REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT THE
UNIVERSITY OF NORTH CAROLINA, GREENSBORO

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
SITE VISIT DATES:
November 15-16, 2012

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# Table of Contents

- **Introduction** ................................................................................................................................................... 1
- Characteristics of a Public Health Program .................................................................................................. 2
- **1.0 THE PUBLIC HEALTH PROGRAM** ....................................................................................................... 3
  - 1.1 Mission. ............................................................................................................................................... 3
  - 1.2 Evaluation and Planning ...................................................................................................................... 4
  - 1.3 Institutional Environment ..................................................................................................................... 6
  - 1.4 Organization and Administration ......................................................................................................... 7
  - 1.5 Governance ......................................................................................................................................... 8
  - 1.6 Resources ........................................................................................................................................... 9
- **2.0 INSTRUCTIONAL PROGRAMS** .......................................................................................................... 13
  - 2.1 Master of Public Health Degree ........................................................................................................ 13
  - 2.2 Program Length ................................................................................................................................. 14
  - 2.3 Public Health Core Knowledge .......................................................................................................... 14
  - 2.4 Practical Skills ................................................................................................................................... 15
  - 2.5 Culminating Experience .................................................................................................................... 16
  - 2.6 Required Competencies .................................................................................................................... 18
  - 2.7 Assessment Procedures. .................................................................................................................. 19
  - 2.8 Academic Degrees ............................................................................................................................ 21
  - 2.9 Doctoral Degrees .................................................................................................................................. 21
  - 2.10 Joint Degrees .................................................................................................................................. 21
  - 2.11 Distance Education or Executive Degree Programs ....................................................................... 21
- **3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE** ............................................. 21
  - 3.1 Research. .......................................................................................................................................... 21
  - 3.2 Service ............................................................................................................................................... 23
  - 3.3 Workforce Development .................................................................................................................... 25
- **4.0 FACULTY, STAFF AND STUDENTS** .................................................................................................. 26
  - 4.1 Faculty Qualifications ........................................................................................................................ 26
  - 4.2 Faculty Policies and Procedures ....................................................................................................... 27
  - 4.3 Faculty and Staff Diversity ................................................................................................................. 28
  - 4.4 Student Recruitment and Admissions ............................................................................................... 29
  - 4.5 Student Diversity ................................................................................................................................ 30
  - 4.6 Advising and Career Counseling ....................................................................................................... 31
- Agenda ........................................................................................................................................................ 33
Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the Public Health Program at the University of North Carolina, Greensboro (UNCG). The report assesses the program's compliance with the Accreditation Criteria for Public Health Programs, amended June 2005. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in November 2012 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

UNCG was established in 1891 and became coeducational in 1963. It is one of the 16 campuses of the University of North Carolina system. UNCG offers over 100 undergraduate, 61 master's and 26 doctoral programs and enrolls a student body of approximately 14,000 undergraduate students and 3,000 graduate students. Most students (83% of graduate students and 93% of undergraduate students) are North Carolina residents. The university’s schools and colleges include arts and sciences; business and economics; education; health and human sciences; music, theatre and dance; nursing; the Graduate School; and the Joint School of Nanoscience and Nanoengineering.

The MPH program is located in the Department of Public Health Education (DPHE) in the School of Health and Human Sciences (SHHS). The department also houses undergraduate and doctoral programs in community health and a large baccalaureate program in health studies. During recent university-wide strategic planning, the university, based on departmental recommendations, decided to phase out the undergraduate health studies program to allow the department to focus on its core degree programs.

The MPH program has been accredited since 2000. The last accreditation review was conducted in 2005. That review resulted in a seven-year term of accreditation, with required interim reporting on one criterion in 2007. The interim report was accepted.
Characteristics of a Public Health Program

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

a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education.

b. The program and its faculty shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.

c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research, and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem-solving, and fosters the development of professional public health concepts and values.

d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards, and dedication of resources in order to infuse public health values and goals into all aspects of the program’s activities.

e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. As a minimum, the program shall offer the Master of Public Health (MPH) degree.

f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the UNCG MPH program. The university holds regional accreditation through the Southern Association of Colleges and Schools, and the MPH program and its faculty hold the same privileges and status as other similar degree programs at UNCG. The program’s disciplinary focus is community health education, and the primary faculty complement’s training and experience reflects this focus. Primary faculty have extensive public health practice experience and experience collaborating with faculty trained in other disciplines. Other faculty members who support the MPH program have training in a variety of disciplines that support the program’s mission and instructional goals.

The program emphasizes problem-solving through applied examples and service learning opportunities in the required curriculum, and the program’s mission and values reflect professional public health concepts. The program has adequate resources to support the instruction, research and service required to offer the MPH degree. The program is attentive to planning and evaluation efforts that ensure relevance to the
world of public health practice; the extensive ties with governmental and non-profit public health employers in the region support this focus.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is partially met. The program’s recently revised mission statement includes three aspects of public health education: education, scholarship and community engagement. The revised mission statement follows:

*UNCG’s MPH Program in Community Health Education prepares competency-based health education leaders to promote healthy people in health communities through education, scholarship and community engagement. Grounded in an ecological perspective, theory and social justice, the program promotes leadership development through critical inquiry, problem-solving, reflective practice and community collaborations.*

The previous mission statement, for which all evaluation data is provided in the self-study, is as follows:

*The MPH Program in Community Health Education prepares students for leadership roles in interventions designed to promote the health of community populations.*

The mission statement is disseminated via the departmental, Graduate School and MPH Program websites and the MPH student handbook. The program last revised the mission statement during the 2010-2012 self-study process. The department faculty reconsidered and approved a new mission statement and goals in November 2011. A faculty task force was established and made recommendations for program objectives, which were approved by faculty in May 2012.

The new, broad goal statements relate to the following four functions: teaching, research, service and faculty development, and these statements provide a context for the program’s activities.

The revised goals reflect a commitment to serving the diverse populations and needs, not only of UNCG’s Guilford County communities, but also in the state, nationally and internationally; collaborating with public and private sectors; conducting research to expand knowledge and improve the health of communities; and investing in faculty professional development to improve teaching practice. A series of objectives supports each of the goal statements. The new objectives indicate the intent to ensure that teaching is competency-based, collaborations benefit practitioners and/or community-based organizations and research findings are shared through publications, presentations, and technical reports.

There are inconsistencies in the mission statement and corresponding goals and objectives. The first relates to the three aspects of education in public health: teaching, research, and service. While the
program’s current goals and objectives relate to teaching, research, and service, the current mission statement emphasizes education, community service and scholarship. This distinction is significant in the context, as UNCG’s *University-wide Evaluation Guidelines for Promotions and Tenure* directly state that scholarship is not equivalent to research. Furthermore, the mission statement does not reflect an emphasis on faculty development; however, the self-study document and MPH program website provide a faculty development goal with five objectives. These discrepancies, while seemingly minor, may hinder the mission’s efficacy as a guide for the development of goals and objectives and for consistent definitions of programmatic priorities.

The concern relates to the formulation and presentation of the program’s objectives. The program’s revisions to its strategic plan are good but not yet complete. Objectives must maintain a sufficient balance between high-impact program objectives and necessary process objectives. The program must address concerns about the translation and presentation of program objectives through its revised strategic plan that demonstrates continuity between goals, objectives and actions steps. Goal one currently lacks continuity between the goal, objectives and aspirational action steps to clearly support each objective. The revised strategic plan is missing an objective and measures associated with student participation in research (goal two).

Goal three’s objectives tend to be “double-barreled” (or more), ie, defining more than one item to measure in a single objective, such as the objective stating that every two years, each course syllabus for required MPH courses will be reviewed by the Graduate Program Committee to ensure student learning objectives are: tied to the Health Education Responsibilities and Competencies and core public health knowledge, and include an emphasis on social determinants of health and health disparities. For example, some stated objectives apply both to student outcomes and faculty outcomes. Those types of objectives need to be separated to reflect the various measures or action steps that are implemented.

The program’s ability to effectively and accurately monitor and evaluate its success is impeded by the lack of appropriately written objectives. During the site visit, program representatives acknowledged the weaknesses presented in the objectives and understood the resulting impact on measuring program effectiveness.

1.2 Evaluation and Planning.

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

This criterion is met with commentary. The Graduate Program Committee (GPC) evaluates the extent to which the program meets its instructional, research, service and faculty development goals. The GPC’s findings are reported and discussed among faculty in departmental meetings. Data are collected through
online faculty reports, student self-assessments, preceptor assessment of students during internships, and the internship supervisor. The self-study document outlines several committees and teams charged with evaluating program effectiveness, primarily related to curriculum and resource allocation. Those committees and teams include the following: all faculty, Graduate Program Committee, CEPH self-study team, MPH Program Review Committee and Resource Alignment Project Team. External to the program, alumni, employers, other academic programs, practitioners, and professional organizations are solicited to provide input into evaluating program effectiveness.

In 2012, the MPH program was one of 254 degree-granting programs reviewed by the university. A UNCG Academic Program Review Team was charged with developing the program’s report. Reviewed programs were categorized as meriting future investment by the university; having challenges but aligned with UNCG’s vision and mission; or being recommended for discontinuation. The MPH program was recommended for continuation, though university leaders indicated that the final review did not specifically place the program neatly in either of the previous two categories.

The Department of Public Health Education engaged in a Resource Realignment Process in response to recent budgetary pressures. A Resource Realignment Project Team, with representatives from the MPH program, was convened to develop alternative scenarios for maintaining or eliminating degree programs within the department. The Project Team met with faculty to discuss options, conducted an analysis of the options, prepared reports, and presented the options. As a result of the Resource Realignment Process and the UNCG Academic Program Review, the department decided to eliminate an undergraduate concentration in Health Studies, preserving the MPH program, which is highly regarded by university administrators.

The self-study document, verified in onsite meetings with the Graduate Program Committee, outlines a systematic, broad-based process for collecting and analyzing data relative to the 2007-2011 goals and objectives, which led to revisions in the mission statement, goals, and objectives, and curriculum in 2012. Data collected on preceptor’s evaluations on students’ performance on competencies, coupled with faculty evaluation of internship products, led to a full department discussion, from which, the faculty recommended changes to the curriculum which will be considered in the fall of 2013 and implemented the following academic year. The self-study document also includes the processes designed to evaluate the program’s alignment with the revised mission, goals and objectives.

The self-study document provided data relevant to the 2007-2011 goals and objectives and presented the proposed targets and data collection methods for the revised goals and objectives. The document also provided evidence that faculty used evaluation information to determine future program directions.
The commentary relates to the misalignment between objective targets and the data collected and presented in the self-study document, ie, data were not presented in a way that allows for review of performance against the target. For example, one target is that all faculty members participate in one peer review every two years; however, the data reported for two consecutive years is 83% and 78%. Other examples include the target of two peer-review publications, presentations, reports, or funded proposals per year for each graduate faculty member. The self-study presents the total number of peer reviewed publications (ie, with no indication of their distribution) and the number of other scholarship products per year/per FTE. The data do not, however, address having at least one in press or published. Reviewers noted improvements to many of the data elements with the revised strategic plan provided after the site visit, but the updated plan does not fully address the elements of this commentary.

Although this process is still formative, it appears that program leadership have a sincere commitment to a new approach for measurement and improvement of data presented. Faculty will continue to refine the mission, goals and objectives, targets and data presentation formats to appropriately reflect the priorities of the program and allow for successful evaluation of impact. All faculty will be involved in approving the revised mission, goals and objectives which is integral to the overall success of this effort.

1.3 Institutional Environment.

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

This criterion is met. The MPH Program in Community Health Education is located in the Department of Public Health Education in the School of Health and Human Sciences (SHHS) at the University of North Carolina at Greensboro (UNCG). UNCG is one of 16 campuses in North Carolina’s public university system.

The University of North Carolina Board of Governors elects the president, who administers the university system. Each of the UNC campuses is headed by a chancellor who is chosen by the Board of Governors, on the president’s nomination and is responsible to the president. The University of North Carolina at Greensboro is classified by The Carnegie Foundation as a Research University with High Research Activity and as a Community Engaged Institution.

UNCG offers over 100 undergraduate, 61 master’s and 26 doctoral programs. It is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools. The university also responds to 32 other accrediting bodies.

The School of Health and Human Sciences, which houses the Department of Public Health Education, is a new school, established in July 2011 as part of a strategic realignment process to bring health and human service programs together at UNCG. It houses three departments from the former School of
Human Environmental Sciences, three and a half departments from the former School of Health and Human Performance and three programs from the Graduate School. The Department of Public Health Education is one of 7 departments and 3 programs in the School of Health and Human Sciences. The realignment was championed by the MPH faculty and is viewed as a means of enhancing opportunities for faculty and students in interdisciplinary research, teaching and practice.

The school is one of eight housed within the UNCG Division of Academic Affairs which is administered by a provost/executive vice chancellor. The provost and the chancellor report that the MPH program was identified as an "exceptionally strong program" in the recent UNCG academic review of the 254 programs on campus. UNCG includes health and wellness as one of its five targeted strategic initiatives and considers the MPH program an integral part of achieving its goals in this area. The MPH program is also identified as a shining example of community engagement and a model for the campus.

In the Department of Public Health Education, the associate chair, the program coordinators for the MPH and the DrPH, the director of graduate study and the other faculty members report to the department chair. The department chair reports to the dean of the School of Health and Human Sciences, who reports to the provost/executive vice chancellor, who reports to the chancellor who reports to the president of the University of North Carolina System, who reports to the Board of Governors of The University of North Carolina. The department follows the university's system of governance, including budget and resource allocation; personnel recruitment, selection and advancement; and establishment of academic standards and policies. The School of Health and Human Sciences and the Department of Public Health Education follows the same system of governance as all other schools and departments at UNCG; it may establish additional standards and policies that are in accord with the University Standards and Policies.

1.4 Organization and Administration.

The program 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 program's constituents.

This criterion is met. The program operates within the Department of Public Health Education, and the program’s structure draws on the resources and units affiliated with the department’s other academic programs, reflecting the fact that many faculty have roles across departmental degree programs. The program’s structure is also sufficiently defined to ensure that faculty, students and staff can fulfill the program's internal goals relating to teaching, learning, research and service.

The program’s structure includes committees, which are discussed in Criterion 1.5, that perform operational and strategic functions. The faculty positions of MPH program coordinator, director of graduate studies and department chair all play important leadership roles, with the program coordinator
assuming day-to-day administrative and leadership roles. The personnel associated with all leadership roles, aside from department chair, vary from year to year. These departmental roles, and the terms associated with them, are defined in the department’s governance documents, and appointments typically last two to four years.

The program provides strong evidence of interdisciplinary work. In terms of instruction, MPH students may take classes in other related departments, and graduate students in a wide array of related departments enroll in the program’s courses. Faculty collaboration includes efforts in instruction, research and service. The university has a number of programs to encourage intramural collaboration in research, and several faculty members have been awarded intramural funding through such initiatives. Faculty members also participate in interdisciplinary research related to the university’s Child and Family Research Network and the Teamwork in Research and Intervention to Alleviate Disparities (TRIAD) Network, which includes individuals from other university units as well as local school systems and medical clinics.

The program identifies appropriate policies that illustrate its commitment to fair and ethical dealings; most of these policy documents are accessible to faculty, staff, students and the public on university websites. The program follows university processes for student grievances and complaints, and no MPH students have filed grievances or complaints in the last three years.

1.5 Governance.

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

This criterion is met. Discussions about the program’s evaluation and planning, curriculum and academic standards take place in departmental faculty meetings. Departmental faculty meetings, which include adjunct and part-time as well as full-time faculty for all of the department’s degree programs, typically occur monthly but have been held twice monthly during the past two years.

The department’s Graduate Program Committee (GPC) focuses more narrowly on issues relating to the MPH program and the department’s DrPH program, and the GPC has active subcommittees, which include the MPH Admissions Committee, the ad hoc MPH Program Review Committee (PRC) and another ad hoc committee that focused on CEPH self-study preparation and related curricular review. Site visitors reviewed GPC meeting minutes from the last three years and noted that meetings address strategic and operational issues. The GPC and its subcommittees make recommendations, which then become agenda items for action at the next full departmental faculty meeting. Site visitors also reviewed
faculty meeting minutes and verified that these minutes document regular discussion of topics relating to the MPH program’s curriculum and operations.

The subcommittees have been particularly active. As a result of the two ad hoc subcommittee’s evaluative work, the program has made a number of changes in the last two years. Specifically, the department updated its governance document, which had not been revised in many years, and faculty are in the process of updating the MPH curriculum to provide better coverage of some topical areas.

The program’s policies and operations are also shaped by departmental committees. Faculty hiring, appointment, promotion, tenure and post-tenure review occur through departmental committees designated for each of these functions.

All of the program’s primary faculty are involved in the GPC, and the program coordinator also sits on both programmatic subcommittees. Program faculty are well represented on departmental committees and serve alongside colleagues who primarily focus on departmental offerings other than the MPH.

The self-study notes that expectations for faculty participation on SHHS and university committees has been challenging at times, given the heavy workload and demands of departmental and programmatic committees. During the site visit, faculty acknowledged this challenge, but noted that 1) to some extent, faculty members can create synergies by judiciously choosing to serve on committees that align with their existing research, service and instructional interests and 2) the department chair has been effective in advocating for sensible limits on external expectations for faculty committee service.

Student representatives are invited to serve on departmental committees and subcommittees, with the exception of admissions, promotion and tenure and other meetings that involve sensitive material. MPH students participate in Eta Sigma Gamma, the health education honorary society. This organization has been active in public health service in the university and local community in recent years, though it was largely dormant at the time of the site visit.

1.6 Resources.

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

This criterion is met. The university’s operating funds come primarily from tuition and the State of North Carolina’s general revenues as allocated by the North Carolina General Assembly. Each campus is funded based on a “requirements” formula that determines the amount of funding needed to offer the number of student credit hours it projects for a given academic year. All tuition dollars are kept on the campus to cover the requirements, and the remaining portion is requested from the state in the form of an appropriation.
From this single campus allocation, the UNCG chancellor allocates funds to the provost to support the academic units. The deans allocate funds to the departments in consultation with the department chairs. There is not a direct relationship between tuition and fees generated by students in the Department of Public Health Education and the budget allocation to the department.

All tenure-track and academic professional track faculty positions are fully supported and guaranteed through state funds. Faculty grants and contracts generate indirect costs and salary savings. Indirect costs are distributed in a consistent fashion across UNCG. Eighty percent of the funds are allocated to the provost and vice chancellor for research and economic development to support the research infrastructure. Ten percent is returned to the principal investigators, and 10% is distributed to the department chair, who uses the funds to support the research of the whole department. Salary savings are distributed in a consistent fashion within the SHHS. Seventy percent is allocated to the department to support instruction, reduced teaching loads for faculty and other faculty and student initiatives. Twenty percent is allocated to the SHHS associate dean for research and 10% to the dean. The salary savings distribution program is temporarily suspended, due to state-imposed budget cuts. The dean's advisory committee currently allocates all of these funds based on school priorities.

The budget is administered by the department chair with the assistance of administrative staff. The department’s budget allocation from tuition and fees and state appropriations is on an upward trajectory for the past six years--$1,146,523 in academic year 2007 and $1,586,169 in academic year 2012. During this same period, grants and contracts revenue decreased from $2,016,744 to $764,017. This significantly affects indirect costs and salary savings that are typically directed back to the department. The estimated budget for the MPH program shows a 33% decrease from academic year 2009 to academic year 2012, from $1,392,977 to $932,009. However, information provided during the site visit indicated that this trend is reversing based on recently funded grants and contracts. The department is consistently allocated funding for six MPH student assistantships. Funding from gifts and other programs support faculty and student activities. There is no indication that the formation of the SHHS had an impact on the Department of Public Health Education’s funding.

The MPH program states that it has adequate financial resources to maintain its support in terms of institutional expenditure per FTE student, research dollars per FTE faculty and extramural funding as a percent of the total department budget. The program states this in recognition of the reported declining funding in the latter two categories.

Five primary faculty and 14 additional faculty support the MPH program, surpassing the minimum faculty requirements for the single concentration; this translates into 7.3 full-time equivalent (FTE) faculty that are
associated with the MPH program. As of fall 2011, there were 48.25 FTE students enrolled in the MPH, which results in a student faculty ratio (SFR) of 7:1. The total number of students across all programs in the department is nearly four times the enrollment in 2004—612 as compared to 126. Faculty lines are not increasing in a commensurate fashion and faculty strain to cover teaching at the expense of other strategic initiatives of the university. To address these issues in light of budgetary pressures, the department proactively constituted a resource realignment process to examine the activities being conducted by the department weighed against current resources, faculty strengths and strategic directions of the department and the university. Faculty report that an 18 month teach-out plan designed to phase out one of the large undergraduate programs will be completed in 2013. Eliminating this program is a major step in addressing these issues.

Because funds for the MPH program are comingle with the department budget and faculty are split between program and department responsibilities, it is difficult to determine the precise program budget, but Table 1 presents an estimated budget for the last five years.

The department has two administrative associate positions that provide support services for faculty and students. Three instructional technology consultants within the department provide pedagogical and instructional technology support, assist faculty with course design and evaluation and maintain the website. The SHHS associate dean for research supports faculty scholarship and research beyond the services provided at the university-level.

Space is in transition in the new SHHS, but it appears that all departmental faculty are now in two locations within the school. All faculty have private offices and computer network and wireless resources that are upgraded every three years. Space and computers are designated for graduate assistants, and students have two designated atrium locations fitted with tables and chairs. Classrooms appear to be adequate and are available in the SHHS and at several other locations across campus. All are equipped with teaching stations, overhead projectors, wall mounted VCR and monitor setups and computers hooked to digital projectors.

UNCG has a SuperLab in the library with over 100 computers. The SHHS houses a computer laboratory with 24 workstations. Two-way interactive video services for classes, workshops and teleconferences are available. Students and faculty are provided university computer accounts, secure wireless network access and virtual private network services. Major web-based applications for teaching and communication are in place.

Library resources are strong. The University Libraries home page provides on- and off-campus tools including a library catalog search for public health, Journal Finder and the Public Health Research Guide.
Library assistance is available more than 90 hours per week and includes telephone, online chat, email and in-person assistance. A liaison librarian supports students and research assistance consultation for faculty. Document delivery and interlibrary loan are available to students and faculty.

Community resources are available for instruction, research and service. In addition to the structured internships, students are involved in a variety of community professional settings throughout their programs of study. Community practitioners guest lecture and teach several courses on a part-time basis providing real-life examples of the challenges facing public health professionals. The vast majority of faculty are engaged in research and evaluation with community partners in support of the university’s designation by the Carnegie Foundation as a Community Engaged Institution. Faculty and students are actively involved in service to the community with a wide variety of organizations.

The MPH program notes the need to develop an advisory board and plans on identifying the purpose of such a board and potential members in the upcoming year. This is critical to the future of the program. Faculty identify competing challenges from other priorities of the department that are unrelated to the MPH program as barriers to developing the advisory board, as well as the need to carefully design the new MPH advisory board to avoid competing interests within the SHHS and university. In the meantime, faculty clearly have strong relationships with community partners and actively seek their advice and counsel for programmatic changes.
### Table 1. Estimated Program Budget

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### 2.0 INSTRUCTIONAL PROGRAMS.

#### 2.1 Master of Public Health Degree.

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

This criterion is met. The program offers an MPH degree in community health education. Table 2 presents the program’s degree offering.

In addition to completing courses in the five core public health knowledge areas, students complete required courses in research and evaluation, program planning and community health interventions, among other areas. They complete 36 hours of required core and health education courses and six
credits of electives, which may be taken outside the department with advisor approval. Students who met with site visitors were very positive about the structure of the coursework and agreed that required courses produce valuable skills. They made several suggestions about course sequencing, however. One suggestion supported by several students related to ensuring that students take courses in epidemiology and biostatistics before community health assessment, noting that the latter course could be more valuable with the framework provided by the former two courses. Many of students’ suggestions have informed and shaped the faculty members’ multi-year, ongoing curriculum revision process.

| Table 2. Degree offered |
|------------------------|------------------|
|                        | Academic         | Professional |
| Masters Degrees        |                  |              |
| Community Health Education |              | MPH         |

2.2 Program Length.

An MPH degree program or equivalent professional masters degree must be at least 42 semester credit units in length.

This criterion is met. The program defines one semester-credit hour as equal to one classroom contact hour per 14-week semester. The MPH degree requires completion of 45 semester-credit hours, and no students have been awarded the degree for fewer credits.

2.3 Public Health Core Knowledge.

All professional degree students must demonstrate an understanding of the public health core knowledge.

This criterion is met. The program identifies a set of nine required courses, presented in Table 3, which address the five core areas of public health knowledge. Site visitors reviewed the syllabi for these required courses and verified that they address core knowledge areas in appropriate depth.

<table>
<thead>
<tr>
<th>Table 3. Required Courses Addressing Public Health Core Knowledge Areas</th>
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<tbody>
<tr>
<td>Core Knowledge Area</td>
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<tr>
<td>Biostatistics</td>
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<tr>
<td>Epidemiology</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
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<tr>
<td>Health Services Administration</td>
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</tbody>
</table>
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.

This criterion is met. All MPH students are required to complete a 180 hour practice placement (internship). Most internships have averaged 220 hours and some have exceeded 300 hours. The program indicated that to date no students have waived the practice placement. Waivers are not encouraged, nor are they mentioned in the internship materials.

The internship offers students an opportunity to apply knowledge and skills learned through coursework to real world experiences in local public health agencies and community-based health organizations. Students are responsible for finding their own internship sites. The program provides a list of current and past internship sites for students, and students also have an opportunity to ask others about their internships after hearing the annual culminating experience presentations. During the site visit, preceptors indicated that they are well-acquainted with and in regular contact with faculty—faculty members know their organizations very well and often pre-select students to introduce to the community agency. The site visit report identified the students, preceptors, agencies and internship projects for the past two years.

Prior to their internship, students complete the Applied Program Planning class (HEA 648). Students are expected to identify their internship site and preceptor prior to starting HEA 648. During HEA 648, students are required to conduct interviews with their preceptors and others in the organization to help develop a plan for their internship. In the planning process, students identify specific internship activities and three to five health education competencies to address during the internship; identify a planning team; and develop an internship proposal/plan using a format similar to a funding proposal.

Preceptors are required to have a graduate degree in health education (does not have to be an MPH), be willing to commit time and resources to supervise and mentor students and be willing to evaluate the student’s work. The program has prepared guidelines for preceptors outlining additional responsibilities, including meeting with the students at least once a week, offering counsel and advice, working with the university to supervise students and conducting a mid-course conference with the internship supervisor if needed. Preceptors without the requisite graduate degree are approved on a case-by-case basis.

Practice placement sites are evaluated based on the following six criteria:

- Availability of a qualified preceptor
- Preceptor’s ability and availability to supervise the student
- Appropriate resources at the site
- Ability of the student to achieve his/her learning goals at the site
- Openness of preceptor or agency personnel to new or other ways of doing things
- Appropriate logistics and conditions consistent with student needs
During the site visit, the team met with preceptors and community partners. The preceptors noted that students were highly prepared academically, often reducing the amount of training needed to conduct the internship activities. Preceptors also stated that students are coming to the internship experience with skills and an understanding of community context. They observed that, through other course activities, students have some real life experiences conducting the types of activities required during the internship. Students are meeting the needs of community organizations by being prepared in process and outcome evaluation; preceptors indicate that they know how to work collaboratively and tactfully to engage others, how to negotiate internal and external politics, how to translate data for different audiences and how to tailor implementation and evaluation activities to different audiences. There are no reports of students needing to identify a new placement in the final semester because their internship is not meeting their needs.

The site visit team noted that one faculty member is responsible for approving internship sites and supervising all internships. Concerned that this may place an overwhelming burden on this faculty member, the site visit team learned that the supervision of interns is considered in the assignment of the faculty’s teaching load. Other program faculty noted the benefit of having one internship supervisor to ensure equitable assessment of students’ evaluation plans, progress and reports. Other faculty mentioned that they have served as co-preceptors and students often come to them, or are directed by the internship supervisor, to discuss interests and project ideas to capitalize on the expertise of the other faculty members. It would be useful, however, for the program to periodically assess the benefits and limitations of having the same faculty member teach the planning course prior to the internship and serve as internship supervisor for all interns.

Student progress during the internship is monitored by the internship supervisor, who reviews students’ log sheets of activities and hours spent on the internship, quarterly progress reports (every three weeks of a semester), and online discussions. The structured activities significantly assist in keeping students on track and provide an ongoing mechanism for feedback and corrective action if needed. Students meet on an as needed basis with the internship coordinator and may also seek guidance and direction from faculty and their advisors. Students typically solicit other faculty to help supervise the internship if the work is in an area where another faculty member has expertise.

2.5 Culminating Experience.

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

This criterion is met. The internship and culminating experience is a nine-credit, integrated, two-semester endeavor: HEA 648 Applied Program Planning (three credits, fall) and HEA 650 Community Health
Internship/Culminating Experience (six credits, spring). A senior member of the department typically teaches both courses. The two course sequence is designed to help students synthesize and integrate community health education knowledge, theory and principles in a practice setting.

In HEA 650, students participate in an on-line course designed to help them integrate their work in developing competencies during their internships. Students participate in quarterly discussions that provide an opportunity for feedback from the instructor and fellow classmates.

The culminating experience is composed of a reflection paper, a manuscript in the format of a peer-reviewed journal article and a poster that is presented at the annual department student work exhibition. The reflection paper includes 1) a description of the student’s work and the extent to which the selected competency-based learning objectives were met and 2) an assessment of the internship experience’s influence on the student. Specific guidance is outlined for students conducting needs assessments and implementing interventions. The poster summarizes the internship experience and is in the format of those prepared for the APHA annual conference poster sessions. The manuscript and poster are excellent foundations for continued scholarship.

Students also prepare a comprehensive electronic internship portfolio that includes their resume, the three products that compose the culminating experience, key materials from HEA 648, quarterly reports and other required materials. Guidance for the portfolio is thoroughly outlined in course materials. The portfolio is well thought out preparation for assisting students in finding their first positions and launching into practice.

Assessment of competencies at the end of the two-semester experience is four-fold. Students complete an on-line self-assessment survey that identifies their proficiency with NCHEC graduate-level competencies. Response rates were low in the initial deployment of this survey, but faculty have now implemented strategies to improve response rates, linking the survey to graduation requirements. Students complete a learning plan and evaluation of their responsibilities and chosen competencies. Preceptors also complete an evaluation that focuses on 1) student success in completing the objectives of the learning plan and agreement and 2) the quality of the student’s work in demonstrating the competencies and carrying out the learning plan and agreement.

In addition to the individual review conducted by the course supervisor, the full faculty complement conducts an annual review of all of the culminating experience products of each graduating class to identify strengths and weaknesses and evidence that the competencies are achieved. Faculty then use these aggregate outcomes for the purpose of making modifications in the program.
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.

This criterion is met with commentary. The program identifies a list of core competencies, which it delivers and assesses through the core knowledge courses listed in Criterion 2.3. For the area of social and behavioral sciences, the program identifies 21 competencies, and for each of the other five core knowledge areas, the program identifies five to 13 competencies. In addition, the program identifies the National Commission on Health Education Credentialing (NCHEC) competencies as its program-specific competencies, defining the knowledge and skills that students are expected to attain throughout the coursework—these competencies are mapped to the core knowledge area courses as well as to the program’s additional required courses.

The program aims to prepare students for the CHES credential, so the use of the NCHEC competencies is intentional for that purpose. The self-study highlights the fact that this competency set was verified by NCHEC in 2010, therefore faculty have external assurance of the competencies’ validity. The competencies for the core knowledge areas were developed by the faculty teaching the courses and verified at departmental committee meetings and through the work of the ad hoc self-study committee. Faculty members state that they consulted widely known competency sets, such as those promulgated by the Association of Schools of Public Health, as well as more specialized sets, such as those associated with the American Evaluation Association. Though faculty reviewed a number of competencies, the competencies associated with the core knowledge area are tailored to the program’s specific mission and orientation.

All syllabi list learning objectives, with an indication of how they map to competencies, and many also list the relevant competencies themselves. Students who met with site visitors were very familiar with competencies, citing multiple methods through which the competencies were communicated and assessed, in addition to their presence on syllabi.

The program conducted a detailed analysis of all required courses during 2010-2011. This analysis compared the learning objectives listed on each syllabus to the readings, assignments, lectures and other activities to ensure that all learning objectives were addressed. Faculty also cross-walked the content to the defined core and health education competencies to ensure appropriate coverage. Curriculum modifications resulting from the process have been ongoing, mostly consisting of adjusting the focus or assignments/readings associated with existing courses rather than creating new courses. Faculty are continuing the revision process and are currently contemplating substantive revisions of the courses associated with the internship and capstone experience.
The program uses a variety of methods to continually assess the competencies’ relevance. Faculty members’ involvement in professional organizations, formal and informal needs assessments and regular contact with local practitioners are among the means for assuring that competencies are relevant and suggesting updates when required. Recently, the program used information from a report prepared by the North Carolina Office of Healthy Carolinians to suggest changes to students’ preparation in community assessment skills.

The commentary relates to minor variations in the formulation and level of the core knowledge area competency statements. A few competencies are not expressed in measurable, graduate-level terms. For example, one competency states, "Students will gain an understanding of how educational, behavioral and organizational strategies can be used as instruments of policy in health promotion and disease prevention programs."

Initial confusion in the site visit team’s report about terminology relating to core competencies appears to be clarified in the revised strategic plan. On most syllabi for the core knowledge area courses, the statements that the self-study identifies as “competencies” are presented as “learning objectives.” Although this appears to be a minor variation, site visitors noted that it may suggest confusion that relates to concerns about the assessment framework. As discussed more extensively in Criterion 2.7, the program’s assessment tends to focus on the health education competencies, often to the exclusion of competencies related to the five core knowledge areas.

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.

This criterion is partially met. The program has a robust system to assess the health education concentration competencies. Faculty assess students on their performance in coursework, final internship projects and the portfolio/culminating experience. All of these activities are explicitly linked to and assessed based on the defined health education competencies. Preceptors evaluate students during the internship, and the assessment instrument is well-designed to allow preceptors to measure and distinguish both completion and quality. Students complete a competency self-assessment during the second semester of the first year and again during the culminating experience. The self-assessment was also thoughtfully deployed based on faculty’s observation that students provide a more accurate self-assessment after some introduction to competencies than at their initial entry into the program. The program has not yet fully implemented the self-assessment; response rates for the second point of measurement were very low with the initial cohort. The program now requires the second self-assessment as part of the culminating experience, so future data should be complete.
The program has surveyed alumni to gauge their preparation in the competencies, as well as other information. Alumni were least comfortable with competencies relating to conducting statistical analyses, applying for grants and leading research studies. The program is currently in the process of finding ways to strengthen students’ preparation in grant writing.

At the time of the site visit, the program had recently implemented a survey to measure employers’ impressions of students’ competency attainment. The survey instrument solicits useful information, but, at the time of the site visit, data collection was still open and analysis had not yet begun.

Job placement rates (including graduates pursuing further education) for the last three years range from 96-100%. The largest group of graduates reports university/research settings as a post-graduation destination; government settings are the second most popular. Graduation rates for the three most recent cohorts range from 86% to 100%; most students enroll full-time and graduate in two years.

The self-study also presents three years of data on preceptors’ and students’ assessments of their performance on each of the health education competencies. In a number of cases, preceptors’ ratings are higher than students’ self-assessment. Ratings are very positive except for the two most recent years’ data on the competency, “Communicate and advocate for health and health education,” on which 67% and 59% of preceptors rated students above average, excellent or superior.

Finally, the self-study presents data on graduates’ performance on the health education credentialing exam (CHES credential). Between April 2009 and April 2011, 26 graduates took the exam, and 25 passed. Since the program aims to prepare health educators, students’ performance on the credentialing exam is an important self-defined indicator for the program.

The concern relates to the fact that assessment of competencies related to the five core public health knowledge areas is not fully implemented throughout the curriculum. While these competencies are assessed through performance in required coursework, they are not explicitly assessed in the internship, culminating experience or self-assessments. All of these instruments focus solely on the health education competencies. Faculty who met with site visitors acknowledged this focus and noted that many of the competencies/learning objectives associated with core knowledge can be mapped to the health education competencies. This mapping, however, is not sufficiently complete or explicit to ensure that students are assessed on the full range of knowledge that the program aims to foster. Alumni who met with site visitors spoke very positively about the applicability of knowledge and skills gained through the program. When asked about which specific skills and courses were most applicable to their current jobs, multiple alumni cited the core epidemiology and biostatistics courses. Preceptors and community
partners who met with site visitors also highlighted the value of quantitative analytical, epidemiological skills. The fact that these areas, which are not fully expressed in the NCHEC competencies, are very valuable in workplace settings further supports the idea that the program could benefit from more directly assessing core knowledge in addition to health education skills.

2.8 Academic Degrees.

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

This criterion is not applicable.

2.9 Doctoral Degrees.

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

This criterion is not applicable.

2.10 Joint Degrees.

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

This criterion is not applicable.

2.11 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

The program shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.
This criterion is met. The program met or exceeded all five of the research objectives identified for 2008-2011. These included the following: two peer reviewed publications, presentations, technical reports or funded proposals per FTE faculty; 50% of faculty conducting research/evaluation projects with health agencies and organizations annually; 3:2 or lower teaching load supported for faculty researchers; participation in one research-focused continuing education activity per FTE faculty; and 30% of faculty having an externally funded research project. The program’s new goals and objectives for the program meet or exceed these previous targets, in all but one area.

Research is an expectation for all faculty at UNCG and plays a major role in promotion and tenure assessments and in merit reviews. UNCG has well defined policies and procedures that support research. The university’s Office of Research and Economic Development 1) provides pre- and post-award support for externally funded projects; 2) provides training and support for investigators and works to ensure that all research adheres to federal, state and institutional policies and ethical and scientific standards; 3) assists all members of the academic community in the commercialization of intellectual property and material transfer; 4) supports excellence in community engagement across the campus and within the community; 5) works with governmental entities on policy and funding initiatives that affect the UNCG community; and 6) oversees the initiation and review of interdisciplinary centers and institutes.

UNCG offers internal competitive grant programs for research. These support grants for collaborative projects and summer research for new tenure-track faculty below the rank of professor; grants for faculty at all levels for summer research and faculty at all levels who submitted proposals for external funding within the prior two years and summer research; and grants for international research. Additional intramural funding mechanisms support faculty research and scholarly activities. These include support for tenured faculty engaged in research nearing completion; a scholar’s travel program; subsidies for publication, media development, exhibitions and curricular development; women’s and gender studies; and international travel and research. MPH program faculty actively seek and have received funding from the UNCG internal grant program.

The department does not have separate policies and procedures supporting research because it is well served by the university and school in this arena. SHHP’s Office of Research serves as a liaison between the faculty and the Office of Research and Economic Development. This office provides additional support for faculty in developing research and training projects, preparing proposals and research manuscripts and administering funded projects.

Faculty scholarly productivity is high in terms of peer reviewed publications in leading journals and peer reviewed presentations. All primary faculty were externally funded during the period documented in the self-study, and all secondary faculty were either externally or internally funded. Over the past four years,
the average total annual funding for departmental grants and contracts was $1,059,122. Research and grant funding appears to be declining in the self-study document; however, this trend appears to be reversing based on discussion of recently funded grants and contracts.

Each year UNCG sponsors six cross-unit partnership grants to develop and maintain research centers. DPHE faculty hold leadership positions in the Center for Women’s Health and Wellness; the Center for New North Carolinians; the Center for Social, Community and Health Research and Evaluation; and the Child and Family Research Network. Through these centers and individual projects, MPH faculty members are engaged in a variety of formal and informal community-based research initiatives. Contractual agreements between the MPH faculty and community agencies support the following endeavors: Be Active Triad Project, Brothers Leading Healthy Lives, Coaching Coaches, Enhancing Healthy North Carolinians Partnership Capacity to Address Local Mental Health, Substance Abuse and Suicide Prevention, Healthy UNCG, Increasing Care Engagement Project, Innovative Approaches, UNC-UNCG-YWCA Community Partnership for Women’s and Children’s Health and Youth Risk Behavioral Surveillance System for Guilford County. Community engaged scholarship is clearly a priority and is incorporated into faculty promotion and tenure guidelines.

Students participated in all of the primary faculty’s research and in the majority of research undertaken by secondary faculty. Students are co-authors on numerous faculty publications, and many publish the results of their internships or other research experiences in peer reviewed publications. At least six MPH students are funded annually as graduate assistants to work with faculty on research and teaching. Limited funds for student research are also available through the 1) Graduate Student Association to support conference-related expenses and professional development, 2) Office of Leadership and Service Learning for community-engaged scholarship and 3) Summer Research Stipends for Graduate Students for professional development. The revised MPH research objectives address additional funding for MPH students, indicating that this area is poised for future growth.

3.2 Service.

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

This criterion is met. The program’s faculty members provide significant service to local, state, national and international endeavors. Service is a high priority for the university and the department. Faculty members are expected to provide a minimum level of service for promotion and tenure, though the minimum level is not clearly defined in the guidelines. The site visit team learned that these service expectations are most clearly quantified for service internal to the university; each faculty member is expected to serve on at least one committee at the department, school or university level, and all MPH faculty members do. Service-related policies and procedures, verified during the site visit, can be found
in *The Faculty Handbook; Promotion, Tenure, Academic Freedom, and Due Process Regulations;* and the *University-Wide Promotions and Tenure Guidelines.*

MPH faculty provide service by serving on local, state, national and international boards, providing consultation and technical assistance, serving in an advisory capacity and providing service to the profession. The self-study provided a list of faculty service activities for the past three years.

For the past three years, the program has exceeded its targets for service objectives. Students are often involved in faculty members’ service obligations, assisting with planning and conducting training events, serving on coalitions and providing direct health education service to the community.

The self-study document indicated that the internship provides the primary opportunity for student service. The site visit team was concerned about the self-study’s limited documentation of student service to the community through student-led efforts and/or through experiential learning opportunities. During the site visit and in conversations with current students, alumni, and community partners, however, the site visit team learned that students have extensive opportunities for service and experiential learning through class activities in required coursework and through assisting faculty in service to community organizations. While some students, current and past, expressed an interest in more experiential learning opportunities, most were highly satisfied with the level and extent of opportunities afforded to them through the program.

Community members reported a high level of satisfaction with service provided by faculty, noting that through their collaborative relationships, MPH faculty have been able to substantiate and advocate for community agency needs. As a result of faculty members’ involvement, agency programs have been elevated to a higher level among decision makers and have obtained increased funding. MPH faculty members are perceived as unbiased, neutral parties and experts in the field with compelling data and evidence for community programs. Faculty members have also assisted community partners with resource development; research, evaluation, and data analysis; served as subject matter experts; and assisted community groups and networks in skills development.

In discussions with school, graduate school and university administrators, the site visit team heard numerous accolades regarding the MPH program. The program is considered a model for community engagement and service within the university. The Graduate School specifically sought out program faculty to assist with its strategic planning process, based on their extensive record of assisting external organizations with such work. University leaders who met with site visitors recognized the program for its commitment to helping other departments within the school, university and community and for its ability to engage students in service.
3.3 Workforce Development.

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

This criterion is met with commentary. MPH program faculty members have been smart and strategic in identifying and conducting activities that facilitate workforce development while building upon the interests and competencies of the faculty. Policies relating to faculty participation in workforce development can be found in *The Faculty Handbook; Promotion, Tenure, Academic Freedom, and Due Process Regulations*; and the *University-Wide Promotions and Tenure Guidelines*, which were available to the site, visit team in the resource files.

Workforce development activities have been conducted with local and state partners, primarily due to the relationship faculty members have with those entities. Faculty have conducted formal and informal needs assessments, often in conjunction with the organization or agency. Needs assessments and evaluation activities are often integrated into the service a faculty member provides to entities at the local, state and national levels.

The program has provided wellness and health coaching certification for the past two years, resulting in 39 faculty, staff, students, alumni and local professionals being trained as Certified Health and Wellness Coaches. A new relationship has been established with the Moses Cone Health System to place health education specialists and wellness coaches, though there are currently no plans to provide continuing education to those placements.

MPH program faculty members have assisted in providing continuing education to public health workers, board members, teachers, and others through the following activities:

- Adolescent Pregnancy Prevention Summit
- Board of Health Training
- Family Planning Male Training Center
- National Health Education Advocacy Summit of the Coalition of National Health Education Organizations
- NC SOPHE (North Carolina Chapter of the Society for Public Health Education)
- Rockingham County Community Health Task Force
- Worksite Wellness Conference
- Worksite Wellness with the National Rural Electric Cooperatives
- Drug and Alcohol Prevention Programs
- Research Findings on Issues of Masculinity, Achievement, and Health among African Americans

Through their participation and leadership, MPH faculty members have made significant contributions to the public health workforce and community partners.
The commentary relates to the need for a more strategic view of workforce development. The program’s faculty have participated extensively in communicating with workforce stakeholders and responding to needs as they arise; this level of activity is even more impressive, given faculty members’ heavy workloads in teaching and research. Greater planning and coordination of workforce development activities could help the program maximize its resources by focusing efforts in key, strategic areas. Program administrators and faculty might consider the following workforce development activities:

- Conducting a thorough needs assessment of the knowledge, skills, and training needs of public health practitioners in the Guilford County area of the state, or throughout the state.
- Working with public health departments and agencies to identify the gaps and develop a training plan to fill those needs.
- Hosting training or collaborating with others to provide training
- Providing continuing education credits/contact hours
- Assisting health departments in building skills for accreditation
- Preparing health educators to work within a new health care environment
- Assisting in assessing outcomes of workforce development activities
- Reporting on the needs of the public health workforce and successes of workforce development

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

The program 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 program’s mission, goals and objectives.

This criterion is met. Six doctorally-prepared faculty dedicate 50% or more time to the MPH program (3.70 FTE). All are tenured; one holds the rank of professor and five hold the rank of associate professor. An additional 14 faculty within the department support the MPH program (4.5 FTE), and 11 of these faculty hold doctoral degrees. More than 85% of the required courses are taught by full-time faculty.

The faculty is well qualified to support the MPH in Community Health Education. All of the core faculty are trained in community health education or health education. They have additional expertise in health behavior, health promotion, health policy, management and administration, international health and research methodology. Five hold an MPH or MSPH and DrPH or PhD from CEPH-accredited schools or programs. All are currently engaged in research and community service; five have significant leadership experience in the community.

The 14 faculty within the department who support the MPH bring additional expertise to the program. At least six hold master’s or doctoral degrees from accredited schools or programs in public health. Seven are trained in community health education or health education. They also have expertise in health promotion, psychology, sociology, biology, parasitology, environmental health, family studies and
statistics, which further strengthens the program. Their research interests and practice experiences are diverse, and this enhances teaching and internship opportunities for students. Regular guest speakers from public health practice settings add first-hand experiences to the courses and provide opportunities for students to hone their internship plans.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The UNCG Faculty Handbook is available to all faculty members via the provost’s website. Formal procedures for evaluating faculty competence and performance are outlined in the following university and school guidelines which are available on the web: University and School Promotion and Tenure Guidelines; University Post Tenure Review Policy; Promotion, Tenure, Academic Freedom and Due Process Regulations; School of HHS Promotion and Tenure Guidelines; HHS Academic Professional Track Policies, Guidelines and Procedures; and University Guidelines for the Evaluation of Teaching.

Faculty are appointed on the tenure track or on the academic professional track. Faculty promotion and tenure is governed by the guidelines above. Community-engaged scholarship and service is a priority for the university, and university documents incorporate its tenets in the promotion and tenure process. Community–engaged service activities are outlined in the university promotion and tenure guidelines and community service activities are included in the school promotion and tenure guidelines.

Consistent with the guidelines, all faculty complete an annual report for the time period June 1 to May 31. The report is reviewed by the departmental Personnel Committee, which rates the performance of the faculty member and provides feedback to the department chair. All tenure-track and tenured faculty members below the rank of professor receive annual written feedback from the department head on their progress toward promotion or tenure. This feedback is informed by input from department faculty members senior to the person being reviewed. Faculty members in the academic professional track are evaluated similarly and receive feedback from the chair.

Standard SHHS student course evaluations, which allow individual faculty to add questions, are completed during the last two weeks of the semester. Summary results are provided to each faculty member and the department chair. Peer evaluations of teaching are conducted once per year for non-tenured faculty and bi-annually for tenured faculty.

Faculty development for teaching and research is supported on the university and school level. The University Teaching and Learning Center provides workshops and grants to faculty to advance curriculum
and teaching and to assist in the integration of technology. Three SHHS instructional technology consultants are available to the department to offer pedagogical and instructional technology assistance and work with faculty on course design, teaching strategies and the incorporation of technology. The UNCG MERLOT Pedagogy Portal is designed to help faculty learn about instructional strategies and that could improve instructional effectiveness. All interested faculty are supported to attend the yearly Lilly South Conference. New faculty, in their first through third year, can participate in the UNCG Faculty Mentoring Program. The Office of Research and Economic Development provides support for faculty seeking extramural support for research projects, and the UNCG Community Engagement Initiative offers a speaker series, faculty development workshops, support for community-engaged research and development of community partnerships.

4.3 Faculty and Staff Diversity.

The program 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.

This criterion is met with commentary. There are 20 primary and other faculty associated with the MPH program. Of the six primary faculty, four are male and two are female; all are Caucasian. Of the 14 other faculty, eight are male and six are female. Eleven are Caucasian, two are African American, and one is Hispanic/Latino. As noted in the program’s response to the site visit team’s report, two African American women were hired between the site visit and the Council’s review. Full-time staff includes two Caucasian females.

The MPH program follows the state and university polices regarding equitable opportunities without consideration of age, gender, race, disability, sexual orientation, religion, or national origin as outlined in the Office of State Personnel Manual, UNCG Policy Manual and UNC Code and Policy Manual for the University of North Carolina.

When positions are available, the MPH program solicits applicants nationally through the Chronicles of Higher Education, Academic Keys, HigherEd Jobs, Health Promotion Practice, and Health Education and Behavior and by sending announcements to Historically Black Colleges and Universities (HBCU), Black Young Professionals’ Public Health Network, Inc. and the National Hispanic Health Professionals Leadership Network.

MPH faculty and administrators reported during the site visit that the last faculty opening had several diverse candidates, and the top candidate was a woman of color. The top candidate chose another offer. Recruitment efforts are evaluated through conversations to discuss strategies that are or are not working and to develop new strategies for future efforts.
The first area of commentary is related to composition of the core faculty. 100% of core faculty are Caucasian and predominantly male. When compared to the students enrolled in the program, this complement of staff does not reflect the racial and ethnic composition of the students. Students’ racial and ethnic identification aligns closely with the state’s: approximately 65% are Caucasian and 21% are African American. Hispanic/Latinos account for nearly 9% of the state’s population; however, no primary faculty members are Hispanic/Latino. There is one Hispanic/Latino female among other MPH program faculty.

The second area of commentary is related to the methods of recruitment and evaluation efforts. A more strategic method of evaluating efforts would ensure that past successes and failures can inform future efforts. Both the development of recruitment strategies and evaluation of recruitment efforts would be excellent activities for a program advisory board if one were developed.

Another commentary is that program administrators might consider prioritizing diversity more highly when hiring contract or adjunct faculty. Site visitors understand that, because of the program’s goal to have most coursework provided by full-time faculty, such positions are limited, but diversity among contract or adjunct staff may be an effective way to fill diversity gaps until a more diverse faculty can be hired.

The final area of commentary relates to the weaknesses identified in the self-study document. The self-study indicates that the department may be less competitive than some other departments and/or schools of public health in recruiting faculty due to the nine-month contracts and salaries being offered. However, there was no mention in the self-study or during the site visit of creative opportunities to overcome those barriers. The program should focus on creating strategies for overcoming what they perceive as a barrier.

4.4 Student Recruitment and Admissions.

The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program’s various learning activities, which will enable each of them to develop competence for a career in public health.

This criterion is met. The program coordinates recruitment efforts with the Graduate School. The Graduate School pays for local advertising for the program and hosts two annual informational sessions, at which the MPH program is represented. The program’s recruitment efforts are mostly regionally focused. Target populations include UNC undergraduates in related majors, local health departments and other area universities, including HBCUs. The program has used targeted direct mail and e-mail blast marketing as well. Since most prospective students seek information electronically, maintaining the program’s website is also critical to recruitment.
The program follows Graduate School admissions process, and all applicants submit an electronic or paper application to the Graduate School. The Graduate School processes applications and forwards completed applications to the department. The MPH Admissions Committee reviews applications, including the personal statement and resume that the program requires in addition to Graduate School materials. The committee makes admissions decisions based on a holistic review, which includes undergraduate major and GPA, GRE scores (scores above the 50th percentile are preferred) and evidence provided in the personal statement, work history and letters of recommendation. The program has a policy that allows provisional admission of students who may not meet all of the expectations for admissions but who demonstrate great potential. These admissions include requirements, which must be fulfilled in order to lift the provisional status.

The program aims to enroll approximately 30 new students each fall, and, for the last three years, the program has enrolled 33, 36 and 20 new students, respectively. Because of the distribution of full-time and part-time students, the program enrolls 54-66 total students at any one time.

The program tracks GPA, GRE and CHES exam scores as measures of its success in enrolling a qualified student body. Although the program does not define targets for these, the average GPA in recent years has been 3.7-3.8, and CHES exam pass rates have been 100%, 100% and 96%. The program also cites its high completion rates and positive ratings from preceptors as evidence of its success in enrolling a qualified student body.

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.

This criterion is met. Policies and procedures governing student diversity are guided by university guidelines as stated in the application for admission to the graduate program. The UNCG Equal Opportunity Policy states that UNCG is open to people of all races and actively seeks to promote racial integration by recruiting and enrolling a larger number of black students. The Equal Opportunity Policy also specifically mentions that discrimination on the basis of sexual orientation is inconsistent with its goal for providing an atmosphere where students, faculty and staff may learn, work, and live. Separate policies and guidelines within the MPH program do not exist.

The site visit discussion revealed that the UNCG student body is one of the top three state institutions with highest number of minority students in terms of ethnicity. The proportion of African Americans at UNCG typically matches or exceeds the proportion of African Americans in the state.
The Graduate School recruits minority candidates by visiting colleges and universities including HBCUs in North Carolina. The program has hosted six informational sessions per year for the past two years for prospective students. Students are encouraged to visit the campus. MPH program faculty members attend annual campus recruitment fairs to meeting individually or in groups with students.

The program uses application rates and acceptance rates by minority candidates and overall racial and ethnic composition of student cohorts to evaluate the successes in achieving a diverse student body. The self-study document provides these data for the past three years. Of particular interest to the site visit team was the high percentage (39%) of students in fall 2009 and 40% in fall 2011 self-identified as Unknown/Other. During discussion with faculty and administrators about these data, the site visit team learned that some students will decline to self-identify if they do not see their exact racial category listed, (eg, some students from South America consider themselves Black and not African American). In addition, there are more multi-racial students that are unsure of how to self-identify. MPH administrators noted that racial and ethnic categories are set at the admissions office and not by the program.

The self-study notes as a weakness that the proportion of Hispanic/Latino students enrolled in the MPH program are considerably lower than the Hispanic/Latino proportion of the state’s population, which is indicative of the low rates of enrollment and completion of undergraduate degrees by Hispanic/Latinos in North Carolina.

The MPH ad hoc Publicity Subcommittee works to achieve a student body that is diverse in race, color, national origin, religion, gender, sexual orientation, age, disability and veteran status, although the self-study provides data on race/ethnicity and gender only. Data indicate that women constitute the majority of students applying, accepted and enrolled in the program. Racial and ethnic data indicate that the stated targets were met for each year documented in the self-study. Over the three-year period documented in the self-study, 35% of enrolled students who reported a race or ethnicity were African American, 5% Hispanic/Latino, and 5% were Asian. In 2011, 30% of the incoming class were African American, and 10 of 20 incoming students from non-western European cultures.

4.6 Advising and Career Counseling.

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

This criterion is met with commentary. The department maintains a blackboard (BB) site for current students. The MPH Handbook is posted and includes an overview of the program, curriculum and course information, program of studies for full- and part-time students, faculty information, tips for academic advising, campus resources and information on the Graduate School.
Individual student advisors are assigned at the time of admission. Students are sent a letter identifying their advisor and the contact information for the advisor, and asked to set up an appointment to plan out their courses and register when they arrive on campus. Central files are maintained on each student’s progress. All students are advised individually in the fall. Group advisement for all students occurs in the spring semester. This forum covers elective selection, internships and career issues and provides an opportunity for students to learn from and connect with classmates who are in different phases of the program. Students who attended the group sessions responded quite positively and had the opportunity to provide constructive feedback for future sessions.

The first commentary focuses on academic advising, particularly for students without assistantships. There is inconsistency between the experience of students with and without assistantships. Students who have assistantships report significant, and in some cases nearly daily, guidance and feedback from their advisors. Students without assistantships do not experience this level of support and may only meet once a semester or through e-mail with their advisor. This dichotomy is well recognized by students.

Career advising and information on career opportunities focuses on career options in recruitment materials, posting employment opportunities on the departmental bulletin board, student-faculty interactions, e-mailing and BB posting of job announcements and leads from the internship experience. A resume writing and cover letter workshop, lead by a UCHG Career Service Counselor, is included in a required course.

The second commentary focuses on career advising. In today’s competitive job market, the outlined strategies do not appear sufficient to help place well-trained students in challenging positions that will serve as the foundation for lifelong careers in public health. Unless postings are aggressively reviewed and solicited, they are often out-of-date and only reflect the employers who have the program on their radar. Faculty-student interactions and internship opportunities do expose students to possibilities, but neither the faculty nor the internship preceptors have student’s future employment as their priority when they are conducting classes or supervising students.
Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

University of North Carolina, Greensboro
MPH Program

November 15-16, 2012

Thursday, November 15, 2012

8:30 am  Site Visit Team Request for Additional Documents
Samantha Kelly, MPH, Graduate Programs Manager

9:00 am  Team Resource File Review

9:30 am  Break

9:45 am  Meeting with Program and Department Administration
Daniel Bibeau, PhD, Professor, Department Chair
Vincent T. Francisco, PhD, Associate Professor, Director of Graduate Study
Samantha Kelly, MPH, Graduate Programs Manager
Robert Strack, PhD, Associate Professor, Associate Chair

11:15 am  Break

11:30 am  Meeting with Faculty Related to Curriculum and Degree Programs
Robert Aronson, DrPH, Associate Professor
Daniel Bibeau, PhD, Professor, Department Chair
Vincent T. Francisco, PhD, Associate Professor, Director of Graduate Study
Kay Lovelace, PhD, Associate Professor
Michael Perko, PhD, Associate Professor
Kelly Rulison, PhD, Assistant Professor
Robert Strack, PhD, Associate Professor, Associate Chair
David Wyrick, PhD, Associate Professor

12:30 pm  Break

12:45 pm  Lunch with Students
Janie Burley
Kelly Langston
Alice Ma
Sarah Hylton Myer
Laura Peoples
Michele Porter

1:30 pm  Break

1:45 pm  Meeting with Faculty Related to Research, Service, Faculty Issues
Yorghos Apostolopoulos, PhD, Associate Professor
Daniel Bibeau, PhD, Professor, Department Chair
Vincent T. Francisco, PhD, Associate Professor, Director of Graduate Study
Bill Gruchow, PhD, Professor
Sharon Morrison, PhD, Associate Professor
Paige Hall Smith, PhD, Associate Professor
David Wyrick, PhD, Associate Professor

2:30 pm  Break

2:45 pm  Meeting with Alumni
Brian Perry, MPH, CHES, 2010, Research Associate, FHI 360
Whitney Phillips, MPH, CHES, 2010, Community Health Assessment Evaluator and Manager, North Carolina Division of Public Health
Carrie Rosario, MPH, CHES, TTS, 2011, Program Development/Disease Management Coordinator, Advanced Home Care
Gerell L. Smith, MPH, 2006, WIC Vendor Compliance Officer, NCDHHS
3:30 pm  Break
3:45 pm  Meeting with Community Representatives and Preceptors
Sheilia Bogan, MPH, Health Promotion/Disease Prevention Director, Department of Public Health, Forsyth County
Rick Brown, Director of Program Expansion, Family Life Council
Laura Mrosia, MPH, MSW, Community Health Educator, Guilford County Department of Public Health
Mark Smith, PhD, MS, Director of the Health Surveillance and Analysis Unit, Guilford County Department of Public Health

4:45 pm  Resource File Review and Executive Session
5:30 pm  Adjourn

Friday, November 16, 2012

8:30 am  Meeting with Institutional Academic Leadership/University Officials
Linda Brady, PhD, Chancellor, UNCG
Dave Demo, PhD, Associate Dean of Graduate Programs, UNCG School of Health and Human Sciences
David Perrin, PhD, Provost, UNCG
William Wiener, PhD, Dean, UNCG Graduate School

9:15 am  Break
9:30 am  Executive Session and Report Preparation
12:30 pm  Exit Interview