SGA is developing several new initiatives in the 2012-13 year including an international student committee to welcome new international students and help them transition successfully to a new culture. The SGA is also working with other LSUHSC schools to establish an LGBT organization.

All students in the School are entitled to membership in the SGA. Current officers, who comprise the Executive Committee (2012-13) are

President - Robin Gruenfeld, MPH - ENHS

Vice President – Teri Windstrup, MPH - HPSM

Secretary – Carla Rosales, MPH - EPID

Treasurer – Matthew James, MPH - EPID

Faculty Advisor - Daniel Harrington, Assistant Professor, ENHS

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

Standing committees of SPH or Faculty Assembly:

Grievance Committee (2)

Curriculum Committee (3)

Evaluation Committee (2)
Student Recruiting Committee (3)
Information Technology Steering Committee (4)
Research Committee (3 PhD, 5 MPH)

SGA committees and ad hoc committees of SPH with student representatives:

Allen Copping Teaching Excellence Award (5, one from each program from 2nd yr students, all student committee)
SGA Executive Committee (officers and program representatives)
SGA International Student Peer Committee (new 2012-13)
Peer Advocate Liaison (2)
Student Technology Fee Subcommittee of SPH IT Committee (determine use of annual student technology fee)
Strategic Plan Steering and Implementation Committees (See Appendix for membership)
Self-Study Steering Committee (See Appendix for membership)

The students in the SGA conduct fund-raising activities as needed and participate in multiple community service projects selected annually by the SGA membership.

The SGA Officers have a monthly meeting with the Dean to discuss issues, concerns, and current activities. This is an opportunity for an open discussion and a two-way free exchange of information.

1.5f Assessment of the extent to which this criterion is met.

This criterion is met

Strengths

The governance of the SPH is shared with specific rights and responsibilities allocated to administration, faculty and students. Faculty members are actively engaged in and lead key functions, such as curriculum, evaluation, APT and other procedures, policy-setting and decision making functions essential to the School. Academic Program Directors and program faculty are responsible for program-specific planning and policies, such as admissions. Our SGA selects students to serve on important committees such as curriculum, evaluation, IT, and numerous committees in which student participation provides an important constituent perspective. The administration is responsible for SPH school-wide planning activities, general administrative policy setting, and decision making.

Weaknesses

At the present time, our SPH is relatively small and so our faculty members and students are asked to participate on multiple SPH committees. They do so willingly, but as the SPH grows we can achieve better distribution of participation in governance throughout the many committees and workgroups so that individual faculty members and students are not unduly burdened.

Future Plans

Staff members are represented on a numerous SPH committees, but we do not have a single organizational component through which they may interact and act as a group. The staff at the request of the Dean is in the process of developing a Staff Assembly, under the leadership of Ms. Daesy Behrhorst and Randi Kaufmann. Three staff-wide planning meetings have been held through Summer 2012.

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

1.6a Budgetary and Allocation Processes. *A description of the budgetary and allocation processes sufficient to understand all sources of funds that support teaching, research and service activities of the school. This 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 on the resources available to the school.*

The SPH receives annual revenue from four sources: 1) state appropriations, 2) tuition and fees, 3) grants and contracts (direct and indirect), and 4) endowed chairs and gifts to the LSUHSC Foundation accounts. State funding is appropriated annually by the Louisiana Department of Planning and Budget and the Legislature on a July 1 to June 30 fiscal year basis, and is allocated among the state university systems by the Boards of Regents, using an FTE and enrollment-based formula funding model supplemented by a non-formula component. The LSU System then allocates its share of funding among its campuses, including the Health Sciences Center – New Orleans (LSUHSC). The Chancellor of the LSUHSC, in turn, allocates its share of state funding among its six schools, including the SPH, based on assessed need. There is no set funding formula at the campus level. Tuition and fees are set by state law (GRAD Act), and annual increases are provided for by the law. All tuition from its students is allocated to each school. Through 2011-12, the NIH negotiated Facilities and Administrative (F&A) indirect cost rate for the LSUHSC was 42%, with 74% retained by the LSUHSC administration (the university tax) and 26% to each of the respective schools in the Health Sciences Center as determined by the Chancellor. As of July 1, 2012, the full F&A rate increased to 44%. The new allocation formula between the School and university administration has not yet been determined. Investment earnings from the School's endowed chair and five endowed professorships accrue to school faculty annually, and any gifts to the LSUHSC Foundation in the School's name are 100% available to the School.

The School currently has one endowed chair (principal and spending account totaling \$1.3 million) and five endowed professorships (principal and spending accounts totaling \$590,000). In addition, an SPH faculty member also holds a Stanley Scott Cancer Center-based endowed chair in Cancer Epidemiology (principal and spending account totaling \$1.2 million). Earnings on the principal balances are made available to the chair holders and professorship holders annually to support their research endeavors.

1.6b Budget Statement. *A clearly formulated school budget statement, showing sources of all available funds and expenditures by major categories for the last five years. This information must be presented in table format as appropriate to the school.*

The SPH budget statement is included as Table 1.6b, and consists of data for fiscal years 2007-08 through 2011-12. During the period 2007-08 to 2011-12, tuition revenue has increased by 153.5%, state appropriations and grant and contract revenue have declined by 4.0% and 37.1%, respectively, and all other sources of revenue combined have increased by 43.8%. The overall decline in sources of funds, as presented in Table 1.6b is primarily attributable to the loss of a service contract supporting training as well as medical and psychiatric services to the State of Louisiana's juvenile detention facilities (the "Juvenile Justice contract", or "JJJ"). The SPH undertook the contract in 2000 as a result of a judicial settlement agreement between the Federal Government and the State of Louisiana and, in January 2010, that contract was placed out for bid by the Louisiana Office of Juvenile Justice. As a state agency, SPH did not compete for the contract and the SPH agreement was terminated effective August 31, 2010. That contract provided approximately \$8 million in revenue per year for 2007-08, 2008-09 and 2009-10, and \$1.8 million in 2010-11, when it was concluded. No revenues related to this contract were received in 2011-12. While the contract provided 8% indirect revenues, all of those funds accrued to the LSUHSC as the university tax. None of these revenues provided direct support of the SPH, so the impact to school financial resources is nil. With this contract excluded from the School's budget statement, grant and contract activities from 2008 – 2012 are relatively stable, declining 4.9% for the period reported.

Total faculty salary and benefit expenditures increased 14.6% over the period 2007-08 to 2011-12 (23.8% excluding the Juvenile Justice contract), reflecting successful recruiting efforts undertaken to increase teaching faculty and to recruit an Associate Dean for Research, a position not previously filled at SPH. 44.1% of faculty salaries and benefits in 2011-12 were supported by external grants and contracts, 8.4% by internally generated funds, and the remaining 47.5% was provided from state appropriations. The Juvenile Justice contract provided minimal faculty salary support for teaching faculty.

Total staff salary and benefit expenditures declined by 51.9% over the period 2007-08 to 2011-12, inclusive of the Juvenile Justice contract. However, the decline is only 8.8% when staff members assigned to the Juvenile Justice contract are excluded. The Juvenile Justice contract employed a large staff which was based primarily in the correctional facilities. This decline mirrors the modest decline in grant and contract revenue for the period. Likewise, operations expenses (including travel) decreased 19.6% for the period when the contract is included, but only by 5.1% when it is excluded. The university tax declined by 33.4% with the Juvenile Justice contract included, and by 11.6% with the Juvenile Justice contract excluded. The decline in university tax, after consideration of the Juvenile Justice contract, is in contrast to the relative stability in indirect revenues, reflecting changes in the proportion of contracts with 34% and 42% F&A rates (as noted in 1.6.a, the School receives a larger proportion of indirects associated with 34% F&A contracts than those with 42% F&A). Student support reflects a 64.0% increase over the five-year period (78.7% without the Juvenile Justice contract, which supported both MPH and PhD students), primarily related to stipend and tuition waiver support for the new PhD programs, which accepted students beginning in 2008-09. Lastly, fiscal years 2007-8 through 2010-11 reflect post-Katrina lease expenses for school classroom and office space. The expenses are included as a separate line item on the budget statement. At the end of fiscal year 2010-11, the School was relocated to the main LSUHSC campus, into state-owned facilities that are free to the School, eliminating the lease expense. While our state appropriations were reduced to reflect the lease expense reduction, the net effect to state appropriations was an increase in funds to the School. Total state appropriations, when amounts provided for rent are excluded, increased 10.4% from 2007-08 to 2011-12.

Prior to fiscal year 2011-12, fourteen information technology professional staff were employed by the SPH to support and operate the telemedicine and clinical electronic medical records functions for state-owned hospitals and clinics that are managed under the LSU Health Care Services Division (HCSD Telemedicine). Also, one faculty member received salary support for the project. On July 1, 2011, the professional employees were transferred directly to the HCSD entity and are no longer housed within the SPH. The faculty member's involvement was concluded on January 31, 2012. HCSD Telemedicine contract revenue and expenditures ranged from \$1.6 million to \$1.9 million for the fiscal years 2007-08, 2008-09, 2009-10 and 2010-11, and was \$73,000 in 2011-12.

The School has available certain funds for its use ("School Indirect Cost Funds") which are allowed to carry over from year to year. The sources of these funds are primarily the School's portion of indirect cost funds earned on its grants and contracts, and any profits generated on fixed price private contracts. The School annually budgets certain of its expenses to be paid from these funds, and these funds are also used to fund general budget shortfalls when necessary. Any such funds used in a year are included in the line item "Other-Self Generated" in Table 1.6b1 and Table 1.6b2.

In July 2012, the SPH received notice of its 2012-13 budgeted state appropriation, which included an increase in funding of 6.1% over 2011-12.

To clearly illustrate the core activity financial condition of the School on an ongoing basis, a second pro forma table (Table 1.6b2) is provided that excludes the revenues and expenditures associated with the Juvenile Justice contract.

Table 1.6b1 Sources of Funds and Expenditures by Major Category, Fiscal Years 2008 to 2012

	2007-08	2008-09	2009-10	2010-11	2011-12
Sources of funds					
Tuition & Fees	262,686	288,469	345,046	494,364	665,598
State Appropriation	5,053,282	5,787,736	5,718,890	5,740,812	4,848,984
University Funds	-	-	-	217,562	-
Grants/Contracts	23,964,765	24,708,737	23,755,737	17,955,537	15,074,834
Indirect Cost Recovery	423,505	415,146	362,483	369,130	423,312
Other - Self Generated	144,247	89,467	465,496	29,670	309,849
Other - Endowment	86,855	74,288	96,344	248,811	208,228
Total Sources	29,935,340	31,363,843	30,743,996	25,055,886	21,531,195
Expenditures					
Faculty Salaries/Benefits	6,304,455	6,707,848	6,824,266	6,442,970	7,227,009
Staff Salaries/Benefits	12,355,164	13,027,774	13,631,032	8,524,606	5,938,537
Operations	6,355,899	6,769,506	6,087,675	5,331,732	5,063,701
Travel	421,417	448,662	381,480	293,614	387,314
Student Support	540,086	456,894	497,979	527,698	885,551
University Tax	2,722,208	2,502,464	2,366,799	2,101,077	1,812,976
Other - Capital Equipment	560,312	360,701	(40,935)	298,990	216,107
Other - Facilities/Rental	675,799	1,089,994	995,700	908,905	-
Total Expenditures	29,935,340	31,363,843	30,743,996	24,429,592	21,531,195

Note: State Appropriations in this table include \$730,000 of restricted funding to support LTR project infrastructure each year.

Table 1.6b2 Sources of Funds and Expenditures by Major Category, Fiscal Years 2007-08 to 2011-12, excluding Juvenile Justice Contract

	2007-08	2008-09	2009-10	2010-11	2011-12
Sources of funds					
Tuition & Fees	262,686	288,468	345,046	494,364	665,988
State Appropriation	5,053,282	5,787,736	5,718,890	5,740,812	4,848,984
University Funds	-	-	-	217,562	-
Grants/Contracts	15,845,948	16,816,985	16,020,499	16,394,049	15,074,834
SPH Indirect Recovery	423,505	415,146	362,483	369,130	423,212
Other - Self Generated	143,223	117,555	455,141	29,670	309,849
Other - Endowment	86,855	74,288	96,344	248,811	208,228
Total Sources	21,815,499	23,500,178	22,998,403	23,494,398	21,531,195
Expenditures					
Faculty Salaries/Benefits	5,836,861	6,387,557	6,514,287	6,315,667	7,227,009
Staff Salaries/Benefits	6,513,733	7,019,750	7,489,595	7,354,896	5,938,537
Operations	5,351,161	6,100,614	5,489,708	5,250,947	5,063,701
Travel	393,969	400,538	352,479	291,740	387,314
Student Support	495,553	406,166	465,148	523,695	885,551
University Tax	2,051,762	1,853,170	1,727,254	1,996,879	1,812,976
Other - Capital Equipment	510,556	325,757	47,604	298,990	216,107
Other - Facilities/Rental	661,904	1,006,626	912,328	895,010	-
Total Expenditures	21,815,499	23,500,178	22,998,403	22,927,824	21,531,195

Note: State Appropriations in this table include \$730,000 of restricted funding to support LTR project infrastructure each year.

1.6c Financial Contributions for Collaborative Schools. If the school 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 school budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost

returns for research generated by school of public health faculty who may have their primary appointment elsewhere.

Not applicable.

1.6d Faculty by Concentration Area. A concise statement or chart concerning the number (headcount) of faculty in each of the five concentration areas (and any other concentration areas identified in Criterion 2.1) employed by the school as of fall for each of the last three years. If the school is a collaborative one, sponsored by two or more institutions, the statement or chart must include the number of faculty from each of the participating institutions.

Table 1.6d provides an overview of core faculty by concentration area for each fall in the last three years and the current year. Core Faculty is full-time faculty supporting the teaching mission of the School. This table excludes part time and adjunct faculty, as well as full-time faculty members that are not engaged in the teaching mission of the School. Seven full-time faculty were excluded from this table in 2012 (three EPID, three HPSM, and one BCHS), and six were excluded in 2011 (three EPID, two HPSM, and one BCHS), in 2010 (two EPID, two HPSM, and two BCHS) and in 2009 (two EPID, two HPSM, and two BCHS). Of the seven faculty excluded in 2012, two (Dr. Valliere and Dr. Wendell) have 100% of their FTE assigned to public health practice programs, one (Dr. DePrato) leads an institute which is located in Baton Rouge, Louisiana and is not currently supporting the SPH teaching effort, two (Ms. Hsieh and Ms. Andrews) have 100% of their effort assigned to the Louisiana Tumor Registry project, and two (Ms. LeBlanc and Ms. Cuccia) have 100% of their FTE assigned to administrative duties for the School.

Table 1.6d Core Faculty By Academic Program Concentration Area				
Concentration Area	Fall 2009	Fall 2010	Fall 2011	Fall 2012
BIOS	10	10	10	9
ENHS	5	4	5	5
EPID	11	9	10	9
HPSM	4	5	6	7
BCHS	7	7	8	8
Totals	37	35	39	38

1.6e Faculty, Students, and Student/Faculty Ratios, Organized by Department or Specialty Area. A table showing faculty, students and student/faculty ratios, organized by department or specialty area, or other organizational unit as appropriate to the school for each of the last three years.

Table 1.6e shows faculty and student headcounts, FTEs and student to faculty ratios (SFRs) for the fall semesters of the most recent three years, and the current year, by program. The ratios are all favorably low at both the core faculty and total faculty measures. Core Faculty is full-time faculty that supports the teaching mission of the School. Other faculty is part-time or adjunct faculty that supports the teaching mission of the School. As discussed more fully in section 1.6d, a number of full-time faculty that are not engaged in the teaching mission are excluded from this table.

This table reflects the student/faculty ratio as of fall semester in each reported academic year.

Table 1.6e Faculty, Students, and Student/Faculty Ratios by Academic Program										
2009-10										
Academic Program	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
BIOS	10	10.0	-	-	10	10.0	10	9.7	1.0	1.0
ENHS	5	5.0	2	0.3	7	5.3	19	16.7	3.3	3.2
EPID	11	11.0	6	0.9	17	11.9	17	15.7	1.4	1.3
HPSM	4	4.0	5	0.9	9	4.9	14	12.7	3.2	2.6
BCHS	7	7.0	3	0.4	10	7.4	10	9.7	1.4	1.3
Totals	37	37.0	16	2.5	53	39.5	70	64.5	1.7	1.6
2010-11										
Academic Program	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
BIOS	10	10.0	-	-	10	10.0	16	14.7	1.5	1.5
ENHS	4	4.0	2	0.2	6	4.2	17	15.3	3.8	3.6
EPID	9	9.0	4	0.6	13	9.6	23	21.0	2.3	2.2
HPSM	5	5.0	3	0.6	8	5.6	14	13.0	2.6	2.3
BCHS	7	7.0	4	0.5	11	7.5	9	8.7	1.2	1.2
Totals	35	35.0	13	2.0	48	37.0	79	72.7	2.1	2.0
2011-12										
Academic Program	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
BIOS	10	10.0	-	-	10	10.0	19	18.5	1.9	1.9
ENHS	5	5.0	2	0.2	7	5.2	22	19.0	3.8	3.6
EPID	10	10.0	3	0.4	13	10.4	23	20.3	2.0	2.0
HPSM	6	6.0	4	0.8	10	6.8	11	10.7	1.8	1.6
BCHS	8	7.9	4	1.4	12	9.3	22	21.0	2.7	2.3
Totals	39	38.9	13	2.8	52	41.7	97	89.5	2.3	2.1
2012-13										
Academic Program	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
BIOS	9	9.0	-	-	9	9.0	16	15.5	1.7	1.7
ENHS	5	5.0	2	0.2	7	5.2	20	17.3	3.5	3.3
EPID	9	9.0	3	0.5	12	9.5	29	27.0	3.0	2.2
HPSM	7	7.0	4	0.6	11	7.6	18	17.0	2.4	1.6
BCHS	8	7.9	4	1.0	12	8.9	28	24.3	3.1	2.5
Totals	38	37.9	13	2.4	51	40.2	111	101.1	2.7	2.1

*SFR by Core FTEF (Student/Faculty Ratio) is calculated as FTE Students/FTEF Core; SFR by Total FTEF is calculated as FTE Students/Total FTEF.

1.6f Availability of Administrative Personnel. A concise statement or chart concerning the availability of other personnel (administration and staff).

The SPH currently employs 104 full-time staff and approximately 36 student workers in support of its activities. Table 1.6f below shows the division of staff by department, excluding student workers. The School administrative staff includes five administrative positions, two information technology professionals, two student affairs professionals and three business professionals that support all programs, the dean's office, the research office and student affairs administrative needs. Nine business and one clerical position that are fully funded by research and service projects also support the programs. Student workers are generally employed in operations activities, except for three students, two clerical (SPH students) and one information technology (non-SPH), who support the School's general administrative effort.

Table 1.6f Other Personnel - Administrative and Support Staff – Fall 2012							
	Administration			Funded Research/Service Projects			Total Full-time Staff
	Admissions	Business/IT	Admin	Technical	Business/IT	Admin	
BIOS	0.4	1.0	1.0	-	-	-	2.4
EPID	0.4	1.0	1.0	50.0	6.0	1.0	59.4
HPSM	0.4	1.0	1.0	-	1.0	-	3.4
ENHS	0.4	1.0	1.0	-	-	-	2.4
BCHS	0.4	1.0	1.0	32.0	2.0	-	36.4
Totals	2.0	5.0	5.0	82.0	9.0	1.0	104.0

1.6g Physical Space by Purpose, Program and Location. A concise statement or chart concerning amount of space available to the school by purpose (offices, classrooms, common space for student use, etc.) by program and location.

Table 1.6g illustrates space available to the School, and Table 1.6g2 illustrates space by academic program. The School currently occupies two complete floors in the LSUHSC Lions Eye Clinic (LEC) and is conveniently linked to adjacent structures for shared library, classroom and laboratory space by raised walkways. Individual programs have proportionate access to office and research space based on their faculty and staff headcount, and equal access to classroom, conference, library and student-use space.

Table 1.6g Space Available to the School By Facility (square feet)				
	LSUHSC LEC Building	LSUHSC Resource Center	LSUHSC Medical Education Bldg	LSUHSC Clinical Sc Research Bldg
Faculty Offices	9,044			
Research/Service Staff Offices	7,137			
Administrative Offices	2,135			
Laboratory				400
Student Use	624			
Library	210	48,960		
Classroom/Conference/Seminar	3,273		13,675	
Storage	1,068			
LEC Common Areas	20,330			
Total Space	43,821	48,960	13,675	400

Table 1.6g2 Space Available to the School By Program							
	BIOS	ENHS	EPID	HPSM	BCHS	Admin/All Programs	Totals
Faculty Offices	1,776	1,080	2,748	1,560	1,880		9,044
Research/Service Staff Offices			4,034	588	2,515		7,137
Administrative Offices						2,135	2,135
Laboratory						400	400
Student Use						624	624
Library						49,170	49,170
Classroom/ Conference/ Seminar						16,948	16,948
Storage						1,068	1,068
LEC Common Areas						20,330	20,330
Total Space	1,776	1,080	6,782	2,148	4,395	90,675	106,856

1.6h Laboratory Space, Including Special Equipment. A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.

The School has a 400 square foot lab located in the LSUHSC Clinical Science Research Building, which is adjacent to the School. The lab equipment includes an HPLC, a refrigerated centrifuge for processing biospecimens prior to storage, and a biospecimen repository for epidemiologic and other studies.

In addition, the School has access to four floors of LSUHSC core laboratories of all types should any project or program require access to such a facility.

1.6i Computer Facilities and Resources. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

The LSUHSC SPH employs an extensive network of state of the art personal computers with Intranet and Internet access to support its faculty and staff, and a 24-seat computer lab for student use. All office computers are laptops which personnel are required to take with them when evacuations are mandated. A wide variety of statistical, word processing, and database software is available (Microsoft Office Suite, SAS, SPSS, R and GEODAS). All faculty and staff have desktop printers and access to high volume copier/printer/scanners on each floor. Students have a dedicated printer available only for student use. Local IT hardware and software support for faculty, staff and students is provided by the School, and the LSUHSC Learning Resources Center is available for additional university level support. The LSUHSC utilizes Moodle, a comprehensive and flexible eLearning software platform delivering a course management system, customizable institution-wide portals, online communities, and an advanced architecture that allows for Web-based integration with administrative systems. REDCap data management software is available to researchers.

The SPH is equipped with Access Grid videoconferencing capability as well as other electronic audiovisual capability for distance-communication to support academic needs as well as research needs, and uses MediaSite and Adobe Connect software solutions for core course and special topics lecture capture and editing, which are linked to Moodle for student access.

Additionally, the John P. Isché Library provides numerous computers for student use. A state of the art computer laboratory, containing 14 computers, is equipped with multimedia programs, Internet access, and assorted software programs. Another 38 computers are available for general access, and 22 computers are linked solely to library systems for database searches. Additional computer facilities are available on campus with further development underway.

1.6j Library/Information Resources. A concise statement of library/information resources available for school use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance using them, and document delivery services.

The LSUHSC John P. Isché Library encompasses 48,960 square feet of dedicated space on the third, fourth and fifth floors of the LSUHSC Resource Center, adjacent to the SPH, with seating for 614 patrons. There are five study rooms as well as an A/V area and laptop ports and wireless access are available on all three floors. The library is divided into three main areas: administration, public services and technical services, and is fully staffed to serve faculty and students. The library offers, among other resources, **Online Resources A-Z** (access to over 200 online resources and databases), **E-Books** (all online book providers in one resource guide), **E-Journals A-Z** (full text, online journals, and online journals not included in the library catalog), and **INNOPAC** (the library catalogs which can be used to search for books, journals and other materials, both in-print and online, from the LSUHSC libraries). Electronic reference service (E-Reference) is also available to LSUHSC students, faculty, and staff through a link from the Library's homepage.

The Library has a staff of four professional information specialists (reference librarians) who provide mediated search services for library patrons. The Library Liaison for the SPH is Carolyn Bridgewater. She is available to coordinate library orientation and customized instruction for the SPH faculty and students. Within the Library, the Information Desk is serviced by support staff and the Reference Desk by professional librarians.

The SPH has a reading room that includes special topic material relevant to public health and is found on the third floor of the SPH.

The Dental Library, located off campus at the Dental School, is also available to public health faculty and students.

1.6k Community Resources. A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.

The LSU System organization includes the LSU Health Care Services Division (HCSD), which manages the State of Louisiana public hospital system and its multiple clinics. The LSUHSC public hospital located in New Orleans (the Interim LSU Hospital) is adjacent to the LSUHSC and the SPH facilities. It provides numerous opportunities for research and service collaboration with the SPH. In addition, the School conducts a number of joint service projects with the Louisiana Department of Health and Hospitals (DHH) and the Louisiana Office of Public Health (OPH). The School's cancer control projects, funded by the CDC, involve partnerships with a number of local and statewide agencies in delivery of services, and the School's HRSA-funded Delta Region AIDS Education Training Center provides many opportunities in the community for research and service activities.

The SPH has an active adjunct faculty drawn from the community and each academic program actively engages community members in classroom guest lecturing, seminar series, and mentoring and as practice experience preceptors. See Table 2.4b1 for a comprehensive listing of related placements and preceptors.

A number of formal agreements for community projects exist with the partners noted above, including MOUs with the LSU Health Care Services Division (HCSD), Dillard University, Tulane University and the LSU-Baton Rouge Paul M. Hebert Law Center, and contracts with the Louisiana DHH, OPH, United Way, Komen Foundation, Xavier University, the Louisiana Public Health Institute and St. Thomas Community Center. Many collaborations exist that are not conducted through formal agreements and these are noted in Section 1.4c.

1.6l “In Kind” Academic Contributions. A concise statement of the amount and source of “in-kind” academic contributions available for instruction, research and service, indicating where formal agreements exist.

The School enjoys an arrangement with other LSU System schools whereby certain of their faculty teach School courses at no cost and, in return, our faculty reciprocates. In addition, public health professionals engaged as preceptors in the practice experience program are not compensated and guests invited for seminars are generally compensated at a minimum level designed to defray travel costs. Most of these arrangements are formalized in Memoranda of Understanding or personal services contracts.

In 2011-12, approximately 6,800 hours of service were contributed to the public health professionals supporting the School’s practice experience program, and 36 hours were contributed by guest speakers providing seminars and lectures to our students and faculty. See also Section 1.4b and Appendix 1.6l.

1.6m Outcome Measures for Judging the Adequacy of Resources. Identification of outcome measures by which the school may judge the adequacy of its resources, along with data regarding the school’s performance against those measures for each of the last three years. At a minimum, the school must provide data on institutional expenditures per full-time equivalent student, research dollars per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.

Table 1.6m compares performance in the three most recent years against our targeted outcome measures. The data used in the table exclude the Juvenile Justice Program contract amounts as more fully discussed in Section 1.6b. The trend of institutional expenditures per student is declining as a result of the combination of school’s increasing enrollment, a positive trend, and stable expenditure levels, and the expenditure level remains above target. Extramural funding as a percent of budget, while slightly under target in 2009-10, achieved or exceeded target in 2010-11 and 2011-12. The School met baseline PhD student support levels in each year, as well as standards for faculty personal computer (PC) support. We have not met full administrative support goals due to budgetary constraints.

Additional financial objectives, measures and outcomes regarding research, service and training grant and contract goals are discussed in Sections 1.1 and 1.3.

Table 1.6m Outcome Measures - Adequacy of Resources				
Outcome Measure	Target	Performance		
		2009-10	2010-11	2011-12
Institutional Expenditures per FTE Student	\$175,000-200,000	\$ 356,558	\$ 315,378	\$ 239,233
Institutional Expenditures ('000's)		\$ 22,998	\$ 22,928	\$21,531
Student FTE		64.5	72.7	90.0
Extramural Funding as a % of Budget	70.0%	69.7%	71.5%	70.0%
Extramural Revenue ('000's)		\$16,020	\$16,394	\$15,075
Budget ('000's)		\$ 22,998	\$ 22,928	\$ 21,531
Baseline Stipend & Tuition Support for 1st and 2nd Year Full Time PhD Students	100%	100%	100%	100%
Faculty PCs age of less than 3 years	<3 years old	met	met	met
Baseline Administrative/Clerical Support	10 FTE	5	5	5

1.6n Assessment of the Extent to Which Outcome Measure Criterion Have Been Met

This criterion is met.

Strengths

Since the formation of the SPH, the LSUHSC has been uniformly and demonstrably supportive of the School. This was not always an easy position to take in the aftermath of Hurricane Katrina and the subsequent economic downturn over the past four years. Substantial budget cuts, on the order of 25-

30%, in state funding for the LSU System and specifically for the LSUHSC have occurred. The impact has been borne across the LSUHSC; however, the SPH has received no substantial loss in state funding until 2011-12. At this time a reduction was made at a lower rate (5%) than the percent reduction taken from the LSUHSC as a whole. Because we had been housed off campus with a substantial lease, our funding reduction was delayed as long as possible and until space could be made available for the SPH on campus requiring no funds for a lease. New space was renovated for the SPH on-campus and became available in June 2011. In addition, despite statewide hiring freezes in effect for three years we have successfully received exemptions for important faculty hires for the School through the support of the LSUHSC.

Our association with the LSUHSC represents a strength in infrastructure made available to the School in terms of office, classroom and laboratory space, library and IT resources, and in our partnering efforts to recruit superior faculty.

Our wide range of grants and contracts has also proved a strength in terms of our ability to provide meaningful stipend support for our PhD students, relieving our state funds of that burden.

Our relatively low tuition represents a competitive strength as well as a financial challenge.

Weaknesses

While our budget stability is a strength, the operational constraints imposed on the School by the difficulty in expanding the current levels of financial support presents a weakness. The School's ability to increase tuition is highly regulated, and the cost reimbursement economic model we operate under for the majority of our grants and contracts reduces our ability to leverage revenue from faculty and staff activities.

The SPH's limited clerical support for the five academic programs is a consequence of state budget deficits, which have led to state-wide hiring freezes for several years, restricting hiring of clerical and administrative support positions and the SPH has not been able to replace or increase support staff with state funds. To compensate for the lack of clerical assistance at the program level, business managers and administrative staff assist faculty with a number of clerical functions. While our current arrangements are not ideal, they are adequate for the School to meet its goals and objectives. It is anticipated that when the freeze is lifted, the School will be positioned to hire clerical personnel as a priority.

The SPH currently has sufficient space to provide private offices for all full-time faculty, and cubicles, shared offices and private offices for its staff and student workers, and there is a limited amount of available space for expansion for new projects and faculty, but the School will require additional space within the next few years. At present, the SPH has one wet lab which is not sufficient for the laboratory teaching space it desires. The LSUHSC is currently opening, and constructing, several new buildings. As the School of Medicine relocates projects to the newly opened Louisiana Cancer Research Center, some of its laboratory space and other space will be made available to the SPH in an existing building adjacent to the SPH offices, resolving this current weakness in the near future.

Extramural funding declined in 2011-12, reflecting decreases in available funding from agencies of all types. This puts additional pressure on funds available for operation of the School. The measures being undertaken to respond to the decline are more fully discussed in Criterion 3 of the Self Study.

Future Plans

The SPH anticipates that successful completion of the CEPH accreditation process will provide opportunities for new revenue streams that will fund increased administrative support and faculty expansion. The SPH expects accreditation, coupled with low tuition, to allow us to rapidly increase our student body and corresponding tuition revenue after 2013. The SPH is currently developing new recruiting initiatives, including extensive use of social media and expansion of our open house program, participation in virtual fairs, and additional functionality to our website that will assist us in developing new recruiting leads. These initiatives are expected to be in full use by Fall 2013. Also, the SPH will be free to pursue certificate and professional development projects that should produce additional revenues to support the SPH.

2.0 Instructional Programs

Since the inception of the School in 2004, five MPH concentrations, one MS and three PhD programs have been established with the development of curricular and competencies. Subsequently, reviews of the curriculum and revisions of the competencies have been conducted. As a result of this process, the SPH has made significant revisions and additions. Described within this section is the new competency-based instructional program. The SPH offers both professional and academic degrees: the MPH, the MS in Biostatistics, and three PhD degrees, Biostatistics, Community Health Sciences, and Epidemiology. Requirements for all degrees are described. Descriptions of courses are included, as well the core and concentration-specific new competencies for the MPH, and the new competencies for the MS and PhD degrees. The expanded practice experience, along with the revised culminating experience, and the methods used to impart public health knowledge to academic students are described in full. This section of the self-study also fully describes the development of the curriculum and the methods used to implement and evaluate all aspects of the curriculum. Tables and matrices describe the public health core courses, the practice experience sites and preceptors (2009-10 to present), the culminating experiences (2009-10 to present), the competency matrix, methods of evaluating student progress (past three years), and the destination of recent graduates.

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

2.1a An instructional matrix presenting all of the school's degree programs and areas of specialization, including undergraduate degrees, if any. If multiple areas of specialization are available within departments or academic units shown on the matrix, these should be included. The matrix should distinguish between professional and academic degrees and identify any programs that are offered in distance learning or other formats.

Table 2.1a Instructional Matrix – Degree/Specialization		
	Academic	Professional
Masters Degrees		
MPH Degree		
BCHS*		X
BIOS		X
ENHS*		X
EPID*		X
HPSM*		X
MS Degree – BIOS	X	
Doctoral Degrees		
PhD – BIOS	X	
PhD – CHS	X	
PhD – EPID	X	

* Medical students concurrently pursuing an MPH are admitted to one of these four concentrations.

The School offers both professional and academic degrees. The professional degree program areas are Behavioral and Community Health Sciences (BCHS), Biostatistics (BIOS), Environmental and Occupational Health Sciences (ENHS), Epidemiology (EPID), and Health Policy and Systems Management (HPSM). Medical students who concurrently pursue an MPH are admitted to one of four MPH concentrations (all except BIOS), and do not follow a separate curriculum. Therefore, the MD/MPH is not shown as a distinct degree program. The MD and MPH degrees are awarded separately. The School also offers academic degrees, an MS in Biostatistics and PhD degrees in Biostatistics, Community Health Sciences (CHS), and Epidemiology.

2.1b The school bulletin or other official publication, which describes all curricula offered by the school for all degree programs. If the school does not publish a bulletin or other official publication, it must provide for each degree program and area of concentration identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.

The LSU Health Sciences Center (LSUHSC) publishes a [LSUHSC Catalog](#) with specific information about the School's curriculum, which is available to all students, faculty, and the community on the School's website. The individual academic concentrations also have curriculum pages: [Behavioral and Community Health Sciences](#), [Biostatistics](#), [Environmental and Occupational Health Sciences](#), [Epidemiology](#), [Health Policy and Systems Management](#).

2.1c Assessment to the extent to which this criterion is met.

This criterion is met.

Strengths

The MPH professional degree concentrations, in addition to three PhD degrees and one MS degree are consistent with the School's mission of education, research and service, with a focus on public health issues important to Louisiana. The MPH curriculum has been reviewed annually and specific revisions were made in response to the review. All MPH students must complete a competency-based curriculum designed to prepare them to work in the field of public health. The MS and the three PhD curricula are likewise competency-based and consistent with the School mission. These curricula prepare our students to perform competitively in the local and national public health workforce.

Weaknesses

None are noted

Future Plans

Faculty and students will review the curricula on an ongoing basis through course evaluations, surveys and focus groups/meetings. The Evaluation Committee (EC) will obtain feedback inclusive of faculty, students, alumni and public health practitioners. The School will make changes through the periodic updating of the School's strategic plan including goals and objectives related to curricula, which will involve faculty, students, alumni, public health practitioners, and major stakeholders in the community. The process to develop a Strategic Plan for 2015-19 is scheduled to begin in 2013-14.

2.2 Program Length. *An MPH degree or equivalent professional degree must be at least 42 semester credit units in length.*

MPH degrees awarded through the School require 45 credit hours to graduate.

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

The LSUHSC uses the United States Department of Education regulations [34 CFR 600.2](#), [34 CFR 668.8](#) and [34 CFR 668.10](#) to define a credit hour. At LSUHSC, application of the above regulations is the awarding of one credit hour for every 15 hours of lecture, 30 hours of laboratory, or 45-60 hours of clinic time during a semester. For a mixed lecture/laboratory/clinic course, 37.5 clock hours is equal to one credit hour.

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

Table 2.2b presents the exact breakdown of requirements for each academic concentration. Each of the five has the same number of core public health credit hours (20) and credit hours for the practice experience and the culminating experience (3 credit hours for each experience). However, the five academic concentrations differ in the balance of program-specific required courses and electives.

Table 2.2b Minimum MPH degree requirements by credit hour					
	BCHS	BIOS	ENHS	EPID	HPSM
Core Knowledge Courses	20	20	20	20	20
Required Program-specific Courses	15	19	15	11	12
Electives	4	0	4	8	7
Practice Experience	3	3	3	3	3
Culminating Experience	3	3	3	3	3
Total Credit Hours	45	45	45	45	45

2.2c Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last 3 years. A summary of the reasons should be included.

From 2009-10 through 2011-2012, all MPH students have completed a minimum of 45 semester credit hours.

2.2d Assessment to the extent to which this criterion is met.

This criterion is met.

Strengths

The MPH degree exceeds the required minimum of 42 credit hours for completion since all graduates must complete 45 credit hours or greater. No MPH degrees in the SPH have been awarded with less than 45 credit hours. The MPH degree provides full preparation of MPH students to both proceed to public health practice and pursue further academic degrees. The MPH practice experience is standardized as a three-credit course with a requirement of 200 hours per student.

Weaknesses

The size of the School does not currently allow for greater specialization. The current course requirements do not provide much flexibility and limit the number of electives.

Future Plans

The School Curriculum Committee (CC) will continue to monitor the curriculum.

2.3 Public Health Core Knowledge. *All professional degree students must demonstrate an understanding of the public health core knowledge.*

2.3a Identification of the means by which the school assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health. If this is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The SPH presents the public health core knowledge areas to MPH students through five core courses (one in each academic program), the practice experience, and the culminating experience (CE). The CE or Capstone is typically completed in the semester of graduation. Additionally, all MPH students are required to take PUBH 6221 Foundations of Public Health Ethics. EPID 6216 Biological Basis of Health is required of all MPH students who do not possess a professional clinical background.

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

Based upon an inclusive review process, competencies were revised and implemented in 2010. Mastery of competencies is evaluated in several ways. Faculty members develop learning objectives that are derived from the competencies for each course. Students who pass the course are ostensibly meeting the derived learning objectives. Students self-rate their attainment of the competencies in both the exit survey (prior to graduation) and the alumni survey.

The CE includes assessment of the core competencies and several program competencies as well. The CE has been revised and improved since 2008 with significant faculty and student input. The most recent iteration of the culminating experience will begin implementation in Fall 2012 with the students scheduled to graduate in May 2013 (See Resource File for CE Manual).

Table 2.3a showing PH core knowledge courses follows.

Table 2.3a MPH Public Health Core Knowledge Courses

Couse # and Name	Credits	Semester(s) offered	Description
BIOS 6100 Biostatistical Methods I	4	Fall and Summer	Three hours of lecture and two hours of lab per week. General introduction to descriptive and inferential statistics: techniques and principles for summarizing data, estimation, hypothesis testing and decision-making. Students are instructed on the proper use of statistical software to manage, manipulate, and analyze data and to prepare summary reports and graphical displays. Examples and problems from the health sciences are used throughout. Laboratory sessions will be held in the SPH computing lab and are designed to closely follow the lecture material. (Non-biostatistics program students only)
BIOS 6200 Principles of Applied Statistics	4	Fall and Summer	Three hours lecture and two hours of lab per week. Broad coverage of methods of applied statistics, designed for students who want to take advantage of their good math backgrounds for better understanding. Data description; elementary probability, random variables, distributions; principles of statistical inference; methods for one-two-, and multi-sample settings, including ANOVA and multiple regression; methods for categorical responses. Use of SAS and other software for analysis, simulations, graphics, and report writing. Some cases will use large national databases, such as NHANES and CPS. Laboratory sessions will be held in the SPH computing lab and are designed to closely follow the lecture material. Prerequisites: multi-variable calculus and linear algebra. (Biostatistics program students only)
EPID 6210 Principles of Epidemiology	3	Fall and Summer	This course provides an introduction to epidemiology as a basic science for public health and clinical medicine. It will address the principles of the quantitative approach to public health and clinical problems. The course will discuss measures of frequency and association, introduce the design and validity of epidemiologic research, and give an overview of data analysis. This course is an introduction to the skills needed by public health professionals to interpret critically the epidemiologic literature. It will provide students with the principles and practical experience needed to initiate the development of these skills. Lectures are complemented by seminars devoted to case studies, exercises, or critique of current examples of epidemiologic studies.
ENHS 6238 Principles of Environmental Health Sciences	3	Fall and Summer	This course explores the relationships between humans and the natural environment by examining the impact of human activities on air, water, soil, and food quality, and by analyzing the outcomes of encounters between humans and natural events, venomous animals, and toxic plants and fungi.
BCHS 6212 Behavioral Science Theories and Public Health Practice	3	Fall and Summer	This course is designed to expose students to the origin and use of behavioral and psychosocial theories in public health research and practice. Specifically, this course will explore how theoretical concepts, constructs, frameworks and models are utilized in developing, implementing and evaluating public health interventions.
HPSM 6268 Health Services Administration and Management	3	Fall and Summer	This course is designed to provide public health and health professional students with an introduction to the skills needed to manage and lead health care and public health programs, organizations and systems with an emphasis on planning and execution. The key activities (planning, deciding, communicating, controlling), competencies (conceptual, technical, interpersonal, political and entrepreneurial), roles (interpersonal, informational, decisional) and obligations (to individuals, the public, third parties, employers and profession) and the disciplines of resource management (human, organizational, financial) and quality and cost management will provide a theoretical and practical framework for the analysis of cases from the public and private sectors. The course is focused on what public health and health professionals need to know in all areas of practice today and includes overviews of the topics, case presentations, and study questions.
EPID 6216 Biological Basis of Health	3	Spring	This course is designed to provide a background in the biologic basis of health and disease for MPH students who do not have a background in health sciences. The course will focus on the most salient public health topics and diseases. (Non-clinical doctoral-level professionals only)
PUBH 6221 Foundations for Public Health Ethics	1	Spring	This course will examine public health issues in light of scientific, moral and political considerations including autonomy, individual rights, coercion, justice, community, the common good, the norms of research, and multi-cultural values. The student will obtain a working knowledge ethics of the skills in public health ethics to explain and apply them in the professional life of the public health practitioner including consent, privacy, responsibility to the community, the operations of an internal review board, the rights of the individual. The application of ethics over a range of public health issues will be delivered from an historical perspective from ancient Greece to present day.

2.3b Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The faculty delivers a strong MPH degree program that prepares students in the five core areas of public health. Our faculty includes those who have a strong grounding in public health practice, as well as academia, and this enriches the classroom experience. The students have multiple means of demonstrating their understanding and attainment of both school- and program-based competencies: passing grades in coursework, a practice experience and its evaluation, and a culminating experience and its evaluation, as well as self-reports in exit surveys (taken prior to graduation) and alumni surveys. The development of the competencies and resulting core curriculum are an ongoing and inclusive process that garners input from faculty, students, administrators, and public health community leaders. A firm grounding is provided to students in all of the basic areas of knowledge in public health as evidenced by the competencies.

Weaknesses

The School has not accrued a sufficiently large number of graduates trained in the new competency-based curriculum in order to further assess attainment of the core competencies. The new CE includes demonstration of an attainment of core competencies. However, this new CE has not yet undergone a full evaluation.

Future Plans

The School monitors mastery of core knowledge through assessment of competencies on an ongoing basis. Updates and revisions to the curriculum will continue to be undertaken as indicated and future revisions will specifically respond to the needs of the public health workforce. The EC has developed plans to expand the employer survey once a minimum of 40 graduates has completed the full competency-based curriculum in order to further assess attainment of the competencies to guide review and revision as needed.

2.4 Practical Skills. All professional 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.

2.4a Description of the school's policies and procedures regarding practice experiences, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placements sites and preceptor qualifications, and criteria for waiving the experience.

All MPH students are required to complete a practice experience. The purpose of the practice experience is to gain public health practice knowledge and skills and allow students to further develop competencies in public health core knowledge, program specific principles, and skills. The practice experience provides students the opportunity to a) become familiar with professional public health services and organizations and their operations, b) enhance professional skills in their chosen fields, c) develop a relationship with a professional mentor in their chosen field, and d) achieve significant experience and personal growth as they prepare to become public health professionals.

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

The course director is responsible for monitoring the practice experience through contact with the student and preceptor. At the beginning of the practice experience, students, in collaboration with their preceptors, choose the competencies they will address. The competencies, goals and objectives are matched to planned work activities and then submitted to the course director for review. Students are required to maintain a [Student Work Log](#) that reflects days and times of work. At mid-semester, students must submit a [Progress Report](#) to the course director to provide a brief review to date. At the end of the course, students must submit to the course director a [Final Paper](#) and [Evaluation of the Practice Experience](#) before the end of the semester. At this time, the preceptors submit a post-experience [Evaluation of the Student](#). The course director assigns a grade of pass/fail based upon the final paper and the preceptor's evaluation of the student. The course director conducts monitoring of the practice experience sites for ongoing quality control. As of Fall 2012, the practice experience course director initiates direct contact with preceptors within three weeks of the beginning of the semester to better assess competency attainment. This was instituted to begin addressing the lower self-reported competency attainment noted in the student exit survey from 2011-12 (see Table 2.7 3b).

The [Practice Experience Handbook](#) is available on the School website. Students are introduced to the practice experience through their academic orientation in the fall and spring semesters for new students. In addition, ongoing review of practice experience policies and procedures is conducted by course director and Curriculum Committee.

2.4b Identification of sites and preceptors used for practice experiences for students, by academic program, from 2009-10 to current.

Table 2.4b1 Practice Experience Sites and Preceptors		
Student	Organization	Preceptor/Site Supervisor
Academic Year 2009 - 2010		
MPH Behavioral and Community Health Sciences		
M. Aucoin	DHH Office of Public Health (OPH), STD Prevention Program	Lisa Longfellow, MPH
S. Borden	Women with a Vision	Danita Muse, MSW
S. Speeg	DHH OPH, HIV/AIDS Program	DeAnn Gruber, PhD
S. Tate	US Department of Veterans Affairs	Nichole Nedd, EdD, ARNP
A. Thiery	LSUHSC SPH, Louisiana Cancer Control Partnership, Brotherhood Prostate Program	Melody Robinson, MPH
A. Walch	American Cancer Society	Rebecca Majdoch, MPH
MPH Biostatistics		
B. Harlan	Pennington Biomedical Research Center	William Johnson, PhD
MPH Environmental and Occupational Health Sciences		
P. Allana	Children's Hospital	Stewart Chalew, MD
P. Mischler	US-Brazil Higher Education Consortia Program	John Malone, DVM
P. Nieto	DHH OPH, HIV/AIDS Program (Latino)	Rodrigo R. Gamarra, MD
A. Pourciau	Tulane University Office of Environmental Health & Safety/ Louisiana Department of Environmental Quality	James Balsamo, MS, MPH, MHA/ Mike Algero,
I. Rodericks	Gulf Restoration Network	Aaron Viles
B. Siddegowda Bangalore	Catholic Charities Archdiocese New Orleans (PACE/Ciara)	Elmore Rigamer, MD
D. Slaughter	US Department of Energy Strategic Petroleum Reserve	James DePaoli, CIH
B. Vidrine	DHH OPH, Section of Environmental Epidemiology and Toxicology	Adrienne Katner, DEnv, MS
J. Vijaykumar	DHH OPH, Section of Environmental Epidemiology and Toxicology	Michelle Lackovic, MPH
P. Weed	Louisiana Cancer Control Program, Louisiana Breast and Cervical Health Program	Jennifer Hayden, MS
MPH Epidemiology		
J. Cadden	DHH OPH, HIV/AIDS Program	DeAnn Gruber, PhD
A. Cheramie	DHH OPH, Infectious Disease Epidemiology Program	Raoult Ratard, MD, MPH; Susanne Straif-Bourgeois, PhD
J. Chotalia	LSUHSC HIV Outpatient Program	Rebecca Clark, PhD
L. Cole	DHH OPH, Infectious Disease Epidemiology Program	Raoult Ratard, MD, MPH; Susanne Straif-Bourgeois, PhD
D. Cuffie	Juvenile Justice Project of Louisiana	Dana Kaplan, BA
E. Levitzky	Louisiana Health Care Quality Forum	Margaret Shipman, MBA
A. Orellana	DHH OPH, Infectious Disease Epidemiology Program	Raoult Ratard, MD, MPH; Susanne Straif-Bourgeois, PhD
L. Spizale	LSUHSC HIV Outpatient Program	Michael Hagensee, MD, PhD
M. Van Vrancken	LSUHSC HIV Outpatient Program	Rebecca Clark, MD
MPH Health Policy and Systems Management		
C. Davillier	LSUHSC School of Dentistry	Ron Gallo, DDS, MS
M. Duplantier	Catholic Charities Archdiocese of New Orleans (PACE)	Elmore Rigamer, MD/ Stephanie Smith
M. Relle	LSUHSC HIV Outpatient Program	Michael Hagensee, MD
E. Rogers	LSUHSC Wellness Center	Nijelina Baron
Academic Year 2010 – 2011		
MPH Behavioral and Community Health Sciences		
M. Burns	New Orleans Food and Farm Network	Alicia Vance
D. Siddiqui	DHH OPH, Office of STD Prevention	Lisa Longfellow, MPH
MPH Biostatistics		
Y. Gao	DHH OPH, Infectious Disease Epidemiology Program	Raoult Ratard, MD, MPH Susanne Straif-Bourgeois, PhD
MPH Environmental and Occupational Health Sciences		
J. Howard	Livingston Parish Mosquito Abatement Program	Jeanine Tessmer, MS
L. Jones	U.S. Environmental Protection Agency	Susan Fairchild
C. Norbert	LSUHSC Wellness Center	Nijelina Baron
L. Sellers	Severn Trent Services	Phil Gioia
D. Broy	Louisiana Bucket Brigade	Anna Hrybyk, MPH
K. Peres	DHH OPH, Section of Environmental Epidemiology and Toxicology	Adrienne Katner, DEnv, MS
C. Berthold	LSUHSC School of Dentistry, Tobacco Control Initiative	Jeevan Kumar Yenuganti, MSPH, BDS
MPH Epidemiology		
R. Alkire	DHH OPH, Infectious Disease Epidemiology Program	Raoult Ratard, MD, MPH; Susanne Straif-Bourgeois, PhD

C. Brazeel	Xi'an Jiaotong University, School of Medicine	Shaunong Dang, PhD
Student	Organization	Preceptor/Site Supervisor
M. Chatry	Pennington Biomedical Research Center	Stephanie Broyles, PhD
N. Love	LSUHSC HIV Outpatient Program	Michael Hagensee, MD, PhD
E. Mabile	La Misión- Guatemala	Pedro Palacio
G. Montgomery	DHH OPH, Infectious Disease Epidemiology Program	Raoult Ratard, MD, MPH; Susanne Straif-Bourgeois, PhD
MPH Health Policy and Systems Management		
K. Butler	Ochsner Health System	Frannie Kronenberg, MD, MSc
C. Maldonado	Ochsner Health System	Frannie Kronenberg, MD, MSc
A. Ray	Ochsner Health System	Frannie Kronenberg, MD, MSc
L. Sherrer	Strategies to Community Health Practices in Taiwan/Ochsner Health System/ACS	Ted Chen, PhD/Frannie Kronenberg, MD/ Rebecca Majdoch, MPH
V. Washington	DHH Office of Aging & Adult Services	Joseph Hicks, MD, MPH
F. Espinoza	Reach NOLA	Katrina Badger, MSW, MPH
D. Tete	City of New Orleans Homeland Security and Emergency Preparedness	Stephen Murphy, MPH, MBA
C. Freeman	Play 60	Jason Trosclair
S. Vitenas	Louisiana Public Health Institute	Karen Mason, MSc
Academic Year 2011 – 2012		
MPH Behavioral and Community Health Sciences		
A. Augustine	Trim Teens Study	Samantha Euraque, MA
K. Guthrie	Delta Region AIDS Education Training Center	Melinda Sothorn, PhD
G. Fernandez	LSUHSC HIV Outpatient Program	Rebecca Clark, PhD
L. Hummel	DHH, OPH, Office of Maternal Child Health	Karis Schoellmann, MPH
K. Riccardio	NOAIDS Task Force	Joshua Fegley, MSW, LCSW
MPH Biostatistics		
D. Faust	Market Umbrella	Richard McCarthy, MSc
MPH Environmental and Occupational Health Sciences		
G. Boudoin	MCLNO - Injury Prevention Office (Trauma Prevention Task Force)	Bridget Gardner, RN
R. Brennan	US Department of Energy Strategic Petroleum Reserve	David Folse, CSP
B. Demas	DHH, OPH, Office of Veterinary Services	Gary Balsamo, DVM, MPHTM
M. Henry	MCLNO - Injury Prevention Office (Trauma Prevention Task Force)	Bridget Gardner, RN
I. Matta	US Department of Energy Strategic Petroleum Reserve	David Folse, CSP
K. Miles	Gulf Restoration Network	Aaron Viles
K. Peak	DHH, OPH, Office of Environmental Epidemiology	Adrienne Katner, DEnv, MS
C. Pulaski	DHH, OPH, State Public Health Veterinarian	Gary Balsamo, DVM, MPHTM
A. Woods	DHH, OPH, Office of Environmental Epidemiology	Adrienne Katner, DEnv, MS
MPH Epidemiology		
L. Chiasson	Pennington Biomedical Research Center	Stephanie Broyles, PhD
I. Landry	DHH OPH, Infectious Disease Epidemiology Program	Susanne Straif-Bourgeois, PhD
Y. Liu	DHH OPH, Infectious Disease Epidemiology Program	Raoult Ratard, MD, MPH
S. Shambharkar	LSUHSC HIV Outpatient Program	Rebecca Clark, PhD
P. Tatini	LSUHSC HIV Outpatient Program	Rebecca Clark, PhD
M. Mohler	North Carolina Comprehensive Network	Marci Campbell, PhD
L. Zhang	Pennington Biomedical Research Center	Gang Hu, MD, MPH, PhD
C. Zetzmann	City of New Orleans Health Department	Charlotte Parent, MS
MPH Health Policy and Systems Management		
E. Barousse	Ochsner Health System	Frannie Kronenberg, MD, MSc
G. Boudoin	MCLNO - Injury Prevention Office (Trauma Prevention Task Force)	Bridget Gardner, RN
J. Davis	DHH OPH, Office of STD Program	Mohammad Mamun-Ur Rahman, PhD, MPH
M. Jones	Ochsner Health System	Frannie Kronenberg, MD, MSc
J. Khan	Catholic Charities Archdiocese of New Orleans	Elmore Rigamer, MD
Academic Year 2012 – 2013 (Fall 2012)		
Student	Organization	Preceptor/Site Supervisor
MPH Behavioral and Community Health Sciences		
A. Arguello	DHH, OPH, Maternal Child Health	Leslie Lewis, MPH, LDN, RD
N. Bartel	Catholic Charities Archdiocese of New Orleans	Elmore Rigamer, MD
A. Bryant	American Cancer Society	Rebecca Majdoch, MPH
C. McKinney	DHH, OPH, Maternal Child Health	Amy Zapata, MPH
L. Ricks	Louisiana Cancer Control Partnership	Lydia Kuykendal, MPH
J. Thompson	Cancer Association of Greater New Orleans	Tammy Swindle, MPH

Student	Organization	Preceptor/Site Supervisor
MPH Environmental and Occupational Health Sciences		
Y. Aponte	DHH, OPH, Office of Environmental Epidemiology	Adrienne Katner, D.Env, MS
A. DeLarge	New Orleans Sewerage and Water Board	Madeline F Goddard, MS
M. Flores	U.S. Department of Energy	Rita Czek, MS
R. Gruenfeld	U.S. Department of Energy (Leland Fellow)	Rita Czek, MS
D. Joseph	DHH, OPH, Office of Veterinary Services	Gary Balsamo, DVM, MPHTM
K. Rome	USDA, Agriculture Research Service	Isabel Lima, PhD
Z. Rouse	DHH, OPH, Office of Veterinary Services	Gary Balsamo, DVM, MPHTM
T. Yau	MCLNO - Injury Prevention Office (Trauma Prevention Task Force)	Bridget Gardner, RN
MPH Epidemiology		
M. Bronson	DHH OPH, HIV/AIDS Program	Randi Kaufmann, MS
J. Cheuk	LSUHSC School of Dentistry	Jeevan Kumar Yenuganti, MSPH, BDS
S. Gaston	DHH, OPH, Maternal Child Health	Lyn Kieltyka, PhD, MPH
M. James	American Cancer Society	Rebecca Majdoch, MPH
M. Lynch	LSUHSC HIV Outpatient Program	Rebecca Clark, MD
J. Miller	LSUHSC Epidemiology Data Center	Samaah Sullivan, MPH
J. Peters	LSUHSC HIV Outpatient Program	Rebecca Clark, MD
C. Rosales	LSUHSC HIV Outpatient Program	Rebecca Clark, MD
MPH Health Policy and Systems Management		
K. Bradford	Louisiana AIDS Advocacy Network	Joshua Fegley, MSW, LCSW
W. Copeland	American Cancer Society	Rebecca Majdoch, MPH
E. Fontenelle	New Orleans Children's Advocacy Center	Jeanne McKay, MSW
M. Muncy	Louisiana Public Health Institute	Karen Mason, MSc
A. Nukula	American Cancer Society	Rebecca Majdoch, MPH
K. Patel	Catholic Charities Archdiocese of New Orleans	Elmore Rigamer, MD
T. Winstrop	Ochsner Health System	Frannie Kronenberg, MD, MSc

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

All MPH students are required to complete the practice experience. No one has received a waiver of this requirement in the past three years.

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

Not applicable

2.4e Assessment of the extent to which this criterion is met.

This criterion is met by the School.

Strengths

The faculty of the School recognizes that the practice experience is a vital component of the MPH degree program. The School's faculty strongly supports the practice experience. The variety of placement sites and the level of practice backgrounds of the preceptors represent a robust and fertile learning opportunity for students. The School's close working relationship with several relevant state agencies and health-related NGOs is helpful in building new opportunities for practice sites. There is a continuum from the planning of the practice experience through its assessment. Students identify the competencies they will master and develop learning objectives related to the competencies and placement work activities. The course director evaluates attainment of the objectives at the conclusion of the experience based on the preceptor evaluation and the final paper. The SPH continually entertains requests for additional sites for the practice experience. The assessment of the practice experience is greatly improved in response to student and preceptor input.

Weaknesses

SPH needs to update advisor training specific to the practice experience to standardize information across programs. Because of budget limitations, additional members of the staff have not been provided but are needed to assist students with placement and conduct evaluation and site visits.

Future Plans

The SPH continually entertains requests for sites from faculty, students, and community public health practitioners. The SPH will continue to evaluate and add additional appropriate practice sites to its current roster as new sites are presented to the School and approved. Beginning with the 2012-13, the course director will directly contact preceptors three weeks into the semester to monitor the practice experience. The course director, in conjunction with the ADAA, will revise the faculty training portion of the practice experience. As part of the development of the Strategic Plan for 2015-19, particular attention will be paid to the possibility of providing additional staff for coordination of evaluation measures, site visits and placement based upon projected growth due to accreditation.

2.5 Culminating Experience. All professional degree program identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through the culminating experience.

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

Each MPH student must complete the CE, previously called the Capstone Project. This is typically completed in the semester of graduation. This is a three-credit requirement in which students are expected to incorporate and synthesize both public health core and program-specific knowledge. From May 2006 to December 2012, the CE was specific to each concentration. Each academic program determined the format to demonstrate the mastery of core and program competencies. Examples of projects deemed acceptable were 1) independent research under the guidance of the academic advisor; 2) evaluations of health-based programs; 3) community and program needs assessments; and 4) any other projects, which demonstrate the broad skills and integrated knowledge required of the public health professional. Prior to grading, programs required an oral presentation of the capstone by students for a program-specific audience. Evaluation and grading of the capstone followed and were program-specific.

Table 2.5a1 Culminating Experience/Capstone Across the MPH Concentrations	
Course #	Course Description
BCHS 6600 BIOS 6600 ENHS 6600 EPID 6600 HPSM 6600	All professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience. A culminating experience is one that requires a student to synthesize and integrate knowledge acquired in coursework and other learning experiences and to apply theory and principles in a situation that approximates some aspect of professional practice

Examples of previous capstone projects are presented in Table 2.5a2 and will be available for onsite review in the Resource File.

At the request of the faculty, the School has recently revised the CE/capstone project to make it less concentration-focused and more explicitly address both the MPH School- and program-specific competencies. At this time, the name used to refer to this requirement was changed from "Capstone" to "Culminating Experience" in order to differentiate it from the previous requirement. The process of revision began in 2010-11 by an ad hoc committee, chaired by the ADAA and included faculty representatives from each of the School's five MPH concentrations and two MPH students. The meetings resulted in a draft of the [Culminating Experience Manual](#), which includes policies and procedures for students and faculty; acceptable projects; instructions on choosing the School- and program-based competencies to be addressed by the learning objectives; a timeline; and instructions for formatting. Program directors, faculty, and students reviewed the manual during several meetings held over the course of one year. The ADAA revised the manual based on suggested changes.

Beginning with MPH students who will graduate in May 2013, students will register for PUBH 6600, the new CE course. The revised course resulted in a competency-based project that is conducted independently by each student. There are two phases to this project: (1) the student prepares a proposal for the CE in consultation with the faculty advisor and other relevant faculty; (2) the proposal is submitted for review to a committee of five faculty members representing each of the five programs, appointed by their respective Program Director. This Proposal Evaluation Committee (PEC) reviews the student's proposal to ensure the project addresses the school- and program-based competencies selected by the student in conjunction with the academic advisor. Upon approval, the student begins to work on the project; this begins the second phase. Each student must produce a written report at the completion of the second phase of the project. This report must describe how the student met the competencies and learning objectives addressed by the project. The report will then be submitted to the faculty of the student's program (the [Project Evaluation Committee](#)) who will assign a grade of pass/fail. Each program

director is responsible for convening this committee and reporting grades to the ADAA, who will report them to the Registrar.

The concentration faculty evaluates the projects based on the criteria set forth in the manual. In addition, a school-wide committee including representatives from all five programs evaluates the proposals for their coverage of competencies. As noted in the CE Manual, the CE is graded on a Pass/Fail basis by the program faculty after review of the written report to ensure stated competencies are met. The grades should reflect the following:

PASS- very strong with no or negligible weaknesses; meets proposed core and program competencies; satisfies the proposed learning objectives, and addresses the public health implications of the project; OR strong with few weaknesses; meets most core and program competencies; satisfies most learning objectives, and addresses the public health implications of the project.

FAIL- weak, with many minor weaknesses; does not adequately meet core or program competencies; does not adequately satisfy learning objectives, and fails to address the public health implications of the project; OR very weak, with numerous major and minor weaknesses; and fails to address the public health implications of the project.

The timing of the work on the CE has also been changed. Students register for PUBH 6600 CE during the semester in which their project is to be completed. They must submit their proposal in the semester prior to registering for the CE. Although students register for only one semester, there is a substantial amount of preliminary work, and students must view this as a two-semester endeavor even though students register for just one semester in which the grade is assigned. Students must have successfully completed the school-wide core courses before registering for the CE. No students have completed a CE based on the new course guidelines as implementation is in Spring 2013.

Since 2007-08, the SPH has held an annual school-wide “Capstone Day” prior to the May Commencement. This event has provided graduating students with the opportunity to present their capstone projects to an audience of faculty and students in addition to invited guests. The event has typically included both oral and poster presentations, and was well received by students, faculty, and staff. The SPH Delta Omega chapter sponsors an award for best oral presentation and posters to be included as part of “Capstone Day.” Due to space limitations, “Capstone Day” in May 2012 featured oral presentations only. The SPH will continue to hold this event when the new CE is implemented.

Examples from Table 2.5a2 are available in the Resource File.

Table 2.5a2 Culminating Experiences 2009-10 through 2011-12	
Student	Title of Culminating Experience
Academic Year 2009 - 2010	
MPH Behavioral and Community Health Sciences	
M. Aucoin	A Stress-Management Intervention for HIV-Positive Females in the Greater New Orleans Area
S. Borden	Teen Dating Violence: An Intervention
A. Walch-Patterson	Characterizing Women Who Utilize the Louisiana Breast & Cervical Health Program
S. Speeg	Maintaining Health after 60: A Public Health Intervention to Increase Physical Activity and Improve Health among Senior Citizens
S. Tate	Strategic Recruitment and the Veterans Health Administration: Attracting Physicians to Rural Areas Using a Socio-Ecological Approach
A. Thiery	Appeal of a Self-Sampling Method for HPV Detection among African American Women
MPH Biostatistics	
B. Harlan	Dietary Reference Intakes and the Risk of Metabolic Syndrome in US Adolescents
MPH Environmental and Occupational Health Sciences	
P. Allada	Methemoglobinemia
P. Mischler	Geospatial Analysis and Ecological Niche Modeling of Chagas Disease in Bolivia
P. del Mar Nieto	Diagnosis and Clinical Pathological Findings of Chagas Disease (Trypanosoma Cruzi) in Dogs in South Central Louisiana
A. Pourciau	Laboratory Ergonomics: Get the Most Out of Your Research

I. Roderick	Mercury Toxicity from Consumption of Louisiana Fish and Shellfish
B. Siddegowda Bangalore	Re-emergence of Chikungunya, Dengue and Their Co-infection
D. Slaughter	A Pilot Study to Assess Heat Stress Risk
J. Vijaykumar	Asbestosis: A Summary of the Condition and Descriptive Review of Hospitalization Data in Louisiana, 1999-2007
P. Weed	Indoor Ozone: Not Just an Outdoor Problem
MPH Epidemiology	
J. A. Cadden	Variation of End of Life Care for Hospitalized Elders: Impact of Palliative Care
A. Cheramie	A Proposed Childhood Vaccine Education Intervention for Mothers
J. Chotalia	Prevalence of Metabolic Syndrome in Adolescents and Its Association with Glomerular Filtration Rate & C-Reactive Protein
L. Cole	Evaluating the Effectiveness of a School Based Oral Health Education Program
E. Cunningham	Autism Spectrum Disorders: An Overview
A. Orellana	Hispanic Health Disparities in the United States: A Systematic Review
L. Spizale	Performance Characteristics of the Fecal Immunochemical Test in a Screening Program's Population
M. Van Vrancken	Cytomegalovirus Reactivation Prophylaxis with Ganciclovir in Critically Ill Patients
MPH Health Policy and Systems Management	
J. Behrhorst	Exploring the Accessibility of Health Care Services among Hispanic and Latino Immigrants in New Orleans, Louisiana
D. Cuffie	H.E.A.T. Health Education Attainment Theory: Crescent City Kappa League
C. Davillier	Oral Health Disparities
E. Rogers	Effects of Chair Aerobics in Improving Health and Well-Being in Seniors Who Frequent Senior Centers: A Pilot Study
Academic Year 2010 - 2011	
Student	Title of Culminating Experience
MPH Behavioral and Community Health Sciences	
M. Burns	Impact of a Community Based School Garden Intervention on Caretaker Attitudes and Behaviors towards Fruits and Vegetables: The Makin' Groceries Pilot Study
N. Love	Feasibility, Acceptability, and Centered-Care for Empowering Youth Living with HIV
D. Siddiqui	The Implementation and Evaluation of Project Respect New Orleans
MPH Biostatistics	
Y. Gao	Examining the associations between lifestyle factors and health-related quality of life among prostate cancer survivors
MPH Environmental and Occupational Health Sciences	
C. Berthold	Practical Approaches to Smoking Cessation
D. Broy	Perspectives in the Wake of Disaster: The Louisiana Bucket Brigade Survey
W. Claiborne	Period Prevalence of Scleroderma Changes in the United States
J. Howard	Epidemics after Disasters: How Landscape Epidemiology explains the increase in West Nile Neuroinvasive Disease post-Hurricane Katrina in Louisiana and Mississippi
L. Jones	The Effect of Extended Resident Duty Hours on the Occurrence of Needlestick Injuries
C. Norbert	Skin Cancer in Outdoor Athletes
K. Peres	Risk Assessment of Rail Transportation of Toxic Industrial Chemicals: Urban Vulnerability to Terrorist Attacks
L. Sellers	How Sweet is the Burn? Potential Health Impacts from the Practice of Sugarcane Burning in Louisiana
B. Vidrine	Physiological Hazards of Recreational Scuba Diving
MPH Epidemiology	
M. Chatry	Estimating the Prevalence of Gestational Diabetes Mellitus: Worldwide and in the United States
R. Alkire	Louisiana Colorectal Cancer—Small Media Intervention
C. Brazeel	Staff Knowledge and Utilization of WIC Breastfeeding Support Services: A Survey of Louisiana's Top Birthing Hospitals
E. Mabile	A Program Evaluation of CAARE, an Art Therapy Curriculum Designed to Help Children with Stress
G. Montgomery	Improving Strength in Patients with Becker's Muscular Dystrophy through Aerobic and Strength Training
MPH Health Policy and Systems Management	
K. Butler	Analyzing the Impact of Patient-Centered Medical Homes on Patients and Providers
M. Duplantier	Home-Based Exercise Rehabilitation Programs for Discharged Patients at High Risks for Falls
F. Espinoza	Assessments of Cultural and Linguistic Services in Interim LSU Public Hospital's ER Department
C. Maldonado	A Comparison of the Organ Transplant Policies and Systems in the United States and Spain
M. Relle	Health Education for Homeless Veterans: A Pilot Study
D. Tete	Bastion: Home for Resilient Children
S. Vitenas	An Evaluation Study of the Financial Sustainability of School Based Health Centers

Academic Year 2011 - 2012	
Student	Title of Culminating Experience
MPH Behavioral and Community Health Sciences	
A. Augustus	Feasibility Study Focused on Vitamin D Knowledge and Consumption in Asthmatic and Non-Asthmatic Obese African America Adolescent Females
M. Mohler	Preschool Obesity is Inversely Associated with Vegetable Intake, Grocery Stores and Outdoor Play
G. Fernandez	Examining the Waiting Room
K. Guthrie	HPV Knowledge and Attitudes Survey in Men and Women
L. Hummel	The Youth Connection: An Assessment of Online Health Seeking Behaviors of Adolescents
MPH Biostatistics	
D. Faust	A Study of Variable Selection Methods for Logistic Regression Models
MPH Environmental and Occupational Health Sciences	
C. Pulaski	The Public Health Significance of Canine Heartworm Disease
K. Miles	Acute Health Effects Caused by the BP Oil Disaster
B. Demas	How the Circadian Rhythm of Melatonin and Cortisol Affect Shift Worker Performance
I. Matta	Bioaerosols and Upper Respiratory Health in Dental Hygienists
G. Boudoin	Impact of Environmental Conditions on Legionellosis Outbreaks
K. Peak	Tracking Carbon Monoxide Exposure in Louisiana
M. Henry	The Effectiveness of the Sudden Impact Program; A Teen Motor Vehicle Crash Prevention Program
R. Brennan	Lethality of Non-Lethal Weapons: Taser Discharges and their Correlation to Fatalities
A. Woods	An Investigation into Arsenic Contamination in Louisiana Well Water
MPH Epidemiology	
I. Landry	Cancer in Acadiana: Evaluation of Priorities in Region IV
Y. Liu	Association of Sociodemographic Factors and Treatment Type with Changes in Urinary Function among Localized Prostate Cancer Patients- Preliminary Results from CEASAR Study in Louisiana
L. Chiasson	Mapping of Louisiana's Parks to Aid in Research and Policy Change Regarding Physical Activity among Louisiana's Residents and within the Built Environment: A Feasibility Project
S. Shambharkar	Disparities in Lung Cancer Incidence Rates: Louisiana vs. United States
P. Tatini	Association of Vitamin D Deficiency with HIV Status and Predictors of the Deficiency among Women
C. Zetzmann	County Level Analysis of Obesity Rates by Elevation
L. Zhang	Racial/Ethnic disparities of HRQOL among US adult self-reported diabetic patients-NHANES 2001-2008
MPH Health Policy and Systems Management	
M. Jones	Evaluating an Educational Intervention Aimed at Changing Physicians' Behavior and Attitudes towards Radiology Use in Lower Back Pain Diagnosis
C. Freeman	Louisiana Youth Concussion Act: Protecting Youth Athletes from Severe Brain Injury
L. Sherrer	Cross-national Research Examining the Healthcare Systems of the United States, United Kingdom, Taiwan and Germany: Implications for Healthcare Reform in the United States
Academic Year 2012 – 2013 (Summer/Fall 2012)	
Student	Title of Culminating Experience
MPH Environmental and Occupational Health Sciences	
Z. Rouse	Toxic Plants: An Analysis of the Availability of Ornamental Plants in the New Orleans Metropolitan Area, Supplier Knowledge and Plant Toxicities
MPH Health Policy and Systems Management	
E. Barousse	Reducing Preventable Congestive Heart Failure Hospitalization in Medicare Advantage Participants: A Proposal for Ochsner Health System
J. Khan	Bridging Generational Gaps: Evaluating Program Effectiveness in an Intergenerational Setting

2.5b Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The evaluation process for the CE is now more fully competency-based. The addition of the Proposal Evaluation Committee ensures that students fully address both the core and program-specific competencies within their project. The faculty feels that the thoroughness of the written and oral aspects of the CE will provide a good test of the students' attainment of core public health and program-specific competencies upon completion of their degree programs.

The School's Delta Omega chapter awards prizes based on how well the student has demonstrated mastery of the School core and program competencies as they are presented at the School's annual Capstone Day. This is another way in which school core and program competencies are assessed.

Weaknesses

Because the expectations and evaluation of the CE were program-specific from 2006 to 2011, inconsistencies were noted. Previous CE/capstone expectations and evaluations, while demanding, were less explicitly focused on the competencies and varied somewhat across the School regarding expectations. This weakness has been addressed and has led to the new CE.

Future Plans

The replacement of the previous program-based culminating experience/capstone project for May 2013 graduates with a standard CE/capstone across the School will eliminate inconsistencies and further ensure that school and program competencies for the course are addressed. The SPH will closely monitor the new CE and, if necessary, the ADAA will oversee changes based on feedback from students and faculty. The School plans to evaluate/update the process upon completion of the first iteration of the new competency-based CE in Spring 2013. Additional changes may also be necessary based upon projected growth due to accreditation.

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.

2.6a Identification of core public health competencies that all MPH or equivalent professional degree masters' degree students are expected to achieve through their courses of study.

Table 2.6a MPH Competencies	
MPH Core Competencies	
1.	Examine social, developmental and behavioral theories of health, health behavior and illness, and their applicability to different types of health problems.
2.	Design social and behavioral change interventions based on these theories that are appropriate and responsive to the social and cultural context.
3.	Apply exploratory data analysis and descriptive statistics to summarize public health data.
4.	Apply common statistical methods for estimation and inference appropriately according to underlying assumptions and study design principles.
5.	Examine public health problems in terms of magnitude, person, time and place, and calculate basic epidemiologic measures.
6.	Propose valid and efficient epidemiologic studies to address public health problems, including understanding the strengths and limitations of descriptive, observational and experimental studies.
7.	Appraise the human health effects, both acute and chronic, of major environmental and occupational hazards such as air pollution, metals, organic pollutants, microbial contamination of drinking water, and physical hazards.
8.	Assess the mechanisms and the degree to which environmental and occupational exposures impact public health and welfare.
9.	Examine the main components and policy issues regarding the organization, financing and delivery of health services and public health systems in the United States.
10.	Illustrate the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.
11.	Apply biological principles toward the development and implementation of disease prevention, control, or management programs.
12.	Analyze issues of public health practice and policy based upon basic principles of ethics (e.g. the Public Health Code of Ethics, human rights framework, other moral theories).

2.6b A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the school, a single matrix will suffice. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

Table 2.6b Matrix of MPH Core Competencies							
	PUBH 6221	BIOS 6100	EPID 6210	ENHS 6238	BCHS 6212	HPSM 6268	EPID 6216
Examine social, developmental and behavioral theories of health, health behavior and illness, and their applicability to different types of health problems.					X		
Design social and behavioral change interventions based on these theories that are appropriate and responsive to the social and cultural context.					X		
Apply exploratory data analysis and descriptive statistics to summarize public health data.		X					
Apply common statistical methods for estimation and inference appropriately according to underlying assumptions and study design principles.		X					
Examine public health problems in terms of magnitude, person, time and place, and calculate basic epidemiologic measures.			X				
Propose valid and efficient epidemiologic studies to address public health problems, including understanding the strengths and limitations of descriptive, observational and experimental studies.			X				
Appraise the human health effects, both acute and chronic, of major environmental and occupational hazards such as air pollution, metals, organic pollutants, microbial contamination of drinking water, and physical hazards.				X			

	PUBH 6221	BIOS 6100	EPID 6210	ENHS 6238	BCHS 6212	HPSM 6268	EPID 6216
Assess the mechanisms and the degree to which environmental and occupational exposures impact public health and welfare.				X			
Examine the main components and policy issues regarding the organization, financing and delivery of health services and public health systems in the United States.						X	
Illustrate the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.						X	
Apply biological principles toward the development and implementation of disease prevention, control, or management programs.							X
Analyze issues of public health practice and policy based upon basic principles of ethics. (e.g. the Public Health Code of Ethics, human rights framework, other moral theories).	X						

2.6c Identification of a set of competencies for each specialty area identified in a matrix, including professional and academic curricula.

Table 2.6c matrices identify the MPH-Required Competencies for each specialty area. Competencies related to the academic degrees are in Appendix 2.6c.

Table 2.6c MPH Required Program Competencies								
MPH Behavioral and Community Health Program Competencies	BCHS 6213	BCHS 6214	BCHS 6215	BCHS 6216	BCHS 6227			
Prioritize individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions and policy change.	X	X		X	X			
Design, implement and evaluate public health programs, policies and interventions.			X	X				
Analyze the role of individual, social and community factors in both the onset and solution of public health problems through intervention or policy change.	X	X		X				
Evaluate evidence-based approaches in the development and evaluation of social and behavioral science interventions, studies and programs.	X	X	X	X				
Examine the cultural, social, and behavioral determinants of health and health disparities.	X	X			X			
Prepare approaches to health promotion issues that take into account cultural differences.		X						
MPH Biostatistics Program Competencies	BIOS 6200	BIOS 6202	BIOS 6204	BIOS 6206	BIOS 6210	BIOS 6212	BIOS 6610	BIOS 6700
Explain the role that probability and statistical distributions play in inferential statistics and decision-making.	X		X	X				
Advise researchers and public health professionals on translating research questions into testable hypotheses to advance public health.							X	X
Prepare appropriate analytic approaches for public health research questions, use corresponding statistics method to test the null hypotheses, and draw conclusions based on the testing results.	X	X	X	X	X	X	X	X
Selectively apply hypothesis tests for comparing treatment strategies and exposure groups appropriate to the type of response measurement (e.g., binary, ordinal, continuous).	X	X		X	X	X	X	X
Perform power analysis and sample size calculations to aid in the planning of public health studies.	X						X	
Communicate to colleagues and clients the assumptions, limitations, and (dis)advantages of commonly used statistical methods and describe preferred methodological alternatives when assumptions are not met.							X	X
Use computer software for acquisition, management and analysis of data and presentation of results.	X	X			X	X	X	
Create and present oral and written reports of the methods, results and interpretations of statistical analyses to both statisticians and non-statisticians.							X	
MPH Environmental and Occupational Health Sciences Program Competencies	ENHS 6239	ENHS 6241	ENHS 6243	ENHS 6245	ENHS 6246			
Collect, analyze, and interpret environmental and occupational health outcomes data.		X		X				
Examine the direct and indirect human, ecological, and safety effects of environmental and occupational exposures in order to protect the health of workers and the public.	X	X	X					
Evaluate biological, genetic, physiological, and psychological factors that affect human susceptibility to adverse health outcomes following exposures to environmental and occupational health hazards.		X			X			
Select appropriate human health risk assessment methods for a variety environmental and occupational data.				X				

MPH Environmental and Occupational Health Sciences Program Competencies	ENHS 6239	ENHS 6241	ENHS 6243	ENHS 6245	ENHS 6246	
Recommend corrective strategies for mitigating and preventing environmental and occupational exposures that pose human health and safety risks.	X		X		X	
Exhibit knowledge of federal and state regulatory programs, guidelines, and authorities appropriate to environmental and occupational health and safety.	X		X	X	X	
Apply risk management and risk communication methodologies to address issues of environmental justice, equity, and policy.				X		
Propose environmental and occupational health promotion and injury prevention strategies for communities and workplaces.	X	X	X			
MPH Epidemiology Program Competencies	EPID 6211	EPID 6213	EPID 6226	BIOS 6102		
Estimate advanced epidemiologic measures for descriptive and etiologic studies.	X		X			
Examine basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.		X				
Inspect the processes involved in the design, analysis and evaluation of an epidemiologic study.		X	X			
Appraise the direction and magnitude of bias on measures of association and draw appropriate inferences from epidemiologic data.	X	X	X			
Apply biological principles to development and implementation of disease prevention, control, or management programs.		X				
Identify the principles and limitations of public health screening programs.	X					
Employ statistical computer packages to calculate and display descriptive statistics.	X		X	X		
Analyze categorical data for case control and cohort studies and perform multiple logistic regression analysis and describe the essential elements of survival analysis.	X		X	X		
Examine data for confounding and effect modification, and handle appropriately.	X		X	X		
Evaluate the strengths and limitations of epidemiologic reports and be able to communicate epidemiologic information to lay and professional audiences.	X	X	X			
MPH Health Policy and Systems Management Program Competencies	HSPM 6248	HSPM 6269	HSPM 6270	HSPM 6288		
Apply quality and performance improvement concepts to address organizational and systems performance issues and use "systems thinking" for solving organizational problems.	X		X			
Demonstrate leadership skills in public health and communicate health policy and management issues, using appropriate channels and technologies.	X			X		
Appraise the current issues in planning, resources allocation, and financing and their effects on consumers, providers, and payers in a health system.	X	X	X			
Analyze the impact of political, social, and economic policies on health systems at the local, state, national, and international levels and formulate solutions to key problems.		X		X		
Select evidence-based principles, law and ethics to critical evaluation and decision making in health care delivery.		X		X		
Propose policy development, analysis, and evaluation processes for improving the health status of populations.		X		X		

2.6d A description of the manner in which competencies are developed, used and made available to students.

In 2008-2009, the core and program competencies in use were a blend of the ASPH and the Council on Linkages competencies. As the School grew, a review of the core and program-based MPH competencies was undertaken by the ADAA and the faculty. This resulted in the decision to develop and implement new competencies for the MPH programs. In addition, it was recognized that new doctoral-level competencies were needed to guide the development of three PhD degree programs.

Throughout 2009-2010, the SPH began a school-wide process to revise the current competencies. The first activity was a school-wide workshop, conducted by an outside consultant (Resource File - Agenda, and materials). Topics included the purpose of competencies; developing school- and program-based competencies; linking competencies to course objectives. Following the visit from the outside consultant, faculty in each program met over the next several months to update the competencies for both the five core courses and their respective programs. Course directors also developed competencies for the Foundations of Public Health Ethics, required of all MPH students, and the Biological Basis of Health course, required of MPH students without a clinical background. Several iterations of school competencies were discussed and debated in a series of meetings. The process of competency development included review and consideration of current professional public health organization standards including APHA, SOPHE, ACE, NACCHO, and NEHA. The Curriculum Committee reviewed and approved the school competencies. The SPH followed the same process for the program-specific competencies. Faculty from BIOS, EPID, and CHS developed competencies for the respective PhD degree programs. To ensure that all competencies were being addressed in the curriculum, faculty then “mapped” individual competencies to all MPH and PhD courses being offered in the SPH. After internal development, competencies were sent to Dr. Ian Lapp who had facilitated the earlier school-wide workshop for his review and comment.

After the development of the competencies, the chair of the CC met with all faculty during the annual faculty orientation to instruct faculty in the use of competencies to develop learning objectives for individual courses (See Resource File for Agenda and PowerPoint presentation). Throughout 2010-11, the CC monitored the development of learning objectives derived from the competencies and their inclusion on all syllabi. The Committee instructed faculty that both competencies and learning objectives derived from competencies must be included on syllabi for all courses and discussed with students. (See Resource File for all syllabi) At the present time, the MPH program includes a full set of school- and program-based competencies as well as competency-based learning objectives on all syllabi. The MS and the three PhD degree programs have program-specific competencies and competency-based learning objectives on all syllabi. Across the School, the Dean and the ADAA will lead the faculty to regularly evaluate and update the competencies as part of our strategic planning process.

In 2010-11, the SPH competencies were then communicated to students in several ways. First, SPH posted both core and program competencies on the SPH web site. Second, the ADAA instructed students in the nature of a competency-based curriculum and reviewed all competencies at their academic orientation (see Resource File for agenda). Finally, the ADAA instructed faculty to discuss the competencies, which are linked to the course learning objectives, listed on all syllabi, with students in each class.

In Fall 2011, the EC developed a pilot project to assess students as they began the MPH program. All new students completed a pre-MPH assessment of the core and individual program-based competencies. After data were stored, this assessment was returned to the students, and they were encouraged to monitor their progress as they went through the MPH program. In May 2012, faculty reviewed the data in the EC report (See Resource File for EC Report on Pre-MPH Assessment) and expressed concern about the validity of the responses. The EC concluded that the value of this competency assessment project was limited, and to cease both the pre- and post- assessment. The EC is currently examining alternative methods for pre-assessment of the competencies. In addition to the internal development and review of the competencies, external review was undertaken. Competencies were circulated along with the strategic plan to selected public health stakeholders. A focus group of these stakeholders conducted a

review and made suggestions on public health practice competencies that should receive increased attention by the SPH.

2.6e A description of the manner in which the school periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.

The School assesses the changing needs of public health practice in several ways. First, the EC, composed of representatives of each program, conducts formal periodic assessments of the public health practice community, using focus groups and surveys. An example is the in-depth focus group conducted by the EC with key informants from both regional and statewide organizations representing community and non-profits along with local, state and federal government. Participants self-selected based on expertise in the field of public health as identified by the faculty, staff and students of the School. Participants reviewed the SPH core and concentration competencies along with the full goals and objectives of the School as established within the School 2009 Strategic Plan. School faculty members are active in both professional and community organizations. They also serve as external consultants, and have the opportunities to interact with people in public health practice. The School faculty has several adjunct and part-time members who are public health practitioners and who serve as useful barometers of public health practice changes. Additionally, the Community Leadership Advisory Board (CLAB) is composed of individuals with a variety of backgrounds who have an understanding of the needs of public health practice. The information gained by periodic meetings with these groups will be communicated to the faculty by the Dean, and as new competencies emerge and are identified they will be incorporated through periodic curriculum review and adjustment. The first MPH graduates whose curriculum was fully based on the new competencies will graduate in Spring 2013. A school-wide retreat will be held during the fall 2013 to evaluate the competencies and curriculum and will utilize findings from the exit interview. This retreat will also include key stakeholders in the public health community and alumni. Our locally-based alumni are a rich resource for the current public health practice climate. Bi-annual reviews will be conducted thereafter. ASPH and academic publications provide resources for study, discussion and guidance for decision-making. Faculty and students actively participate in multiple public health professional organizations (APHA, SOPHE), and bring relevant information back to the School for discussion and potential incorporation. In addition, faculty members serve as reviewers and on editorial boards for a broad spectrum of journals and use these positions to keep abreast of innovations within their respective field of public health.

2.6f Assessment to the extent to which this criterion is met.

This criterion is met.

Strengths

The entire breadth of the SPH coursework is competency-based. Syllabi are standardized and reviewed by the Curriculum Committee for competency inclusion. The SPH has always maintained ongoing relationships with a representative number of public health practitioners. Through periodic meetings and planned focus groups with these practitioners, the SPH is well informed concerning the changing needs of the public health practice community.

Weaknesses

Prior to the formation of a formal group of practitioners, information regarding public health practice was gathered through existing associations with the practice community, including our part-time and adjunct faculty who are public health practitioners.

Future Plans

The SPH will carefully evaluate and assess the competencies and curriculum once a full cohort of students has completed the full competency-based curriculum. The SPH will also continue to meet periodically with formal groups of public health practitioners and use information from these groups as it reviews and revises the competencies.

2.7 Assessment Procedures. *There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.*

2.7a Description of the procedures used for the monitoring and evaluating student progress in achieving the expected competencies.

The SPH uses several procedures to monitor and evaluate student progress in attaining the competencies. These procedures include: 1) achievement in the classroom (measured by performance on written examinations, class participation, performance on oral presentations, and performance on group projects; syllabi for all courses include course-specific competencies; 2) the practice experience (see Criterion 2.4), 3) the culminating experience (see Criterion 2.5), 4) exit survey for MPH students, 5) alumni survey, 6) employer survey, 7) thesis (for MS students), 8) PhD student qualifying examinations, and 9) dissertations (for PhD students). The surveys administered by the Evaluation Committee (exit survey and alumni survey) contain student self-evaluation of the competencies, both core and program-specific. The employer survey has yet to be administered, only focus group data have been collected, which included discussion and review of the competencies. The Evaluation Committee is currently compiling preceptor evaluation data that includes in recent years evaluation of the competencies linked to the practice experience. The duration of the practice experience was increased to 200 hours and procedures for documenting and evaluating the student, preceptor and practice site were strengthened. The changes to the CE in response to evaluation by faculty have been detailed in Section 2.5.

The thesis (MS), dissertation (PhD) and qualifying examinations demonstrate research-based competencies in all the programs. See Criterion 1.2a for the full description of the Evaluation Committee and Criterion 4.2d for the course evaluation process.

Table 2.7a Measures of Student Progress	
MPH	MS
Core and Program Courses	Required Courses
Practice Experience	Electives
Culminating Experience (CE)	Thesis
Student mid-MPH evaluation (Student School Eval - Masters)	Student School Evaluation - Masters
Exit Survey	Exit Survey
Alumni Survey	PhD
Employer Focus Group/Survey	Core and Program Courses
	Qualifying Examination
	Dissertation
	Student School Evaluation - Doctoral

2.7b Identification of the outcomes that serve as measures by which the school will evaluate students achievement in each degree program, and presentation of data assessing the school's performance against those measures for each of the last three years.

The SPH uses multiple measures to evaluate student achievement. These include GPA at graduation, graduation rates, course evaluations, and exit surveys.

2.7b1 GPA and Graduation Rates*				
	Target	2009-2010	2010-2011	2011-2012
Mean GPA				
MPH				
BCHS	3.5	3.7	3.8	3.9
BIOS	3.5	3.6	3.8	3.7
ENHS	3.5	3.7	3.8	3.7
EPID	3.5	3.8	3.6	3.8
HPSM	3.5	3.7	3.7	3.6
MS				
Biostatistics	3.5	3.8	NG	3.8

	Target	2009-2010	2010-2011	2011-2012
Mean GPA				
PhD				
Biostatistics	3.5	NG	NG	4.0
Community Health	3.5	NA	NA	NG
Epidemiology	3.5	NA	NG	NG
Graduation Rates				
MPH	80% 3 yr completion	83%	95%	85%
MS	80% 3 yr completion	100%	NG	NG
PhD	80% 8 year completion	NG	NG	NG*

NA means the program was not available.

NG means no graduates.

*One PhD graduate in first class admitted (BIOS) graduated in 4 years – Spring 2012.

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

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

Table 2.7b2 Course Evaluation Data (Mean for SPH)			
Selected Course Evaluation Questions	Average score by academic year		
	2009-10	2010-11	2011-12
The learning objectives were clear	4.4	4.2	4.5
Course content was at an appropriate level of difficulty	4.4	4.2	4.6
Media (e.g., workbook, video, slides) were used in ways that enhanced my learning	4.4	4.2	4.5
Distance learning technologies were used in ways that enhanced my learning	4.1	4.1	4.3
The course format motivated me to learn	4.2	4.0	4.2
I learned to relate important concepts to public health practice.	4.4	4.3	4.6
I engaged in critical analysis and problem solving.	4.4	4.2	4.5
How often did the format of this course make it easy to...			
• Participate actively in sessions?	4.4	4.3	4.6
• Maintain your motivation for learning?	4.1	4.1	4.3
• Complete course activities effectively?	4.4	4.3	4.5
• Use course content after completing sessions and activities?	4.3	4.2	4.6

In previous semesters (2009-2012), individual programs conducted their Culminating Experience (CE) evaluations and assigned grades. Under the revised CE (Spring 2013), the evaluation will be conducted in two steps. See Criteria 2.5a for a full description.

Student Exit Survey data were collected from graduating MPH and MS students in academic years 2009-10, 2010-11, and 2011-12. The EC conducted the evaluations at the time of the students' graduation from the School on behalf of the faculty of the SPH. A total of 80 eligible students graduated from SPH during this time period [28 (2009-2010), 25 (2010-2011) and 27 (2011-2012)] with an average response rate of 67.5%.

Table 2.7b3 Exit Survey Data	Target	2009-2010 (n=22)	2010-2011 (n=17)	2011-2012
Student assessment of competencies based upon % of students who agree or strongly agree with the given statement				
The curriculum provided me with the necessary competencies to be competitive in the job market.		81.8%	82.3%	73.3% (n=15)
My practice experience helped me to develop the competencies necessary to be competitive in the job market.		90.9%	76.4%	50.0% (n=14)
Student assessment of competencies based upon % of students who stated they were “Prepared” in the following:				
				(n=16)
Examine social, developmental and behavioral theories of health, health behavior and illness, and their applicability to different types of health problems. (BCHS)	75%	N/A	88.2% (n=17)	81.3%
Design social and behavioral change interventions based on these theories that are appropriate and responsive to the social and cultural context. (BCHS)	75%	N/A	68.8% (n=16)	75%
Apply exploratory data analysis and descriptive statistics to summarize public health data. (BIOS)	75%	N/A	100% (n=16)	68.8%
Apply common statistical methods for estimation and inference appropriately according to underlying assumptions and study design principles. (BIOS)	75%	N/A	93.8% (n=16)	75%
Examine public health problems in terms of magnitude, person, time and place, and calculate basic epidemiologic measures. (EPID)	75%	N/A	93.8% (n=16)	100%
Propose valid and efficient epidemiologic studies to address public health problems, including understanding the strengths and limitations of descriptive, observational and experimental studies. (EPID)	75%	N/A	88.2% (n=17)	93.8%
Appraise the human health effects, both acute and chronic, of major environmental and occupational hazards such as air pollution, metals, organic pollutants, microbial contamination of drinking water, and physical hazards. (ENHS)	75%	N/A	81.3% (n=16)	93.8%
Assess the mechanisms and the degree to which environmental and occupational exposures impact public health and welfare. (ENHS)	75%	N/A	87.5% (n=16)	87.5%
Examine the main components and policy issues regarding the organization, financing and delivery of health services and public health systems in the United States. (HPSM)	75%	N/A	75% (n=16)	81.3%
Illustrate the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives. (HPSM)	75%	N/A	70.6% (n=17)	81.3%
Apply biological principles toward the development and implementation of disease prevention, control, or management programs (BBH).	75%	N/A	93.8% (n=16)	93.8%
Analyze issues of public health practice and policy based upon basic principles of ethics (e.g. the Public Health Code of Ethics, human rights framework, other moral theories). (Ethics)	75%	N/A	93.8% (n=16)	87.5%

*Total possible respondents; when fewer responded to a specific question, the number of respondents is presented.

In order to help students better attain the competencies associated with the practice experience, the course director will increase direct contact with preceptors at an earlier time point in the experience to better monitor student progression through the practice experience (see 2.4 Future Plans). Within the SPH goals/objectives, the target was set for 75% of the MPH graduates who reported attaining the competencies at high level (4+). Prior to 2011, a 4-point Likert scale was employed, which allows for two responses (3 and 4) indicating the student was “prepared” to count for achievement of competencies by self-report. The overall result was 85.6% of students stated they were “prepared”. The EC implemented a 5-point scale for subsequent assessments. It is important to note the cohorts of students surveyed in the years shown above had not had the new competency-based curriculum; Spring 2013 graduates will have completed the full curriculum.

The EC recognized the need to identify issues pertaining to the MPH program while students were still enrolled. The EC developed a Mid-MPH Evaluation (School Student Evaluation- Masters) using a focus group approach to obtain feedback from current students with eligibility based upon completion of at least 20 hours of required coursework. The first implementation of the Mid-MPH Evaluation (School Student

Evaluation- Masters) used several focus groups as its data source during Summer 2011. Overall, six students attended a series of focus groups which were conducted by a faculty member from another school in LSUHSC. Due to the small sample size, these results provide little support for any specific SPH change. Nonetheless, it did reveal that this type of evaluation could collect data that may be valuable to the School's continued development. It will be refined and continued.

Additionally the EC conducts an alumni survey to track job placement of our graduates and assess how well the SPH prepared them to perform the following skills and/ or duties directly linked to the competencies. An average of 65.2% (n=17) of the 2009-10 graduates said they were "prepared" when surveyed one year after graduation. Of the 2010-11 graduates, 71.1% (n=15) said they were "prepared" when surveyed one year after graduation. (See Resource File)

2.7c If the outcome measures selected by the school do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the last three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.

These data are provided in Table 2.7b1 for graduation rates, none of which is below 80%. Job placement data are found in Table 2.7d at the end of Criterion 2.7. Data are collected on graduates from all degree programs.

2.7d A table showing the destination of graduates by specialty area for each of the last three years. The table must include at least a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed.

Table 2.7d is presented at the end of Criterion 2.7. The data within this table represents information from the responses to the alumni survey conducted by the EC and data collected by the Office of Admissions and Student Affairs. As of Summer 2012, these two groups have recognized the need to collaborate to standardize the collection of alumni data. Of the eight 2009-10 graduates responding as currently employed as a public health practitioner, 63% stated that the SPH assisted them in gaining the position in one of the following ways:

- a. Worked for a program within SPH that provided access to another position in that area
- b. Provided skills, knowledge, degree required/needed to fulfill duties of position
- c. Provided introductions to potential employers
- d. Provided letters of recommendation.

The 2009-10 alumni reporting employment as public health practitioner, 63% reported that their work has addressed health issues affecting Louisiana and 50% were employed in regions of Louisiana.

Of the 2010-11 graduates who responded to the EC Alumni Survey, 81.3% were employed within 12 months of graduation (n=16). Eighty-three percent of those reporting employment as a public health practitioner indicated that their work addresses health issues affecting Louisiana.

2.7e In public health fields where there is certification of professional competence, data on the performance of the school's graduates on these national examinations for each of the last three years.

Not applicable. The School conducted an evaluation of CHES qualifications and our current curriculum lacks several courses and does not provide a concentration in Health Education.

2.7f Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the school's graduates to effectively perform the competencies in a practice setting.

The EC conducted the SPH survey of alumni who graduated with an MPH in the 2009-10. The survey was initially structured to capture data by calendar year as opposed to academic year, therefore the Fall 2009 graduates (n=3 with 2 respondents to the survey) was included with data from Spring 2009. This iteration of the survey included a different gradation of the 5-point Likert scale with (1) being "well prepared." These data were separated by the EC in order to present it more effectively in the academic year. For the 2009-10 survey, the EC had a response rate of 68% (n=17) with 65.2% of respondents stated they were "prepared." This is important to note because at the time of their enrollment, full implementation of the new competency based curriculum had not been completed. For the 2010-11 graduates, 71.1% states they were "prepared" (4+/5) with an overall response rate of 60% (n=15). The Alumni Survey is administered 12 months after graduation, therefore the first administration of the survey to MS and PhD graduates will occur in May 2013.

In April 2012, a group of community key informants was brought together by the EC in recognition of the need to have direct input from public health practitioners in our community who represent current and potential employers of our graduates. The main purpose is to advise the administration of the SPH on issues related to (1) post graduate and graduate professional training in public health, (2) development of partnerships for research and community-based outreach, and (3) quality practice/intern experiences for our MPH students in all five disciplines of public health. The group reviewed the mission, goals and objectives of the SPH in addition to all core and program competencies. The group stressed the need to retain graduates in Louisiana and proposed that incentives for students to remain in state after graduation be provided, including Louisiana-based internships. The group also pointed out the need for the curriculum to include development of grant writing skills that include the entire process from idea development to program implementation including management. The SGA has also articulated this need. In response, the Curriculum Committee has initiated the development of such a course for the 2013-14 year. The EC is currently developing a survey to be distributed to employers of our graduates following the completion of our first cohort of graduates from the new competency based curriculum. See Resource File for survey instrument.

2.7g Assessment of the extent to which this criterion is met.

This criterion is met with commentary.

Strengths

The majority of the data collected represent a baseline from which to judge ourselves in the future. Student performance within all programs is strong as evidenced by GPA of graduates, graduation rates and course evaluations. We are confident that our continual improvement and reassessment of the curriculum will attract the best and brightest to our school. The lower ratings of student self-reporting of attainment of competencies related to the practice experience have been addressed in Section 2.4.

Weaknesses

Due to the development of new competencies, multi-year evaluations of competency-mastery are not directly comparable. The relatively limited number of students completing the evaluation may have impacted the ability to draw conclusions from the data. The EC has not implemented a full employer survey due to the limited number of graduates from the full, new competency-based curriculum. The School noted a reduction in the student self-reporting of attainment of competencies related to the practice experience from 2010-11 to 2011-12.

Future Plans

Attainment of the competencies will continue to be monitored on the Exit and Alumni Surveys. The SPH will work to improve response rates on the surveys through direct contact. Finally, the SPH recognizes the need for a formal evaluation of employers, which will be implemented following the completion of our first cohort of graduates from the new competency based curriculum.

Table 2.7d Destination of Graduates by Program Area 2009-10 through 2011-12																		
2009-2010 (n=28)	Government		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
MPH BCHS (6)			1	16.7	1	16.7			1	16.7	1	16.7	1	16.7			1	16.7
MPH BIOS (1)											1	100						
MPH ENHS (8)											2	25	5	62.5	1	12.5		
MPH EPID (8)	1	12.5			1	12.5			2	25			4	50				
MPH HPSM (4)					1	25			2	50			1	25				
MPH Total 27	1	3.7	1	3.7	3	11.1	0	0	5	18.5	4	14.8	11	40.7	1	3.7	1	3.7

Note: 27/28 MPH graduates reported destination within 12 months of May 2010. No graduates in MS and PhD programs for 2009-10.

2010-2011 (n=25)	Government		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
MPH BCHS (3)									2	66.7			1	33.3				
MPH BIOS (1)																	1	100
MPH ENHS (9)	1	11.1			1	11.1			2	22.2	2	22.2	2	22.2	1	11.1		
MPH EPID (7)	1	14.3	1	14.3					2	28.6			1	14.3				
MPH HPSM (6)	1	16.7	3	50									2	33.3				
MPH Total 24	3	12.5	4	16.7	1	4.2	0	0	6	25	2	8.3	6	25	1	4.2	1	4.2

Note: 24/25 MPH graduates reported destination within 12 months of May 2011. No graduates in MS and PhD programs for 2010-11.

2011-2012 (n=27)	Government		Nonprofit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
MPH BCHS (2)													2	100				
MPH BIOS (1)													1	100				
MPH ENHS (8)					1	12.5			2	25	1	12.5	3	37.5			1	12.5
MPH EPID (7)			1	14.3	1	14.3			1	14.3			4	57.1				
MPH HPSM (3)									1	33.3			1	33.3	1	33.3		
MPH Total 21	0	0	1	4.8	2	9.5	0	0	4	19.0	1	4.8	11	52.3	1	4.8	1	4.8
MS Biostatistics (2)									2	100								
PhD BIOS (1)															1	100		
PhD CHS																		
PhD EPID																		

Note: 21/24 MPH graduates reported destination within 4 months of May 2012. The remaining 3 graduates can report through May 2013.

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

Not applicable.

2.9 Academic Degrees. *If the school 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.*

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

The School offers three PhD degree programs (BIOS, CHS, and EPID) and an MS in BIOS (see instructional matrix, Table 2.1a).

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

The SPH presents a public health orientation through specific courses. All students (MPH, MS and PhD) are required to take PUBH 6221. Foundations of Public Health Ethics (PUBH 6221) examines public health issues in light of scientific, moral and political considerations including autonomy, individual rights, coercion, justice, community, the common good, the norms of research, and multi-cultural values. The course provides students with a working knowledge ethics of the skills in public health ethics to explain and how to apply them in the professional life of the public health practitioner including consent, privacy, responsibility to the community, the operations of an internal review board, the rights of the individual.

All MS students are required to take EPID 6210 Principles of Epidemiology (which is a MPH core course) and through public health applications in BIOS 6700, Research Seminar in Biostatistics, and BIOS 6610 Biostatistical Consulting also acquire a public health orientation. Many PhD students have a MPH degree when they apply. All PhD students without a background in public health take a three-credit PUBH 6500 Special Topics (Essentials of Public Health). Currently PUBH 6500 is being taught by the ADAA as Essentials of Public Health intended for those doctoral and MS students who lack a background in public health. Students gain knowledge of public health in both academic and practice settings. This is accomplished in several ways: 1) faculty members from the SPH speak on the five core areas of public health and other relevant issues such as health care financing, health disparities, public health and the law, emerging issues in public health; 2) students attend the EPID and BCHS seminars, held on alternate Wednesdays at noon in Room 303; 3) students read and report on books about public health. This course is taught in a highly interactive manner, and student participation in all activities result in mastering the necessary skills and completing the course requirements successfully. Outcomes of the course include knowledge of the following: 1) the structure and functions of the United States public health system; 2) the five core areas of public health; and, 3) the systems used by public health to promote and protect the health of the population.

Doctoral students in BIOS and CHS are required to take at least one course in epidemiology. Doctoral students in EPID are required to take a minimum of two courses in BIOS. Finally, MS and PhD students gain a public health orientation in research and practice through SPH seminars, professional public health meetings and conferences, and exposure to faculty conducting public health research and practice. Students are encouraged to choose research topics that are public health-related for their theses and dissertations. The SPH has a wealth of public health data (SEER, Oil Spill projects, etc.) for use by students.

In addition to courses in the SPH, INTER 281 Interprofessional Practice Course will be available to all students in the LSUHSC beginning 2012-13, and particularly useful for all doctoral students. This 2-credit elective course is structured with the goals of learned respect between and among health professionals. It will use a team-based learning environment. Faculty from the SPH participated in developing the course and will participate in teaching it. The course is offered for the first time in fall 2012.

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

In the MS in BIOS, the thesis is the culminating experience. In the PhD degree programs, across the three specialty areas, the qualifying exam determines candidacy and the dissertation is the culminating experience. The thesis and dissertation committees provide oversight and guidance for the research area. These committees evaluate the proposal and the potential for the research to contribute to the body of knowledge in the area. Each committee is the deciding authority regarding a successful defense.

2.9d Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The MS and PhD students are grounded in public health essentials through coursework and other practical and scholarly activities in the SPH.

Weaknesses

No significant weaknesses noted.

Future Plans

Evaluation of the doctoral programs will include a determination of the extent to which all research students are exposed to the essentials of public health. The School will implement new and different evaluation measures for the academic programs including number of publications, presentations at conferences and professional meetings, awards, and participation in teaching.

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

2.10a Identification of all doctoral programs offered by the school, by degree and area of specialization. The instructional matrix may be referenced for this purpose. If the school is a new applicant and has graduates from only one doctoral program, a description of plans and a timetable for graduating students from the other two doctoral programs must be presented, with university documentation supporting the school's projections.

The School offers three PhD degree programs: BIOS, CHS and EPID.

Table 2.10a1 Instructional Matrix	
Semester	PhD Students Enrolled
Fall 2009	6
Spring 2010	7
Fall 2010	15
Spring 2011	15
Fall 2011	26
Spring 2012	26
Fall 2012	31

LSUHSC SPH has a time limit of eight years to complete the doctoral program for both full- and part-time students. The [LSUHSC Catalog](#) indicates that doctoral programs in SPH require at least 60 hours of credit beyond the master's degree. Full time students register for 9-12 credits of coursework in fall and spring semesters. The remaining time to graduation may be used to prepare for the qualifying exam and to complete the dissertation. Students meet regularly with their academic advisors who monitor their progress until the completion of coursework, and thereafter with their dissertation committee. Doctoral student progress is reported in program meetings. The required coursework for each of the three doctoral degree programs is located in the Resource File.

Table 2.10a2 Estimated Timeline for Graduating PhD students, Full Time Enrolled (n = 25)			
Academic Program	Estimated Year of Graduation for Full Time Students		
	2012-2013	2013-2014	2014-2015
Biostatistics	4	4	2
Epidemiology	0	2	1
Community Health Sciences	0	0	3

2.10b Data on the number of active students in each doctoral degree program as well as applications, acceptances, enrollments and graduates for the last three years.

Table 2.10b Applied, Accepted and Enrolled by Academic Year				
		2009-2010	2010-2011	2011-2012
Biostatistics	Applied	21	17	11
	Accepted	4	5	7
	Enrolled	4	5	3
	Total Students	7	12	15
	Degrees Conferred	0	0	1
Community Health Sciences	Applied	n.p.	n.p.	11
	Accepted	n.p.	n.p.	5
	Enrolled	n.p.	n.p.	5
	Total Students	n.p.	n.p.	5
	Degrees Conferred	n.p.	n.p.	0
Epidemiology	Applied	n.p.	7	7
	Accepted	n.p.	3	4
	Enrolled	n.p.	3	3
	Total Students	n.p.	3	6
	Degrees Conferred	n.p.	0	0

*n.p. – no program

2.10c Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The applicant pool for the PhD programs has been strong. There are typically more applicants than can be accommodated. Though an academic degree, competencies have been developed in accordance with a broad exposure to public health. Despite budget constraints, we have been successful in offering some form of financial support including tuition waivers to all full time doctoral students.

Weaknesses

Every effort has been made to offer financial support to all doctoral students; however, it has not always been possible to do with state funds. All faculty members with grants and contracts are asked to offer research assistantships to doctoral students whenever possible. Tuition waivers are provided to all full-time doctoral students. As the number of PhD students continues to increase, additional sources will be needed. In addition, due to the high demand for this training, care must be taken to ensure that faculty workloads are reasonable concerning doctoral students and that all students are able to receive quality mentoring.

Future Plans

The SPH will investigate diverse sources of funding for its doctoral students and continue to evaluate curriculum and student progression. The SPH will continually assess faculty workload as related to admission and matriculation rates.

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

2.11a Identification of joint degree programs offered by the school and a description of the requirements for each.

The School has an established joint, rather than a combined degree program with the School of Medicine. As such, the requirements for the MPH are identical to those of non-joint degree students, which is completion of a 45 semester credit hour curriculum. As in the non-joint degree program, this curriculum includes practice and culminating experiences. Likewise, the degree requirements for the M.D. are identical to those of other medical students in the LSUHSC School of Medicine. There is no discounting of required semester credit hours or medical school requirements. Students from the SoM who choose to apply for an MPH program may do so in BCHS, ENHS, EPID, or HPSM. There was little interest in the BIOS concentration and it was more difficult to accommodate with the schedule requested by the SoM.

2.11b Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The SPH has had about 15 students express interest in the MD/MPH program. Since 2010-11, four students have enrolled in the joint program.

Weaknesses

To date there has been limited enrollment.

Future Plans

The SPH has had a number of students in the School of Veterinary Medicine who take public health courses. After accreditation, the SPH will investigate offering joint degree programs with the School of Veterinary Medicine (at LSU in Baton Rouge). This is important because there has been a dramatic increase in zoonotic infectious diseases. In the coming year, the SPH will conduct targeted recruitment in conjunction with the LSU School of Medicine.

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

Not Applicable

3.0 Creation, Application and Advancement of Knowledge.

Research at the LSU School of Public Health (SPH) is incorporated into all the components of the School's mission. We have integrated it into the educational programs, and we are working with community practice programs on issues that impact Louisiana. We support our mission of improving the public's health by research on surveillance, discovery, prevention and protection, early detection, education, effecting policy change, and evaluation. Since the SPH resides within a health sciences center, which has five other post-baccalaureate, health-related professional schools, our faculty works on a substantial amount of transdisciplinary research. Our goal in these studies is to advance knowledge about factors impacting health and measures that can be taken to effectively reduce the adverse effects and improve health.

Like research, the service and public health practice activities are a key strength of the SPH. The School has statewide public health programs that advance the public's health as well as provide opportunities for both student and professional training and development. Our aim is to ensure best practices by following the principles of evidence-based practice. We seek to conduct research to address issues which may impact practice programs.

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

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

Research efforts cover the five Academic Programs within the SPH. Each Academic Program includes some research that could only be conducted in Louisiana, and among Louisiana's populations, as well as research focused on national and international problems.

Our Epidemiology (EPID) program covers a variety of substantive areas, but the research strengths center on cancer, including surveillance, etiology, outcomes and disparities. The Louisiana Tumor Registry (LTR) housed in EPID is one of the 17 population-based registries funded by the National Cancer Institute (NCI) as part of the internationally recognized Surveillance, Epidemiology and End Results (SEER) program. The LTR data serve as the foundation for the continuum of cancer control in Louisiana by: (1) determining which cancers have increased incidence and have means of prevention (e.g. tobacco-related); (2) identifying target populations and geographic areas for cancer screening and early detection; (3) evaluating patterns of care and outcomes for cancer disparities; and (4) generating hypotheses for subsequent etiologic research. The LTR also serves as a resource for on-going comparative effectiveness research and patient-centered outcome studies. Each of these focuses on Louisiana's population, and often there is an emphasis on minorities and the medically underserved. Examples include prostate cancer studies (CEASAR and PCaP), ovarian cancer and multiple myeloma among African Americans; and studies of head and neck cancer and HPV, and precancerous lesions of the cervix, which occur disproportionately in some segments of our population. In addition, EPID is recognized for its faculty's expertise on alcohol research and how neighborhood environment influences health. Researchers use a variety of contemporary approaches including molecular, nutrition, social and environmental epidemiology to explore the determinants of health and health disparities. Since the Gulf of Mexico Deepwater Horizon oil spill, which occurred in April 2010, epidemiology faculty members have received awards for several NIEHS studies related to this disaster. Virtually all faculty, PhD, and MPH students are involved in virtually all research projects, either through employment, special projects, or when material from the research activity is presented in class to illustrate curricular matters.

Biostatistics (BIOS) program faculty members and students are involved in research related to dental and oral public health, cancer, determinants of human longevity and healthy aging, metabolic syndrome, minority health and health disparities, development of bioinformatics tools, ocular disease, HPV, and biomarkers of exposure. Biostatistics program faculty members make important contributions to research projects throughout the LSU Health Sciences Center, particularly the Stanley S. Scott Cancer Center, the

National Institute on Alcohol Abuse and Alcoholism (NIAAA) Comprehensive Alcohol Research Center, and the Schools of Dentistry and Medicine.

The Environmental and Occupational Health Sciences (ENHS) Program is working on several research themes: (1) to make Louisiana workplaces safer environments for all workers; (2) to continuously monitor the health and quality of Louisiana's coastal environment; (3) to reduce or eliminate potentially hazardous exposures in Louisiana's indoor and outdoor environments; (4) to monitor the safety and quality of Louisiana seafood; (5) to make Louisiana households safer for children; and (6) to focus community-based participatory research activities on special hard-to-reach populations in Louisiana. In addition to the environmental impacts of Hurricane Katrina and the Gulf of Mexico oil spill, the program is researching the development of innovative reuse options for agricultural and municipal waste. In conjunction with the USDA Agriculture Research Service, faculty members are developing activated carbons from poultry waste which will remove heavy metals from water and potentially treat the air emissions from poultry operations. ENHS faculty members in coordination with EPA Pathogen Equivalency Committee also are working to develop new indicator organisms for evaluating waste treatment processes. These research endeavors allow students to actively participate in translational research at all levels of environmental health from the laboratory to the policy level.

The Behavioral and Community Health Sciences (BCHS) program is recognized for faculty members' work investigating metabolic, physiologic, genetic and environmental factors associated with obesity, diabetes and other chronic diseases in children and adults, and for examining contextual barriers to health promoting behaviors. The diverse backgrounds of BCHS faculty members afford students a broad range of applied public health experiences designing, implementing and evaluating interventions to address challenging public health issues, such as childhood obesity, HIV/ AIDS, tobacco use, and cancer control and prevention. Dr. Sothorn led her field in establishing standardized guidelines for prescribing exercise for children with increasing levels of obesity and for her work in promoting active play as a means of preventing and treating pediatric obesity. Her studies have explored mechanisms of the metabolic syndrome in pre-pubertal youth, determined the molecular basis of health disparities in immuno-metabolic disease in developing children and investigated the effects of diet versus exercise intervention on inflammation and obesity in African American female adolescents. Other studies in BCHS are focusing on the social, structural and behavioral factors that impact risk of HIV/AIDS, STDs and reproductive health, including research on the impact of Hurricane Katrina and the failure of the levee system on the Louisiana HIV/AIDS epidemic.

Research by Health Policy and Systems Management Program (HPSM) faculty focuses on issues related to delivery and evaluation of health care and public health services. Current research interests include focusing on breastfeeding and birth outcomes, evidence based health care management, decision modeling of health care management issues, cancer screening outcomes, and quality of life (QOL). For example, Dr. Christine Brennan led recruitment for the Louisiana component of the North Carolina Louisiana Prostate Cancer Project (PCaP), a DOD funded endeavor, which studied disparities among more than 2000 men diagnosed with prostate cancer. She is currently leading a follow up QOL in Prostate Cancer Project (QPCaP) study, funded by NCI, to identify prediagnostic variables that may affect the long term QOL of men diagnosed with prostate cancer. QPCaP's primary hypothesis is that racial differences in long-term PCa HRQOL are the results of racial differences in healthy behaviors prior to diagnosis, socioeconomic status and healthcare seeking behaviors and beliefs. Dr. Richard Culbertson is a member of the consortium team for the recently-funded Louisiana Clinical & Translational Science (LA CaTS), a multi-institutional patient-centered outcomes research program.

Our commitment to research on the health of the population of Louisiana is evident in our efforts on obesity/physical activity, tobacco cessation, Hurricane Katrina-related FEMA trailer exposures, the health impacts of the Gulf of Mexico oil spill, multilevel determinants of disease, and cancer control. For example, although no geographic area or population is exempt from natural or manmade disasters, Louisiana and its neighboring coastal states on the Gulf of Mexico have had more than their fair share over the past seven years. The latest environmental disaster is the Gulf of Mexico oil spill, which occurred less than five years after Hurricanes Katrina and Rita and wreaked havoc in the same area. The effects of

hurricanes, which are annual events, are relatively well understood, but the environmental and human health effects of oil spills are much less so.

In this era of interdisciplinary/multidisciplinary/transdisciplinary research, SPH faculty often works with colleagues at other institutions that have similar or complementary research interests. The SPH encourages team research, whether within the LSU System, or outside. Our SPH faculty members currently work with the following institutions: Columbia University, University of North Carolina at Chapel Hill, University of Alabama at Birmingham, University of Hawaii, the University of Southern California, Duke University, University of Kentucky, San Diego State University, Georgetown University, Vanderbilt University, Roswell Park Cancer Institute, and Northwestern University. Locally, the SPH works with Tulane University, Xavier University of Louisiana, Dillard University, Louisiana Tech, LSU-Baton Rouge, and LSU Pennington Biomedical Research Center.

Research Awards: Several faculty researchers and research teams have received awards for their outstanding research. For example, Dr. Fonthan received an award from the NCI Division of Cancer Epidemiology and Genetics for her contributions to cancer research as a Visiting Scholar. The LTR research team has received multiple awards from the NCI, CDC and NAACCR. Dr. Sothorn has received awards (described below), for her “Trim Kids” program with the YMCA and pediatric obesity research.

Policies, Procedures, and Practices that Support Research and Scholarly Activity: Louisiana has a great need for improvement in the health of the population, with the state often ranking poorly among states in overall health and in the availability of public health resources. While this is an opportunity for education of public health professionals, we recognize it as a fertile ground for research into how to improve health in an area with inadequate economic resources. Recognizing this need, in 2010, the SPH created the position of Associate Dean for Research, and an Office of Research for the SPH (ORPH). This Office was created in recognition of its importance to the mission of the School, and the advancement of public health in Louisiana. This Office was created with support from the School of Medicine (SoM), and the Chancellor's office.

The ORPH is directed by Dr. Edward Trapido, who has substantial research and administrative experience, both in universities, and in the federal government. The ORPH publicizes research funding opportunities from federal, state, and local government agencies, non-government organizations, foundations, and corporations. The office facilitates all pre- and post-award activities, maintains the research portion of the SPH web page, and serves as the liaison to other LSUHSC research offices and policies. Examples of those are the [LSUHSC Office of Technology Management](#), [LSUHSC Clinical Trials Office](#), [LSUHSC Office of Research Services](#), [LSUHSC Centers of Excellence](#), [LSUHSC Clinical/Translational Research Initiative](#), [LSUHSC Institutional Review Board](#), and the [Office of Research of the SoM](#). In addition, the LSU SoM has a [Research Guide](#) which is a useful resource for some of our activities.

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

All faculty members undergo the CITI and HIPAA compliance training. All staff involved with research or community projects that collect personal information and anyone who has access to data collected by these studies/projects are required to obtain CITI certification as well. Faculty members are responsible for making sure that their staff has the required training. The [LSUHSC Office of Compliance Programs](#) maintains the training history of all faculty and relevant research staff members regarding HIPAA, and sends notices when any new training is required, or when refresher certifications are needed. The [LSUHSC Office of Research Services \(ORS\)](#) performs the same function with regard to CITI training.

The ORPH, in conjunction with the Office of the Assistant Dean for Finance and Administration, developed templates to facilitate all pre-award, budgeting, and post award activities. Our purpose in

developing these templates is to help guide researchers to more structured planning in the preparation of proposals/applications, and allows the ORPH to provide guidance on all new research grant proposals and community service projects while they are in their formative stages. Copies of the templates are found on the ORPH website.

The ORPH reviews each proposal, checking the “Approach” that is proposed, to compare it with the FOA (if appropriate). The ORPH also reviews the proposal for scientific validity, appropriateness of design, and implementation plans. Furthermore, the ORPH assures that the proposal/project has planned to obtain IRB approval or waiver (should the project be a candidate for funding).

All students complete CITI and HIPAA training by the end of their first academic year of enrollment at the School. Proof of successful completion of CITI and HIPAA training are provided to the respective Academic Program Directors, who compile and forward these records to the SPH Office of Student Admissions and Affairs.

Faculty advisors conduct an initial human subjects’ review for student proposals. This review is then forwarded to the ORPH. For any questions regarding IRB issues, the ORPH encourages faculty members to consult with the SPH faculty member who serves on the IRB (presently Dr. Edward Peters). The faculty advisors are ultimately responsible for their students’ IRB submission and IRB review.

The School of Public Health Research Committee: The SPH Research Committee was created in 2011 to help the School achieve its research goals. The committee is charged with developing and reviewing SPH policies related to research, assist with their implementation, discuss inter-programmatic research, provide a forum for discussion of research resources, and review proposals. Membership consists of the Dean, Associate Deans for Research (Chair) and Academic Affairs, the five Academic Program Directors (or their designee), the research designee of the SPH Faculty Assembly, PhD students from EPID, BIOS, and CHS, and MPH students from each of the five Academic Programs. Second-year MPH students are the voting members, but first- year MPH students from each Academic Program may participate. The Research Committee meets every other month, but also as needed in the interim periods.

Financial Support for Research: Both the State of Louisiana and the institution (SPH), support research endeavors. Some of these are through direct funding of faculty members’ salaries, allowing them time to pursue their research efforts. The Dean allocates these funds, in consultation with the Academic Program Directors and Assistant Dean for Finance and Administration. Since the School works closely with the Louisiana Department of Health and Hospitals (DHH), some faculty members receive support from this office through contracts as well. Other schools in LSUHSC as well as the LSUHSC Stanley S. Scott Cancer Center provide support for joint educational and research collaborations. The Louisiana Board of Regents supports PhD students in EPID, CHS, and BIOS, through a competitively awarded fellowship program.

Research Mentoring: All junior investigators have a research mentor. These mentors are faculty members who have a successful record in research. Each mentor helps mentees plan and develop their research activities. Optimally, the research mentor shares the same research interest as the junior faculty member, but this is not always possible. For new faculty hires, the ORPH identifies a research mentor prior to making a final decision about the appointment. Research mentoring ideally occurs monthly, and continues as long as both the junior faculty member and the research mentor believe the mentoring relationship is useful. Other members of the faculty are included as needed. The progress in research mentoring is shown in the matrix table in Section 1.2c, Research Goal 2, Objective 4.

In addition, the ADR, ADAA, and the BCHS Program Director are developing an enhanced research mentoring program. The BCHS Program piloted a mentoring program during Fall 2011, which included a training course for faculty in which they were required to develop their own research proposal. Evaluations from that training are currently being used to develop an expanded school-wide research mentoring program. Drs. Trapido and Tortu are also working with the [Office of Medical Education and Development \(OMERAD\)’s Academy for the Advancement of Educational Scholarship \(the Academy\)](#). The Academy is an LSUHSC entity that facilitates and acknowledges professional development,

excellence, and engagement in teaching and scholarship and members of the Academy are expected to conduct educational research. Since senior faculty members still may need research mentoring, the Dean, the Associate Dean for Research or the Associate Dean for Academic Affairs provides this service.

Establishing a Research Database: The ORPH is developing a research database which will be available to internal and external communities. The research database currently includes a list of all extramurally funded research projects with project name, PI and Co-Investigators and their respective departments, funding source and funding period. Additional data for research projects are available in separate databases and will be linked in the future.

The ORPH has also collected CVs and biosketches on all faculty members, other support pages from all faculty members, and summaries of research interests of faculty. The progress in the database is documented in the matrix table in Section 1.2c, for Research Goal 2, Objective 3.

Online Access to SPH Research Activities and Services: The Research section of the SPH website includes categories for research administration, current research, compliance, SPH faculty publications, research news, summary statistics (on total funding), links to the library, and a schedule of upcoming seminars.

Salary Support and Indirect Cost Rate: When creating research budgets, the PI requests salary support for staff, students, and faculty salaries, based on the percent effort on the research. The current negotiated indirect cost rate for federal agencies is 44%. (This is a negotiated rate for the entire LSUHSC). Allowable indirect costs are added on to the direct costs, unless instructions from the funder will not permit it. Fringe-benefit rates are also added to the budget, again determined on an LSU Health Science Center-wide basis. Cost-sharing must be approved by the Dean of the SPH.

Oversight of Research Policies and Practice: The [LSUHSC ORS](#) oversees responsible conduct in research. Research Compliance Programs include [Conflict of Interest in Sponsored Research](#), [HIPAA and Research Guidelines and Forms](#), [HRPP & Institutional Review Board \(IRB\)](#), [Institutional Animal Care and Use Committee \(IACUC\)](#), [Institutional Bio-Safety Committee \(IBC\)](#), [Radiation Safety](#), and [Responsible Conduct in Research](#). These entities work with researchers at the SPH. Conflicts of interest in research are extensively covered under [CM 35](#). The SPH has a [policy of not accepting research funding from the tobacco industry or its affiliates](#). In addition, the LSUHSC has a Sustainability Policy, so our research is in compliance with [federal guidelines](#).

Support for Pilot Projects: While the School does not have financial resources specifically dedicated to support pilot projects, limited support can be provided through the Dean's Office, and the Academic Program Directors' offices. The Academic Program Directors receive a percentage of the indirect dollars related to research funded to faculty members in their Academic Programs. Each Director has discretion over how these resources are allocated, and these are spent to support the development of pilot studies, as well as to increase research resource capability. In addition, the Associate Dean for Research uses a small portion of the funds allocated for his work as the Wendell Gauthier Chair of Cancer Epidemiology to support either pilot projects or paying for consultants on the development of specific research grant applications. In addition, all newly hired faculty members are provided with \$10,000 discretionary funds to be used as they deem most useful- including for collecting pilot data. For example, Dr. Edward Peters was able to use these funds for starting the Epidemiology Data Center, which is now important infrastructure for our research efforts.

Additional sources for pilot funding outside the SPH are available:

LSUHSC Translational Research Awards: The LSUHSC has provided a mechanism for translational research awards to receive a modest amount of funding for bench-to-bedside and/or bench-to-population studies (depending upon availability of financial resources). Dr. Fonham serves on the Executive Committee for the Translational Research Awards.

Louisiana Biomedical Research Network Research Programs: The Department of Biological Sciences at LSUHSC, along with the NIH, NCRR's IDeA Networks of Biomedical Research Excellence (INBRE), and Louisiana Board of Regents (BoR), provide research opportunities for faculty members and students interested in working on projects at the interface between the biological and computational sciences. LSUHSC core labs are available for researchers throughout the LSUHSC. Where appropriate, SPH research projects may include lab-based faculty collaborators from the SoM. This program is also open to LSUHSC SPH adjunct faculty who are at other education institutions in Louisiana.

Clinical Nutrition Research Unit: A Clinical Nutrition Research Unit (CNRU), funded by the National Institutes of Diabetes and Digestive Kidney Diseases (NIDDK) of the NIH, is housed at the Pennington Biomedical Research Center and provides research support for pilots and other needs. The focus of the CNRU is to address prenatal and early postnatal causes of obesity and other chronic diseases. Dr. Sothorn's research utilizes this Unit extensively.

Research Incentive Compensation Plan: The SPH submits a research incentive plan through the LSUHSC for approval by the LSU President. The plan allows faculty members who are PIs or Co-Investigators on funded research to obtain a salary bonus of up to \$25,000. The purpose of the plan is to reward faculty members who are successful in obtaining major research grants, and to provide incentives for others to attain additional funding. (See Appendix 3.1c for the Research Incentive Compensation Plan.)

3.1b Description of current community based activities and/or those research efforts undertaken in collaboration with local, state, national or international health agencies and community-based organizations.

As listed in Section 1.4C, the SPH is involved in research with a variety of community partners. Some of these are in other academic institutions, and non-governmental organizations (NGOs), while others involve local, state, national, or international organizations (see Table 3.1c). Although we do not have separate formalized research agreements with these partners, they are involved in our community-based research proposals and awards.

Examples of Local and State Agencies

The Louisiana Department of Health and Hospitals Office of Public Health (DHH, OPH), provides opportunities for faculty members' research in many Academic Program areas. Examples include working with the [Louisiana Tumor Registry](#) on its Cooperative Endeavor Agreement (CEA) for the National Program of Cancer Registries (NPCR) Office of Vital Records, and the Chronic Disease Prevention and Control Unit on the [Louisiana Asthma Management and Prevention \(LAMP\) Program](#).

Examples of Collaboration with NGOs

Dr. William Robinson works with the [NO/AIDS Task Force](#) surveying individuals who fall into various high risk groups. The funding for this emanates from CDC to a subcontract to the OPH/DHH. Dr. Stephanie Tortu serves as a Vice Chair of the Board of Trustees for the [NO/AIDS Task Force](#).

[The Louisiana Public Health Institute \(LPHI\)](#) has been a partner on several studies involving tobacco smoke. Drs. Daniel Harrington and Edward Peters conducted research measuring second hand smoke levels in bars and gaming establishments before and after a state ordinance outlawing smoking. Dr. Fonham is a member of the LPHI Board of Directors and is Secretary-Treasurer, with oversight for LPHI related research and programs.

The [Louisiana Cancer Registrars' Association](#) works with investigators from the Louisiana Tumor Registry on data collection used for multiple research studies.

The YMCA in New Orleans is working with Dr. Melinda Sothorn on her "[Trim Kids](#)" program which has been recognized by the NCI as a [Research Tested Intervention Program](#) and is acknowledged by the U.S. Surgeon General for its community dissemination.

Dr. Sothern is president of the [Louisiana Childhood Obesity Research Consortium](#), which promotes opportunities and supports collaboration for pediatric obesity prevention and treatment research, and translates scientific research findings into improvements in public health in communities throughout the state. Dr. Sothern also serves on the Advisory Board for the Xavier University/Jefferson Parish Health Communities Project and is a member of the [Louisiana Report Card on Physical Activity and Health for Children and Youth](#).

Ms. Daesy Behrhorst leads the Community-Based Participatory Research component of the Gulf of Mexico oil spill studies. She is working with a variety of vulnerable communities in SE Louisiana. Ms. Behrhorst is also working with [Bayou Interfaith Shared Community Organizing \(BISCO\)](#), which has a long history of working for health and environmental issues. She is on the Board of Directors of Mary Queen of Vietnam Community Development Corporation (MQVCDC), and is working with Latino organizations on multiple public health issues. Dr. Chih-Yang Hu has also been working with MQVCDC and the West Bank Vietnamese American Community.

Dr. David Lirette works with the Tribal Communities of Biloxi-Chitimacha Confederation of Muskogees in Lafourche and Terrebonne parishes, on environmental health research. The Native American population is not an NGO, but our faculty's work with this population represents additional efforts to work with the multiple populations in SE Louisiana.

Community Hospitals and other Health Care Settings

Multiple hospitals in Louisiana are involved in research with our population-based epidemiology studies (e.g., the Prostate Cancer Study-PCaP), the Louisiana Tumor Registry (LTR), the Louisiana Breast and Cervical Health Program, and Tobacco Cessation Initiative (TCI). In many cases, SPH has supported staff at these medical institutions for the purpose of collecting data which are used for funded research studies. In addition, the Ochsner Health System is a partner in the Louisiana Cancer Research Consortium (LCRC), which also includes LSU Healthcare Services Division, Tulane, and Xavier University of Louisiana (HBCU).

Dillard University (another HBCU) and LSUHSC's Minority Health and Health Disparities Research Center include SPH faculty members in specific research projects. For example, Dr. Sothern, Professor and Jim Finks Endowed Chair in Health Promotion in the BCHS Program is PI on the NIH National Center on Minority Health and Health Disparities (NCMHD) study of "Obesity and Asthma: Determinants of Inflammation and Effects of Intervention" in collaboration with the Disparities Center. This study defines genetic profiles in African American adolescent females, which may be used to modify the therapeutic interventions for asthma and obesity management in high risk youth. Dr. Sothern oversees all clinical research activities related to the study including IRB compliance, data safety and monitoring, recruitment, enrollment, measurements, intervention implementation and evaluation.

Examples of Federal Agencies

Many of the national funding agencies, including the NIH, are true partners in our research. Some projects are "U" awards, which support discrete, specified, circumscribed projects, and are used when substantial NIH involvement is anticipated between them and the PI. Others are not officially designated as cooperative agreements, but the NIH is a major participant in the research (rather than a funding agency alone). For example, the [National Institute of Environmental Health Sciences \(NIEHS\)](#) extramurally funded research (R21) on the "Wives of Workers" (WOW Study) involved with the Gulf Oil Clean-Up obtains the names of wives from the NIEHS intramural study of Gulf Health Clean-Up workers. The NIEHS U01 Women and Their Children's Health (WATCH) study is being conducted by Dr. Trapido and colleagues in seven SE Louisiana parishes which had significant impacts from the Gulf Oil Spill. This study also includes the NIEHS as a research partner.

The National Cancer Institute (NCI) is an active partner with the LTR, which is part of the Surveillance Epidemiology and End Results (SEER) Program. The CDC also funds the LTR as part of the [National Program of Cancer Registries \(NPCR\)](#). Multiple research projects are part of and built upon the LTR's Surveillance Program, where both the federal agencies and the LTR set the research agenda, and are

involved with the analysis of the data. The LTR serves as a “laboratory” for many student and faculty research efforts.

The CDC (through a subcontract from Research Triangle Institute) supports SPH faculty for collection of data on the long-term effects of environmental exposures from prolonged housing in FEMA temporary housing units. The study focuses on children who lived in these trailers after Hurricanes Katrina and Rita [Children’s Health after the Storms \(CHATS\) Study](#).

The SPH has established a non-funded cooperative endeavor agreement with USDA Agriculture Research Service, Southern Regional Research Center, in support of the cooperative research project entitled "Evaluation of Activated Carbons from Animal Manure and Plant Residuals for Adsorption of Gaseous Ammonia." This agreement has also led not only to dedicated laboratory space at the USDA facility for ENHS faculty members’ research, but also the opportunity for MPH students’ lab experience.

Examples of National Non-Governmental Organizations

Dr. Fontham co-chairs the American Cancer Society Cancer Screening Guidelines Development Panel (ACS national home office), to develop and issue screening guidelines.

Drs. Fontham and Trapido are advisors to the New Orleans component of ACS’s Cancer Prevention Study III (CPS III), a national longitudinal study of 350,000 people who will be followed for 20 or more years to identify lifestyle and genetic factors associated with cancer risk.

Dr. Trapido is on the National Steering Committee of [Redes En Acción](#), the National Latino Cancer Research Network. As a result of this collaboration, one of our MPH students, Ms. Carla Rosales, was competitively selected for the *Éxito!* Latino Cancer Research Leadership Training at the University of Texas-San Antonio.

Dr. Sothorn is a member of Obesity Society’s Annual Scientific Program Committee and the childhood obesity working group.

Examples of International Agencies

Dr. Trapido is the lead evaluator of the Programme of Action for Cancer Therapy (PACT) and is assisted by Dr. Donna Williams, who directs Louisiana Comprehensive Cancer Control Program (LCCCP). Dr. Trapido has been appointed by the US Department of State as the Public Health Expert/Economist Liaison to the [International Atomic Energy Agency \(IAEA\)](#) for this evaluation. The application of this program to Louisiana and to the US is to determine what works best in Comprehensive Cancer Control in areas with low economic resources. Diverse partners have joined together in this fight against cancer – including the World Health Organization (WHO), the Union for International Cancer Control (UICC), NCI, and the International Agency for Research on Cancer (IARC) and the ACS.]

Dr. Fontham has served on several writing panels evaluating human carcinogens used in the International Agency for Research on Cancer (IARC-WHO) Carcinogenesis Monograph Series, most recently volume 100.

The LTR has a long history of active participation and collaboration in international organizations of International Association of Cancer Registries (IACR) and the North American Association of Central Cancer Registries (NAACCR). Former LTR Director, Dr. Vivien Chen is recognized as a leader in the field of cancer surveillance. She was one of the two representatives from North America elected to the IACR and served on its Executive Committee for six years. She was invited to be an editor and co-author of IACR Technical Report on Comparability and Quality Control in Cancer Registration. In 2011-2012, she was appointed to serve on the IACR 3-member Nomination Committee and is currently an editor of an IACR publication on Cancer Registration Principles and Methods Cancer Registration: Principles and Methods. In addition, LTR faculty and other epidemiologists have long been involved with key positions with this organization, having held offices and served on committees and boards.

International participations and collaborations have led to the inclusion of Louisiana cancer data in numerous monographs and publications such as Cancer Incidence in Five Continents (CI5), International Cancer Survival, and Childhood Cancer as well as the Annual Report to the Nation on the Status on Cancer. The LTR is currently involving in a CONCORD Study investigating the survival differences between European and North American countries.

Dr. Sothern is also a scientific advisory board member for the Windward Islands Research and Education Foundation, St. George's University School of Medicine, Granada. Dr. Richard Scribner and Dr. Sothern are collaborating with St. George's on a research program.

3.1c A list of current research activity of all primary faculty identified in Criterion 4.1a, including amount and source of funds, for each of the last three years.

Table 3.1c Research Activity of Faculty for the Last 3 Years

Project Name	PI & Department	Funding Source	Funding Period Start/End	Total Award	2009-2010*	2010-2011*	2011-2012*	LA Focus Y/N	Student Participation		
									'10	'11	'12
Anthropometric Assessment of Abdominal Obesity	Sothorn BCHS	PBRC	9/30/09-8/31/11	\$42,887	\$21,518	\$14,292	\$4,836				
Breast and Prostate Cancer Data Quality and Patterns of Care Study**	Wu, PI EPID Chen, V, Co-PI EPID	CDC	9/30/05-9/29/10	\$1,114,966	\$24,326	\$5,664		Y			
Changes In Alcohol Availability and HIV Rates	Scribner, PI EPID	NIAA	9/1/10-8/31/11	\$1,302,623	\$273,315	\$27,710	\$2,551				
	Simonsen EPID										
	Robinson BCHS										
CMS Nonpayment For Nosocomial Injury and Risk of Fall	Lee BIOS	NIH	9/1/09-8/31/11	\$14,400	\$5,916	\$7,099	\$1,186				
Community Influences on NHANES Diet and Physical Activity	Scribner, PI EPID	NIAA	9/1/11-7/31/14	\$294,640			\$238,210				Y
	Chen, L. EPID		9/1/11-7/31/14								
	Simonsen EPID		9/1/11-7/31/14								
	Yu BIOS		9/1/11-7/31/14								
Comparative Effectiveness of Treatments for Localized Prostate Cancer**	Wu, PI EPID	AHRO-Vanderbilt Univ	9/1/11-8/31/13	\$838,841		\$161,491	\$262,783	Y		Y	Y
	Chen, V., Co-PI EPID										
Comparing The Effectiveness of City Policy and Structure	Scribner, PI EPID	NIAA	9/29/09-8/31/11	\$667,088	\$215,906	\$398,456	\$52,726				
	Theall EPID										
	Simonsen EPID										
	Yu BIOS										

Table 3.1c Research Activity of Faculty for the Last 3 Years											
Project Name	PI & Department	Funding Source	Funding Period Start/End	Total Award	2009-2010*	2010-2011*	2011-2012*	LA Focus Y/N	Student Participation		
									'10	'11	'12
Contextual Effects Impacting Adolescent Health	Theall, PI EPID Robinson BCHS Simonsen EPID	CDC	8/31/07 8/30/10	\$360,195	\$136,941				Y		
Data Quality Control Through Nonlinear Association**	Yu, PI BIOS Wu, Co-PI EPID	NAACCR	6/6/11- 12/31/12	\$4,998			\$1,476			Y	Y
Demonstrating the Capacity of Comprehensive Cancer Control	Williams BCHS	CDC	9/30/10- 9/29/15	\$346,002		\$41,028	\$186,363				Y
Intervention to Promote Environmental Changes in Pre-School Centers to Prevent Childhood Obesity	Sothorn, PI BCHS	DHH	8/1/10- 6/30/12	\$214,179		\$115,898	\$214,179			Y	Y
	Tseng BCHS										
	Volaufova BIOS										
Ecological Modeling of College Drinking	Scribner EPID	NIH, NIAA	5/1/05- 4/30/10	\$1,070,844	\$103,647						
Enhancing Cancer Registries for Early Case Capture	Chen, V., PI EPID	CDC	9/30/11 -9/29/14	\$794,091	\$264,697	\$264,697	\$62,246	Y			Y
	Wu EPID										
	Andrews EPID										
Enhancing Cancer Registry Data Comparative Effectiveness (CDC)	Chen, V., PI EPID	Macro Int'l	12/01/10- 9/30/13	\$630,984		\$169,796	\$419,239	Y			Y
	Andrews EPID										
	Hsieh EPID										
	Xiao HPSM										
	Peters EPID										
	Wu EPID										

Table 3.1c Research Activity of Faculty for the Last 3 Years

Project Name	PI & Department	Funding Source	Funding Period Start/End	Total Award	2009-2010*	2010-2011*	2011-2012*	LA Focus Y/N	Student Participation		
									'10	'11	'12
Environmental Determinants Of Physical Activity In Parks	Rung EPID	HHS	9/30/04-9/29/10	\$1,009,933	\$86,052	\$19,242					
FAMRI Young Clinical Scientist Award	Peters EPID	FAMRI	10/1/04-9/30/10	\$409,042	\$95,587	\$5,985			Y		
Genome Wide Admixture Scan for Multiple Myeloma	Peters EPID	USC	8/1/10-9/30/11	\$58,937		\$36,980	\$80,934			Y	Y
Gulf Coast Children's Health Study (RTI)	Diaz, PI ENHS	CDC	8/30/10-8/30/12	\$357,915		\$89,317	\$82,862	Y			Y
	Hu ENHS										
	Brennan, HPSM										
	Lirette ENHS										
	Harington ENHS										
Health Effects of MC252 Gulf Incident	Trapido, PI EPID	NIH	11/15/10-10/31/12	\$338,248		\$47,505	\$132,983	Y			Y
	Fontham EPID										
	Peters EPID										
	Harington ENHS										
	Hu ENHS										
	Mercante BIOS										
	Rung EPID										
	Hagan BIOS										
Immediate Loading of the Nobel Replace Tapered Groovy Implant When Placed in Fresh and Healed Extraction Sites	Hagan BIOS	Nobel Biocare					\$347				

Table 3.1c Research Activity of Faculty for the Last 3 Years

Project Name	PI & Department	Funding Source	Funding Period Start/End	Total Award	2009-2010*	2010-2011*	2011-2012*	LA Focus Y/N	Student Participation		
									'10	'11	'12
La Public Health Institute	Harrington ENHS	LPHI	1/1/11-6/30/11	\$40,486		\$39,788		Y		Y	
Louisiana Biomedical Research Network (LBRN)	Fang BIOS	NIH	5/1/11-4/30/12	\$26,000			\$24,642				Y
Louisiana's Research Infrastructure Improvement Strategy	Thompson BIOS	NIH	10/1/07-9/30/10	\$48,321	\$14,604	\$8,909					
LPHI-TFL-Particulates Exposure in Casinos	Diaz, PI ENHS	LPHI	2/1/11-6/30/11	\$17,885		\$17,298		Y			
	Harrington ENHS										
	Hu ENHS										
LPHI TFL-ETS In The Workplace Study	Diaz, PI ENHS	LPHI	2/1/09-6/30/10	\$51,213	\$20,315						
	Hu ENHS										
	Lirette ENHS										
LSU ICON	Fontham EPID	DHH/PBRC	11/1/11-10/31/12	\$ 719,122			\$12,210	Y			Y
	Ferguson EPID										
	Moody-Thomas BCHS										
	Tseng BCHS										
	Mercante BIOS										
	Thompson BIOS										
	Yu BIOS										
Metabolic Syndrome--Prepubertal African Amer./Caucasian	Sothorn, PI BCHS	NIH	5/16/05-2/28/12	\$2,388,016	\$747,537	\$204,922	\$26,046		Y		
	Volaufova BIOS										

Table 3.1c Research Activity of Faculty for the Last 3 Years

Project Name	PI & Department	Funding Source	Funding Period Start/End	Total Award	2009-2010*	2010-2011*	2011-2012*	LA Focus Y/N	Student Participation		
									'10	'11	'12
Metabolic Syndrome in Prepubertal African Amer./Caucasian	Sothorn BCHS	HCSD	7/1/06-6/30/07	\$95,525	\$19,041	\$9,761					
Models of Prenatal Care and Perinatal Health Indicators in Disaster Recovery	Yu BIOS	NIH	4/1/10-3/31/12	153,274			\$945				
Monitoring the Impact of Prophylactic HPV Vaccine**	Peters, PI EPID Chen, V EPID	Battelle	8/27/07-3/31/11	\$73,104	\$21,539	\$9,888				Y	
National Comprehensive Cancer Control Program - Patient Navigators	Williams, PI BCHS	CDC	6/30/11-6/29/12	\$246,604		\$115,723	\$236,525				Y
	Nuss BCHS										
National Comprehensive Cancer Control Program	Chen, V.,PI EPID	CDC	6/30/11-6/29/12	\$778,820			\$779,869	Y			Y
	Andrews EPID										
	Ferguson EPID										
	Peters EPID										
	Wu EPID										
	Hsieh EPID										
Norman F. Gant/ABOG	Gee HPSM	IOM	7/20/10-7/31/12	\$23,698		\$6,583	\$13,966				Y
	Nuss BCHS										
Notch-1 in T Cells: A Central Mediator of Tumor Induced Anergy	Velasco-Gonzalez BIOS	NIH, Rodriguez, PI, SoM	4/1/12-3/31/14	\$185,310			\$1,596				
Patterns of Primary Extranodal Non-Hodgkin	Wu EPID Chen, V EPID	NAACCR	6/1/07-10/31/09	\$9,762							

Table 3.1c Research Activity of Faculty for the Last 3 Years																		
Project Name	PI & Department	Funding Source	Funding Period Start/End	Total Award	2009-2010*	2010-2011*	2011-2012*	LA Focus Y/N	Student Participation									
									'10	'11	'12							
	Andrews, P EPID																	
Prog. Eval. for the LA Asthma Mgnt and Prev Prog (Lamp)	Nuss BCHS	DHH	3/1/10-6/30/13	\$149,672	\$15,008	\$41,754	\$54,006	Y										
	Thomas BCHS																	
Provide Tumor Registry Services to LSUIH	Chen, V., PI EPID Hsieh EPID Xiao HPSM Andrews EPID	HCSD	2005-2011 7/1/11-6/30/16	500,000	\$1,370,969	\$1,303,081	\$1,550,138		Y		Y							
Quality of Life In Prostate Cancer Project	Brennan, PI HPSM	NCI	9/1/10 8/31/13	\$374,573		\$86,748	\$139,946	Y		Y	Y							
	Fontham EPID																	
	Oral BIOS																	
	Simonson EPID																	
Racial Differences In Prostate Cancer	Fontham, PI EPID	UNC	9/1/03-11/30/10	\$4,125,683	\$478,031	\$148,919		Y	Y									
	Brennan HPSM																	
	Simonsen EPID																	
	Wu EPID																	
SEER - Core Surveillance Grant	Chen, V., PI EPID	NIH	8/1/05-7/31/10	\$7,814,227	\$1,586,204	\$1,773,369	\$1,648,373		Y	Y	Y							
Continued on next page	Yu BIOS		8/1/10-7/31/17	\$12,088,631														
	Andrews EPID																	
	Hsieh EPID																	
	Oral BIOS																	
	Peters																	

Table 3.1c Research Activity of Faculty for the Last 3 Years

Project Name	PI & Department	Funding Source	Funding Period Start/End	Total Award	2009-2010*	2010-2011*	2011-2012*	LA Focus Y/N	Student Participation		
									'10	'11	'12
	EPID										
	Velasco-Gonzalez BIOS										
	Wu EPID										
SEER - Special Study Feasibility of Expanded Patterns of Care, Adolescent and Young Adult**	Wu, PI EPID	NIH	8/1/07-7/31/10	\$99,660	\$50,322	\$3,214		Y			
	Chen, V. EPID										
SEER - Special Study Geographic Information Systems**	Chen, V., PI EPID	NIH	8/1/09-7/31/10	\$62,004	\$36,664	\$25,340		Y			
	Wu EPID										
SEER - Special Study Patterns of Care/Quality Of Care by Diagnosis Year**	Wu, PI EPID	NIH	8/1/05-7/31/10	\$238,653	\$73,511	\$14,408		Y		Y	
	Chen, V. EPID										
SEER - Special Study Patterns Of Care/Quality Of Care Diagnosis Year 2009**	Wu, PI EPID	NCI/SEER	9/30/10-9/29/11	\$131,344		\$25,372	\$51,132	Y			
Surveillance Of Precancerous Cervical Lesions**	Peters EPID Chen, V EPID	Battelle	10/1/09-3/31/11	\$86,998	\$46,340	\$40,658		Y			
Surveillance Pilot Project for Precancerous Lesions**	Peters EPID	Macro International	7/1/08-9/30/09	\$136,972	\$63,405			Y	Y	Y	
Telomere Length as a Biological Marker of Allostatic Load	Scribner EPID	DHH	10/15/11-6/30/13	\$365,049			\$12,671				
TFL-Environmental Tobacco Smoke	Harrington ENHS	LPHI	1/1/10-6/30/10	\$8,535	\$8,535						

Table 3.1c Research Activity of Faculty for the Last 3 Years

Project Name	PI & Department	Funding Source	Funding Period Start/End	Total Award	2009-2010*	2010-2011*	2011-2012*	LA Focus Y/N	Student Participation		
									'10	'11	'12
The Louisiana Interception Care Project	Gee HPSM	ACOBGYN	7/1/10-6/30/11	\$15,907		\$15,907					
The Women And [Their] Children's Gulf Health Consortium	Trapido, PI EPID	NIH	6/27/11-4/30/16	\$3,735,133			\$198,752	Y			Y
	Peters EPID										
	Fontham EPID										
	Rung EPID										
	Harrington ENHS										
	Hagan BIOS										
National Program of Cancer Registries	Chen V., PI EPID	CDC	6/30/07-6/29/12	\$3,255,867	\$545,707	\$646,671	\$415,103				
	Wu EPID										
	Andrews EPID										
	Peters EPID										
	Hsieh EPID										
Validation of PROMIS In Diverse Cancer Populations "MY-Health"	Wu, PI EPID	NIH-Georgetown (Potosky)	9/30/09-9/20/13	\$168,575	\$109,581	\$113,682	\$135,260	Y			Y
	Chen, Vivien EPID										
Alcohol HIV Infection and Host Defense	Tortu HPSM	NIH SOM	12/1/10-2/29/12			\$14,394	\$23,802				
	Robinson BCHS										
	Volaufova BIOS										

Table 3.1c Research Activity of Faculty for the Last 3 Years

Project Name	PI & Department	Funding Source	Funding Period Start/End	Total Award	2009-2010*	2010-2011*	2011-2012*	LA Focus Y/N	Student Participation		
									'10	'11	'12
Alcohol Infection and Host Response-Educ/Translational Research	Volaufova BIOS Tortu BCHS LaMotte BIOS Theall EPID	NIH Nelson, PI SoM	12/1/09-11/30/10	\$1,433,956	\$22,840	\$19,838	\$23,802				
Arginase Production In Cancer: Evading Immune Response	Velasco-Gonzalez BIOS	NIH/NCI Ochoa, PI SoM	2/1/11-1/13/16	\$279.922	\$4,654						
Arginine Availability, Modulated By MDSC, Regulates T Cell Function In Cancer	Velasco-Gonzalez BIOS	NIH/NCI Ochoa, PI SoM	8/1/09-11/30/13	\$999.760	\$3,666	\$4,336	\$6,427				
Bioinformatics and Biotechnology Research Initiatives	Velasco-Gonzalez BIOS	DOD Martin, PI	9/2/08-9/1/11	\$1,264,815	\$4,526						
Biostat Core-Mentor Neuroscience in LA: Enhance Neuroscience	Thompson BIOS	NIH Bazan SoM	2007-2012	\$1,060,000			\$14,553				
CoBRE Core4: Mentoring Translational Researchers In Louisiana	Thompson, PI BIOS Velasco-Gonzalez BIOS	NIH Ochoa, PI SoM	9/1/11-6/30/15 9/1/10-6/30/15	\$2,147,631		\$20,090	\$52,673				
Core Grant for Vision Research	Thompson BIOS	NIH- Emanuel Hospital (Burgoyne)	2008-2010	\$547,818	\$43,382						
Determinants of Human Longevity and Healthy Aging	Volaufova BIOS LaMotte BIOS	NIH/NIA Jazwinski, PI Tulane	9/15/07-4/30/14	\$504,895	\$99,307	\$83,230				Y	

Table 3.1c Research Activity of Faculty for the Last 3 Years

Project Name	PI & Department	Funding Source	Funding Period Start/End	Total Award	2009-2010*	2010-2011*	2011-2012*	LA Focus Y/N	Student Participation		
									'10	'11	'12
Determinants of Inflammation and Effect of Intervention	Sothorn, PI BCHS Velasco-Gonzalez BIOS	NIH Dillard (Wilson)(Estrada	5/16/10-2/28/15	\$1,264,815	\$2,523	\$17,727	\$80,307	Y			Y
Epidemiology of Ovarian Cancer In African-American Women	Simonsen EPID	NIH to Duke Univ Shildkraut, PI	6/1/10-4/30/11	\$84,334		\$33,309	\$74,350				Y
Evaluation of the Stability of the 8 mm Osseospeed and Osseospeed Tm	Hagan BIOS	Simmons, PI SoD	7/1/10-6/30/11	31,124			\$1,664				
Fulfillment of the Anesthesiologist: A Decade by Decade Analysis	Hagan BIOS	Anesthesiology Faculty Group Practice LSUHCN	7/1/11-6/30/12	NA			\$2,319				
Gulf Coast Child & Family Health Study (G-CAFH)	Tortu BCHS Gruber BCHS	The Children's Fund Abramson, PI Columbia	11/1/09-4/30/10	\$14,495	\$14,221			Y			
IDEA Networks Of Biomedical Research Excellence (INBRE)	Thompson BIOS	NIH Klei, PI	5/1/10-4/30/13	\$221,842	\$123,875	\$37,104	\$41,247		Y		
Interaction of EBV and HPV In the Development of Cervical Dysplasia In HIV + Women	Hagan BIOS	NIH Hagensee, PI SoM	9/30/09-9/29/11	\$1,582,518	\$1,027	\$2,824	\$996				
Interdisciplinary Teamwork and Communication Collaboration In a High-Fidelity Simulated Code	Hagan BIOS	NLN Garbee, PI	7/22/10-8/30/10	\$6,158		\$1,292					
Louisiana Cancer Research Consortium-Biostatistics Core	Velasco-Gonzalez BIOS	State of LA Ochoa, PI SoM		\$10,500,000			\$7,982				

Table 3.1c Research Activity of Faculty for the Last 3 Years

Project Name	PI & Department	Funding Source	Funding Period Start/End	Total Award	2009-2010*	2010-2011*	2011-2012*	LA Focus Y/N	Student Participation		
									'10	'11	'12
Louisiana Cancer Research Consortium-Central Scientific Administration	Trapido EPID Hagan BIOS	State of LA Ochoa, PI SoM State of LA Chilian, PI SoM	7/1/11-6/30/12	N.A.			\$33,750 \$19,824				
Minority Based Community Clinical Oncology Program (CCOP)	Thomas BCHS Williams BCHS	NIH Veith, PI SoM	6/1/09-5/31/14	\$1,969,936	\$15,451	\$14,490	\$21,306				
Nosocomial Injury and Risk of Fall	Lee BIOS	NIH U of FL	10/30/09-8/31/11	\$14,200			\$1,186				
Novel Antibacterial Fluoride-Releasing Dental Materials	Mercante BIOS	NIH/NIDCR Xu, PI	3/1/09-2/23/15	\$1,500,000	\$4,410	\$4,043	\$ 5,954				
Prognostic Value of Ar Mutation In Primary African American Prostate Cancer	Simonsen EPID Velasco-Gonzales BIOS	NIH Koochekpour, PI SoM & Roswell Park	7/1/10-6/30/12			\$7,714					
Prospective Evaluation of Early Loading of Zimmer Hydroxyapatite Coated Dental Implants	Hagan BIOS	Simmons, PI SoD	5/1/10-10/31/12	\$34,150			\$693				
Prosaposin: A Novel Biomarker of Prostate a Cancer Progression In African Americans	Simonsen EPID Velasco, Cruz BIOS	NIH Koochekpour, PI SoM & Roswell Park	9/30/10-1/31/12			\$5,856					
Significance of A Novel Germline Ar Mutation In Black Men With Prostate Cancer	Velasco-Gonzalez BIOS	NIH Koochekpour, PI SoM & Roswell Park	3/2/10-2/29/12	\$185,310	\$1,577	\$4,336					

Table 3.1c Research Activity of Faculty for the Last 3 Years											
Project Name	PI & Department	Funding Source	Funding Period Start/End	Total Award	2009-2010*	2010-2011*	2011-2012*	LA Focus Y/N	Student Participation		
									'10	'11	'12
Special Projects of National Significance, SMILE Again New Orleans	Mercante BIOS	HRSA Leigh, PI	9/1/06-8/31/11	1,818,280	\$7,350	\$12,250	\$8,269				Y

*These track expenditures

** Research related to Research Goal 1, Objective 6

3.1d Identification of measures by which the school may evaluate the success of its research activities, along with data regarding the school's performance against those measures for each of the last three years.

Faculty members provide their Academic Program Director with their CVs on an annual basis, which lists research funding received, publications, abstracts, books, etc. Students are also queried annually to produce a list of all presentations made, abstracts, and published manuscripts. Student involvement in research is tracked by querying both the students and the faculty.

Research submissions and dollars received and spent are tracked by the SPH Business Office staff. Beginning in 2010, the ORPH maintains a copy of all proposal abstracts and budgets submitted.

Measures to evaluate the success of research activities are presented in the strategic goals and objectives for research, which are listed in Table 1.2c and also shown below. Our goal of 25% external funding of faculty salaries is consistently exceeded; all full time faculty without external support applied for funding in the most recent calendar year; the number of awards with faculty members as PIs is increasing; the number of projects uniquely important to Louisiana is above the baseline year, student participation in grants and contracts increases yearly; funded research awards within/using data from SPH service/practice programs has increased from the baseline year.

Table 3.1d1 Outcome Measures for Evaluation of Research Success				
Outcome Measure	Target	2009-10	2010-11	2011-12
Generate an average of 25% or more of faculty salaries from external grants and contracts annually. (Res Goal 1, Obj 1)	Average of 25+% per year	49%	43%	44%
All fulltime faculty without current grant or contract support will submit at least one proposal annually as Principal Investigator or a key Co-Investigator. (Res Goal 1, Obj 2)	100% of unfunded FT (core) faculty submit at least one proposal annually	2/5 (40%)	2/5 (40%)	2/2 (100%)
Increase the number of research awards in which fulltime faculty serve as Principal or Co-Investigators from a baseline of 36 in 2008-09. (Res Goal 1, Obj 3)	Increase the number of research awards by 5% per year over 2008-2009 baseline	41 research grants/contracts (14% increase over 2008-09)	52 research grants/contracts 27% increase over previous year (44% increase since 2008-09)	51 research grants/contracts; no increase over previous year (42% increase since 2008-09)
Increase the number of research projects related to events and issues uniquely important to Louisiana by 10% per year between 2009 and 2014. (Res Goal 1, Obj 4)	Increase by 10+% annually over 2008-09 baseline of 7 funded projects for a 50% overall increase by 2014.	9 funded projects (29% increase since 2008-09)	16 funded projects (129% increase since 2008-09)	11 funded projects (57% increase since 2008-09)
Establish full-time student participation in grants and contracts to a level of 25% or more per year. (Res Goal 1, Obj 5)	25+% per yr. student participation	15 students/57 eligible students (26%)	22 students/ 66 eligible students (33%)	33 students/ 81 eligible students (41%)

Outcome Measure	Target	2009-10	2010-11	2011-12
By December 31, 2012, increase the number of funded research awards within or using data from SPH public health service/practice programs from 5 in 2008-09 by 30%. (Res Goal 1, Obj 6)	Increase number of funded research awards linked to SPH public health practice programs by 30% through 2014 from baseline of 5.	7 funded projects linked to public health service/practice program (40% increase over 08-09)	7 funded projects (40% increase over 08-09)	4 funded projects (20% decrease from 2008-09)
At least 100 abstracts from SPH faculty, professional staff and/or students will be accepted for presentation at professional meetings annually. (Res Goal 2, Obj 1)	100 or more abstracts annually (2008-09 baseline: n=98)	103 abstracts/presentations	98 abstracts/presentations	109 abstracts/presentations
By 2011-12, SPH faculty and/or students will publish at least 100 peer reviewed manuscripts annually. (Res Goal 2, Obj 2)	100 or more abstracts annually (2008-09 baseline: n=99)	94 peer reviewed publications	99 peer reviewed publications	90 peer reviewed publications
By 2011-12, establish an electronic research data file available to internal and external communities, including areas of expertise and bibliographies of faculty and technical staff. (Res Goal 2, Obj 3)	Established and on-line	Electronic data limited to grant expenditures by grant	As of 1/2011, electronic records include: all grants awarded to SPH faculty PIs, or CoPI's; all contracts; all faculty support on grants and contracts outside SPH	To date, the following have been collected: All faculty CVs; biosketches; and other support. Summary of research for some (continuing collection).
By 2011-12, establish a research mentoring program based on best practices and create mentor-mentee partnerships for 80% or more of junior investigators. (Res Goal 2, Obj 4)	80+% eligible partnerships established by end of 2011-12	20/22 junior faculty with mentors (91%) (Formal program in development)	19/20 junior faculty with mentors (95%)	23/23 junior faculty with mentors (100%)
In collaboration with the LSUHSC Office of Information Services, feature expertise and achievements of SPH faculty and programs in print publications, radio, television and web on 24 or more occasions annually. (Res Goal 2, Obj 5)	An average of 2+ per month or 24 annually	55	37	78

Productivity of faculty members is high and it is anticipated that the numbers of abstracts and publications will increase with the maturation of the PhD programs, the passage of time on a number of newly started studies, and an increase in the number of faculty members. Table 3.1d2 provides additional financial information related to research funding for the faculty.

Table 3.1d2 Proportion of core faculty members who had salary support covered by research funding			
	2009-10	2010-11	2011-12
Core Faculty	37	35	39
Core Who Have >=25% Research Funding	54% 20	57% 20	46% (18)
Core With Any Research Funding	83% (31)	94% (33)	90% (35)
\$ and % of Salary Covered By Research Funding*	\$1,115,274 (25%)	\$770,763 (20%)	\$1,026,075 (22%)

*Limited to research awards; does not include service, practice or training awards.

3.1e Description of student involvement in research

Students are involved in research in multiple ways, both within the classroom setting, and apart from it. Most SPH Academic Programs have a research and practice seminar series where current research findings are presented and discussed. In addition, the School often sponsors research seminars which provide opportunities for insight into the latest findings. The other schools within the LSUHSC also offer open research seminars. Students are included as members of the SPH Research Committee.

Many students are involved in research experiences either by virtue of their employment on a research project, or because they are interested in working on a particular subject. The faculty encourages students to submit abstracts, develop posters, give presentations, as well as develop and write research papers for potential publication. The SPH supports student attendance at meetings where they have abstracts or papers accepted. For example, the 2012 Society for Behavioral Medicine Annual Meeting was held in New Orleans, and several students had posters accepted and other students attended. Similarly, SPH students have participated in and presented at the NAACCR annual meetings. At the 2012 Annual NAACCR conference, meeting judges selected Jigar Chotalia, a PhD student in EPID, as having the best student poster.

Students become aware of the opportunities for research in a number of ways. First, notice of any research opportunity that will include financial support is sent to all students from the OASA, with information describing the research opportunity, and contact information. Secondly, the ORPH informs all faculty members and students of relevant research opportunities. Faculty advisors and teaching faculty members discuss research and research opportunities in class, in seminars and through personal interactions with their students. A Mentor Match-Up event has been held by the SGA in 2011-12 and 2012-13. The purpose of these events is to provide a venue for students to meet faculty to find potential mentors, and learn about their ongoing opportunities in research, service, and education, and they have been very well attended.

The doctoral programs require all students conduct research as part of the qualification for their degree. The MS students in Biostatistics also are involved with research, as part of their training. However, since acquisition of research and analytic skills is a major goal of our educational program for all students, students are involved with discussions of papers, and are exposed to current research in most of their coursework.

Faculty members' research provides opportunities for students to participate in questionnaire development and testing, interviewing, data collection, data analysis, and manuscript preparation. Many students attend research team meetings, thereby obtaining "hands-on" experiences. Students are also involved with community-based participatory research, e.g., the Gulf Oil Spill studies and BCHS programs. The ADAA presents a writing workshop for students twice a year with a focus on scientific and research writing.

Examples of Opportunities for Students to Become involved in Research:

Many of our research studies provide opportunities for students to become involved in research. For example, since 2009, 14 MPH students have either worked with LTR on a research project or used LTR data for a research project. The LTR faculty and its infrastructure provide students with the opportunity to gain hands-on experience in epidemiologic studies, and public health and disease surveillance. MPH students who have worked with the LTR are Julia Peters (2013), Meijiao Zhou (2013), Mary Ann Lynch (2013), Priyanka Tatini (2012), Yangyang Liu (2012), Ian Landry (2012), Samir Shambharkar (2012), Xiequn Zhang (2011), Nilajkumar Bagde (2011), Prasanna Allada (2010), Praveen Ranganath (2009), Bhavana Siddegowda Bangalore (2009), Lauren Spizale (2009), and Zhenzhen Zhang (2009).

Students assist study coordinators in LTR patient-reported outcome studies, including the Comparative Effectiveness of Treatment for Localized Prostate Cancer (CEASAR) study funded by AHRQ and the Validation of PROMIS in Diverse Patient Populations (MY-Health study), funded by NIH. Both studies require rapid case ascertainment and data collection on patients and students are involved in all aspects of case ascertainment and subsequent field work. We also train students in data confidentiality and accuracy procedures to ensure high quality of data. Students experience the spectrum of the research as the LTR also gives students opportunities to analyze data from studies in which they participate. For example, one MPH student analyzed data from the CEASAR study (she had participated in the data collection), for her capstone project on the association of sociodemographic factors and treatment type with changes in urinary function among localized prostate cancer patients. This experience helped the student better understand study design and survey procedures as well as learn data editing and cleaning processes. One Biostatistics student developed a new statistical approach to quantify factors contributing to racial disparities in breast cancer mortality. She presented her work at the North American Association of Central Cancer Registries Annual Conference.

A second example of student involvement in research is with several studies of the Gulf Oil Spill (NIEHS funded). These studies are somewhat unique in that they involve all of our programmatic areas: epidemiology, biostatistics, behavioral and community health, environmental and occupational sciences and access to health care systems. Students learn about these and other studies through coursework and seminars. Five students are currently working on these research studies. They participate in survey development, conducting interviews, processing of biologic specimens, recording data and data analysis and reporting. The three MPH students currently involved are Megan Bronson, Matthew James, and Carla Rosales, as well as two PhD students, Lauren Cole and Samaah Sullivan.

Financial support for students involved in research comes primarily from funded grants or contracts. The faculty is also encouraged to include stipends for students in their grant applications. The SPH has obtained support for several PhD students for four years from the Louisiana BoR, for students in the PhD Program in Biostatistics. For 2012-13, this funding is also now available for selected students from all PhD programs.

A list of students involved in research appears below (Table 3.1e). It only includes research outside the classroom, i.e., required research work within courses is not included. MPH students are noted with double asterisks.

Table 3.1e Student Involvement in Research*		
Student Name	Faculty	Project Title
2009-2010		
Allada, P**	Chen, V.	SEER Core Surveillance Grant and Patterns of Care Study
Berken, J	LaMotte, L.	Recruitment of Superior Students in Biometry
Bronson, M**	Peters, E.	FAMRI Young Clinical Scientist Award
Bronson, M**	Fontham, E.	Racial Differences in Prostate Cancer (PCaP)
Cadden, A**	Robinson, W	National HIV Behavior Surveillance Study in HBS
Cuffie, D**	Phillippi, S.	Louisiana Mental Health Juvenile Justice Action Network
Cuffie, D**	Phillippi, S.	Louisiana Models for Change
Chotalia, J**	Theall, K.	Contextual Effects Impacting Adolescent Health
Cole, L**	Peters, E.	FAMRI Young Clinical Scientist Award
Cole, L**	Peters, E.	Surveillance of Precancerous Cervical Lesions

Table 3.1e Student Involvement in Research*		
Student Name	Faculty	Project Title
Fan, Y	Wu, X.	SEER – Special Study Patterns of Care/Quality of Care
Lee, M	Thompson, H.	Idea Networks of Biomedical Research Excellence
Mabile, E**	Peters, E.	Mentoring Oral Health Research in Louisiana
Mabile, E**	Theall, K.	Contextual Effects Impacting Adolescent Health
Ranganath, P**	Wu, X.	SEER – Special Study Patterns of Care/Quality of Care
Sherrer, L**	Sothorn, M.	Metabolic Syndrome–Prepubertal African Amer./Caucasian
Tompkins, B**	Wu, X.	SEER – Special Study Patterns of Care/Quality of Care
Zhang, X	Sothorn, M.	Metabolic Syndrome–Prepubertal African Amer./Caucasian
Zhang, X	Wu, X.	SEER – Special Study Patterns of Care/Quality of Care
Zhang, Z**	Chen, V.	SEER – Core Surveillance Grant
Zhang, Z**	Wu, X.	SEER – Special Study Patterns of Care/Quality of Care
Zhang, Z**	Fontham, E.	Racial Differences in Prostate Cancer (PCaP)
2010-2011		
Allada, P**	Wu, X.	SEER – Special Study Patterns of Care/Quality of Care
Allada, P**	Chen, V.	SEER – Core Surveillance Grant
Allada, P**	Wu, X.	Comparative Effectiveness of Treatments
Berken, J	Brennan, C.	Quality of Life in Prostate Cancer Project
Berken, J	LaMotte, L.	Recruitment of Superior Students in Biometry
Beyl, R	Gleckler, E.	Technology Acceptance Modeling
Brazeel, C**	Trapido, E.	Health Effects of MC252 Gulf Incident
Bronson, M**	Trapido, E.	Health Effects of MC252 Gulf Incident
Bronson, M**	Peters, E.	Genome Wide Admixture Scan for Multiple Myeloma
Bronson, M**	Gee, R.	The Louisiana Interception Care Project
Bronson, M**	Peters, E.	FAMRI Young Clinical Scientist Award
Burns, M**	Sothorn, M.	The Makin' Groceries Pilot Study
Chatry, M**	Broyles, S.	Pennington Biomedical Research Center
Chiaison, L**	Broyles, S.	Pennington Biomedical Research Center
Chotalia, J	Wu, X.	Comparative Effectiveness of Treatments
Chotalia, J	Chen, V.	SEER – Core Surveillance Grant
Chotalia, J	Wu, X.	Validation of PROMIS in Diverse Cancer Populations
Cole, L	Chen, V.	SEER – Core Surveillance Grant
Cole, L	Peters, E.	Genome Wide Admixture Scan for Multiple Myeloma
Cole, L	Trapido, E.	Health Effects of MC252 Gulf Incident
Cole, L	Peters, E.	Monitoring The Impact of Prophylactic HPV Vaccine
Hayden, J	Brennan, C.	Quality of Life in Prostate Cancer Project
Love, N**	Robinson, W.	Statewide Needs Assessment for Persons Living with HIV/AIDS
Liu, Y**	Wu, X.	Comparative Effectiveness of Treatments for Localized Prostate Cancer
Liu, Y**	Wu, X.	Validation of PROMIS in Diverse Cancer Populations
Mabile, E**	Peters, E.	Surveillance of Precancerous Cervical Lesions
Mabile, E**	Trapido, E.	Health Effects of MC252 Gulf Incident
Mabile, E**	Peters, E.	Monitoring The Impact of Prophylactic HPV Vaccine
Nezelek, D	Mercante, D.	Recruitment of Superior Graduate Students in Biostatistics
Peak, K**	Harrington, D.	Louisiana Public Health Institute – Air Quality
Sherrer, L**	Thomas, S.	Tobacco Control Initiative Program
Tatini, P**	Wu, X.	Comparative Effectiveness of Treatments
Xu, Y	LaMotte, L.	Determinants of Human Longevity and Health Aging
Yang, S	Chen, V.	Enhancing Cancer Registry Data Comparative Effectiveness Research
2011-2012		
Arguello, A**	Sothorn, M.	Obesity Child Care Initiative
Augustus, A**	Sothorn, M.	Dillard – LSUHSC Minority Health and Health Disparities Research Center - Research Core
Berken, J	Brennan, C.	Quality of Life in Prostate Cancer Project
Beyl, R	Volufova, J.	Metabolic Syndrome-Prepubertal African American/Caucasian
Blaha, O	Trapido, E.	Developing Research Resources
Bronson, M**	Trapido, E.	Health Effects of MC252 Gulf Incident
Bronson, M**	Peters, E.	Genome Wide Admixture Scan for Multiple Myeloma
Bronson, M**	Trapido, E.	Women and Their Children's Health Study
Bronson, M**	Gee, R.	Norman F. Gant/ABOG
Brown, M	Gruber, D.	National HIV Behavior Surveillance Study in HBS
Bryant, A**	Moody-Thomas, S	Louisiana Public Health Institute
Chotalia, J	Chen, V.	SEER – Core Surveillance Grant
Cole, L	Chen, V.	SEER – Core Surveillance Grant
Cole, L	Trapido, E.	Health Effects of MC252 Gulf Incident

Table 3.1e Student Involvement in Research*		
Student Name	Faculty	Project Title
Danos, D	Wu, X.	Louisiana Public Health Institute
Du, R	Fang, Z	Enhance microRNAs Research through Bioinformatics Tool Development
Fan, Y	Wu, X.	LTR Occupation and Industry Data
Hammack, A	Phillippi, S	Youth Empowerment Project
Hayden, J	Brennan, C.	Quality of Life in Prostate Cancer Project
Hayes, C	Robinson, W.	Teen Outreach Program (TOP)
James, M**	Peters, E.	Women and Their Children's Health Study
Landry, I**	Wu, X.	Comparative Effectiveness of Treatments
Lee, M	Thompson, H.	Idea Networks of Biomedical Research Excellence (INBRE)
Leonardi, C	Scribner, R.	Community Influences on NHANES Diet and Physical Activity
Li, L	Simonsen, N.	Epidemiology of Ovarian Cancer in African American Women
Li, L	Chen, V/Wu, X.	LTR Precancerous lesion of the cervix
Liu, Y**	Wu, X.	Comparative Effectiveness of Treatments
Lynch, M	Wu, X.	LTR-CEASAR Study
Matta, I**	Wu, X.	LTR-CEASAR Study
Mohler, M	Sothorn, M.	Obesity Child Care Initiative
Nezelek, D	Mercante, D.	Recruitment of Superior Graduate Students in Biostatistics
Peak, K**	Diaz, J.	Gulf Coast Children's Health Study (RTI)
Rosales, C**	Peters, E	Women and Their Children's Health Study
Sullivan, S	Peters, E	Women and Their Children's Health Study
Wang, R	Trapido, E.	Women and Their Children's Health Study
Xu, Y	Mercante, D.	Special Projects of National Significance – Dental School
Xu, Y	Robinson, D	Teen Outreach Program (TOP)
Yang, S	Chen, V/ Wu, X.	CDC Enhancing Comparative Effectiveness Research
Zhou, Y	Mercante, D.	Biostatistical Support for Research Projects

*This includes only research participation for which students did not receive academic credit.

** MPH students' participation in research

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

This criterion is met.

Strengths

Although faculty members in the School have long been involved in research, the School's decision to create an ORPH has been a milestone in developing policies, coordinating efforts, mentoring faculty members and students, and preparing and monitoring research activities and productivity. The creation of a web presence and database for research has also been a major accomplishment, and will continue to become more complete and useful. Research productivity is high, with nearly every faculty member being involved in research. Among those who are not yet funded, all have been submitted or been part of research applications. Another strength is the breadth of research support – federal, state, and local governmental agencies, NGOs, research corporations, and from other universities. This breadth will be helpful when funding becomes more limited in any one source.

The two newest PhD programs (i.e., EPID and CHS) have also increased the amount of research in which students participate. As these degree programs mature, in addition to the BIOS PhD Program, student involvement in research will certainly become greater. The requirement for all students to take CITI training in the responsible conduct of research has also been an important addition to research training.

Research at the SPH continues to focus on the populations and health issues of Louisiana. The studies related to the Gulf Oil Spill, and the health effects of the trailers that residents of Louisiana used after Hurricanes Katrina and Rita are two prominent examples, as are all studies associated with the LTR SEER Program and programs in early childhood and adolescent obesity. The addition of SPH-dedicated laboratory space is already allowing expansion of the breadth of research in the School.

Student involvement in research within community settings is also strong. Much of the research has taken place within the cancer control and HIV/AIDS areas, but this has been augmented by involvement in communities affected by the oil spill, and with the Louisiana DHH. Students have created new public health knowledge through research and disseminated findings through presentations and publications at the local and national levels.

Importantly, the leadership of the LSUHSC values public health research. Bringing the physical location of the SPH within the same complex as the Schools of Medicine, Nursing, Allied Health and Graduate Studies is one example, as is making all of the shared resources/labs of the LSUHSC accessible. The SPH has joint research with the other LSUHSC Schools, and close ties with senior leadership and research faculty members at all of their schools.

Weaknesses

Because of budget limitations and position caps, it has been difficult to grow research infrastructure and for funding pilot research. There are several substantive areas where recruiting faculty would be helpful for enhancing research. Obtaining research funding from federal agencies has become more competitive due to limited funds. This increased competition demands faculty members spend more time writing grant applications for less financial return. However, this funding situation is not unique to the LSUHSC SPH. Training grants are difficult to obtain until the SPH has a larger number of PhD graduates and CEPH accreditation.

Future Plans

The SPH plans to add staffing to the ORPH, and hopes to obtain money for supporting pilot studies and research training. Laboratory space has been obtained, but the SPH intends to seek more space and importantly, obtain more laboratory equipment. Full implementation of new grant procedures will continue to be a goal. The School will also strengthen its mentorship training, and will develop and implement a plan for evaluating the mentoring enterprise. Finally, the ORPH will improve its ability to track publications, presentations, and grants through requests for semi-annual updates from faculty. The SPH will expand efforts to seek alternative sources of research funding, beyond those of the usual federal agencies. Dr. Trapido will apply for an Institutional Research Training Grant as the SPH has additional doctoral graduates. The School anticipates working with the University of New Orleans (UNO) in research as well, especially since the former Program Director of Health Policy and Systems Management, Dr. Peter Fos, has recently become the [President of UNO](#).

In the next Strategic Plan, we will be adding new goals and objectives that recognize other aspects of fostering a strong research environment. Examples might include measures reflecting the percent of proposals that are scored, and the proportion that are funded. This will be particularly useful in teaching the success of our research mentoring program. We may also consider objectives to measure the impact of research on the community, where relevant.

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

3.2a A description of the program's service activities, including policies, procedures and practices that support service.

Consistent with our mission, the SPH has been and is currently engaged in a substantial number of funded service activities, with particular emphasis on working with Louisiana organizations and serving the people of Louisiana. Faculty members sustain relationships with state and local public health agencies, and with national agencies such as the CDC and HRSA for funded activities. Service activities have included cancer screening and control, HIV/AIDS services, tobacco cessation services, juvenile justice, efforts to improve birth outcomes, and others. Core faculty members involved in funded service activities are 30%, 26% and 26% in 2009-10, 2012-11, and 2011-12, respectively.

We define public health service according to nine of the ten essential public health services detailed by the Centers for Disease Control and Prevention, the tenth one being research. The nine services are: monitoring health status, diagnosing and investigating health problems and hazards; informing, educating, and empowering people about health issues; mobilizing community partnerships; developing policies and plans that support individual and community health; enforcing laws and regulations that protect health; linking people to needed services; assuring a competent public and personal health care workforce; and evaluating health services. These differ from research which is defined as seeking new insights and innovative solutions to health problems.

Section 3.1 addresses research efforts only and student involvement in research. Section 3.2 concerns service projects and students and faculty involved in those efforts. Often, funded service activities at the School give rise to research questions which MPH students address as a research project. This integration is a strength since it advances knowledge while filling a public health need in the community. We have not "double counted" a funded project for both purposes.

The Louisiana Tumor Registry (LTR) is both a public health practice program, as it is responsible for statewide cancer surveillance and a research program because of the research it conducts on the epidemiology of cancer. In 1995, the LTR was transferred from the OPH to the LSU Board of Supervisors. Since then, the LSUHSC has been responsible for the cancer registry program. In 2001, after a rigorous competitive application process, the LTR was selected as one of four new expansion registries to join NCI's prestigious SEER program. Every healthcare provider in Louisiana is required by law to report cancer diagnoses information to the regional registries, which work with them to ensure complete state coverage. Dr. Xiao-Cheng Wu leads the LTR.

The Tobacco Cessation Initiative (TCI) seeks to reduce the prevalence of tobacco use within the state hospital patient population by: (1) identifying all tobacco users; (2) identifying those evidence-based interventions that are both appropriate for and acceptable to patients; and (3) cost-effectively providing those interventions to patients, when possible. The initiative follows the evidence-based guidelines of the US Public Health Service (USPHS). The TCI provides these treatment options which include, but are not limited to, self-help material, smoking cessation classes, facilitated access to the Louisiana quit-line (proactive telephone counseling via faxed referral), pharmacotherapy options, and social support. Dr. Sarah Moody-Thomas provides the leadership for the TCI.

The Cancer Prevention and Control Programs, under the direction of Dr. Donna Williams, include the LCCCP and the LBCHP. Comprehensive cancer control is defined as an integrated and coordinated approach to reduce cancer incidence, morbidity and mortality through prevention, early detection, treatment, rehabilitation and palliation. The LBCHP provides low-income, uninsured women in Louisiana with access to comprehensive breast and cervical cancer early detection services.

Delta Region AIDS Education and Training Center (AETC) provides HIV continuing education to clinicians in Louisiana, Mississippi and Arkansas. Funding is provided by HIV/AIDS Bureau, Health Resources and

Services Administration (HRSA) under the Ryan White HIV/AIDS Program. The Central Office and Louisiana site are based at the SPH. Ronald Wilcox, MD serves as the Director of the Center.

The SPH has been engaged by the Louisiana OPH's Family Planning Program to conduct a rigorous evaluation of a statewide teen pregnancy prevention intervention, the Teen Outreach Program® (TOP). The intervention has been funded as part of the Teen Pregnancy Prevention Program of US Department of Health and Human Services Office of Adolescent Health. Dr. William Robinson directs this project.

The School's expectations regarding unfunded service are inherent in the School's mission. Unfunded service activities can take many forms including professional service (e.g., service on professional boards and committees, review panels, study sections), and community service that contributes to the advancement of public health practice (e.g., presentations to the lay public on public health or service on local, state, & national public health practice and policy committees). The students perform service work, whether through the practice experience, SGA projects, or independent study, that is intended to be responsive to community needs.

Faculty members have ongoing relationships with local community-based agencies such as the ACS and the New Orleans Regional AIDS Coalition, demonstrating community service. Faculty members serve professionally as members of national and state boards, committees, and panels; by giving legislative testimony; and as members of organizing committees for national meetings.

The SPH requires practice experience and capstone projects of all MPH students. These are opportunities for direct involvement with the public health community that is beneficial to both the student and the community. These projects can be student initiated and are often accomplished through ongoing relationships with agencies such as the City of New Orleans Health Department, the Office of Public Health and the Louisiana Public Health Institute.

Many faculty members have ongoing relationships in the public health community for consultation. The SPH strives to be an important resource to the community. One of the ways the SPH's mission can best be accomplished is through providing public health expertise to the community.

The importance of service is illustrated through its place in the promotions and tenure process. Service is one of four areas considered in the process. Program Directors review community, professional, and scholarly service each year with each faculty during the annual evaluation process. The [LSUHSC Faculty Handbook](#) further encourages community service related to the faculty member's discipline.

Faculty members are expected to engage in service to the LSUHSC as defined in the [LSUHSC Faculty Handbook](#) and evaluated annually. Faculty members demonstrate scholarly service through almost 300 instances of serving as reviewers in an editorial capacity for academic journals.

[PM-11](#) states that any outside employment shall not conflict with university service and must be submitted for approval. Employees are not restricted in their voluntary community activities by PM-11 and the School is well represented in voluntary activities. Research or service activities for which faculty members receive compensation must be reviewed and approved prior to undertaking such activities. Louisiana law R.S.24:56(E)] allows state employees to educate and provide factual information, but not to lobby, so advocacy efforts by the SPH are limited. However, this law does not interfere with employees' rights to express opinions on a personal basis not representing the University.

Table 3.2a Funded Service Activities				
Project Title	Faculty	% Salary	Salary \$\$\$	Grand FY Total \$\$\$
2009-2010				
Ryan White HIV/AIDS Dental Reimbursement Program	Rung, A	3	4,070	Non SPH grant
HIV Outpatient Clinic	Frontini, M	80	64,000	Non SPH grant
Biostatistical Consulting Services to DHH OPH SEET	Yu, Q	1	795	1,142
LA Breast and Cervical Health Program	Williams, D	45	42,336	700,340
	Nuss, H	40	30,000	
Cancer Information Service	Williams, D	0	-	23,178
HIV/AIDS Program – DHH Professional Service	Fontham, E	0	-	1,627,007
	Gruber, D	75	63,912	
	Robinson, W	42	33,022	
LSUMC – Fry Foundation	Williams, D	0	-	9,757
National Breast & Cervical Cancer Early Detection Program	Williams, D	0	-	1,620,403
	Nuss, H	0	-	
National Comprehensive Cancer Control Program	Williams, D	15	14,191	225,478
	Brown, C	7	4,847	
	Nuss, H	33	24,603	
National Comprehensive Cancer Control Program - Prostate	Williams, D	5	4,730	72,143
	Brown, C	9	6,059	
National Comprehensive Cancer Control Program – Colorectal	Williams, D	5	4,730	59,023
	Brown, C	9	6,059	
Louisiana SPH Information Exchange Project	Fontham, E	0	-	13,361
LA Fit Colon Program	Williams, D	5	4,730	342,393
Louisiana Cancer and Lung Trust Board	Fontham, E	0	-	2,295
PFIZER – Moments in Leadership	Fontham, E	0	-	10,348
Regional Comprehensive Cancer Control Activities Region 1	Williams, D	0	-	49,793
New Orleans Breast Program	Williams, D	0	-	156,546
Louisiana Comprehensive Cancer Control Program	Williams, D	0	-	26,368
Project Director – Models for Change Grant	DePrato, D	44	109,503	139,918
HCSD – Expansion, CLIQ, Disease Management, Systems Project	Fontham, E	0	-	1,827,243
	Xiao, K	90	84,321	
Models for Change: Systems Reform in Juvenile Justice	DePrato, D	32	78,216	164,299
HIV/AIDS Alliance Region II	Brennan, C	6	4,851	7,515
LA Capital Area HSD	Diaz, J	2	3,139	4,774
Tobacco Cessation Initiative	Thomas, S	54	97,905	838,280
	Brown, C	7	4,407	
	Tseng, T	40	31,968	
Louisiana Mental Health Juvenile Justice Action Network	Phillippi, S	3	2,146	52,640
Louisiana Models for Change	Phillippi, S	97	83,702	235,700
Nurse Family Partnership	Brennan, C	7	5,821	545,588
Juvenile Justice Program	Kendrick, R	100	86,625	7,573,624
	Glindmeyer, D	100	83,349	
	Mamon, L	100	36,663	
	Valliere, J	10	8,362	
	Bowers-Stephens, C	80	23,333	
	Wood, A	76	63,379	
	Cruise, K	60	10,852	
	Evans, L	100	13,782	
Provide Doctoral Level Epidemiological Consultation Services	Fontham, E	4	12,297	17,663
LA Tobacco Cessation/Disease Management Program	Thomas, S	0	-	107,829
Provide Formal Linkage Between OPH, Maternal & Child	Valliere, J	90	75,254	113,869
Total				\$16,568,517

Project Title	Faculty	% Salary	Salary \$\$\$	Grand FY Total \$\$\$
2010-2011				
Ryan White Title IV – Provide Staff for the Family Advocacy, Care and Education Service Clinic	Wilcox, R	17	23,993	non SPH grant
LA Breast and Cervical Cancer Health Program	Williams, D	41	40,154	672,866
	Nuss, H	20	13,750	
HIV/AIDS Program – DHH Professional Services	Fontham, E	0	-	1,606,369
	Gruber, D	55	17,959	
	Robinson, W	80	56,980	
	Wendell, D	100	73,091	
National Breast & Cervical Cancer Early Detection Program	Williams, D	0	-	1,661,874
	Nuss, H	0	-	
National Comprehensive Cancer Control Program	Williams, D	24	22,958	287,846
	Brown, C	7	4,406	
	Nuss, H	20	13,750	
National Comprehensive Cancer Control Program- Prostate	Williams, D	10	9,271	52,735
	Brown, C	7	4,406	
National Comprehensive Cancer Control Program- Colorectal	Williams, D	7	7,064	46,270
	Brown, C	7	4,406	
National Comprehensive Cancer Control Program- Patient Navigators	Williams, D	4	3,532	115,723
Louisiana SPH Information Exchange Project	Fontham, E	0	-	5,091
Regional Comprehensive Cancer Control Activities – Region 1	Williams, D	0	-	99,462
Louisiana Comprehensive Cancer Control Program	Williams, D	0	-	101,623
New Orleans Breast Program	Williams, D	0	-	145,856
LPHI – Survey Data Coordinators – Positive Charge Initiative	Fontham, E	0	-	12,640
Breast Center at the Interim LSU Public Hospital	Williams, D	0	-	22,546
HCSD-Expansion, CLIQ, Disease Management, Systems Project	Fontham, E	0	-	1,899,554
	Xiao, Ke	85	72,862	
Models for Change: System Reform in Juvenile Justice	DePrato, D	75	172,076	365,356
HIV/AIDS Alliance Region II	Brennan, C	20	13,906	24,697
DHH – LA Birth Outcomes Initiative	Gee, R	54	80,208	127,483
Evaluation of the Louisiana Answers for Living at Home	Harris, R	27	29,613	58,782
Chronic Disease Stanford Management Program	Harris, R	5	5,429	13,350
Parent's Guide to Juvenile Justice Laws in Louisiana	Harris, R	2	2,369	5,985
Tobacco Cessation Initiative	Thomas, S	40	66,537	779,725
	Brown, C	21	12,669	
	Tseng, T	40	29,333	
Louisiana Models for Change	Phillippi, S	100	78,318	209,726
Nurse Family Partnership	Brennan, C	8	5,983	706,679
Demonstrating the Capacity of Comprehensive Cancer	Williams, D	0	-	41,028
Juvenile Justice Program	Kendrick, R	100	43,313	1,673,356
	Glindmeyer, D	68	21,235	
	Valliere, J	2	1,394	
	Bowers-Stephens, C	15	4,667	
Provide Doctoral Level Epidemiological Consultation Services	Fontham, E	4	11,272	17,663
LA Tobacco Cessation/Disease Management Program	Thomas, S	15	24,951	194,159
Provide Formal Linkage Between OPH, Maternal & Child	Valliere, J	98	75,254	123,742
Total				\$11,072,18

2011-2012				
Project Title	Faculty	% Salary	Salary \$\$\$	Grand FY Total \$\$\$
Tobacco Cessation/Disease Management Program	Thomas, S	14	25,177	Non SPH grant
LA Breast and Cervical Health Program	Williams, D	40	42,384	683,765
	Nuss, H	20	15,000	
HIV/AIDS Program – DHH Office of Public Health	Fontham, E	0	-	1,666,809
	Robinson, W	32	24,605	
	Wendell, D	92	73,940	
National Comprehensive Cancer Control Program Breast and Cervical Program	Williams, D	0	-	1,742,203
National Comprehensive Cancer Control Program BR	Williams, D	25	26,490	307,165
	Brown, C	10	6,609	
	Nuss, H	20	15,000	
National Comprehensive Cancer Control Program	Williams, D	7	7,286	89,029
	Brown, C	12	8,262	
National Comprehensive Cancer Control Program	Williams, D	6	5,960	64,435
	Brown, C	7	4,957	
LA Public Health Information Exchange	Williams, D	0	-	2,856
	Wendell, D	3	2,022	
Louisiana Comprehensive Cancer Control Program – Region 3 Activities	Williams, D	0	-	91,549
LPHI – Surv. Data Coordinators – Positive Charge Initiative	Fontham, E	0	-	12,044
	Wendell, D	5	4,038	
Breast Center at the Interim LSU Public Hospital	Williams, D	0	-	136,247
DHH Chronic Disease Epi	Ferguson, T	5	3,692	99,414
	Chen, L	2	903	
Informatics & Telemedicine – Disease Management	Fontham, E	0	-	72,919
	Xiao, K	53	49,969	
Models for Change: Systems Reform in Juvenile Justice	DePrato, D	58	143,171	397,264
Models for Change: Systems Reform in Juvenile Justice	DePrato, D	18	44,548	
HIV/AIDS Alliance Region II (HAART)	Brennan, C	24	19,303	31,402
DHH- LA's Birth Outcomes Project	Gee, R	54	87,500	128,725
Chronic Disease Stanford Management Project	Harris, R	5	5,774	11,070
LA DHH – Office of the Secretary – Birth Outcomes	Wightkin, J	35	39,139	39,139
Public Health Issues – 2012 IOM Report	Honore, P	1 mo @75	10,813	14,597
LA Tobacco Cessation Initiative	Thomas, S	49	88,849	922,647
	Brown, S	10	6,609	
	Tseng, T	75	60,000	
Louisiana Models for Change	Phillippi, S	79	70,530	190,264
Nurse Family Partnership	Brennan, C	10	7,762	509,517
Tides Foundation Award	Phillippi, S	10	8,585	38,051
OPH Teen Outreach Program (TOP)	Robinson, W	48	37,555	293,496
Survivorship Support in Young Women with Breast Cancer	Williams, D	7	7,947	60,205
	Chiu, Y	2	1,324	
	Fontham, E	1	2,283	
Provide Doctoral Level Epidemiological Consulting Services	Fontham, E	5	13,494	19,175
Provide Formal Linkage Between OPH, Maternal & Child	Valliere, J	100	83,616	126,801
Total				\$7,736,191

3.2b A list of the program's current service activity, including identification of the community groups and nature of the activity over the last 3 years.

The SPH faculty demonstrates a significant amount of service in the local community, state-wide as well as national organizations. Within the state-wide community, the SPH has provided board-level leadership to the Louisiana Public Health Institute, NOAIDS Task Force, local American Cancer Society; as well as active participation in Susan G. Komen Foundation, Louisiana Tobacco Free-Living Program Steering Committee, the Louisiana Cancer Control Partnership Executive Committee and numerous others. Leadership in professional organizations is strong including the American College of Epidemiology, the national American Cancer Society, the North American Association of Central Cancer Registries, and the National Institutes of Health and others.

The following tables are representative professional and community services. Scholarly service can be found in the Appendix. The majority of the core faculty engages in professional service in a leadership capacity on the local, state, regional, national, and international levels. Faculty interests include cancer, women's health, environmental health, statistics, chronic diseases, fall prevention, HIV/AIDS and more. Faculty members provide community service primarily in the New Orleans area in many of the same interest areas.

Table 3.2b1 List of current service activities in roles of professional leadership				
Professional Leadership Faculty	Organization	2009-10	2010-11	2011-12
Brennan, C	Commission on Collegiate Nursing Education	X	X	X
Brisolara, K	Institute of Professional Environmental Practice-Academic Advisory Committee			X
	Water Environment Federation – Delegate			X
	Georgia Environmental Health Association – Board of Directors			X
	Water Environment Federation – Academic Committee			X
	Water Environment Federation – Residuals and Biosolids			X
Chen, V	Louisiana Cancer Control Partnership – Executive Committee	X	X	X
	Behavioral Risk Factor Surveillance System, Louisiana Advisory Committee			
	Medical Center of Louisiana at New Orleans – Cancer Committee	X	X	X
	IACR Conference Program Committee	X		
	NAACCR Strategic Management Oversight Board Member		X	
	IACR Conference Program Committee	X		
	NAACCR Strategic Management Oversight Board Member		X	
	IACR Nominating Committee			X
	NAACCR Nominating Committee Chair		X	
	NAACCR Institutional Review Board Member	X		
Diaz, J	Vital Records Review Panel, LA Dept of Health and Hospitals	X	X	X
	Society of the American College of Occupational and Environmental Medicine, Mid-South Environmental and Occupational Medical Component – President	X		
Ferguson, T	American Heart Association (AHA) Interdisciplinary Committee on Prevention			X
	AHA Council on Epidemiology and Prevention			X
Fontham, E	ACS – National Board of Directors	X	X	
	ACS – President	X		
	ACS – Past President		X	
	ACS – Mission Outcomes Committee	X	X	X
	ACS – Research and Medical Affairs Operations Advisory Group		X	X
	ACS – Cancer and Environment Subcommittee	X	X	
Fos, P	ACS – National Board Advisory Committee for Transformation		X	X
	National Center for Spectator Sport Safety and Security Advisory Board	X	X	X

Professional Leadership Faculty	Organization	2009-10	2010-11	2011-12
Gee, R	President-elect Obama transition team: Agency review for US DHHS Office of Public Health and Science	X		
	March of Dimes and National Association of Public Hospitals – An Innovative Collaborative to Implement a Perinatal Quality Initiative to Reduce Elective Deliveries before 39 Weeks Gestation – Panel Member			X
	CDC Select Panel on Preconception Care			X
	Milbank Memorial Fund National Expert Panel on Birth Outcomes			X
	NIH Panel on Reforming Biomedical Careers for Women – Co-chair	X		
	NICHD Planning Director for Series of Conferences on the Future of Contraception	X		
	Ohio Governor's Taskforce on Women	X	X	
	Public Policy Committee – Maternity Care Coalition	X		
	American College of Obstetrics and Gynecologists – Clinical Practice Guidelines for Gynecology Committee Member	X	X	
	IOM Board on healthcare Services, Washington DC		X	X
	Testimony before the Institute on Medicine "Evidence based medicine process for the American College of Obstetricians and Gynecologists" – Washington DC		X	
Harrington, D	ASPH OPH Exam Study Guide Item Writer, Environmental Health Sciences Section		X	
Harris, R	Policy, Advocacy, and Sustainability Committee, Louisiana Fall Prevention Coalition, LA DHH, Chair	X	X	
Hu, C	LA DHH OPH Section of Environmental Epidemiology – Technical Advisor	X	X	
Lee, K	American Statistical Association, LA Chapter, Vice-President			X
Moody-Thomas, S	Multistate Collaborative for Health Systems Change, National Steering Committee	X	X	X
Peters, E	NAACCR GIS Committee	X	X	X
	NAACCR Confidentiality Committee	X	X	X
	NAACCR Data Use and Research Committee	X	X	X
	NAACCR Annual Meeting Planning Committee	X	X	X
Phillippi, S	American College of Epidemiology Ethics Committee		X	X
	Building Blocks of Change: Challenging Social Determinants Meeting – Delegate	X		
Robinson, W	Louisiana DHH Institutional Review Board		X	X
	CDC HIV/AIDS Surveillance Data Analysis and Dissemination Working Group	X	X	X
Simonsen, N	Prevention Research Center, Tulane University, Community Advisory Board	X	X	X
Sothorn, M	The Obesity Society Scientific Meeting Planning Committee	X	X	X
	The Obesity Society Childhood Obesity Working Group	X	X	X
	ASPH Maternal and Child Health Council	X	X	X
	Clinton Foundation/American Heart Association/ Joint Committee on Childhood Obesity	X	X	X
	NAASO: The Obesity Society – Elected Council Member	X	X	X
	Windward Islands Research and Education Foundation – Scientific Advisory Board			X
	CDC Ad Hoc Expert Committee on the Prevention and Treatment of Obesity	X	X	X
Tortu, S	National Board of Public Health Examiners	X	X	X
Trapido, E	American College of Epidemiology Secretary	X	X	X
	American College of Epidemiology President Elect			X
Velasco, C	MidSouth Computational Biology & Bioinformatics Society – Board of Directors	X	X	X
Volafova, J	American Statistical Association – Fellow			X
Williams, D	Prevention Research Center, Tulane University – Community Advisory Board	X	X	X
Wu, X	NAACCR Data Use and Research Committee Chair	X	X	X
	NAACCR DURC Data Assessment Workgroup		X	X
	NAACCR Cancer in North America Production Committee Editor	X	X	X
	CDC Patterns of Care – Breast and Prostate Cancers Study Publication Committee	X	X	X

Professional Leadership Faculty	Organization	2009-10	2010-11	2011-12
Yu, Q	NAACCR Data Use and Research Committee	X	X	X
	American Statistical Association, LA Chapter, Secretary/Treasurer		X	
	American Statistical Association, LA Chapter, President	X		
	The Joint Statistical Meetings, Session Chair, Bayesian Statistical Science	X		
	Total Involvement in Community Organizations	47	47	48

Table 3.2b2 List of current service activities in roles of community service				
Faculty Engaged in Community Service	Organization	2009-10	2010-11	2011-12
Diaz, J	Emergency Management Committee, Medical Center of Louisiana at New Orleans	X	X	X
Ferguson, T	Women and Girls HIV/AIDS Conference Planning			X
Fontham, E	ACS, New Orleans, Executive Leadership Council	X	X	X
	ACS, MidSouth Division Board of Directors	X	X	
	Transition New Orleans , Co-Chair, Healthcare Task Force		X	
	Louisiana Public Health Institute – Board of Directors	X	X	X
	Louisiana Public Health Institute – Secretary/Treasurer	X	X	X
	Louisiana Public Health Institute – Finance Committee	X	X	X
	New Orleans Schweitzer Fellowship Program – Advisory Board	X	X	X
	Louisiana Cancer Control Partnership, Executive Committee	X	X	X
	Catholic Charities Archdiocese of New Orleans Board of Directors		X	X
	International Women's Forum – Louisiana Women's Forum	X	X	X
	Children's Hospital Guild – Life Member	X	X	X
Fos, P	St. Luke's Episcopal Health Charities – Board Member		X	X
Gee, R	Mayor-elect Mitch Landrieu transition team: Health Care Task Force		X	X
	Young Audiences, New Orleans – Board Member		X	X
	Bayou District Foundation, New Orleans – Board Member		X	X
	NAACP Health Policy Director	X		
Harris, R	Safe Community Coalition, Metropolitan Traffic Safety Commission, New Orleans		X	X
	Safe Community Coalition, City of Hammond, LA		X	X
	No Fall Zone, Florida Parishes Councils on Aging, Member		X	X
Hu, C	Mary Queen of Vietnam Community Development Corporation – Environmental Consultant	X	X	X
Lirette, D	Sierra Club – SPH liaison	X	X	X
Mercante, D	Louisiana Public Health Institute Advisory Committee Member		X	X
	Habitat for Humanity -Volunteer	X		
Moody-Thomas, S	Radio for the Blind, Volunteer Reader		X	X
Peters, E	Cancer Association of Greater New Orleans – Board Member	X	X	X
Phillippi, S	Governor's Initiative to Build a Healthy Louisiana Prevention Systems Committee	X	X	X
Rung, A	Jewish Community Center of New Orleans-Children's and Camp Committee			X
	Physical Activity Report Card on Louisiana's Children & Youth, Research Advisory Committee	X	X	X
Sothorn, M	The Cooper Institute – Scientific Consultant		X	X
	Louisiana Department of Health and Hospitals Ad Hoc Committee on Prevention and Treatment of Obesity – member	X	X	X
	Louisiana's Report Card on Children's Health-related Physical Activity	X	X	X
	Xavier University/ Jefferson Parish Healthy Communities Project – Advisory Board			X
	Academic Distinction Fund, Baton Rouge			X
Tortu, S	NO/AIDS Task Force Board of Trustees	X	X	X
Trapido, E	ACS, New Orleans – Executive Leadership Council			X
Williams, D	ACS, New Orleans – Executive Leadership Council		X	X
	Total Involvement in Community Organizations	20	31	34

3.2c Identification of 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 3 years.

Table 3.2c Outcome Measures for Service Efforts				
Outcome Measure	Target	2009-10	2010-11	2011-12
The faculty and staff will make continuing education available to professionals and/or community members, reaching 2000 individuals or more annually.	100+ events 2000+ participants	96 events 3148 participants	95 events 2058 participants	70 events 2175 participants
At least 40% of core faculty will serve on advisory boards, committees and task forces of community and professional organizations annually.	40+%	23/37 (62%)	23/35 (66%)	26/39 (66%)
Establish and convene the CLAB at least twice annually to discuss community needs and opportunities beginning 2011-12.	Meet 2x/year beginning 2011-2012	na	na	4/24/2012 5/1/2012 9/12/2012
Annually, at least 50% of standing committees established by Faculty Assembly By-Laws have at least one student member and students are included on ad hoc committees and workgroups as appropriate.	50+% of FA standing comm have student members and additional membership on ad hoc comm	60%	60%	60%
At least 25% fulltime MPH students participate in SGA-sponsored and other community service projects annually.	25+%	34%	27%	35%
Each year 2 or more eligible first-year students apply for and receive service fellowships (e.g. Albert Schweitzer Fellowship Program).	2 or more	4	4	2

3.2d A description of student involvement in service.

Students have the opportunity to be involved in a broad variety of service activities on the LSUHSC campus and in the surrounding communities of Greater New Orleans. Activities include visible presence in local fundraisers, improvement of public parks, education/outreach efforts, rebuilding New Orleans, and working with organizations addressing disparities. These events also serve the students as social networking events that help to prepare them for the competitive job market.

Students are made aware of service opportunities through the SGA. The SGA provides announcements at its regular meetings, sends out regular emails and a monthly electronic newsletter, and has a calendar on its webpage where events are posted. Additionally, the OASA regularly sends emails about such opportunities to all students.

The SGA began keeping records on service activities in 2011-2012. The SGA sponsored four voluntary service activities in 2011-2012 with 17 participants. Additional voluntary community service in which students were involved during the three year period include LA Bucket Brigade, Komen Race for the Cure, Rebuild Storyland, Leukemia and Lymphoma Society, Children's Hospital, Our Lady of the Lake Hospital, Ronald McDonald House, and others. Further, students are very active in participating in funded service projects through serving as student workers and graduate assistants, particularly in HIV/AIDS and cancer. In year 2009-10 through 2011-12, approximately ten students per year worked with faculty on a number of different service projects in addition to their voluntary community work noted previously. (See Table 3.2d).

Thirteen SPH students have garnered prestigious fellowships with the [New Orleans Albert Schweitzer Fellowship Program](#) since its establishment in 2007. This fellowship provides funded service learning

through annually selected cohorts from student applicants. Schweitzer Fellows, upon completion of their fellowship, enter the “Fellows for Life” thus engendering a lifelong commitment to service.

Table 3.2d Student Involvement in Service Programs*		
Student Name	Project Director	Project Title
2009-10		
Burton, J	Kendrick, R	Juvenile Justice Program
Sherrer, L	Thomas, S	Tobacco Cessation Initiative Program
Spizale, L	Williams, D	Louisiana FIT Colon Program
Speeg, S	Gruber, D	DHH Pro Services HIV/AIDS Program
Siddegowda Bangalore, B	Chen, V	Louisiana Tumor Registry (LTR) Services to LSUIH
Thierry, A	Williams, D	Comprehensive Cancer Control Program
Walch, A	Williams, D	Comprehensive Cancer Control Program - Prostate
Walch, A	Williams, D	Comprehensive Cancer Control Program - Colorectal
Weed, P	Williams, D	Louisiana Breast and Cervical Health Program
2010-2011		
Augustus, A	Sothorn, M	DHH OPH Childhood Obesity Initiative
Burton, J	Kendrick, R	Juvenile Justice Program
Guthrie, K	Wilcox, R	Delta AIDS Education Training Center
Mohler, M	Williams, D	Comprehensive Cancer Control Program
Mohler, M	Williams, D	Comprehensive Cancer Control Program - Prostate
Mohler, M	Williams, D	Comprehensive Cancer Control Program - Colorectal
Thierry, A	Williams, D	Comprehensive Cancer Control Program
Zhang, L	Williams, D	Louisiana Breast and Cervical Health Program
2011-2012		
Coorpender, S	Mercante, D	Recruitment of Superior Graduate Students in Biostatistics
Davis, R	Williams, D	Demonstrating the Capacity of Comprehensive Cancer
Davis, R	Williams, D	Comprehensive Cancer Control Program - Colorectal
Davis, R	Williams, D	Comprehensive Cancer Control Program
Davis, R	Williams, D	Comprehensive Cancer Control Program - Prostate
Gaston, S	Brennan, C.	Nurse Family Partnership
Guthrie, K	Wilcox, R.	Delta AIDS Education Training Center
Mohler, M	Williams, D.	Comprehensive Cancer Control Program - Colorectal
Mohler, M	Williams, D.	Comprehensive Cancer Control Program - Prostate
Rome, K	Williams, D	Survivorship Support in Young Women with Breast Cancer in S. Louisiana
Rouse, Z	Williams, D.	Comprehensive Cancer Control Program - Patient Navigators
Zhang, L	Williams, D.	Louisiana Breast and Cervical Health Program

*Paid student workers in service programs; does not include practice experiences.

3.2e Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

Faculty members demonstrate a wide variety of service activities through which they contribute to the advancement of public health practice. Our close ties to the Louisiana OPH are one of the greatest strengths in our organizational setting as a state institution. Both the state health department and the SPH benefit greatly from the numerous collaborations which include but are not limited to: the HIV/AIDS program (Ryan White), the Nurse-Family Partnership, the Louisiana Tumor Registry, the Louisiana Comprehensive Cancer Control Program, the Louisiana Birth Outcomes Initiative at the DHH and more. Despite the fact that the SPH and the health department are both state entities, academic institutions can have more flexibility in hiring, moving quickly and in securing additional funding sources, and our institutions work collaboratively to address opportunities in the most effective manner available. Shared faculty, staff, and programs enhance practice experience and other learning opportunities for our students as well. Public health practice in Louisiana is certainly stronger as a result of the collaborative work and partnerships with the state health department.

Weaknesses

Documentation of faculty community service at the local level, consistent with the School's mission of emphasis on Louisiana, could be improved. While individual community presentations are made by faculty, they are often not recorded on faculty CVs and thus are not systematically reported indicating a need for better data collection. Records of student activities indicate that a small group of students consistently participate in service activities; increased numbers of students in service activities would be an asset.

Future Plans

If additional funding were to become available, a Community Service Coordinator (part-time) would be useful for coordinating, increasing and tracking participation of faculty and students in mission consistent service activities.

In the absence of a paid community service coordinator, the School will continue to announce community service opportunities through an SPH Implementation Coordinator who compiles and sends out notices regarding community and school events and the Dean's Office/OASA will continue to keep records on school community service activities.

3.3 Workforce Development. *The program shall engage in activities that support the professional development of the public health workforce.*

3.3a A description of the program's continuing education activities, including policies, procedures and practices that support continuing education and workforce development strategies.

The School's training and continuing education activities are consistent with its mission and in line with its strengths in public health practice. The members of the public health workforce require continuing training to ensure they have the knowledge and skills to meet the population's needs. The majority of the training and continuing education is offered by the public health practice programs operating within or in partnership with the School including the Louisiana Comprehensive Cancer Control Program, the state HIV/AIDS Program, the Delta Region AIDS Education and Training Center (AETC), and the Juvenile Justice Program (JJP). These programs have offered continuing education credits for physicians, nurses, social workers, and health educators. Topics have included cancer screening and diagnosis, HIV care, program management, and youth intervention delivered through a variety of mechanisms including face-to-face conferences and workshops, video conferences, and webinars. In addition, the SPH has been involved in mentoring professionals who work in oral health, cardiovascular biology, and neurosciences. SPH faculty and staff involvement in training and continuing education occurs through direct provision, administration, and support such as evaluation.

The SPH workforce development programs are funded through grants and contracts. The funding for training and continuing education remained relatively stable with the exception of the discontinuation of the Juvenile Justice Program (see section 1.6 for details on JJP). Details on training grants and contracts can be found in the table in Section 3.2a.

The School offers continuing education for physicians, nurses, social workers, health educators, tumor registrars, and others. There were 96 events in 2009-10, 30 of which were community-based, serving over 3000 people. In 2010-11, there were 95 events, 39 community-based, with over 2000 attendees. In 2011-12, there were 70 events, 25 of which were community based, with over 2000 attendees.

The School promotes its continuing education through well-developed list-serves, websites, community-based organizations, and coalitions. While some of the trainings are limited to professionals with certain qualifications, such as MDs, many of the sessions, such as the cancer control webinars, are open to anyone who would like to register.

The [LSUHSC Continuing Medical Education](#) and [Continuing Nursing Education](#) offices provide formal policies and guidance on issues such as conflict of interest and disclosure, commercial support, and evaluation of educational activities. They provide guidance on developing continuing education activities including learning objectives and disclosure of commercial interest and provide accreditation for such activities.

The various SPH programs sponsoring professional development conduct periodic assessments of practitioner needs and preferences for continuing education. The LCCCP, for example, conducts an annual survey of stakeholder needs for continuing education via a web-based program which includes preferences on presentation format. In response, in 2010, LCCCP changed from a video conference format to a webinar format to better meet the needs of its audience. The Louisiana Tumor Registry uses reliability testing that is done at the national level to determine the needs of its stakeholders. The reliability testing shows where improvement in the workforce is needed. The Delta Region AETC continually collects information at each of its trainings. The evaluation form at each training asks the participants what needs they have and the Delta Region AETC responds to those results. The HIV/AIDS Program uses the Marguerite Casey Foundation Organizational Capacity Assessment Tool. This tool is administered to all of their stakeholder organizations to determine needs for future trainings.

All continuing education programs are evaluated by participants. At a minimum, each participant completes a form that provides quantitative and qualitative data for program improvement. The

evaluation process asks the participants to rate the program's purpose/goals, the program's specific objectives, the speaker's understanding and presentation of the topic, the relevance of the topic, the facilities, and the instructional materials. The tool also gives the participants the opportunity to give additional comments and suggestions.

3.3b Describe certificate programs or other non-degree offerings of the program, including enrollment data for each of the last 3 years.

The School does not have a certificate program.

Non-degree offerings: The MPH program permits individuals with bachelor degrees to further their professional training through enrollment as non-degree seeking students. Persons who later desire to matriculate can transfer nine credits earned with a grade of 'B' or better as a non-degree seeking student. Making these courses available provides opportunities for public health practitioners without MPH training.

Table 3.3b Non-degree Seeking Students		
Year	Number of Students	Credits
2009-10	14	45
2010-11	10	39
2011-12	16	88
TOTAL	40	172

3.3c A list of the continuing education programs offered by the program, including number of students served, for each of the last 3 years.

Table 3.3c Continuing Education Programs Offered by SPH from 2009-10 through 2011-12						
Program	Funding Source	Participant Number	Funding Period	Total Award	Amount for this period	Comm Based
2009-2010						
LA Comprehensive Cancer Control Program Provider Series	CDC		6/30/2007 - 6/29/2012	\$24,351/ \$1,890,326	\$7717/ \$372,237	
Colorectal Screening –The Essential Role Of Primary Care		103				X
Progress & Future Directions in Head and Neck Cancer		68				X
Controversies over Current Recommendations for Breast Cancer Screening		91				X
Update on Prostate Cancer and PSA		57				X
HIV/AIDS Program Office						
HIV Prevention Counseling and Rapid Testing Training (2 day)	CDC	251	1/1/2008 - 12/31/2011		\$20,000	
HIV Clinical Testing Training (1/2 day)	CDC	41	1/1/2008 - 12/31/2011		\$15,000	
HIV Outreach Training	CDC	42	1/1/2008 - 12/31/2011		\$7,500	
Giving Rapid HIV Test Results	CDC	0	1/1/2008 - 12/31/2011		\$10,000	
HIV CT Training of Trainers	CDC	4	1/1/2008 - 12/31/2011		\$20,000	
Risk Management in Louisiana	CDC	11	1/1/2008 - 12/31/2011		\$3,000	
Case Management Training (2 day)	Ryan White, HRSA	52	4/1/2008 - 3/31/2011		\$10,000	
New Case Managers' Orientation (1 day)	Ryan White, HRSA	9	4/1/2008 - 3/31/2011		\$ 5,000	

Program	Funding Source	Participant Number	Funding Period	Total Award	Amount for this period	Comm Based
2009-2010						
Juvenile Justice Program	State		7/1/2009-6/30/2010		\$7,573,624	
Adolescent Development/Delinquency Risk and Protective Factors (twice)		38				
Intro to Motivational Interviewing (twice)		39				
Mental Health Issues/Medical Issues & Procedures/Suicide Awareness (twice)		41				
MI/VCI/Suicide Review for Returning Staff		5				
Verbal Crisis Intervention		35				
Delta Region AIDS Education & Training Center	HRSA		7/1/09-6/30/10	\$1,599,372	\$1,599,372	
HIV Testing throughout the Ages		23				
Initial Approach to the HIV Patient		27				
HIV/AIDS: the Basics		19				X
2009 Medical Case Management Training		10				X
Stigma, Discrimination and Homophobia		12				X
Perinatal HIV Update		39				X
Routine HIV Testing: Lessons Learned		11				X
HIV and Older Adults		32				
Latino/Hispanic Cultural Competency Workshop		39				
Latino/Hispanic Cultural Competency Workshop		15				X
HIV/AIDS and the School Nurse		34				X
Opportunistic Infection Jeopardy		21				X
Initial Care to the HIV+ Client		13				X
Perinatal HIV Transmission		12				
HIV in Primary Care II		36				X
Marijuana Use		24				X
Histoplasmosis		29				X
Women's Health		32				X
Deciding on HAART		19				X
Bacterial Pneumonia		20				X
Motivational Interviewing		29				X
Update: HIV Prevention for Positives		28				
Achieving Oral Health in the Presence of HIV		19				
Practical Approaches to Treating Tobacco Use in HIV+ Persons		34				
Cognitive Disorders in HIV		21				
Food Safety of the Holidays		26				
Global Pediatric HIV		27				
Non-AIDS Defining Malignancies in HIV		40				
Achieving Oral Health in the Presence of HIV		25				
Practical Approaches to Treating Tobacco Use in HIV+ Persons		38				
Cognitive Disorders in HIV		57				
Food Safety of the Holidays		41				
Global Pediatric HIV		34				
Oral Health Management for the HIV/AIDS Patient		17				
Comprehensive Management of the Patient with HIV Disease		10				
Care and Management of the Patient with HIV Disease		6				
Deciding on HAART		24				
Drugs, Sex, and HIV		22				
Medical Case Management Base Training		9				X
HIV in Primary Care		14				X
Not Just Another Meeting – CQI Retreat		26				X

Program	Funding Source	Participant Number	Funding Period	Total Award	Amount for this period	Comm Based
2009-2010						
Post Exposure Prophylaxis		22				
HIV & Nutrition		11				
Treatment Adherence Counseling		33				X
Care & Management of the Patient with HIV		3				
Medicine of the 7 th Generation		26				X
PEP Update		24				
Medical Case Management Base Training		10				X
Connecting Health Care Providers and the Community		35				X
Reproductive Options and HIV Infections		44				
HIV/AIDS: Overview/CDC Recommendations		5				
New Orleans ID Citywide Conference		14				
Substance Abuse and Pregnant Moms		19				
Comprehensive Management of the Patient with HIV Disease		4				
New Orleans Citywide ID Conference		30				
Perinatal HIV: Nursing Care During Pregnancy		13				
Medical Case Management Base Training		19				
2010 HIV Clinician Update – Regional		195				X
Treatment Update: What's New in the Guidelines		42				
Debate: Early versus Delayed HAART		20				
Treatment Sequencing		21				
Management of the Aging Patient: Challenges and Strategies		32				
Non-Occupational Post Exposure Prophylaxis		16				
Cases in the Management of Hepatitis B and HIV		41				
Case Studies in Mental Health		20				
Women and HIV		24				
Syphilis: The Great Imitator		22				
Primary and Secondary Prevention		18				
Non-Occupational Post Exposure Prophylaxis		52				
Cases in the Management of Hepatitis B and HIV		51				
Case Studies in Mental Health		60				
Women and HIV		54				
Syphilis: The Great Imitator		84				
Primary and Secondary Prevention		27				
Heroin use in HIV		17				X
Cultural Interactions		15				
Review of IV Therapy		30				X
Treating the LEP Patient		4				
Louisiana Tumor Registry						
La Cancer Registrars' Association Conference	CDC/NPCR	90	6/30/10-6/29/11	\$661,171	\$30,000	
Total		3148				30
2010-2011						
LA Comprehensive Cancer Control Program Provider Series	CDC		6/30/2007-6/29/2012	\$24351/\$1,890,326	\$7808/\$401,378	
Prostate Cancer: Practical Applications of Informed Decision Making		50				X
HIV/AIDS Program Office						
HIV Prevention Counseling and Rapid Testing Training (2 day)	CDC	182	1/1/2008 - 12/31/2011		\$20,000	X

Program	Funding Source	Participant Number	Funding Period	Total Award	Amount for this period	Comm Based
2010-2011						
HIV Clinical Testing Training (1/2 day)	CDC	55	1/1/2008 - 12/31/2011		\$ 15,000	X
HIV Outreach Training	CDC	27	1/1/2008 - 12/31/2011		\$ 7,500	X
Giving Rapid HIV Test Results	CDC	45	1/1/2008 - 12/31/2011		\$10,000	X
HIV CT Training of Trainers	CDC	4	1/1/2008 - 12/31/2011		\$20,000	X
Risk Management in Louisiana	CDC	14	1/1/2008 - 12/31/2011		\$ 3,000	X
Program Monitoring and Evaluation	CDC	32	1/1/2008 - 12/31/2011		\$5,000	X
CTRS Think Tank	CDC	17	1/1/2008 - 12/31/2011		\$5,000	X
Resource Development	CDC	13	1/1/2008 - 12/31/2011		\$3,000	X
Managing Multiple Priorities, Community Needs, and Multiple Funders	CDC	22	1/1/2008 - 12/31/2011		\$3,000/	X
Using Google Earth as Your Guide to Mapping Success	CDC	16	1/1/2008 - 12/31/2011		\$ 4,500	X
Case Management Training (2 day)	Ryan White, HRSA	46	4/1/2008 - 3/31/2011		\$10,000	X
New Case Managers' Orientation (1 day)	Ryan White, HRSA	6	4/1/200 - 3/31/2011		\$5,000	X
Delta Region AIDS Education and Training Center	HRSA		7/1/10-6/30/11	\$1,563,057	\$1,563,057	
Medical Case Management Clinical Training		1				
Medical Case Management Clinical Training		1				
Initial Identification & Care in HIV		7				
Medical Case Management Clinical Training		1				
HIV and the Impact on School Aged Children		50				
HCV Therapy in IV		3				
Medical Case Management Clinical Training		1				
Medical Case Management Clinical Training		1				
Medical Case Management Clinical Training		1				
Medical Case Management Clinical Training		1				
Perinatal/Newborn IV Care		7				X
Medical Case Management Clinical Training		1				
Medical Case Management Clinical Conference		14				
Perinatal/Newborn HIV Care		15				
Medical Case Management Clinical Training		1				
Perinatal/Newborn HIV Care		5				
Perinatal/Newborn HIV Care		22				
Care & Management of the Patient with HIV Disease		5				
Perinatal/Newborn HIV Care		25				
Medical Case Management Clinical Training		1				

Program	Funding Source	Participant Number	Funding Period	Total Award	Amount for this period	Comm Based
2010-2011						
BRANIAC Education Symposium		72				X
Cultural Interactions		8				
Medical Case Management Clinical Training		1				
Medical Case Management Clinical Training		1				
Perinatal/Newborn HIV Care		12				X
Perinatal/Newborn HIV Care		8				
Medical Case Management Clinical Training		1				
Updated Protocols for HIV+ Hygiene Patients		26				X
HIV Clinical Update for Hispanic Providers		27				X
Perinatal/Newborn HIV Care		8				
Gay and Lesbian Health Workshop		26				X
HIV for Primary Care Workshop		11				X
Comprehensive Management of the HIV+ Patient		12				
Medical Case Management Clinical Conference Series		13				
Issues in Caring for MSM People of Color		25				X
Cultural Interactions		8				
Medical Case Management Clinical Conference Series		11				
HIV 101		21				X
Opportunistic Infection Jeopardy		25				X
Cultural Interactions		26				
Health Disparities in HIV and Cancer		19				
Cultural Interactions		10				
Review of HIV Therapy		19				X
Stigma and Minority Populations		9				
Oral Lesions in the HIV/AIDS Patient		28				
Medical Case Management Clinical Training		1				
Infection Prevention & Control in the Home		6				
HIV Jeopardy		25				
HIV in Corrections: 2011		39				
Cultural Interactions		28				X
HIV Update for Clinicians		175				X
Medical Case Management Clinical Training		1				
HIV Clinical Preceptorship		1				
Medicine for the 7 th Generation		15				X
Cultural Interactions		28				X
Comprehensive Management of the HIV+ Patient		4				
Medical Case Management Clinical Conference		14				X
HIV in Mental Health Workshop		39				
HIV for Substance Abuse Counselors		27				
Transitioning HIV+ Pediatric Patient to Adult		39				
The National HIV/AIDS Strategy		40				X
Cultural Interactions		18				X
Health Disparities in HIV and Cancer		10				
HIV Rapid Testing in the Research Setting		9				
HIV Testing and Initial Approach		10				
Evaluating a Patient for PEP		23				
Organizing Cultural Awareness		11				
Organizing Cultural Awareness		10				
Virology in HIV: Quick Review & What's New		33				

Program	Funding Source	Participant Number	Funding Period	Total Award	Amount for this period	Comm Based
2010-2011						
Bacteriology in HIV: Quick Review and What's New		30				
Medical Case Management Clinical Conference		27				X
Medical Case Management Clinical Conference		27				X
Medical Case Management Clinical Conference		18				X
Medical Case Management Clinical Conference		20				X
Medical Case Management Clinical Conference		14				X
Medical Case Management Clinical Conference		17				X
Anal Dysplasia in HIV-infected Men and Women		29				
ART for the Experienced Patient		37				
HIV Primary Care Guidelines Update		38				
Louisiana Tumor Registry	CDC/ NPCR					
Louisiana Cancer Registrars' Association meeting		75	6/30/09-6/29/10	\$524,898	\$44,586	
Total		2058				39
2011-2012						
LA Comprehensive Cancer Control Program Provider Series	CDC		6/30/2007-6/29/2012	\$24351/ \$1,890,326	\$7808/ \$427,693	
Prostate Cancer Screening: Why Can't We All Just Get Along?		34				
HPV Disease and Prevention in Gynecology		25				
Colorectal Cancer: Evidence, Tips and Tools to Increase Screening		28				
Integrating Palliative Care into the Oncology setting		24				
LA OPH STD/HIV Program	CDC HIV Prevention		1/1/2009-12/31/2011		\$34,525	
HIV Prevention Counseling and Rapid Testing Training		135				
HIV Outreach Training		19				
Board and Fund Development Training		14				
LA OPH STD/HIV Program	CDC		1/1/2012-12/31/2016		\$43,789	
Clinical HIV Testing Training		8				
HIV Prevention Counseling and Rapid Testing Training		85				
Board and Fund Development Training		13				
LA OPH STD/HIV Program	CDC Compre. STD Prevention & Surveill.		1/1/2009-12/31/2013		\$152,775	
Syphilis Surveillance 101		40				
Syphilis Surveillance 102		40				
Congenital Syphilis and Congenital Syphilis Case Investigation and Reporting		55				

Program	Funding Source	Participant Number	Funding Period	Total Award	Amount for this period	Comm Based
2011-2012						
Provider and Laboratory Visitation Training		25				
PRISM Training 101		40				
PRISM Training 102		37				
Meaningful Use of Data – Introduction, Feb. 2012		14				
CDC STD Module Training, April and May 2012- 6 participants		6				
Data Processing for PRISM, May 2012- 10 participants		10				
Demonstration-Provider Visitation, May 2012 – 8 participants		8				
Processing STD Laboratory Reports		37				
Determining STD morbidity		37				
STD Nurses' Certification Training		18				
Delta Region AIDS Education and Training Center	HRSA		7/1/11-6/30/12	\$1,595,326	\$1,572,949	
Videoconference: Issues in Caring for Transgendered HIV+ Patients		54				
Issues in Caring for Transgendered HIV+ Patients		29				
MCMCC: Nutritional Support While Balancing Medication		28				X
Videoconference: The 1-2-3s of STDs		46				
The 1-2-3s of STDs		28				
MCMCC: Working With the Difficult Client		23				X
MCMBT: HIV 101		13				X
MCMBT: HIV 101		8				X
Care & Management of the Patient With HIV Disease		10				X
Videoconference: Cases in Mental Health: Personality Disorders		78				
Cases in Mental Health: Personality Disorders		31				
MCMCC: Basic Immunology		11				X
Videoconference: Non-infectious Complications of HIV/AIDS		35				
Non-infectious Complications of HIV/AIDS		25				
MCMCC: Central Nervous System Disorders		17				X
MCMBT: OI Jeopardy		12				X
Comprehensive Management of the Patient With HIV Disease		9				X
Videoconference: Cultural Competency: The Transgendered Patient		43				
Cultural Competency: The Transgendered Patient		32				
Medical Case Management Clinical Conference		19				X
Videoconference: Alcohol and HIV		39				
Alcohol and HIV		22				
MCMCC: Cultural Awareness		13				X
MCMBT: Review of HIV Therapy		17				X
Oral Health Management for the HIV+ Patient		18				X
MCMCC: Crack Use		30				X
Videoconference: Cardiovascular Disease and HIV: An Update		47				
Medicine for the 7th Generation		17				X

Program	Funding Source	Participant Number	Funding Period	Total Award	Amount for this period	Comm Based
2011-2012						
Cardiovascular Disease and HIV: An Update		39				
MCMCC: Oral Healthcare Highlights in HIV		16				X
2012 Regional HIV Update for Clinicians		200				
Medical Case Management Clinical Conference		10				X
HIV in Corrections		43				
Comprehensive Management of the Patient With HIV Disease		9				X
Videoconference/Webinar: HIV Treatment as Prevention		47				
MCMBT: HIV 101		9				X
Medicine for the 7th Generation		8				X
MCMCC: ART: Overview and What's New		15				X
MCMBT: OI Jeopardy		8				X
Webinar: HIV/AIDS: Pharmacology Therapeutics		17				
BRMCMCC: Alcohol and HIV		21				X
Videoconference: Pain Control in the Substance-Dependent Patient		37				
Patient Control in the Substance-Dependent Patient		33				
MCMBT: Review of HIV Therapy		8				X
Louisiana Tumor Registry						
Hematopoietic Database Training Workshop, March 16, 2012 (7 CE hours)	NCI/SEER	34	8/1/11-7/31/12	\$1,611,191	\$1,596	
La Cancer Registrars' Association Conference (10.75 CE hours)	CDC/NPCR	75	6/30/11-6/29/12	\$ 688,355	\$44,586	
Training for CDC special study, Comparative Effectiveness Research (six sessions)	CDC/NPCR	40	12/1/10-9/30/13	\$1,520,422	\$8,242	
Total		2175				24

NOTE: Community-based trainings are those presented at a community setting such as a local community-based organization. Those not listed as community-based are presented directly from the LSUHSC SPH.

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

The LCCCP coordinates with the DHH OPH on all its continuing education. The LCCCP broadcasts its training events across the state to allow maximum participation. Other partners include the LSU Health Care Services Division hospitals and LSUHSC-Shreveport. The Delta Region AETC partners with many institutions and organizations to make its continuing education widely available. These collaborations include such things as providing the continuing education program live at the partner site, broadcasting to the site, accessing speakers from the organization, and direct participation in developing the continuing education offering content and delivery method. For example, Mary Bird Perkins Cancer Center planned an offering on palliative care with the Louisiana Comprehensive Cancer Control Program and provided the speaker. The continuing education event was delivered by and from the School via a webinar to allow for broad participation.

The LSUHSC SPH continuing education programs have had collaborations with the following:

Table 3.3d List of education institutions or public health organizations with which the SPH collaborates		
Acadiana CARES	Children's Hospital, New Orleans	New Orleans Regional AIDS Planning Council
Acadiana Medical Foundation	Christus St. Patrick Hospital	Northern Louisiana Medical Center, Ruston
American Cancer Society	Community Wellness Center, Covington	North Louisiana AHEC
Baton Rouge Area AIDS Society	Dr. Martin Luther King Community Center	NOAIDS Task Force
Baton Rouge Area Foundation	Louisiana Office of Public Health	Ochsner Health System
Baton Rouge General Hospital	LSUHSC HIV Outpatient Program Clinic	Southern Home Health Services
Benchmark Research	LSU Health Care Services Division	Southwest Louisiana Sickle Cell Anemia, Inc.
Capitol High School Based Health Center	LSUHSC – Shreveport	Tulane University Health Sciences Center
Central Louisiana AHEC	Mary Bird Perkins Cancer Center	

3.3e Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The SPH has had a large number of training events that support the professional development of the public health workforce throughout each year of this self-study. Many are community-based and a variety of delivery methods have been used to ensure wide participation. In many cases, delivery methods have been changed to compensate for decreases in funding, yet to ensure stability in the numbers served.

Weaknesses

The SPH has had professional development activities in large part supported by funded SPH programs and limited to three areas: juvenile justice, HIV/AIDS, and cancer. In the most recent year, decreases in federal funding have resulted in decreases in continuing education opportunities to professionals and/or community members.

The School has no certificate program at this time. Many practitioners working statewide have limited formal training in public health or instruction in the core functions of public health. These practitioners have limited access to advanced coursework and are restricted by their location and work schedules.

Future Plans

Within the next three years, the SPH will conduct a comprehensive needs assessment on the development of one or more online certificate programs in public health for public health practitioners lacking formal public health training. The School will also assess the degree of support from the Board of Regents for certificate programs. In addition to development of one or more certificate programs, the School will explore additional training in content areas covered by professional education. Given the current reduced federal funding, the outcome measure of 100 public health continuing education opportunities per year referenced in SPH Strategic Plan (Community Service: Goal 1, Objective 1) may be modified.

4.0 Faculty, Staff and Students

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

The SPH is dedicated to recruiting and admitting a highly-qualified and diverse student body. This practice is coupled with the School's commitment to each student's acquisition of public health competencies, and to the continued support of each alumnus for success in the field of public health. All of these activities help assure the fulfillment of the school mission by providing professional public health education to the people of Louisiana, to facilitate improvement of the health and well-being of the public.

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

4.1a A table showing primary faculty who support the degree programs offered by the school. 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, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institution from which degrees were earned, j) current teaching areas, k) current research interests, and l) current and past public health practice activities. *Note: classification refers to alternative appointment categories that may be used at the institution.

Since its inception in 2003-2004, the School of Public Health (SPH) has committed itself to building a diverse, well-qualified faculty for promoting its mission and executing programmatic goals and objectives. The SPH is organized into the five academic programs (department equivalent): Biostatistics (BIOS), Behavioral and Community Health Sciences (BCHS), Environmental and Occupational Health Sciences (ENHS), Epidemiology (EPID), and Health Policy and Systems Management (HPSM). The SPH is the newest of the six schools at the LSU Health Sciences Center (LSUHSC) and is the only state-supported (public) school of public health in the state. Since its inception, it has enjoyed slow, but steady growth and has 38 core (primary) and 45 full-time faculty members in Fall 2012. Core faculty supporting the five academic programs of the SPH is listed by discipline in Table 4.1a. This table lists only the core faculty members who are currently involved in our teaching programs. None of the four instructors (Patricia Andrews, MPH, Martha Cuccia, MPH, Mei-Chin Hsieh, MSPH, and Alice LeBlanc, MPH) are teaching faculty and are not included in this table. Dr. Debra DePrato, MD, who directs the Institute for Public Health and Justice housed in Baton Rouge, is not currently directly involved in the teaching programs of the SPH. In addition, Jean Valliere, MSW, and Deborah Wendell, PhD, are not currently supporting teaching efforts since they are 100% FTE on public health practice programs.

The SPH exceeds the minimum faculty requirement in each of the five core areas. Since priority recruitment was given to academic programs developing PhD degrees (BIOS, CHS and EPID), the FTE core and full-time numbers of faculty members in these programs are larger than in ENHS and HPSM. The SPH is committed to building the faculty in all programs to ensure meeting the demands of an increasing student population.

SPH faculty members currently administer five graduate degree programs that include a Master of Public Health (MPH) degree with concentrations in each of the five disciplines, a Master of Science (MS) degree in BIOS, and Doctor of Philosophy (PhD) degrees in BIOS, EPID, and Community Health Sciences (CHS). Approximately 90 students are enrolled in one of the five concentrations pursuing the MPH degree (Fall 2012). The three PhD degree programs and the MS in BIOS are awarded by the School of Public Health in collaboration with the School of Graduate Studies at LSUHSC. The SPH is the only

school in the LSUHSC aside from the School of Graduate Studies allowed to award the PhD. All other PhD degrees in the LSUHSC are awarded solely by the School of Graduate Studies. As of the fall semester 2012, there are 31 students pursuing a PhD degree and 2 MS students in the SPH.

Recognizing the necessity and importance of a strong School of Public Health to its overall mission of training the best public health researchers and practitioners, the LSUHSC has provided substantial support for recruiting high-caliber faculty into the SPH. As evidence of this strong institutional support, the SPH has increased its tenured and tenure-track positions to 22. In 2009, the SPH was successful in recruiting Edward Trapido, ScD, Associate Dean for Research and Wendell H. Gauthier Chair of Cancer Epidemiology. Dr. Trapido also serves as Deputy Director of the Stanley Scott Cancer Center, Senior Liaison to the Dean of the School of Medicine, and Coordinator of Deepwater Horizon Oil Spill Research for LSUHSC. Dr. Trapido previously held positions at the University of Miami program in public health and at NIH as a deputy director. He is current President of the prestigious American College of Epidemiology.

In 2011, three new faculty members were recruited into key positions. Peter Fos, DDS, PhD, MPH, joined the SPH faculty as Professor and Director of the Health Policy and Systems Management Program. Dr. Fos has extensive experience in healthcare management and administration. Prior to joining the SPH, he served as provost at North Texas State University. In February 2012, Dr. Fos accepted the position as President of the University of New Orleans. Kari Brisolaro, ScD, MSPH was appointed as Associate Professor of Environmental and Occupational Health Sciences, and Tekeda Ferguson, PhD, MPH was appointed as Assistant Professor of Epidemiology.

In 2012, two new senior faculty members joined the SPH. Peggy Honoré, DHA and Richard Culbertson, PhD. Dr. Honoré holds a Doctor of Health Administration (DHA) with honors from the Medical University of South Carolina. She has extensive experience in public health systems development and management, particularly in the area of health quality as the Director of Public Health System, Finance, and Quality Program in the Office of Healthcare Quality, Office of the Assistant Secretary for Health, US DHHS. Dr. Honoré organized the first national conferences on public health systems research finance which were held in 2006 and 2007. In 2012, with the departure of Dr. Fos, Stephanie Tortu, PhD, Associate Dean for Academic Affairs, served as Acting Program Director for HPSM. The SPH was successful in recruiting Richard Culbertson, PhD, a well-recognized expert in health care governance, organizational structure of medical schools, and managed care, and he became Academic Program Director in August 2012. He has unique experiences spanning government, academia and the private sector that include Board Chairman of a multi-hospital system (Aurora Healthcare System of Wisconsin); Vice-Chancellor for Health Sciences (University of Wisconsin-Madison); CEO (Kaiser-Permanente Los Angeles/Sunset Medical Center); and Professor of Global Health Systems and Development at Tulane University School of Public Health and Tropical Medicine.

Faculty researchers at the SPH have also enjoyed tremendous success in obtaining extramural funding from an array of federal, state, NGO, private, and institutional sources totaling over \$15M in 2011-12. The current SPH interdisciplinary research focuses on areas of strengths such as cancer, HIV/AIDS, obesity, and tobacco and alcohol with particular emphasis on issues of importance in Louisiana in fulfillment of the SPH's mission. This synergistic approach has led to an enhanced research potential enabling our faculty to propose, develop and participate in a number of cross-disciplinary studies and research programs of national and international importance. Our fertile research environment provides ample opportunity for students, particularly those pursuing PhDs, to gain valuable experience in all phases of research.

Table 4.1a Current Core[†] Faculty Supporting Degree Offerings of School by Specialty Area

Name	Title/ Academic Rank	Tenure Status*	FTE	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/ Past PH Activities**
Behavioral and Community Health Sciences											
Nuss H	Assistant Professor	Research	1.00	M	White	PhD	University of TX	Nutritional sciences	Health Communication	Nutrition and physical activity intervention	
Phillippi S	Assistant Professor	Research	0.85	M	White	PhD	Louisiana State University	Social work	Health Behavior Change	Mental Health and Juvenile Justice; Models for Change in Juvenile Justice- Evidence- based Community Practices;	
Robinson W	Associate Professor	Research	1.00	M	Native American	PhD	Tulane University	Psychology	Research Methods	HIV/AIDS	LA Office of Public Health– HIV/AIDS Program
Sothorn M	Professor, Director	Tenured	1.00	F	White	PhD	University of New Orleans	Exercise physiology/ curriculum instruction	Health Promotion Program Development; Health Disparities	Pediatric Obesity; Clinical Exercise Physiology	
Thomas S	Professor	Tenured	1.00	F	Black	PhD	University of Georgia	Psychology		Clinical Health Psychology; Cancer Control; Tobacco Prevention and Cessation	
Tortu S	Professor; Associate Dean of Academic Affairs	Tenured	1.00	F	White	PhD	University of Pittsburgh	Psychology	Research methods; drug use and misuse; social and behavioral public health; ecological perspectives in public health	Drug use and misuse; human sexuality; needle exchange; HIV and drug use; research methods	
Tseng T	Assistant Professor	Tenure- Track	1.00	M	Asian	DrPH	Tulane University	Public health - health education, communication and community health	Community Health Analysis, Health Disparities and Ecology	Tobacco control; health promotion Interventions and evaluations; prevention and control; health disparities	
Williams D	Assistant Professor	Research	1.00	F	White	DrPH, MPH	Tulane University	Community health, health systems mgt	Behavioral Theories in Public Health Monitoring and Evaluation, Community Based Participatory Pmgr.	Factors with delays to diagnosis and treatment of breast cancer in women; environmental exposure to carcinogens and incidence of cancer	Director, HIV Program, LA Office of Public Health

BCHS Core FTE = 7.85, Head Count = 8

* Classification of faculty may differ from school to school, but may refer to teaching, research, service faculty or tenured, tenure-track, non-tenure-track faculty or alternative appointment categories used by the school

**Only populate for individuals with experiences outside the usual expected realm of activity for a faculty member, eg, former health department director, former CDC center director, etc.

† This table does not include seven non-core full-time faculty members that are not currently supporting the teaching efforts of the SPH as described in Section 4.1a.

Table 4.1a Current Core Faculty Supporting Degree Offerings of School by Specialty Area											
Name	Title/ Academic Rank	Tenure Status*	FTE	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/ Past PH Activities**
Biostatistics											
Fang Z	Associate Professor	Tenured	1.00	M	Asian	PhD	University of Alberta (Canada)	Statistics	Design and Analysis of Experiments, Statistical Genetics, Analysis of Expression Studies;	Bioinformatics: microarray/ next-generation sequencing; designs of experiments; applications in statistics	
Hagan J	Assistant Professor	Research	1.00	M	White	ScD, MSPH	Tulane University, Univ of Louisville	Biostatistics	Biostatistical Methods	Biomarkers and detection limits	
LaMotte L	Professor	Tenured	1.00	M	White	PhD	Texas A&M University	Statistics	Linear Models, Categorical Methods	Hypothesis testing, accuracy of p-values in binary response models	
Mercante D	Professor, Director	Tenured	1.00	M	White	PhD	Virginia Tech	Statistics	BIOS core course, Longitudinal Data Analysis; Biostatistical Methods	Oral Public Health; Prostate Cancer; Longitudinal Data Analysis	Ruth Kirschstein Fellow, Univ Washington Dental Publ. Health 2002
Oral E	Assistant Professor	Research	1.00	F	White	PhD	Hacettepe University (Turkey)	Statistics	Statistical theory, Generalized Linear Models, Robust Inference	Robust Inference, Survey sampling theory	
Thompson H	Professor	Tenured	1.00	M	White	PhD	Louisiana State University	Physiology (minor - Applied Statistics)	Foundations of public health ethics, Clinical trials	Bioinformatics, Digital image analysis in Ophthalmology	
Velasco C	Associate Professor	Research	1.00	M	Hispanic	PhD	Tulane University	Biostatistics	Survival Analysis; Biostatistical Consulting;	Cancer	
Volaufova J	Professor	Tenured	1.00	F	White	PhD	Cormenius University (Czechoslovakia)	Probability and Statistics	Probability and Inference, Mixed Models	Estimation and Testing in Random Coefficients Growth Curve Model	
Yu Q	Associate Professor	Tenured	1.00	F	Asian	PhD	Ohio State University	Statistics	Sampling Methods, Applied Bayesian Methods	Bayesian Synthesis Methodology, Statistical Learning	

BIOS Core FTE = 9.0, Head Count = 9

* Classification of faculty may differ from school to school, but may refer to teaching, research, service faculty or tenured, tenure-track, non-tenure-track faculty or alternative appointment categories used by the school

**Only populate for individuals with experiences outside the usual expected realm of activity for a faculty member, eg, former health department director, former CDC center director, etc.

Table 4.1a Current Core Faculty Supporting Degree Offerings of School by Specialty Area											
Name	Title/ Academic Rank	Tenure Status*	FTE	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/ Past PH Activities**
Environmental and Occupational Health Sciences											
Brisolara K	Associate Professor	Tenure- Track	1.00	F	White	ScD, MSPH	Tulane University	Environmental Health Sciences	ENHS core course	Municipal and Agricultural Waste Treatment; Waste Reuse and Product Development; Agricultural Waste Policy	
Diaz J	Professor Director	Tenured	1.00	M	White	MD; DrPH, MHA, MPH, TM	Tulane University	Health Systems Management, Health Systems, Tropical Medicine	Occupational Health and Medicine, Medical Toxicology	Occupational & environmental toxicology; tropical infectious diseases; pharmacology	Advisory Council, Environ/Occup Hlth, ASPH; Core Exam Comm., Am Bd Prev Med; Occ. Hlth & Dis Surv. Comm, LA OPH; CDC Consult. Panel on All-Hazards Pub. Hlth Emerg. Resp. Guide
Harrington D	Assistant Professor	Research	1.00	M	White	ScD, MSPH	Tulane University	Environmental Health Sciences	Industrial, Hygiene, Occupational Health, Air pollution	Exposure assessment, air pollution	
Hu C-Y	Associate Professor	Tenured	1.00	M	Asian	ScD, MSPH	Tulane University	Environmental Health Sciences	Health Risk Assessment and Management, Water quality management	Water Quality and Resource Management, Health Risk Assessment, exposure assessment, environmental sciences	
Lirette D	Assistant Professor	Research	1.00	M	White	PhD	LSU Health Sciences Center	Pathology	Environmental toxicology, environmental health, analytic and forensic toxicology	Decompositional effusion fluids in forensic toxicology, drug distribution/ redistribution research, postmortem flunitrazepam analyses	Director, Forensics Lab, Jefferson Parish Coroner

ENHS Core FTE = 5.0, Head Count = 5

* Classification of faculty may differ from school to school, but may refer to teaching, research, service faculty or tenured, tenure-track, non-tenure-track faculty or alternative appointment categories used by the school

**Only populate for individuals with experiences outside the usual expected realm of activity for a faculty member, eg, former health department director, former CDC center director, etc.

Table 4.1a Current Core Faculty Supporting Degree Offerings of School by Specialty Area											
Name	Title/ Academic Rank	Tenure Status*	FTE	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/ Past PH Activities**
Epidemiology											
Chen V	Professor	Tenured	1.00	F	Asian	PhD, MPH	University of Oklahoma	Epidemiology, Community Health	Chronic Disease Epidemiology, protocol development	Cancer Epidemiology; female cancers; cancer in minority populations; cancer registration	Former Director, LA Tumor Registry
Ferguson T	Assistant Professor	Research	1.00	F	Black	PhD, MPH, MSPH	University of Alabama Birmingham	Epidemiology, Health Communication/ Education, Epidemiology	Advanced epidemiologic methods for analysis of cardiovascular disease and diabetes data	Cardiovascular Disease and Diabetes; Barriers to Adherence and Adverse Effects of HIV/AIDS Anti- Retroviral Drug Therapies;	
Fontham E	Professor, Dean	Tenured	1.00	F	White	DrPH, MPH	Tulane University	Epidemiology	Cancer Epidemiology	Tobacco-related cancers; nutrition and cancer risk; etiology of gastrointestinal cancers with a focus on stomach and pancreas	Senior Epid. Consultant, LA Office of Public Health
Peters E	Associate Professor, Director	Tenured	1.00	M	White	DMD; ScD, SM, SM	University of Connecticut; Harvard	Dentistry, Epidemiology, Health Policy Mgt., Epidemiology	Epidemiology Methodology	Molecular epidemiology of cancer, cancer prevention and health promotion	
Rung A	Associate Professor	Tenured	1.00	F	White	PhD, MPH	Tulane University	Behavioral Epidemiology, Int'l Health & Mgt	Survey Design; Epidemiologic Design and Analysis, Research Methods	Evidence-Based Physical Activity Research; Environmental Determinants of Physical Activity in Parks	
Scribner R	Professor	Tenured	1.00	M	White	MD; MPH	University of Southern California; UCLA	Medicine, Epidemiology	GIS, Biological Basis of Health	alcohol outlet density, GIS applications in alcohol use patterns	
Simonsen N	Assistant Professor	Research	1.00	M	White	PhD	University of North Carolina	Epidemiology	Epidemiology Methodology	Nutritional epidemiology, Genetic and phenotypic determinants of exposure- outcome relationships	
Trapido E	Professor, Associate Dean of Research	Tenured	1.00	M	White	ScD, MSPH	Harvard University, University of North Carolina	Epidemiology	Cancer Epidemiology	tobacco prevention, cancer prevention and control in minority and underserved populations	Deputy Director, NCI
Wu X	Associate Professor	Tenured	1.00	F	Asian	MD; MPH	Xian Medical University	Medicine, Health Statistics	Database Management	Cancer Epidemiology; Cancer in Minority Populations; Female Cancers; Cancer Registration	Director, LA Tumor Registry

EPID Core FTE = 9.0, Head Count = 9

* Classification of faculty may differ from school to school, but may refer to teaching, research, service faculty or tenured, tenure-track, non-tenure-track faculty or alternative appointment categories used by the school

**Only populate for individuals with experiences outside the usual expected realm of activity for a faculty member, eg, former health department director, former CDC center director, etc.

Table 4.1a Current Core Faculty Supporting Degree Offerings of School by Specialty Area

Name	Title/ Academic Rank	Tenure Status*	FTE	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/ Past PH Activities**
Health Policy and Systems Management											
Brennan C	Assistant Professor	Research	1.00	F	White	PhD	University of Southern Mississippi	Health Policy	Health Policy, Advanced Nursing Practice	HIV, Policy, Hepatitis C	Delta Region AIDS Educ & Training Center
Chiu Y-W	Assistant Professor	Research	1.00	F	Asian	DrPH MPH	Tulane University	Health Policy and Administration, Health Economics, Health Systems Mgt	Health Services Administration and Management, Health care Economics	Healthcare outcome research, Healthcare quality improvement, Health insurance coverage and access to care	
Culbertson R	Professor, Director	Tenured	1.00	M	White	PhD MHA	Univ of California, San Francisco, Univ Minnesota	Sociology, Health Administration	Health systems management, health administration	Health care governance; academic medical centers and managed care; organizational structure of medical schools	Former hospital CEO Kaiser- Permanente, Los Angeles Former Chair of the Board for Aurora Healthcare Sys. Of Wisc.
Gee R	Assistant Professor	Tenure- Track	1.00	F	White	MD, MPH	Cornell, Columbia	Medicine, Health Policy & Mgmt	Advocacy for women and children's health	Interconception care; Availability of emergency contraception	
Harris R	Associate Professor	Research	1.00	M	White	PhD	Washington University	Political Science	Health Policy, GIS in Health Evaluation	Health policy, Sustainable Development	
Honoré P	Associate Professor	Research	1.00	F	African- American	DHA	University of South Carolina	Health Administration	Public health systems research, public health finance	Public health systems, public health quality	Director, Public Health System, Finance, and Quality Prgm. US DHHS
Xiao K	Assistant Professor	Research	1.00	M	Asian	PhD	Louisiana State University	Geographic Information Systems	Computer mapping , GIS	Health informatics; Disease Management; GIS applications in Pub.Hth.	

HPSM Core FTE = 7.0, Head Count = 7

* Classification of faculty may differ from school to school, but may refer to teaching, research, service faculty or tenured, tenure-track, non-tenure-track faculty or alternative appointment categories used by the school

**Only populate for individuals with experiences outside the usual expected realm of activity for a faculty member, eg, former health department director, former CDC center director, etc.

4.1b If the school uses other faculty in its teaching programs (adjunct, part-time, secondary appointments, etc), summary data on their qualifications should be provided in table format, organized by department, specialty area or other organizational unit as appropriate to the school and must include at least: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to teaching program, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, and i) contributions to the teaching program.

The School maintains close professional ties with an active cohort of joint, adjunct and part-time faculty who participate in the various teaching, research and service activities of the SPH (Table 4.1b). These non-core faculty members enable the School to widen the base of course offerings and enhance the research and service experiences available to students. The SPH closely adheres to all LSUHSC and LSU System rules and regulations on faculty appointments, including gratis appointments, to ensure that only well-qualified individuals are permitted to participate in the teaching and research activities of the SPH.

Eleven non-core faculty members hold joint or adjunct appointments with the remaining two holding part-time LSUHSC SPH faculty positions. Adjunct faculty are, by definition, not LSUHSC employees, whereas, joint faculty have their primary appointments in another school within the LSUHSC. Many hold key leadership positions in the local and state level offices of public health, hospitals or community organizations. These adjunct faculty members make important contributions to our teaching programs. Professor Elliot Roberts is a part-time faculty member with extensive managerial and administrative public health experience. He is a former hospital Chief Executive Officer, after over forty years of service in public teaching hospitals that include Mercy Douglass Hospital, Philadelphia; Harlem Hospital Center in New York City; Detroit General Hospital; Medical Center of Louisiana at New Orleans (Charity Hospital); and Cook County Hospital, Chicago, IL. He has held teaching appointments at Columbia University School of Public Health and Administrative Medicine; New York University Graduate Program; United States Army- Baylor University, Fort Sam Houston, TX; Wayne State University Medical School; Tulane University School of Public Health and Tropical; and Xavier University-College of Pharmacy, New Orleans, LA.

Dr. Cheryl Bowers-Stephens previously served as Deputy Secretary of Louisiana Office of Mental Health and holds an MBA, specializing in healthcare, in addition to her MD degree. She was a consultant to the Juvenile Justice Program until it closed and also serves as part-time faculty in the HPMS teaching program. Dr. Elmore Rigamer, another part-time faculty member in HPSM is Medical Director of Catholic Charities, Archdiocese of New Orleans.

These faculty members as well as the entire non-core faculty enhance the diversity of our faculty complement bringing a wealth of real-world experience and first-hand knowledge of important public health issues.

Table 4.1b Other Faculty Used to Support Teaching Programs (e.g., adjunct, part-time, secondary appointments)								
Name	Title/ Academic Rank	Title & Current Employer	FTE	Gender	Race or Ethnicity	Highest Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
Behavioral and Community Health Sciences								
Bonis M	Assistant Professor- Adjunct	LSUHSC/ University of New Orleans	0.30	Male	White	PhD	Curriculum Instruction/Human Performance and Health Promotion	Health Related Physical Activity/ Chronic Disease Prevention and Management
Brewer E	Assistant Professor- Adjunct	Physician- private practice	0.08	Female	White	MD, MPH	Medicine, Public Health	Infectious Diseases/ Public Health Response
Gruber D	Associate Professor- Adjunct	Administrative Director, STD/HIV Program, Office of Public Health, LA Dept of Health and Hospitals (DHH)	0.15	Female	White	PhD	Social Work	Community Based Participatory Programming, Social Welfare and Policy Systems
Wightkin J	Assistant Professor- Part-time	LSUHSC	0.50	Female	White	DrPH	Public Health	Maternal and Child Health
Environmental and Occupational Health Sciences								
Malone J	Professor- Adjunct	Professor, Veterinary Parasitology , LSU School of Veterinary Sciences	0.15	Male	White	DVM, PhD	Veterinary Medicine, Veterinary Parasitology	Geospatial Health and the Environment
Ragan A	Associate Professor- Joint	Associate Professor, LSUHSC Dept. of Pathology	0.08	Male	White	PhD	Pathology	Clinical and forensic toxicology
Epidemiology								
Broyles S	Assistant Professor- Adjunct	Assistant Professor, Pennington Biomedical Research Institute	0.08	Female	White	PhD	Biostatistics	Contextual Risk Factors, Epidemiologic methods
Ratard R	Associate Professor- Adjunct	State Epidemiologist, Office of Public Health, LA DHH	0.15	Male	White	MD, MPH	Medicine, Epidemiology	Infectious and chronic disease epidemiology
Straif-Bourgeois S	Associate Professor- Adjunct	Project Manager, Asst State Epidemiologist, Office of Public Health, LA DHH	0.30	Female	White	PhD, MPH	Parasitology, Epidemiology	Infectious and chronic disease epidemiology, emergent epidemiology
Health Policy and Systems Management								
Bowers-Stephens C	Assistant Professor Part-Time	President and Chief Executive Officer The Schopenhauer Group	0.15	Female	Black	MD	Medicine/ Adolescent Psychiatry	Organizational Behavior, Financial Mgmt and Accounting in HC Org
Crow S	Professor- Adjunct	Professor, University of New Orleans	0.15	Male	White	PhD	Management	Human resource mgt, Health care mgt
Rigamer E	Assistant Professor Part-time	Medical Director for Catholic Charities Archdiocese of New Orleans	0.2	Male	White	MD, MPA	Medicine, Public Administration	Health Care Advocacy, Organizational Leadership, Community-Based Activities
Roberts E	Professor Part-time	LSUHSC	0.08	Male	Black	MPA	Public Administration	Health Services Mgt, Health Policy

4.1c 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 school.

In addition to the strong academic credentials and research experience, many core members of the SPH faculty have substantial public health practice experience. For example, Sarah Moody Thomas, PhD, Professor and former Program Director for BCHS, heads the statewide Tobacco Cessation Initiative that utilizes a systems approach to integrating evidence-based treatment of tobacco use and dependency among patients of the state's public hospital system comprised of 10 hospitals treating 70% of the low-income and un/under insured persons in Louisiana. Melinda Sothern, PhD, Professor and Program Director for BCHS, co-founded and chairs a statewide consortium (LA CORC) to promote opportunities and support collaboration for pediatric obesity prevention and treatment research to improve public health in K-12 schools and communities throughout Louisiana. As part of this initiative, LA CORC identifies opportunities to translate innovative findings into school and community dissemination projects and promotes mentoring programs for high school and undergraduate students with an interest in pediatric scientific research. In addition, Dr. Sothern has diffused her "Trim Kids" program into YMCA centers across the state and nationally. This evidence-based, family-centered program for overweight children and adolescents emphasizes the importance of measurement and physical activity and how these impact caloric consumption and expenditure. Donna Williams, DrPH, MPH, Assistant Professor in BCHS, is the Director of the Louisiana Comprehensive Cancer Control Program (LCCCCP) and the Louisiana Breast and Cervical Health Program (LBCHP) funded by the CDC. The latter program is deployed statewide, working with the LSU hospitals and private providers. Dr. Williams is also the former Administrative Director of the Louisiana DHH OPH HIV Program Office.

Stephen Phillippi, PhD, Assistant Professor in BCHS is the Principal Investigator for the MacArthur Foundation-funded Louisiana Models for Change in Juvenile Justice Initiative. He is also Project Consultant, Evaluator and Principal Investigator for the Youth Empowerment Project's Community Based Interventions and Related Outcomes for LGBT Youth. The project provides a program evaluation for the Youth Empowerment Project (YEP) Village Program, which is an adult alternative education program serving students ages 16 to 24.

William Robinson, PhD, Associate Professor in BCHS, biostatistician for the Louisiana Office of Public Health STD/HIV Program, and PhD degree Program Director for CHS, directs a national, multi-site CDC-sponsored study focused individuals with high risk for HIV infection. In this study, Dr. Robinson monitors HIV risk behaviors in three different high risk populations: (1) Men having sex with other men (MSM), (2) injection drug users, and (3) heterosexuals in high-risk environments.

Elizabeth Fonham, DrPH, Dean of the SPH, is a recent former President of the national American Cancer Society, the first non-physician and third female to hold that office. Dr. Fonham is also the Senior Epidemiology Consultant to the OPH Section of Environmental Epidemiology. Vivien Chen, PhD, Pfizer/Giorgianni Professor, is the Deputy Director for Science of the Louisiana Tumor Registry, a member site of the prestigious NCI-SEER cancer registry network and Xiao-Cheng Wu, MD, has just assumed the position of Director after many years as its Associate Director.

Christine Brennan, PhD, Assistant Professor in HPSM, formerly served as the state HIV clinical educator and correctional educator coordinator for the State of Louisiana. As part of her responsibilities, she assured the continuing education of health care providers throughout Louisiana within the area of HIV/AIDS risk assessment/ prevention. Dr. Rebekah Gee, also an Assistant Professor in HPSM, directs maternal and child health programs through the Bayou District Health Center Maternity Mobile Unit.

All faculty members of the BIOS program are involved in statistical consultation and collaboration. The Biostatistical Consulting Center offers investigators access to the statistical expertise of the BIOS faculty. Students in BIOS are often involved in statistical consulting projects affording them a diverse experience and practical training.

Non-core faculty members are chosen primarily from the community and bring a rich diversity and broad array of practical experience to the School. As noted in section 4.1b the SPH is fortunate to have a contingent of well-qualified faculty with a wealth of practice experience. Both Dr. Ratard and Dr. Straif-Bourgeois have a long history in the OPH serving as the Chief and Assistant State Epidemiologists for Louisiana, respectively. Dr. Gruber directs the state STD/HIV program at the Office of Public Health. Dr. Elmore Rigamer is the Medical Director for Catholic Charities Archdiocese of New Orleans and has (co)founded several coalition health care programs such as Partnership for Access to Total Health (PATH), Behavioral Health Action Network (BHAN), and most recently, the Spirit of Hope, a coalition of social service and behavioral health providers funded by British Petroleum to assist Louisiana residents affected by the Gulf Oil Spill of 2010.

Deborah DePrato, MD, Associate Clinical Professor, is a nationally recognized expert in the assessment and treatment of juvenile offenders and is the Director of the Institute for Public Health and Justice. She also serves as Project Director for Louisiana Models for Change, a John D. and Catherine MacArthur Foundation sponsored initiative. Dr. DePrato also served as Program Director for a \$28 million contract with the Louisiana Department of Public Safety and Corrections where she was responsible for administering services provided to the Department of Corrections that included the assessment and treatment of all juvenile offenders housed in juvenile corrections facilities including mental health, dental health, and health care. As part of the program she also was responsible for overseeing the provision of telemedicine and informatics services throughout four juvenile corrections facilities, training of all staff that work within juvenile corrections facilities; and a system-wide quality assurance program. This work led to the establishment of the LSUHSC SPH Institute for Public Health and Justice.

In addition to direct faculty experiences, the School hosts program-specific and school-wide seminar series that invite outside faculty and community leaders to discuss issues of importance to public health.

4.1d Identification of outcome measures by which the school may judge the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years.

The SPH has developed and tracks several outcome measures related to faculty research, teaching and service performance.

Table 4.1d begins with outcome measures regarding faculty performance on instruction. Measures include the mean responses to questions 1-24 and 35-37 on the student evaluations. Questions 35-37 asks "What grade would you assign this course based on:" course content, course instructor effectiveness, and course format, respectively, on a scale of 1 to 5, with 5 being the highest. Outcome measures for research and service follow.

Table 4.1d Outcome Measures for Judging Full-time Faculty Qualifications in Teaching, Research, and Service				
Outcome Measure	Target	2009-10	2010-11	2011-12
TEACHING				
Mean score on question 35 of course evaluations: "What grade would you assign this course based on: course content"	≥4.0/5.0	4.44	4.41	4.59
Mean score on question 36 of course evaluations: "What grade would you assign this course based on: instructor effectiveness"	≥4.0/5.0	4.26	4.31	4.52
Mean score on question 37 of course evaluations: "What grade would you assign this course based on: course format"	≥4.0/5.0	4.22	4.25	4.43
Overall mean score on questions 1-24 of course evaluations*	≥4.0/5.0	4.29	4.31	4.47

RESEARCH				
At least 100 abstracts from SPH faculty, professional staff and/or students will be accepted for presentation at professional meetings annually.	100+ accepted abstracts annually (08-09 baseline: n=98)	103 abstracts/ presentations	98 abstracts/ presentations	109 abstracts/ presentations
By 2011-12, SPH faculty and/or students will publish at least 100 peer reviewed manuscripts annually and thereafter.	100+ publications annually (08-09 baseline: n=99)	94 peer reviewed publications	99 peer reviewed publications	90 peer reviewed publications
Generate an average of 25% or more of faculty salaries from external grants and contracts annually.	Average of 25+% per year	49%	43%	44%
All fulltime faculty without current grant or contract support will submit at least one proposal annually as PI or a key Co-Investigator.	100% of unfunded FT faculty submit at least one proposal annually	2/5 (40%)	2/5 (40%)	2/2 100%
Increase the number of research awards in which fulltime faculty serve as Principal or Co-Investigators from a baseline of 36 in 2008-09 by 5% per year through 2014	Increase # of research awards by 5% per year over 2008-09 baseline	41 research grants/ contracts 14% increase over 2008-09	52 research grants/ contracts 27% increase over previous yr; 44% over 2008-09	51 research grants/ contracts 2% increase over previous yr; 42% over 2008-09
SERVICE				
The faculty and staff will make continuing education available to professionals and/or community members, reaching 2000 individuals or more annually	100+ events 2000+ participants	96 events 3148 participants	96 events 2058 participants	70 events/ 2175 participants
At least 40% of core faculty will serve on advisory boards, committees and task forces of community and professional organizations annually.	40+%	45% (19/42)	53% (24/45)	55% (24/44)

*Questions 1-24 of course evaluation form, found in Resource File.

All core faculty and course directors in the SPH hold doctoral degrees. The SPH is committed to providing opportunities for faculty and staff to obtain advanced degrees. Recently, Dr. Joseph Hagan successfully completed his doctorate in Biostatistics at Tulane University and was promoted from the rank of Instructor to Assistant Professor. Other faculty members who have obtained doctoral degrees while employed in the School are Drs. Christine Brennan (HPSM), Stephen Phillippi (BCHS), and Donna Williams (BCHS).

Nearly half (18/38) of the faculty are tenured. Although the percentage of tenured or tenure-track positions is appropriate to support the mission of the School, the SPH is committed to supporting applications for tenure and faculty requests for tenure-track appointments, whenever possible.

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

Every core faculty member is expected to contribute to the research mission of the SPH. Faculty members are expected to develop or participate in research programs in their area of expertise that also contributes to the overall mission of the SPH. Faculty members provide documentation of their research

productivity each year in their annual review materials and updated CVs. This is reviewed by the Program Directors and discussed with each faculty member during their annual review meeting.

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

4.1e Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The School has met the required core and FTE faculty requirement in each of the five programs. Focused faculty recruitment has strengthened the faculty complement in the three programs with PhD degree programs (BIOS, CHS, and EPID) well beyond the minimum requirements. A group of well-qualified adjunct and part-time faculty selected from the practice community provides diversity and depth to the teaching mission of the SPH. The faculty members have diverse backgrounds with several world-renowned researchers in areas of public health that support and enhance our school's mission. Faculty members consistently receive high marks from students in course evaluations. SPH faculty members administer a wide-array of important community service programs in areas of tobacco cessation, cancer detection, surveillance and prevention, pediatric obesity prevention and juvenile justice. Faculty members are active and productive researchers bringing in more than \$17M annually in external grant/contract support and have met all research productivity metrics.

Weaknesses

While growth in faculty size has occurred, limited resources are available for expanding the faculty complement to enhance diversity of expertise. Small faculty sizes in ENHS and HPSM provide a greater challenge to maintain a balanced portfolio across the areas of teaching, research and service.

Future Plans

Although the School has been successful in filling critical positions in the midst of a multi-year hiring freeze, increasing the size of the faculty remains a priority and will be addressed as the School's degree programs continue to grow and new learning opportunities are developed, such as certificate programs. The SPH will continue to nurture its junior faculty members by reducing teaching loads in their first year in the SPH. The SPH will continue to support, and if indicated, expand its complement of well-qualified adjunct and part-time faculty. The SPH will seek ways to increase participation in community service and improve collecting information on faculty community service.

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

4.2a A faculty handbook or other written document that outlines faculty rules and regulations.

The Bylaws of the LSU Board of Supervisors and the LSU System Permanent Memoranda prescribe the appointment and employment of faculty and staff. Specific information on employment at LSUHSC is found in the document links to the LSU System Bylaws and Regulations provided in Section 3.1. These documents provide details regarding system-wide rules and regulations for appointments, promotions and tenure; leave policies, insurance and retirement benefits, and financial and business procedures.

Promotion and tenure policies for the schools of the LSUHSC are included in the [LSUHSC Faculty Handbook](#). The SPH [Appointments, Promotion and Tenure \(APT\) Committee](#) has developed additional specific criteria for the SPH faculty.

4.2b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

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

The Office of Research for the School of Public Health (ORPH) provides extensive research support for new and established researchers, such as reviewing a funding agency announcement for specific requirements, helping to develop protocols or proposals, contacting the agency representative for clarifications, and helping with letters of intent. ORPH also assists with developing budgets and budget justifications, gathers biosketches and other standard forms, assists with assembling applications for HSC routing and review, and helps with MOUs and Material Transfer Agreements (MTAs). They provide assistance with IRB protocol preparations, coordinating with the SPH business managers, identify and disseminate funding opportunities to all faculty members, provide information on relevant webinars and other research training, and locate external expertise for collaboration. As described in the Section 3.1, ORPH has developed a research mentoring program for junior faculty.

The ORPH also provides faculty with the opportunity to be reviewers for journals (16/38 faculty have been selected to be reviewers by the Associate Dean for Research who is affiliated with multiple journals), and suggests that faculty serve on ad-hoc study reviews when asked by the NIH. The ORPH also serves as liaison between the SPH and other LSUHSC schools regarding research collaborations.

The LSUHSC and the SPH provide opportunities for faculty to participate in in-house and external grant writing workshops. The LSUHSC Office of Research Services provides administrative support for all sponsored projects and also hosts an array of training and certification programs in support of research.

The Office of Medical Education Research and Development ([OMERAD](#)), established in 2002, is the home of the LSUHSC Academy for the Advancement of Educational Scholarship. The Academy sponsors numerous in-house and web-cast events throughout the year to promote faculty development in educational scholarship and importantly in teaching. New faculty can join at an entry level and advance to achieve either the prestigious Master Teacher or Teaching Scholar classification. All faculty members in the LSUHSC may apply for membership and participate in any development opportunity, regardless of membership status. Advancement in ranks is based on peer-review of a member's teaching portfolio. In 2011-12, 56% of core faculty members in the SPH attended at least one OMERAD sponsored event.

The LSUHSC and the SPH hold multiple tenure and promotion workshops throughout the year to assist faculty members in understanding the promotions process and preparing materials for tenure and promotion review. Although tenure-track faculty members receive an annual evaluation by the Program Director, the occurrence and/or timing of pre- or mid-term tenure reviews are determined separately within each program.

4.2c Description of formal procedures for evaluating faculty competence and performance.

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

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

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

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

4.2d Description of the processes used for student course evaluation and evaluation of teaching effectiveness.

The Associate Dean for Academic Affairs (ADAA) oversees the academic course evaluation process. Other relevant assessments of teaching effectiveness including mid-program evaluation (School Student Evaluation), exit surveys, and alumni surveys are conducted by the Evaluation Committee. Course evaluations are maintained by the ADAA and shared with individual Academic Program Directors and individual course directors. Evaluations consist of 37 questions with 5-point Likert-type responses. Student input is also provided in open-ended questions which guide improvements in course content and delivery. The SPH Epidemiology Data Center compiles and summarizes the results to the ADAA, the individual course directors, and their respective academic Program Directors. The Academic Program Directors are responsible for discussing each course evaluation summary with the faculty course director for that course as part of the annual faculty evaluation and goal setting process. The findings are used to improve individual teaching performance and within a program to assess the overall program-specific curriculum and faculty performance and make modifications as needed.

4.2e. Description of the emphasis given to community service activities in the promotion and tenure process.

Each candidate for promotion must complete an Administrative/Service Responsibilities Portfolio. This portion of the appointments and promotions package allows the candidate to outline his/her professional, academic, community and institutional activities since his/her appointment that contribute to the Program, SPH, LSUHSC, and state, national and international organizations. The candidate is to include service on committees, Boards of Directors and other organizations in this portfolio. Professional activities outside the School should be pertinent to the academic functions of the LSUHSC (i.e., editorship of journals,

leadership positions of national professional organizations, etc.). The form permits the candidate to list the activity and to quantify the effort.

This excerpt from the SPH Appointments Promotions and Tenure guidelines delineates constituents of meaningful service activities.

“e) Excellence in Institutional, Community, and/or Public Health Service can be recognized by:

- i) Commendable participation or leadership in program, school, Health Sciences Center or hospital committees
- ii) Continued participation or leadership in professional organization or society committees and/or governing boards at a regional, state, national or international level
- iii) Commendable participation in community service or other volunteer activities
- iv) Reputation as public health practitioner
- v) Special competencies that enhance public health training programs
- vi) Development of new clinical programs that serve to fulfill the mission of School of Public Health
- vii) Implementation of innovations that enhance patient care: disease management programs, critical pathways, etc.
- viii) Development of and active participation in clinical trials, cooperative groups or outcomes analysis
- ix) Appointed or elected leadership or membership on local, regional or national organizations, societies or specialty governing boards
- x) Participation in or consultation for public health practice committees or organizations, locally, regionally or nationally”

4.2f Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

The SPH and the LSUHSC recognize the importance of clear, comprehensive and fair policies and procedures involving faculty hiring, development and promotion. The LSUHSC maintains the online LSUHSC Faculty Handbook describing LSUHSC campus and system-wide policies and procedures. The SPH has developed and maintains a webpage containing links, downloads and instructions to guide faculty in the tenure and promotion process. Funding to attend conferences is available to faculty who have accepted presentations but lack travel funds. The LSUHSC Teaching Academy and the ORPH provide valuable resources that promote excellence and professional development in teaching/educational scholarship and research, respectively.

Weaknesses

Smaller programs such as ENHS and HPSM have limited senior faculty that makes the tenure and promotions process more challenging. Academic Program Directors generally do not serve on the SPH Appointments, Promotions and Tenure Committee, however if the Director is the only senior member of the faculty the Director may have to serve on the APT Committee until other faculty achieve senior status (Associate or Full Professor). Although the rules for promotion and tenure are well-specified in university documents, the process for pre- or mid-tenure/promotion review within the SPH varies across programs.

Future Plans

The School plans to continue providing resources for faculty members with limited extramural funding to generate research findings for presentation at meetings/conferences and development of grant proposals. The SPH will also work towards establishing uniform policies and timelines across program areas regarding the conduct of mid-term tenure reviews. The SPH will improve its data collection procedures for faculty service activities by incorporating relevant data fields in the faculty database in development.

4.3 Faculty and Staff Diversity. *The school shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.*

4.3a Summary demographic data on the school's faculty, showing at least gender and ethnicity.

The SPH is committed to promoting diversity of its faculty composition and seeks to increase diversity, particularly in underrepresented minorities. Demographically, the core faculty is comprised of Caucasians (65%) followed by Asians (22%), African-Americans (8%), Hispanics (3%), and Native Americans (3%). Sixteen percent of the core faculty consider themselves Cajuns/Creoles. More males (55%) hold faculty positions than females. Gender and racial/ethnic diversity remains similar when non-core faculty members are included in the census. The LSUHSC does not collect information on sexual orientation or religion at this time. Table 4.3a provides a summary of demographic data for faculty.

Table 4.3a Fall 2012 - Summary Demographic Data – Faculty						
Demographic Category	Core Faculty		Other Faculty		TOTAL	
	#	%	#	%	#	%
# % Male	21	55	7	54	28	55
# % African American Male	0	0	1	8	1	2
# % Caucasian Male	15	39	6	46	21	41
# % Hispanic/Latino Male	1	3	0	0	1	2
# % Asian/Pacific Islander Male	4	11	0	0	4	8
# % Native American/ Alaska Native Male	1	3	0	0	1	2
# % Unknown/Other Male	0	0	0	0	0	0
# % Cajun or Creole Male	3	8	0	0	3	6
# % International Male	5	13	1	8	6	12
# % Female	17	45	6	46	23	45
# % African American Female	3	8	1	8	4	8
# % Caucasian Female	10	26	5	38	15	29
# % Hispanic/Latina Female	0	0	0	0	0	0
# % Asian/Pacific Islander Female	4	11	0	0	4	8
# % Native American/ Alaska Native Female	0	0	0	0	0	0
# % Unknown/Other Female	0	0	0	0	0	0
# % Cajun or Creole Female	3	8	0	0	3	6
# % International Female	7	18	1	8	8	16
TOTAL	38	100	13	100	51	100

NOTE: Schools and programs may also include other aspects to demonstrate diversity among faculty at their discretion.

4.3b Summary demographic data on the school's staff, showing at least gender and ethnicity.

The picture of diversity is quite different for staff members, nearly 9/10 (88%) are female. Racial/ethnic diversity of the staff more closely resembles that of the local community as compared with faculty composition. Slightly more than half are Caucasians (51%), followed by African-Americans (37%), Hispanics (6%), Asians (5%) and Native Americans (1%). 2% percent of the staff consider themselves Cajuns/Creoles, however there was a poor response rate to this recently added Louisiana-specific category. Table 4.3b provides a summary of demographic data for staff.

Table 4.3b Summary Demographic Data – Staff*		
Demographic Category	Full-Time Staff	
	#	%
# % Male	13	12
# % African American Male	3	3
# % Caucasian Male	7	7
# % Hispanic/Latino Male	1	1
# % Asian/Pacific Islander Male	2	2
# % Native American/Alaska Native Male	0	0
# % Unknown/Other Male	0	0
# % Cajun or Creole	2	2
# % International Male	3	3
# % Female	91	88
# % African American Female	36	35
# % Caucasian Female	46	44
# % Hispanic/Latino Female	5	5
# % Asian/Pacific Islander Female	3	3
# % Native American/Alaska Native Female	1	1
# % Unknown/Other Female	0	0
# % Cajun or Creole	1	1
# % International Female	8	8
TOTAL	104	100

* Staff is defined as those individuals not defined as students or faculty

NOTE: Schools and programs may also include other aspects to demonstrate diversity among staff at their discretion

4.3c. Description of policies and procedures regarding the school's commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.

[LSU Permanent Memorandum \(PM-55\)](#) clearly states the LSU System's commitment to providing equal opportunity for all qualified individuals regarding admissions, participation and employment in any program or activity under the auspices of the university system without regard to race, creed, color, marital status, sexual orientation, religion, sex, national origin, age, mental or physical disability, or veteran's status.

The SPH recapitulates this commitment in its diversity statement:

"LSUHSC School of Public Health is committed to increasing diversity in public health education, research and practice by providing impartial opportunities to individuals and populations, regardless of race, ethnicity, economic status, gender, sexual orientation, age, disability, religion, political affiliation, veteran status or national origin."

4.3d Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.

Of the last five faculty members recruited to the School, two have come from an under-represented racial/ethnic group (African American) and three are female. This targeted recruiting and hiring, though limited, has served to increase the diversity of the faculty. Hiring limitations due to budget constraints

have restricted our efforts to further increase diversity. However, efforts of the SPH Multicultural Diversity Committee have resulted in a proposed diversity plan for the School to not only increase faculty, staff and student diversity, but to establish an environment in the SPH that embraces diversity and offers opportunities to enhance awareness of other perspectives and cultures. An environment built upon inclusion and tolerance is an essential component in both recruitment and retention of faculty, staff and students. Creation of such an environment is consistent with the work done by the LSU System Diversity Task Force, which developed a series of White Papers in 2010. These documents address system-wide guidelines and recommendations for improving campus climate, recruitment and retention, and education and training with respect to diversity. The Task Force identified challenges to and recommendations for improving recruitment and retention of a diverse faculty, staff and student body.

With regard to minority and female faculty in administrative leadership positions, we only achieved our goal in the gender category in 2009-10. After that year, Dr. Vivien Chen who was the inaugural program director for Epidemiology asked to step down to devote more time to the Louisiana Tumor Registry; thus, both our female and ethnic minority representation declined beginning 2010-11 as she was replaced by a white male who is a senior faculty member. Dr. Sarah Moody-Thomas, another female administrative leader who is African-American asked to be relieved of her administrative duties beginning July 1, 2012. She was replaced by a female senior faculty member who is not a traditional minority but is of Cajun ethnicity. A change of only one or two individuals results in a large percent change; nevertheless, we are well aware of our goals in this area and, as noted above, will strive to meet them.

4.3e Description of efforts, other than recruitment and retention of core faculty, through which the school seeks to establish and maintain an environment that supports diversity.

Administrators and faculty attending the ASPH Annual Meetings routinely attend and participate in the Diversity Committee meetings. From the rich discussions, lessons learned have been brought back to the School. The SPH Multicultural/Diversity Committee has drafted a diversity plan that outlines a number of initiatives designed to create excitement about the many unique cultures and perspectives that comprise the SPH.

The Office of the Associate Vice Chancellor for Academic and Multicultural Affairs, headed by Dr. Derek Rovaris, PhD is responsible for overseeing and evaluating multicultural affairs at LSUHSC with a purpose directed to eliminating barriers and promoting diversity. Each of the six schools at LSUHSC has a Multicultural/Diversity Committee (MDC). Dr. Sarah Moody-Thomas is the Chair of the Multicultural/Diversity Committee for the SPH. In turn, the Chair of each school's MDC is an ex-official member of the LSUHSC MDC. Dr. Moody-Thomas also serves as Chair of this Committee. The SPH Community Leadership Advisory Board was established to provide direct input from public health community leaders and also serves to provide direction from under-represented groups such as the African American, Hispanic and Vietnamese communities. The Community Leadership Advisory Board convenes at least twice annually to discuss community needs and opportunities and assess how the SPH is addressing any changes in public health practice.

The School seeks to increase the diversity of the qualified workforce at the doctoral level through its PhD programs. By producing doctoral level graduates with a diverse background (currently two-thirds of our PhD students are from diverse backgrounds), the programs will increase access to qualified candidates in the future.

4.3f Identification of outcome measures by which the school may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the school against those measures for each of the last three years.

Table 4.3f Outcome Measures for Judging Success in Achieving Goals of Diversity in Faculty and Staff							
Quantitative Measures	SPH Target	US minority pop. w/ stated degree**	LA minority pop. w/ stated degree**	SPH Outcome Measures			
				2009-10	2010-11	2011-12	2012-13
Minority Faculty (Graduate degree*)	30%	22%	24%	30% (40%, Cajun/Creole included)	31% (42%, Cajun/Creole included)	29% (38%, Cajun/Creole included)	27% (37%, Cajun/Creole included)
Female Faculty	50%	----	----	49%	46%	44%	45%
Minority Staff (Bachelor degree*)	30%	22%	23%	54%	54%	48%	49%
Female Staff	50%	----	----	78%	79%	82%	88%
Minority Faculty in administrative positions	30%	22%	24%	25% (62%, Cajun/Creole included)	14% (57%, Cajun/Creole included)	13% (50%, Cajun/Creole included)	0% (50%, Cajun/Creole included)
Female Faculty in administrative positions	50%	----	----	50%	43%	38%	38%
Qualitative Measures				2009-10	2010-11	2011-12	2012-13
Create SPH Diversity Committee.	NA		NA	NA	X		
Develop campus climate survey for LSUHSC.	NA		NA	NA	X		
Pilot campus climate survey in SPH.	NA		NA	NA		X	
Create a venue to enhance staff environment through participation opportunities: develop Staff Assembly	NA		NA	NA			X
By August 2012, develop calendar of activities celebrating accomplishments of diverse groups in public health.	NA		NA	NA			X
By August 2013, partner with Diversity Committee of another LSUHSC school to promote importance of diversity and value of collaboration (interdisciplinary event).	NA		NA	NA			TBD

NA= Not applicable

Faculty = Core and Other Faculty

*For faculty measures, proportion of US population 25 and older who are Black/AA, American Indian/Alaskan Native, Asian/Pacific Islander, and Hispanic/Latino with graduate or professional degrees; for staff, proportion with bachelor degrees.

*For faculty measures, proportion of LA population 25 and older who are Black/AA, American Indian/Alaskan Native, Asian/Pacific Islander, and Hispanic/Latino with graduate or professional degrees; for staff, proportion with bachelor degrees.

** 2006-2010 American Community Survey – US Census Bureau

4.3g Assessment of the extent to which this criterion is met.

This criterion has been met.

Strengths

There are strong commitments at the School, LSUHSC and LSU System levels to promote and enhance diversity of its faculty and staff. The faculty of the SPH reflects a strong international composition.

Racial/ethnic diversity among staff is representative of the community composition in the New Orleans metro area.

Bi-annual meetings of the SPH Community Leadership Advisory Board provides feedback to the SPH Dean on current and emerging community needs and opportunities that support the school's mission to embrace diversity at all levels. The SPH has a Multicultural/Diversity Committee that has produced a working draft of a diversity plan to help guide the School in promoting diversity among faculty, staff, and students.

Weaknesses

Due to budgetary restrictions and recent hiring freezes, recruitment to increase diversity among faculty has been challenging. The LSUHSC does not collect data on other categories of diversity such as sexual orientation or religious preference, so reporting is limited to race/ethnicity, gender and foreign born.

Future Plans

The SPH will continue to refine and ratify the School's diversity plan and develop ways to address collection of data specific to all categories of diversity, not just race/ethnicity and gender. As the economy improves the SPH is committed to increase its efforts to recruit well-qualified under-represented minorities and enhance the diversity of the faculty and staff.

The SPH will continue to involve faculty and staff in community outreach activities and programs to fulfill the commitment to our diverse community and its needs.

4.4 Student Recruitment and Admissions. *The school shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the school's various learning activities, which will enable each of them to develop competence for a career in public health.*

4.4a Description of the school's recruitment policies and procedures

The SPH is dedicated to recruiting and admitting a highly-qualified and diverse student body. Unlike some schools in the LSUHSC, the SPH is free to recruit nationally and internationally, in addition to its in-state recruitment.

The SPH actively seeks to conduct focused recruitments in colleges and universities likely to provide access to minority students. See Education Goal 2: Establish a diverse student body qualified to appropriately address public health issues now and into the future. Objective 1 addresses our commitment to focused student recruitment targeting multiple racial/ethnic groups.

The Director of the Office of Admissions & Student Affairs (OASA), accompanied by SPH faculty, students and alumni, participates in open houses, special events, graduate and professional fairs, and guest speaking engagements for undergraduate courses and special interest organizations. We include current students who are alumni of local Historically Black Colleges and Universities (HBCU) when possible since we recognize the power of student-to-student interactions.

Recognizing that diversity is essential for the creation of an effective and empathetic public health workforce, the SPH focuses much of its recruitment effort on institutions and organizations that represent minority interests. These activities include, but are not limited to, advertisements in university newspapers, undergraduate guest lectures, promotional letters to HBCUs, attendance at South Louisiana undergraduate fairs, which are held in both urban and rural areas, and sponsorship/involvement in events for minority organizations. The APHA also recruits annually at APHA meetings.

The SPH offered two Open House events in Spring 2012, with participation by all program directors, deans and numerous faculty members from all disciplines. The SPH ran advertisements in local papers and its faculty engaged colleagues from all regional schools to distribute and post Open House flyers. Thirty-six individuals attended SPH Open Houses; 14 applied; and nine have been admitted to its programs. Three Open House events are held in Fall 2012 with more scheduled for Spring 2013. Additionally, the OASA Director schedules faculty for Speakers' Bureau events. She also meets on campus with potential applicants to acquaint them with programs and the application process, introduce them to faculty and staff and tour the campus.

4.4b Statement of admissions policies and procedures

The School admits students to the MPH degree program in five concentrations and to four academic degree programs: the MS in BIOS, and PhD degrees in BIOS, EPID and CHS. The SPH details admission requirements concerning baccalaureates from accredited universities, official transcripts, goal statements and references as well as GRE, TOEFL and WES/ECE reports, on the [SPH website](#) and in the [LSUHSC Catalog](#). These and the review process are also included in Appendix 4.4b. Each program is responsible for decisions on student admissions.

Once an application is complete, the Coordinator for Admissions & Student Affairs converts it into an Acrobat file, removing social security references. This file is shared with the Program Director or his/her designee in the respective program who distributes it to members of the program's admissions committee for consideration. A recommendation is made on each applicant:

- admission;
- probationary admission (which requires that the student take a fulltime course load and earn grades of B or better grades to be fully admitted in the subsequent semester); or
- denial

The decision is based upon both the qualitative and quantitative information contained in the applicant's application. The GRE score and GPA reflected on the applicant's transcript are reviewed by committee members to determine whether it appears the applicant can complete the MPH curriculum. The letters of reference, transcript and goal statement are reviewed to determine whether the MPH program the applicant chooses is appropriate for that individual.

The committee chair sends a recommendation to the Coordinator, who places it in the applicant's file and a decision letter stating the applicant's status (admission, probational acceptance, or denial) is prepared for the Dean's signature. The Dean makes the final decision on all applications.

Newly admitted students may request transfer of credits, subject to review and approval by the relevant SPH Course Director. A maximum of nine credit hours of coursework may be transferred into the MPH and MS degrees. Candidates for the PhD degree may receive up to 18 hours of transfer credit at the discretion of the program involved, provided they have completed courses which are comparable to the SPH courses in another graduate-level institution, and satisfy the subject matter requirements.

4.4c Recruitment Materials

The [SPH website](#) serves as a major source of information and is consistent with the content of SPH brochures. The site includes sections on admissions (i.e. application instructions and deadlines, tuition rates, admissions requirements), as well as academics (i.e., course schedule, LSUHSC Catalog, program curricula, faculty and research) and research (highlights of current research which will attract students and helps them in the decision making process concerning acceptance and matriculation). Recently, the SPH created a new bi-fold brochure with general information about the School, its diversity policies and its research and service programs. Individual brochures describe the specific focus of each degree or academic program, an overview of career opportunities, and requirements for admission and curriculum. (See Resource File for brochures).

The SPH updates an academic calendar annually for use by students, faculty and staff. It provides essential information about important dates throughout each semester. The calendar is available in the SPH section of the [LSUHSC Catalog](#), in the [SPH Student Handbook](#), and on the [SPH website](#).

4.4d Quantitative information on the number of applicants, acceptances and enrollment by program area, for each of the last three years.

Some reporting agencies require the count to be made by an academic year beginning in fall and ending in summer. LSUHSC holds a single Commencement exercise in the spring for students who have completed their studies in the previous summer and fall and current spring. For the purpose of this self-study, SPH will count student records according to that configuration of the Academic Year.

Table 4.4d Quantitative Information on New Applicants, Acceptances, and Enrollments by Program Area*					
		2009-10	2010-11	2011-12	2012-13
MPH - BCHS	Applied	12	15	23	11
	Accepted	11	15	22	10
	Enrolled	4	8	19	5
MPH - BIOS	Applied	2	1	4	1
	Accepted	1	1	2	0
	Enrolled	1	1	2	0
MPH - ENHS	Applied	11	17	19	4
	Accepted	10	15	16	3
	Enrolled	9	13	10	2
MPH - EPID	Applied	15	19	11	24
	Accepted	15	15	11	19
	Enrolled	9	10	6	15

		2009-10	2010-11	2011-12	2012-13
MPH - HPSM	Applied	16	7	17	15
	Accepted	15	7	17	11
	Enrolled	14	5	10	8
MS - BIOS	Applied	3	3	6	1
	Accepted	0	0	4	0
	Enrolled	0	0	2	0
PhD - BIOS	Applied	17	17	11	9
	Accepted	4	5	7	7
	Enrolled	4	5	3	3
PhD - CHS	Applied	N/A	N/A	11	16
	Accepted	N/A	N/A	5	7
	Enrolled	N/A	N/A	5	6
PhD - EPID	Applied	N/A	7	7	8
	Accepted	N/A	4	4	2
	Enrolled	N/A	3	3	1

Specialty area is defined as each degree and area of specialization contained in the instructional matrix (Template 2.1.1)

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

Eleven applicants submitted 28 applications to various programs in 2011-2012. We chose not to duplicate these individuals in Table 4.4d. Instead, only the 11 applications are reflected. If accepted into only one program, the applicant was listed solely there. If accepted into a number of programs, those applicants were listed in only the program in which they chose to enroll. If they were not accepted, that also is listed only once, in the last program to which they applied.

4.4e Quantitative information on the number of students enrolled in each specialty area 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.

The student body has grown by more than 49%, from 79 to 118 students within the past three years (2009-2010 through 2011-2012). The School anticipated a more rapid growth rate when first established. However, in the aftermath of Hurricane Katrina in 2005, the lack of a consistent physical location for classrooms and recruitment efforts have impacted growth.

Despite these obstacles, the students have excelled in securing fellowships, producing research posters for presentation at public health conferences, and contributing to journal publications. Thirteen (13) SPH students have garnered prestigious fellowships with the [New Orleans Albert Schweitzer Fellowship Program](#) since its establishment in 2007. For the first three years of the program, the SPH had more Schweitzer Fellows than any other school in New Orleans. Likewise, graduates have gained excellent employment throughout the state and country. Many others are also pursuing doctorates in medicine, basic sciences, public health and law. These student and alumni successes bring credit to the School, further enhancing its reputation and potential for growth. Please see Appendix 4.4e for details.

Table 4.4e shows all students who were enrolled at any time during the academic year (summer, fall or spring). In summary, in 2009-10, there were 71 MPH, 2 MS, and 7 PhD students (80); 74 MPH, 2 MS, and 15 PhD students (91) in 2010-11; 88 MPH, 4 MS, and 26 PhD students (118) in 2011-12; and 78 MPH, 2 MS and 31 PhD students (111) in 2012-13 (summer and fall only).

Table 4.4e Students Enrolled in Each Degree Program by Area of Specialization, 2009-10 to 2012-13												
	2009-10			2010-11			2011-12			2012-13		
	HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE
MPH - BCHS	10	1	11	17	4	19.3	17	4	19.3	12	6	14.3
MPH - BIOS	2	0	2	3	0	3	3	0	3	0	0	0

	2009-10			2010-11			2011-12			2012-13		
	HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE	HC FT	HC PT	FTE
MPH - ENHS	14	7	17	23	7	26.3	23	7	26.3	15	5	17.3
MPH – EPID	15	3	16.3	12	5	15	12	5	15	20	2	21
MPH - HPSM	15	4	18	14	3	15	14	3	15	16	2	17
MS- BIOS	1	1	1.3	3	1	3.3	3	1	3.3	2	0	2
PhD – BIOS	7	0	7	15	0	15	15	0	15	13	1	13.5
PhD - CHS	N/A	N/A	N/A	5	0	5	5	0	5	10	0	10
PhD - EPID	N/A	N/A	N/A	4	2	5.3	4	2	5.3	5	2	6

NOTE: HC = Head Count
 FT = Full-time students (9 credit units or more per semester)
 PT = Part-time students
 FTE = Full-time equivalent students

4.4f Identification of outcome measures by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures for each of the last three years.

Table 4.4f Outcome Measures: Measures of Qualified Newly Admitted Students				
Outcome Measure	Target	2009-10	2010-11	2011-12
Cumulative Undergraduate GPA	≥3 pt	Mean MPH 3.4 PhD 3.6 0 MS – N/A	Mean MPH 3.2 PhD 3.6 0 MS – N/A	Mean MPH 3.3 PhD 3.1 MS 3.1
GRE Score on Previous Test	≥1000	Mean MPH 1076 PhD 1390 0 MS-N/A	Mean MPH 1106 PhD 1260 0 MS-N/A	Mean MPH 1063 PhD 1195 MS 1350
Prior Public Health Experience/Employment	≥20%	35%	34%	48%

See Appendix 4.4f for details.

4.4g Assessment of the extent to which this criterion is met

This criterion is met.

Strengths

As the first and only publicly-funded school of public health in Louisiana, our tuition rates make graduate education affordable to many students with limited funding. By virtue of their excellent reputations, faculty members are positioned to increase funding from grants and contracts in which students are involved. The School has established excellent relations with universities in Louisiana which has facilitated our on-campus recruitment throughout the state. The recently adopted Open House recruitment efforts (beginning April 2012) have already demonstrated success, producing new students this fall who attended one of the two.

Weaknesses

The lack of a stable location due to the effects of Hurricane Katrina; the limited stipend funding for our masters level students; and the modest financial resources for advertising and promotion have limited our visibility and recruitment efforts. The greatest limitation is lack of accreditation, which restricts access to the common application process, full membership in ASPH, and eligibility for training grants limited to CEPH-accredited schools. In addition, our graduates are unable to take the Public Health Certification Exam.

Future Plans

The SPH plans to expand Open House and Speakers' Bureau events for more interactive experiences between faculty members and potential applicants. We anticipate an increase in applicants upon a positive change in accreditation status.

4.5 Student Diversity. *Stated application, admission, and degree-granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.*

The SPH stated commitment to diversity is as follows:

“LSUHSC School of Public Health is committed to increasing diversity in public health education, research and practice by providing impartial opportunities to individuals and populations, regardless of race, ethnicity, economic status, gender, sexual orientation, age, disability, religion, political affiliation, veteran status or national origin.”

This commitment is reflected in our recruitment, admission, employment, and retention of students, faculty and staff, in accordance with PM 55 Equal Opportunity Policy. The [LSUHSC NO Strategic Plan](#), also places great emphasis on the importance and value of implementing multicultural initiatives. The school is aligned in its draft diversity plan and strategic plan for minority student recruitment and retention.

The SPH provides all new students the Request for Reasonable Accommodations form, in accordance with the Americans with Disabilities Act. They are instructed to submit the completed form to the Associate Dean for Academic Affairs (ADAA) should accommodations be needed. The ADAA reviews these forms and provides students with a Notification of Disability form, defining the accommodations which must be provided. She instructs students to provide copies of the Notification form to each course director at the beginning of each semester of study. (See Appendix 4.5 for forms.)

4.5a Description of policies and procedures and plans to achieve a diverse student population.

In alignment with the School's mission, goals and objectives, the SPH commits to enhancing a supportive environment around the issues of recruitment, and retention. The School's Multicultural Diversity Committee has drafted a diversity plan. While the Committee engages in future activities, the School has already developed an academic three/two program with Dillard University, a prominent New Orleans HBCU, continues to team with other HBCUs in the area to facilitate the engagement of minority students in public health. Additionally, the School's SGA is participating in the formation of an LSUHSC Lesbian, Gay, Bisexual, and Transgender (LGBT) student organization and has created an International Student Peer Committee to help the SPH serve these populations.

4.5b Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time

The Director of the OASA, along with faculty, students and staff participate each year in multiple venues to increase diversity in its student body. These include annual participation in at least four HBCU career fairs and four additional visits/exhibits/presentations at HBCUs in conjunction with the [LSUHSC Office of the Associate Vice Chancellor for Academic and Multicultural Affairs](#). Special events also include Open Houses for undergraduate and high school students, guest lecturing to classes and organizations of underrepresented populations, participation in annual meeting of the Minority Science & Pre-Professional Society (MSPPS), and financial support and attendance at the African Studies Association annual conference. Faculty members also met with local high school students who are representative of the city's racial/ethnic minority population at three campus visits during 2010-11 and 2011-12. The purpose of these visits was to introduce the role of public health to students prior to entry into college. Details on these activities are provided at Appendix 4.5b.

The School's doctoral programs are examples of diversity. Currently, the SPH have 31 students matriculating in the BIOS, CHS and EPID PhD programs. Of these individuals, 17 represent racial/ethnic minorities, and 13 are international. The School holds four generous Louisiana Board of Regents Fellowships, two of which have been awarded to newly matriculating African American students.

Additionally, Dr. Sarah Moody-Thomas, the SPH Faculty representative to the LSUHSC Multicultural Advisory Committee, and the SPH Multicultural/Diversity Committee Chair, annually contacts various departments in 21 regional HBCUs, sending them recruitment letters, posters and brochures.

Table 4.5b HBCUs Receiving Recruitment Materials	
Alabama A & M University	Miles College
Alabama State University	Mississippi Valley State University
Albany State University	Morehouse College
Alcorn State University	Oakwood College
Bishop State Community College	Rust College
Clark Atlanta University	Savannah State University
Coahoma Community College	Southern University and A & M College
Dillard University	Spelman College
Fort Valley State University	Tuskegee University
Gadsden State Community College	Xavier University of Louisiana
Jackson State University	

4.5c Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years. Data must be presented in table format.

Table 4.5c demonstrates the diverse makeup of the SPH, with racial/ ethnic minorities comprising more than 54%, 49%, 53% and 46% of incoming students in AY 2009-10 to 2012-13, respectively.

Table 4.5c Demographic Characteristics of Student Body from 2009 to 2013									
		2009-10		2010-11		2011-12		2012-13	
		M	F	M	F	M	F	M	F
African American	Applied	1	14	5	9	6	23	10	18
	Accepted	1	9	3	7	4	16	6	5
	Enrolled	1	5	2	6	2	14	4	3
Caucasian	Applied	5	20	10	20	17	27	10	22
	Accepted	5	19	10	19	16	23	9	17
	Enrolled	5	14	7	16	10	18	8	13
Hispanic/Latino	Applied	0	2	0	4	2	3	3	5
	Accepted	0	2	0	4	1	3	1	4
	Enrolled	0	2	0	3	1	3	1	1
Asian/Pacific Islander	Applied	22	12	20	16	15	16	8	12
	Accepted	10	9	9	8	11	14	6	10
	Enrolled	6	7	4	5	4	8	3	7
Native American/Alaska Native	Applied	0	1	0	2	0	0	0	1
	Accepted	0	1	0	2	0	0	0	1
	Enrolled	0	1	0	2	0	0	0	0
Unknown/Other	Applied	0	0	0	0	0	0	0	0
	Accepted	0	0	0	0	0	0	0	0
	Enrolled	0	0	0	0	0	0	0	0
International	Applied	20	11	21	15	17	14	9	10
	Accepted	10	5	9	7	11	12	5	8
	Enrolled	6	3	4	4	2	6	1	4
TOTAL	Applied	28	48	35	49	40	69	31	58
	Accepted	16	40	22	40	32	56	22	37
	Enrolled	12	29	13	32	17	43	16	24

Note: International students are listed both by International and by Race/Ethnicity. Internationals are not included in total count, so as to avoid counting them twice.

4.5d Identification of measures by which the school may evaluate its success in achieving a demographically diverse student body, along with data regarding the school's performance against these measures for each of the last three years.

The SPH Strategic Plan includes the following three diversity objectives in its Education Goal 2:

- 1: Conduct focused student recruitment with at least three visits to HBCUs annually and through outreach efforts.
- 2: Seek to achieve ethnic/racial minority representation in the student body of 35% or greater annually.
- 3: Diversify the opportunities for individuals to contribute to public health by the establishment of a joint degree program(s) and 3-2 programs with undergraduate institutions.

Table 4.5d Outcome Measures for Evaluating Success in Achieving Demographically Diverse Students				
Outcome Measure	Target	2009-10	2010-11	2011-12
Conduct focused student recruitment with at least 3 visits to HBCUs annually and through other outreach efforts to reach multiple ethnic groups. (Edu Goal 2, Obj 1)	3+ HBCU school visits, 3 other state schools, Targeted outreach to regional HBCUs by letter (20+), other opportunities as they arise (sponsorships, exhibits, ads)	4 HBCU Visits Southern-NO & Southern-BR 4 Xavier visits <u>Sponsored</u> African Studies Assn 52nd meeting <u>Recruitment</u> letters-brochures to 21 regional HBCUs	6 HBCU Visits Dillard Southern-BR Southern-NO 3 Xavier visits UNO* <u>Ad</u> in Keepsake Magazine <u>Exhibit</u> at National Institute of Sci. βKX <u>21 letters</u> 1 NO Public HS Students visit to SPH	6 HBCU Visits Dillard Southern-BR Southern-NO 3 Xavier visits Other in-state visits: LSU, Nicholls, UNO, ULL, Loyola Tulane 1 NO Public HS Students visit to SPH 1 NO Public HS Students visit to LSUHSC 21 Letters to HBCUs in SE 2 Open Houses at SPH
Seek to achieve ethnic minority representation in the student body of 35% or greater annually (domestic and international). (Edu Goal 2, Obj 2)	35+% for all degree programs	MPH - 45% MS- 50% PhD - 57% Student body - 45%	MPH- 46% MS- 50% PhD- 47% Student body- 46%	MPH - 48% MS -50% PhD - 46% Student body -48%
Diversify the opportunities for individuals to contribute to public health by the establishment of a joint degree program(s) and 3-2 program(s) with undergraduate institutions. (Edu Goal 2, Obj 3)	1 or more 3-2 programs by 2011-12 1 or more joint degree programs to integrate public health training with other relevant disciplines	MOU signed by Dillard (an HBCU) and LSUHSC SPH to establish 3-2 program	3-2 program logistics developed No students yet enrolled MD-MPH joint program re-established at LSUHSC	No students yet enrolled; working with new Dillard leadership to establish implementation 2 MD-MPH enrolled

*At this time, Cajun/Creole designation is not included in Student Ethnic & Racial Minority Representation Percentages. It will be added to the Admissions process for 2013-2014.

4.5e Assessment of the extent to which this criterion is met.

This criterion is met.

Strengths

SPH has met all of its objectives including the quantitative measure of 35% racial/ethnic minority students in its student body. It leads the schools of LSUHSC in diversity. The minority and international students of SPH have excelled in their studies and received many prestigious honors. See Resource File.

Weaknesses

The proportion of individuals from specific minority ethnic groups in graduate programs is not representative of their proportion in the general Louisiana population. Nonetheless, the School's outreach to high school and undergraduate students will encourage aspiration to graduate studies at the SPH. Data are not collected by the LSUHSC regarding other measures of diversity (i.e. sexual orientation, or religious affiliation).

Future Plans

The SPH will increase efforts to recruit more Hispanic/Latino and Native American students and continue to emphasize recruitment of African American students, as this minority group is the largest in Louisiana. Students of Acadian (Cajun) and Creole descent also will continue to be a focus of diversity for the student body because of their unique importance in the state, and they will be invited to self-identify on future application forms. The School will encourage a greater involvement of ethnically and racially diverse students in future public health research and services. The SPH also plans to increase engagement of local high school students and undergraduates, inviting more groups to visit the School throughout the coming years. The School will explore collecting other measures of diversity in the coming year.

4.6 Advising and Career Counseling. *There shall be available a clearly explained and accessible academic system for students as well as readily available career and placement advice.*

4.6a Description of the advising and career counseling services, including sample orientation materials, such as student handbooks

Academic Advising

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

The role of the advisor is detailed in the [SPH Student Handbook](#). The importance of frequent communication with advisors is stated numerous times during student orientation. Similar messages are delivered during the Associate Dean for Academic Affairs' Academic Orientation and periodically as students progress through their academic careers.

Program Directors also stress the importance of open communications between their faculty and the students they advise. The Associate Dean for Academic Affairs conducts an annual advising workshop to instruct faculty on their advising responsibilities. Please see Agendas in Appendix 4.6a.

The SPH requires all ongoing students to pre-register for subsequent semesters. The Director of OASA sends two reminders in mid-semester to both faculty and students, instructing them to schedule advising meetings for pre-registration.

Career Counseling

The OASA Director annually conducts resume writing sessions and career development panel discussions, featuring faculty, alumni and other public health professionals. When students cannot attend these activities, they receive one-on-one counseling. Both venues address numerous issues related to career development: job search mechanisms; web searches and online applications; resume and cover letter composition; interview preparation and techniques; and discussions on making a good professional and personal match in employment. The [SPH Student Handbook](#) directs students to online resources on career development at the LSU Career Center, for one example, see the [2012-13 Job Search Handbook](#).

The OASA Director also edits student resumes on an ongoing basis and annually shares hundreds of employment opportunities via email with current students and alumni. (See Resource File: Career Opportunities.)

Faculty members in all programs also assist students and graduates with networking introductions, letters of recommendation, and involvement in publications, posters and presentation engagements. (See Resource File.)

The SPH sponsored attendance by ten second-year MPH students representing all programs and one PhD student to the 2011 APHA Annual Meeting. The sponsorship included registration, airfare, hotel rooms and per diem food allowance. The purpose of this was to broaden students' opportunities for networking and for understanding employment options available upon graduation. All sponsored-students presented their experiences to other SPH students at a panel discussion session. (See Resource File 4.6a) Other students were supported by grants and contracts to attend professional meetings where career opportunities were present.

4.6b Description of the procedures by which students may communicate their concerns to school officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.

Students' Responsibilities and Rights are detailed in the LSUHSC Chancellor's Memorandum (CM) 56. They afford a student access to grievance and appeal processes and are detailed on the LSUHSC website, [the LSUHSC Catalog](#), [the SPH Student Handbook](#), and the [Practice Experience Handbook](#).

Code of Conduct

During Orientation, the OASA distributes sheets defining the SPH Code of Conduct. All students are required to sign their understanding and commitment to this code. Copies of their signed sheets are returned to all students via email, and originals are filed in the students' folders. Please see Resource File.

Grade Appeals

Grade Appeals are available to students who believe that a grade is unwarranted. It is the intention of the school administration and faculty that grade appeals are resolved quickly and fairly at the lowest level of the process.

1. The student must meet with the course director and discuss the basis for appealing the grade within three working days of receiving the grade.
2. If dissatisfied with the results of this meeting, the student may submit a formal written appeal of the grade no later than five working days of the discussion with the course director. This written appeal is sent to the course director and academic program director.
3. Within five working days from receiving the student's appeal, the course director and academic program director must examine the appeal, discuss it with the student and respond with a written decision regarding the appeal. If dissatisfied with these results, the student may submit a final formal written appeal of the grade to the Associate Dean for Academic Affairs within five working days of the course director and academic program director's decision. The document must include the basis for appealing the grade.
4. Within ten working days of receiving the appeal, the Associate Dean for Academic Affairs will appoint an ad hoc committee of five including two students and three faculty members, none of which will be members of the academic program to evaluate the merits of the appeal. The committee must review the appeal and advise the Associate Dean for Academic Affairs of their recommendation in writing within five working days of the appointment of the committee.
5. Within five working days, the Associate Dean for Academic Affairs will review the findings of the committee and render a decision. The Associate Dean for Academic Affairs will forward the decision to the Dean as the final step of due process in the School.

Three Grade Appeals were made, and all were resolved at the program level.

AY 2010-2011 Grade was changed as per student's request after investigation of the grade and a determination that the request was valid.

AY 2010-2011 Grade remained. The student accepted its validity after discussion with the Program Director.

AY 2011-2012 Grade remained. The student accepted its validity after discussion with the Program Director.

Student Grievances

Similarly, the CM56 is posted on the LSUHSC website and steps for filing student complaints are outlined both on the SPH website and in the Student Handbook.

A Grievance Committee, for grievances brought by and against members of the student body and/or faculty of the SPH, is established under the Faculty Assembly and is composed of five faculty (elected

and appointed) and two students (elected by the student body). Students serve on the committee when matters of student grievances are being considered. Any committee member believing it to be inappropriate for him/her to hear and vote on a particular case due to a perceived conflict of interest shall recuse him/herself prior to the formal hearing. A minimum of four committee members must be present at each session.

All grievance procedures shall be conducted in accordance with School of Public Health policies and procedures.

The committee provides formal recommendations to the Dean on unresolved matters of grievance, and represents the school faculty position on unresolved matters of grievance.

The committee functions in the following manner:

- Determine whether an appeal actually sets forth an appealable issue.
- Conduct hearings on unresolved complaints involving faculty work situations or student academic situations that assert that: a policy, rule, or regulation has been violated or applied improperly; no policy, rule, or regulation exists where one should; or there has been unfair or inequitable treatment.
- Conduct any independent investigation necessary including calling witnesses.
- Render a written report to the Dean on each appeal.

No grievances were filed with the Grievance Committee during the past three years.

Academic Misconduct

The SPH also addresses academic misconduct in the SPH Student Handbook. Academic misconduct includes plagiarism, cheating, fabrication of documents, academic theft or forgery, resubmission of work, bribery, and facilitating academic misconduct on behalf of another. The Student Handbook describes the protocol for dealing with charges of academic misconduct, including the convening of an ad hoc hearing panel. The handbook lists the composition of the panel (of both faculty members and students), and the procedures by which it will function. It also includes a list of repercussions that may result with the finding of academic misconduct and details the manner in which appeals may be sought.

Professional Misconduct

Students rights and responsibilities in cases of possible professional misconduct policy are detailed in [CM56](#). Procedures for addressing complaints as well as disciplinary actions which may be taken are included.

One student was dismissed from the SPH in AY 2011-2012 for egregiously inappropriate professional behavior reported by the student's practice experience agency with written documentation. In accordance with CM56 the student against whom a complaint was made was directed to the ADAA who met with the student stating the charges and giving him an opportunity to refute them. The student failed to do so substantively and was given a letter of dismissal, a copy of CM56 with the procedure for appeals, and instructions to meet with the Vice Chancellor for Academic Affairs for the Health Sciences Center for that appeal. The dismissal was appealed to the Vice Chancellor of Academic Affairs who determined that the decision was appropriate. The Vice Chancellor offered to empanel an ad hoc committee of three faculty members, at least one of whom was from the faculty senate and two students appointed by the appropriate SGA President to resolve the matter or he would allow the student to voluntarily resign without expulsion. The student indicated in writing to the Vice Chancellor within the appropriate timeframe that he would not appeal the decision and would resign from the university. The Vice Chancellor allowed the student to resign in lieu of expulsion. This case is now in litigation.

4.6c Information about student satisfaction with advising and career counseling services

Graduating students have rated their satisfaction with advising and career counseling services on the exit survey administered each semester. In 2009 – 2010, 90.9% of respondents (n=22) strongly agreed (5) or agreed (4) with the statement "My faculty advisor was available for advisement and assistance." The

wording of this question was changed in Spring 2011 to “My faculty advisor was instrumental in their degree achievement” with 100% of respondents (n=12) strongly agreeing (5) or agreeing (4) with the statement. In 2011-2012, the percentage of respondents that either strongly agreed (5) or agreed (4) was 86.7% for this same statement. Initially graduating students were also asked to score their agreement with the following statement “My faculty advisor facilitated the completion of pertinent forms.” In 2009 – 2010, 100% of respondents (n=22) strongly agreed (5) or agreed (4) with the statement, and in Fall 2010, the last semester the question was asked, 80% (n = 5) strongly agreed (5) or agreed (4) with the statement. Starting in Spring 2011, the respondents were asked to rate the statement “In general, the School's faculty was instrumental in the achievement of my degree” with 91.6% (n=12) in Spring 2011 and 93.3% (n=15) in 2011 – 2012 strongly agreeing (5) or agreeing (4) with the statement. In recognition of the need to determine the level of student satisfaction with career support, in Spring 2012 the EC added a question related to this topic. The graduating students were asked to rate their agreement with the following statement “The School of Public Health provided me with opportunities for career support, i.e., job openings, skill development, employer networking” with the result of 71.4% (n=12) strongly agreeing (5) or agreeing (4) with the statement.

4.6d Assessment of the extent to which this criterion is met

This criterion is met.

Strengths

The spirit of decorum is highly valued by the faculty, staff and students at LSUHSC SPH. It is formalized in the Code of Conduct and modeled by faculty and staff. Additionally, an open door policy, which is generally practiced has been sufficient to avert conflict and resolve complaints before they escalate. Advising expectations are clearly delineated in numerous presentations and publications. A fail-safe measure is implemented by requiring advisors' written approval of all registrations, course withdrawals and/or additions. The career development seminars are helpful as is the guidance on the LSU main campus website.

Weaknesses

Questions and scales on exit surveys have changed over time making annual comparisons challenging to summarize and interpret. Consistency is important and will be emphasized. Furthermore, satisfaction with career counseling was not quantified. The depth of advising varies by individual advisors and programs.

Future Plans

More instruction and involvement in career development needs to be added to school support. More attention will be paid to formally training academic advisors to insure proper guidance of students. Although new faculty members are trained in the advising process after their appointments, all faculty members are invited to participate in an academic advising session each year. The Office of Academic Affairs will increase its trainings throughout the year. As noted above, more comprehensive and consistent surveys will be administered to assure comparability. As the School grows, establishment of a Job Placement Office is a priority. The School foresees that CEPH accreditation will offer eligible students and alumni the opportunity to take the Certified in Public Health exam, which may increase their employment opportunities.