UNC GREENSBORO
Department *of*
Public Health Education

Self-Study Report

PREPARED FOR THE COUNCIL ON EDUCATION FOR PUBLIC HEALTH

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UNC GREENSBORO | DEPARTMENT OF PUBLIC HEALTH EDUCATION

Contents

Introduction

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

a. year institution was established and its type (eg, private, public, land-grant, etc.)

UNC Greensboro (UNCG) was established in 1891 and is one of 16 campuses in North Carolina's public university system. The University of North Carolina (UNC), the first public university system in the nation, was chartered in 1789.

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

UNCG houses 8 academic Schools and Colleges: Arts and Sciences, Business and Economics, Education, Health and Human Sciences, Music, Theatre, and Dance, Nanoscience and Nano-engineering, Nursing, and Visual Performing Arts. UNCG offers over 100 baccalaureate, 56 masters, and 28 doctoral programs. A full list of bachelors, masters, and doctoral degrees for UNCG's schools and colleges is included in ERF Intro 1.1.

c. number of university faculty, staff and students

As of Fall 2017, UNCG employed 1,093 full-time and part-time faculty positions and 2,867 staff, and, as of Fall 2018, enrolled 20,106 students. UNCG is a Minority Serving Institution, with a student body in Fall 2018 consisting of 16,238 undergraduates, among which approximately 34.7% (n=5,640) identify as African American[1] and 10.5% (n=1,707) identify as Hispanic or Latinx. UNCG also serves a significant proportion of students with financial need, with approximately 52.2% (n=8,471) of UNCG students eligible for need-based Pell Grants, resulting in the U.S. Department of Education officially recognizing UNCG as a Title III Part A institution.

d. brief statement of distinguishing university facts and characteristics

UNC Greensboro has a vision to redefine the public research university for the 21st century as an inclusive, collaborative, and responsive institution making a difference in the lives of students and the communities it serves.

UNCG was founded in 1891 to give women access to a college education; It became coeducational in 1963. It is now one of the largest co-ed, public universities in North Carolina, and the largest state university in the Piedmont Triad. Despite its size, UNCG is known for providing a welcoming and inclusive environment. Students come from 48 states and 69 countries, representing an array of cultures, backgrounds, ethnicities, identities, and beliefs. UNCG's picturesque campus is located only 1 mile from the center of Greensboro, a city of 280,000, and includes more than 30 academic buildings and 30 residence buildings on 200-plus acres. The City of Greensboro is known for serving as a catalyst in the civil rights movement.

The university holds two classifications from the Carnegie Foundation for the Advancement of Teaching — as a "doctoral university with higher-research activity" and for deep "community engagement" in our curriculum, outreach and partnerships. UNCG takes pride in being a learner-centered public university. "Service" is the university's motto — and a way of life at UNCG.

- Forbes Best Value Colleges – 2019
- Princeton Review's Best Colleges for 20 consecutive years
- U.S. News and World Report's Best Colleges for 28 consecutive years
- 2018 Higher Education Excellence in Diversity Award

- UNCG was praised by The Education Trust for its success at closing the gap in graduation rates between black and white students.
- UNCG has been recognized among only 50 university and colleges as a Civic Learning and Democratic Engagement Leadership (LEAD) Institution.
- Was highlighted on Washington Monthly's list of American Universities that contribute most to the public good.

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

The University of North Carolina at Greensboro is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award Bachelor's, Master's, Specialist's, and Doctoral degrees. The University also responds to 32 other accrediting bodies. The list of accrediting bodies to which UNCG responds can be found in ERF Intro 1.2.

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

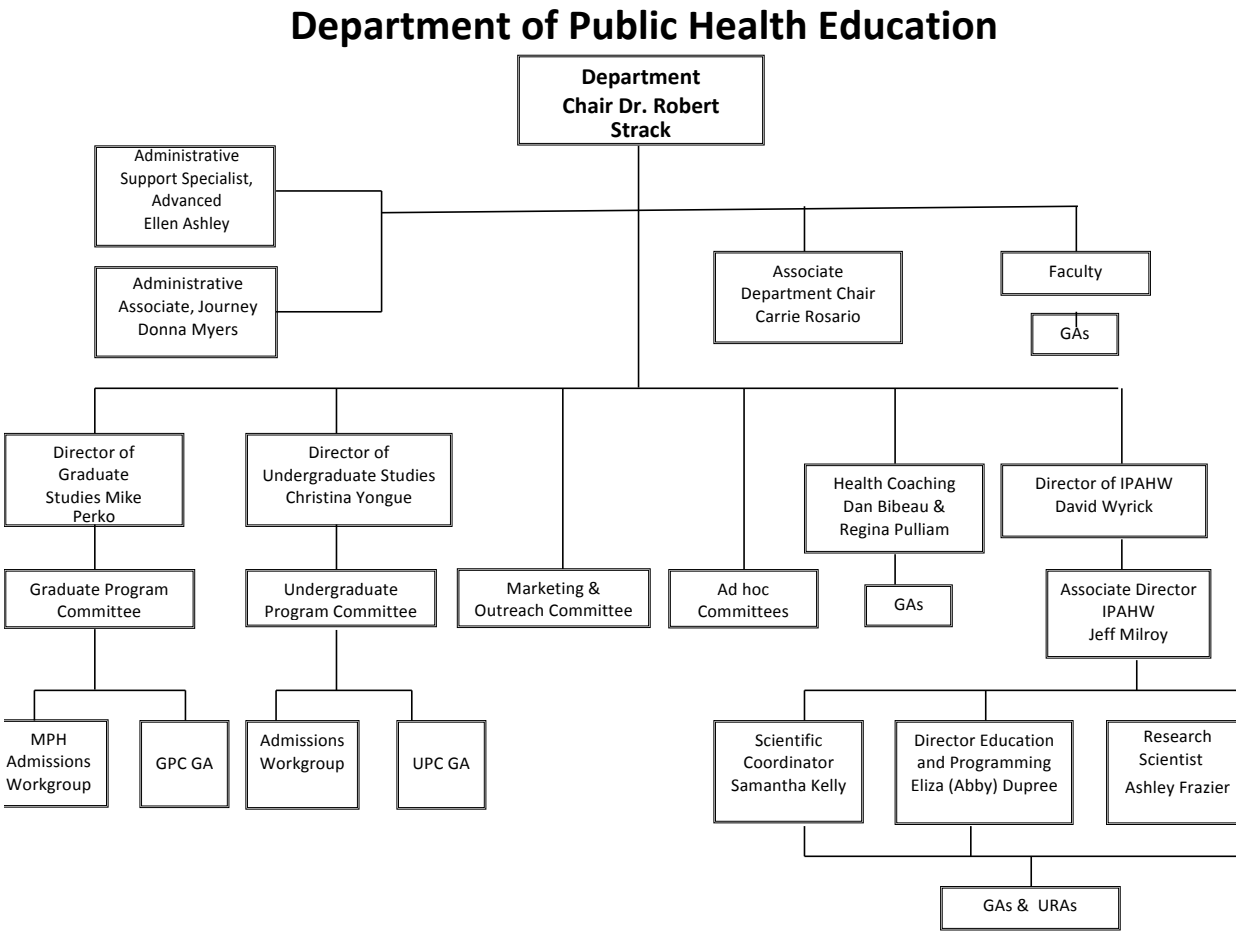
The Department of Public Health Education (see current Department Organizational Chart below) traces its history at UNCG back to the Department of Health at the State Normal and Industrial College near the turn of the century. The early Department's Hygiene Instruction mission and goals dealt primarily with health promotion and disease prevention. From 1935 to 1962 the Department of Health at the Women's College of the University of North Carolina consisted of two divisions: Student Medical Care and Hygiene Instruction. The instruction concentrated on topics such as health behaviors, public health, family, child health, schools, rural health, social casework, emergency care, teaching methods, and community. In 1963, the Department of Health, Physical Education and Recreation was created at UNCG by merging the Hygiene Instruction division and the Department of Physical Education. In 1967, the Division of Health Education initiated a professional degree program in School Health Education and in 1973, a master's degree (M.Ed.) and undergraduate major in Community Health Education. The Alpha Nu Chapter of Eta Sigma Gamma was established in 1978. In 1984, the Division of Health Education became the Department of Public Health Education, one of four departments in the School of Health, Physical Education, Recreation and Dance. This was done to reflect the increasing focus on the delivery of health promotion and disease prevention activities through community agencies, clinic settings, and worksites.

In 1997 the M.Ed. was replaced with a Master's in Public Health (MPH) in Community Health Education. The MPH program was originally accredited by the Council on Education for Public Health (CEPH) in 2000. In 2005, the need for students trained with a doctorate of Public Health (Dr.PH) was increasing. Therefore, a DrPH program was established, emphasizing preparation for students to have careers in academia and research, and increasing understanding of the socio-ecological perspective for understanding public health. The program also focused on researching and preventing health problems of citizens of North Carolina and the United States. This program was eventually designated as a PhD program due to its focus on research. In 2009, an online concentration to our Bachelors of Science in Public Health was added to meet the needs of individuals with a previous degree from a 2-year college who wanted to further their knowledge in the public health field. In 2011, the School of Human Environmental Sciences and the School of Health and Human Performance were realigned to form the current School of Health and Human Sciences (HHS) (see current School Organizational Chart in section Introduction 2b below).

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

a. the program's internal organization, including the reporting lines to the dean/director

Figure 1. **Department of Public Health Education Organizational Chart**

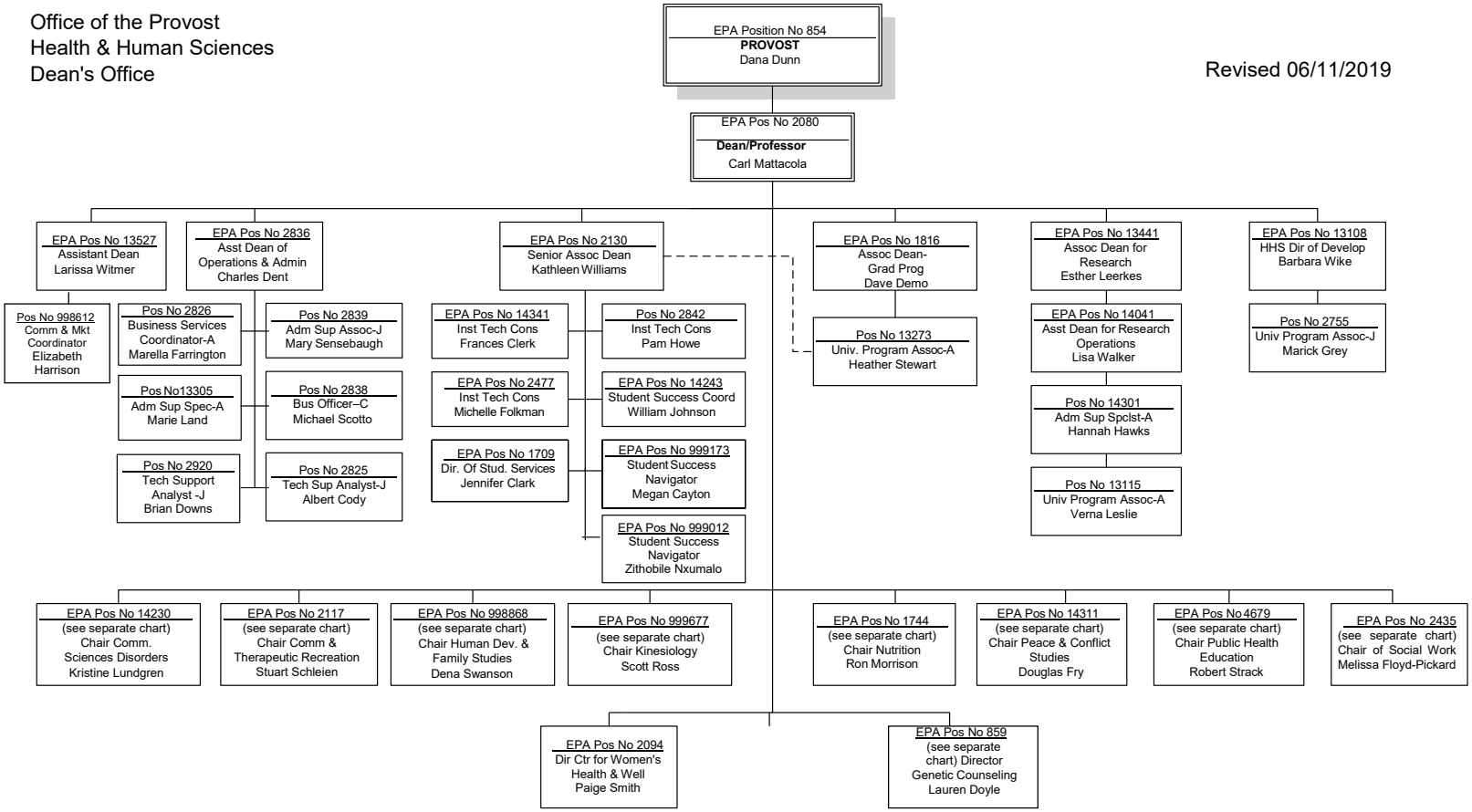


A copy of the Department of Public Health Education (PHE) organizational chart can also be found in ERF Intro 2.1

b. the relationship between program and other academic units within the institution. Ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines

The Department of Public Health Education is one of 8 departments and 1 program in the School of Health and Human Sciences. A copy of the School of Health and Human Sciences organizational chart can also be found in ERF Intro 2.2

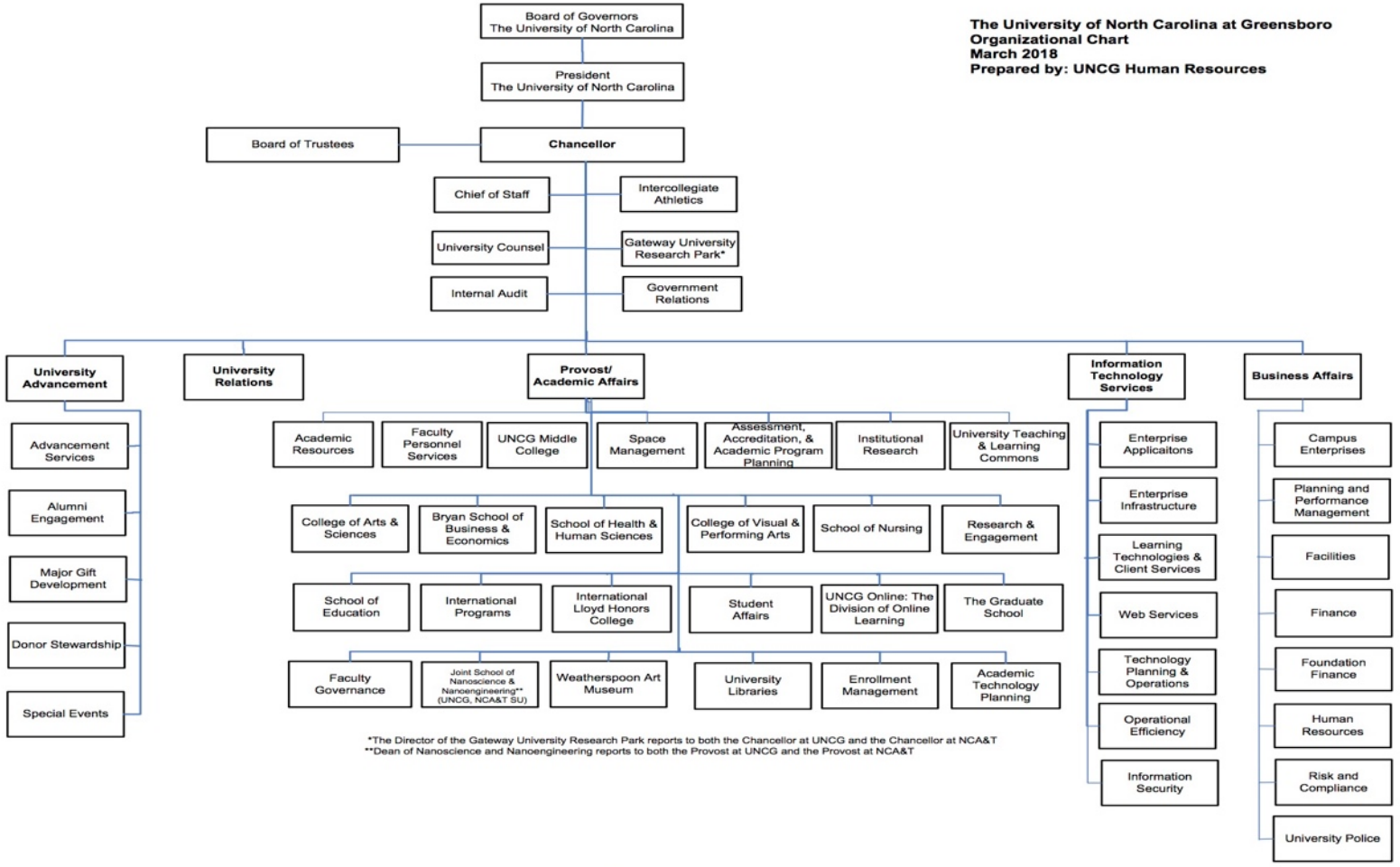
Figure 2. **School of Health and Human Sciences (HHS) Organizational Chart**



c. the lines of authority from the program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (eg, reporting to the president through the provost)

A copy of the UNCG Organizational chart can also be found in ERF Intro 2.3.

Figure 3. **UNCG Organizational Chart**



d. for multi-partner programs (as defined in Criterion A2), organizational charts must depict all participating institutions

Not applicable.

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

Table Intro-1. Instructional Matrix - Degrees and Concentrations						
			Categorized as public health*	Campus based	Executive	Distance based
Master's Degrees	**Academic**	**Professional**				
Community Health Education		*MPH*	*X*	MPH		

4) Enrollment data for all of the program's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2.

Table Intro-2. Enrollment: Fall 2019		
Degree		**Current Enrollment**
Master's		
	MPH*	

A1. Organization and Administrative Processes

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

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

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

1) **List the program's standing and significant ad hoc committees. For each, indicate the formula for membership (eg, two appointed faculty members from each concentration) and list the current members.**

Table A1.1 Program Committees, Standing and Ad hoc

Standing Committees	Membership Formula	Current Members
Graduate Program Committee	Director of Graduate Studies & 2-4 faculty members with full-time status and who have their primary appointment within the department	Sandra Echeverria Jennifer Toller Erausquin Erica Payton Michael Perko
Undergraduate Program Committee	Director of Undergraduate Studies & 2-4 faculty members with full-time status and who have their primary appointment within the department	Crystal Dixon Sharon Morrison Christina Yongue
Executive Committee	Chair, Associate Chair, Director of Graduate Studies, Director of Undergraduate Studies	Michael Perko Carrie Rosario Robert Strack Christina Yongue

Ad Hoc Committees	Membership Formula	Current Members
Promotion & Tenure	All full-time tenured faculty who hold a rank above the rank of the individual up for review	Dan Bibeau Sandra Echeverria Sharon Morrison Tracy Nichols Michael Perko Kelly Rulison Robert Strack David Wyrick
APT Promotion	A minimum of 2 full-time academic professional faculty and 1 tenure stream faculty who hold a rank at or above the rank of the individual up for review	Not needed in current year
Faculty Search	4-5 full-time faculty designated by the chair based upon faculty workload and the specifications of the open position plus one faculty from another department in the university	Daniel Bibeau Sandra Echeverria Regina McCoy Kelly Rulison Outside Member TBD

MPH Admissions	3-4 full-time faculty designated by the chair based upon faculty workload	Dan Bibeau Mike Perko Kelly Rulison
Undergraduate Admissions	3-4 full-time faculty designated by the chair based upon faculty workload	Regina McCoy Carrie Rosario Christina Yongue

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

As a whole, decisions affecting the program are presented, discussed, and voted on in faculty meetings. The initial preparation for the discussion, along with recommendations on policies and procedures, are generally conducted in the Graduate Program Committee. The Department Chair sets scheduled faculty meetings at the beginning of each term. For the past 6 years, meetings have been held 2-3 times per month. Full faculty meetings, where issues for discussion are presented and voted on, as necessary, occur once a month. These meetings generally occur on the second Wednesday of each month. Working faculty meetings, where faculty come together in both large and small groups to conduct structured tasks around departmental work generally occur on the fourth Wednesday of each month. Faculty members can submit agenda items to be discussed in each meeting. Agenda items that are not addressed are carried over to the next meeting. Decisions in faculty meetings are generally made by majority rule although some items are reached by consensus.

a. degree requirements

The full faculty votes on any new degree requirements or revisions of current degree requirements. The Graduate Program Committee presents the proposed degree requirements to the faculty during a regularly scheduled faculty meeting. Once faculty have approved the requirements, they are submitted for review and approval to the School of Health and Human Services Curriculum Committee. The department faculty member who serves on that committee acts as a liaison between the department and the committee if there are any questions or required revisions. Once the proposed requirements are approved by the School committee, they are submitted to the University Curriculum Committee for review and approval.

b. curriculum design

The need for curriculum design changes may originate from a variety of sources including but not limited to faculty meetings, annual review meetings, student concerns, student assessment procedures, accreditation changes, etc. When a curricula design change is identified, the Graduate Program Committee is responsible for gathering information, facilitating discussions with stakeholders, and developing or delegating the development of draft course and/or program plan proposals. Information gathering, discussions, and developmental work may take place with the full faculty and/or program instructors during Working Faculty Meetings. Once the GPC has a recommendation, in the form of a course or program plan proposal, it is placed on the agenda of a Full Faculty Meeting for a discussion and vote.

c. student assessment policies and processes

Faculty make decisions regarding assessment of student learning objectives within their courses, following policies and guidelines set by the University, including grade scales.

Decisions that need to be made for new or revised student assessment policies and processes at the program level originate in the Graduate Program Committee. As a Committee, they gather information as necessary, identify potential areas for improvement, and draft any necessary language. They then present what has been developed, along with their recommendations, to the full faculty during regularly scheduled faculty meetings. Initially they are presented in Faculty Working Meetings to allow for in-depth discussion and/or developmental tasks. At the point of a recommendation, they are placed on the Full Faculty agenda for a discussion and vote.

d. admissions policies and/or decisions

The Graduate Program Committee makes recommendations for admission policy decisions. The Director of Graduate Studies is responsible for ensuring all recommended policies align with University policies. Recommendations are initially presented for discussion to the Executive Committee by the Director of Graduate Studies. If the recommendation requires a faculty vote, it is discussed and voted on in a full faculty meeting.

Applications to the program are reviewed by an ad hoc Admissions Committee. All members of the committee have access to the University's application software system. All applications are reviewed and scored using a comprehensive rubric by two committee members with disagreements resolved by the Director of Graduate Studies.

e. faculty recruitment and promotion

The Program and the Department follow university guidelines in regard to faculty recruitment, retention, promotion, and tenure. When recruiting new faculty, the department follows the University as well as School guidelines. These guidelines are outlined in ERF A1.1, *Responsibilities of Faculty Search Committees Serving in the Appointment of Assistant Professors, Associate Professors, and Professors,* and ERF A1.2, *Recruiting Diverse Faculty Search Handbook*.

The Department Chair facilitates a discussion with the full faculty during a regularly scheduled faculty meeting on specific attributes of the position description. The Chair then convenes a search committee and appoints a Chair of the committee. The Dean of the School of HHS meets with the committee to give them their charge. The search committee writes a draft of the job description and gathers faculty input on wording and details. The search committee carries the responsibility of advertising for the position but involves the full faculty in recruitment. The search committee reviews applications, conducts preliminary interviews (via Skype) as necessary and develops a short list for campus interviews. The Department Chair approves the short list. The search committee organizes and facilitates the campus interviews. Faculty and students meet with candidates in small groups and attend any large group presentations (teaching and/or research). The search committee gathers and summarizes feedback from faculty, students, and administrators. This information along with their recommendation is forwarded to the Department Chair. The Department Chair reviews the information and forwards it along with their recommendation to the Dean. The Dean of HHS forwards the recommendation to the Provost. The Provost has the ultimate decision on hiring. The Department Chair makes and negotiates the offer to the chosen candidate with input and support from the Dean's office.

In the event that full-time permanent faculty are not available to teach a course (due to external funding, FMLA, phased retirement, or a significant administrative assignment) the Department recruits and hires part time instructors. The School maintains a standing job announcement for part time and temporary instructors. The Department Chair keeps a file on any incoming applications for part-time positions as well any inquiries from alumni and local practitioners who are interested in teaching and maintaining a relationship with the

department. When the need for a part-time instructor arises the Chair and Associate Chair review the pool and match on expertise.

For reviews of promotion and/or tenure, the Department follows the *School of Health and Human Sciences Promotion, Tenure and Reappointment Evaluation: Policies, Guidelines and Procedures* (see ERF A1.3) as well as *Academic Professional Track: Policies, Guidelines, and Procedures* (see ERF A1.4). Tenure track Assistant Professors are appointed for an initial three-year term and may be reappointed for an additional four-year term. They must seek tenure during the third year of their second probationary term. Once tenure is granted, there is no minimum or maximum number of years for seeking promotion. A faculty member on the Academic Professional Track (APT) must serve a minimum of 5 years in the position before they can be promoted.

For tenure-stream faculty, full-time tenured faculty within the department, above the rank of the individual up for promotion or promotion and tenure, review the individual's material using Digital Measures software. The review committee then meets in person to discuss, vote, and make recommendations. Recommendations with justification is forwarded to the Department Chair. The Department Chair provides a separate review and recommendation that is forwarded, along with the peer review, to the school Promotion & Tenure Committee. A similar process is used for the Academic Professional Track, where a committee of at least 3 APT faculty convene. If the department or school does not have 3 available APT faculty above the current level of the faculty member seeking promotion, an APT faculty with the equivalent level can serve.

Each year, faculty members' annual reports are reviewed by a group of their peers. A team captain communicates the group's review to the Department Chair who communicates the committee's and his review to each faculty member in a written assessment. These annual reports are included in the promotion and/or tenure review process as well as the Post-Tenure Review process.

f. research and service activities

Faculty members research and service activities are determined in conjunction with the Chair during annual workload meetings. Input is provided from peer review groups during the annual review process. Policies regarding research and service expectations can be found in *The Faculty Handbook* (see ERF A1.5) and in the *University-Wide Evaluation Guidelines For Promotions And Tenure* (see ERF A1.6*)* and in both school-level documents mentioned above in A1.e: *School of Health and Human Sciences Promotion, Tenure and Reappointment Evaluation Policies, Guidelines and Procedures* (see ERF A1.3*)* and *Academic Professional Track: Policies, Guidelines, and Procedures* (see ERF A1.4*)*. Moreover, departmental documents, such as *PHE P & T* (see ERF A1.7*)* and *PHE Faculty Workload Policy* (see ERF A1.8*)* contextualize the University and School documents to the department and guide faculty member work at the department level. The policies describe minimum expectations for promotion and/or tenure at UNCG. Since faculty teach and conduct service activities across all programs, no governance distinctions regarding the P & T process are made by program (i.e., undergraduate, MPH, Doctoral). Review of faculty members' research and service activities occurs annually as part of the merit review and, for untenured faculty, during their reappointment review. The Department Chair communicates recommendations regarding research and service as a final step in the annual review process, as discussed in the Department's instrument of governance.

2) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the program.

The following documents are located in the ERF:

ERF A1.9 Instrument of Governance – Department of Public Health Education

ERF A1.10 Instrument of Governance – School of Health and Human Sciences
ERF A1.11 Constitution of the General Faculty – University of North Carolina Greensboro

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

Full-time faculty within the department serve on multiple committees in the school and university. Several school-level committees require representation from each department. These include HHS Chairs Council (Robert Strack), Promotion & Tenure Committee (Daniel Bibeau), APT Promotion Committee (Carrie Rosario), and the Curriculum Committee (Crystal Dixon). Other school level committees are filled by matching faculty interest and expertise. PHE faculty typically serve on the following committees: Diversity, Equity & Inclusion (Crystal Dixon, Co-Chair), Global Engagement (Sharon Morrison), Interprofessional Practice (Crystal Dixon), and the Research Advisory Committee (Amanda Tanner).

Faculty regularly serve on a variety of committees at the university level. These include the Graduate Studies Committee (Kelly Rulison/Mike Perko), the General Education Committee (Carrie Rosario), the Student Grievance Committee (Regina McCoy), and the Sustainability Committee (Kay Lovelace).

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

Full-time faculty primarily interact during faculty meetings as described above as well as during faculty development meetings (once per month) and a bi-monthly doctoral seminar. Some faculty members are assigned roles on either the Undergraduate or Graduate Program committees that are each charged with the management of respective programs. The GPC meets regularly once or twice each month to manage the affairs of the MPH and PhD programs. Part-time instructors are invited to faculty development meetings and have participated both in-person and via Skype. The Department holds 1-day faculty retreats twice a year, where developmental activities occur along with shared departmental work. Regularly scheduled writing retreats are held to maintain a healthy academic writing community and support the production of scholarship.

Example meeting agendas and minutes are listed below and located in ERF A.1 – Meetings Folder sub-folder.

Faculty Working Meeting Minutes 8-23-16
Full Faculty Meeting Minutes 9-14-16
Faculty Retreat Minutes 12-14-17
Full Faculty Meeting Minutes 9-12-18
Full Faculty Meeting Minutes 5-2-18
GPC Meeting Minutes 4-30-19
Faculty Retreat Agenda Fall 2018
Faculty Development Handout 1-24-18
Doctoral Seminar Flier Fall 2017

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Our departmental organizational and administrative processes generally work well for the MPH program. We have recently created and updated a number of policies and protocols that have increased the administrative efficiency (i.e.: Faculty Workload; Annual Review Policy; and Travel Policies).

A2. Multi-Partner Programs

Not applicable.

A3. Student Engagement

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

1) **Describe student participation in policy making and decision making at the program level, including identification of all student members of program committees over the last three years, and student organizations involved in program governance.**

Governing bodies
Students are involved in MPH Program governance through membership on the Graduate Program Committee (GPC) of the Department. These students participate fully in policy and procedure discussions that lead to proposals that come before the faculty as a whole for action. The student members attend all GPC meetings (except when the focus is on PhD information and /or includes discussing private student information). When feedback is needed about policies, etc., the student members are asked to gather input from classmates and report back to GPC. Also, group exit interviews are held every year with graduating MPH students. This past year, the MPH group advising night in the spring semester was used to check in about program strengths and weaknesses.

Students may also become participating members of the Graduate Student Association (GSA). The mission of the Graduate Student Association is to enhance the experience of each graduate student at UNCG; promoting personal and professional growth through educational, developmental, and social activities. The GSA also serves as the collective voice and power of the graduate student body in interactions with the University administration and faculty. The MPH Program appoints students to the GSA every year and the GSA appoints two student representatives to the University Graduate Studies Committee. As well, a GSA representative serves on the Academic Policies and Procedures Committee.

List of Student Members:

1. Haley Higgins (Member, Graduate Planning Committee 2016- 2017)
2. Katie Seymour (Member, Graduate Planning Committee 2017- 2019)
3. Amyia Hardy (Senator, Graduate Student Association 2018-2019)
4. Amyia Hardy (Member, Eta Sigma Gamma 2017-2019)

Student organizations
There is no student organization exclusively for MPH students. However, students can participate in the Alpha Nu Chapter of Eta Sigma Gamma, a National Health Education Honorary. Through this organization, they participate in service, research, and fundraising projects, many of which align closely with the identified program mission and goals. As an honorary society, graduate students must earn an overall GPA of 3.0 to be elected to the organization. In the past, Eta Sigma Gamma has engaged in hosting health-related events on campus and community dialogues. In addition to Eta Sigma Gamma, students may also become participating members of Kappa Omicron Nu (KON), the national honor society for the human sciences – a school level organization. To be eligible, graduate students must have a cumulative GPA of 3.75, have taken a minimum of 12 credits, and have declared a major in an HHS department.

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

Our students are involved in a number of organizations and we value their program contributions.

A4. Autonomy for Schools of Public Health

Not applicable.

A5. Degree Offerings in Schools of Public Health

Not applicable.

B1. Guiding Statements

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

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

The program defines *goals* that describe strategies to accomplish the defined mission.

The program defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

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

During the 2017-2018 academic year, the Department conducted an analysis of our guiding principles and values. As a result of a renewed department emphasis on social justice and health equity, the faculty formulated revised guiding statements for our MPH program and adopted them in 2018.

As a program, we envision a just and equitable society where local and global communities connect to live safe, fulfilling, and healthy lives.

Program Mission
The MPH program in Community Health Education, through innovative teaching and scholarship, prepares students to be leaders who engage communities and promote the health of populations.

MPH Program Goals:
1. Strengthen experiential learning opportunities to develop professional and competent leaders.
2. Enhance faculty-student engagement through innovative and reflective teaching and mentoring.
3. Advance the field through cutting edge and interdisciplinary research, evaluation, and advocacy
4. Strengthen student and faculty involvement in community engaged research, evaluation, and advocacy in local and global settings.

Core Purpose
Promote. Engage. Change.

Values

- Advocating for a more just and equitable world by working with and for vulnerable populations
- Embracing flexible thinking, creativity, innovation, and an entrepreneurial spirit to find creative solutions to complex challenges
- Making a difference in lives and communities locally and globally through community-engaged/translational research and practice
- Developing meaningful and mutually beneficial relationships between faculty and students that centers student learning
- Fostering collaborative, inclusive, and supportive working environments that encompass faculty, staff, students, and community members and allow us to learn and grow together
- Striving for harmony in personal and professional lives for self and others

2) If applicable, a program-specific strategic plan or other comparable document.

Not applicable

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

Our guiding statements encompass our desire to train leaders, build partnerships, and serve local and global communities. We realized, given the historical context and current demographic shifts in Greensboro, we needed to be more explicit about the significance of global partnerships and settings, as well as our values of social justice.

B2. Graduation Rates

The program collects and analyzes graduation rate data for each degree offered (eg, BS, MPH, MS, PhD, DrPH).

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

1) **Graduation rate data for each degree in unit of accreditation. See Template B2-1.**

Table B2-1. Students in MPH Degree, by Cohorts Entering Between 2014 and 2019						
***Maximum Time to Graduate:**		**5 Years**				
	Cohort of Students	2014 -15	2015 -16	2016 -17	2017 -18	2018 -19
2014-15	# Students entered	30				
	# Students withdrew, dropped, etc.	1				
	# Students graduated	0				
	Cumulative graduation rate	0%				
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	29	22			
	# Students withdrew, dropped, etc.	0	3			
	# Students graduated	27	0			
	Cumulative graduation rate	90%	0%			
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	19	23		
	# Students withdrew, dropped, etc.	0	0	1		
	# Students graduated	2	16	0		
	Cumulative graduation rate	97%	73%	0%		
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	3	22	24	
	# Students withdrew, dropped, etc.	---	0	0	1	
	# Students graduated	---	3	21	0	
	Cumulative graduation rate	97%	86%	91%	0%	
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	0	1	23	24
	# Students withdrew, dropped, etc.	---	---	0	0	
	# Students graduated	---	---	1		
	Cumulative graduation rate	97%	86%	96%		

2) **Data on doctoral student progression in the format of Template B2-2**.

Not applicable

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

Our graduation rates have far exceeded 70% for the past five years, with the exception of 2015/2016 when the rate was 73%. Our graduation rate consistently stays above 85%.

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

Our program consistently has graduation rates that exceed the 70% baseline. We are committed to our students' successful completion of the program and provide sources of support to ensure that they are ready academically (i.e. we use Khan Academy lessons to bolster math skills for students who need it) and we have successfully helped many students navigate personal / family health issues some of which require leave of absences. Most students are able to return after a leave of absence and successfully complete the program. A few students have chosen not to return when a 1-2 semester leave was not sufficient. Over the past five years, only one student has dropped out of the program for a reason other than mental / personal health or family reasons. The one student who left did so because they did not meet the requirements of their provisional admission. (Of note: Our graduate school no longer allows provisional admission.) We are proud of our commitment to student success and believe that a renewed focus on student-centered advising will help us make our graduation rates even stronger.

B3. Post-Graduation Outcomes

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

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

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

Table B3-1. Post-Graduation Outcomes

Post-Graduation Outcomes	2016 Number and percentage	2017 Number and percentage	2018 Number and percentage
Employed	14 (93%)	27 (82%)	31 (94%)
Continuing education/training (not employed)	0 (0%)	1 (3%)	1 (3%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	0 (0%)
Actively seeking employment or enrollment in further education	0 (0%)	1 (3%)	1 (3%)
Unknown	1 (7%)	4 (12%)	0 (0%)
Total graduates (known + unknown)	15	33	33

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

In 2016, 93% of program graduates (14 alumni) that responded to our Alumni Survey reported that they were employed. The employment status of one alum was unknown. In 2017, responses were more varied, with 82% of respondents (27 alumni) reporting that they were employed; 3% (1 alum) reporting unemployment due to pursuing continued education/training; and 3% (1 alum) reporting actively seeking employment/further education. The employment status of 12% (4 alumni) was unknown. Our 2018 Alumni Survey showed that 94% of respondents (31 alumni) were employed, with 3% (1 alum) pursuing continued education/training and 3% (1 alum) actively seeking employment/further education.

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

We are pleased with reported alumni employment (particularly when combined with the number of alumni who are actively continuing education/training). However, our mechanisms for collecting alumni data have been inconsistent. While we have detailed data about our 2016 graduating cohort, our data collection methods changed in 2017. Because our current Alumni Survey is disseminated to *all* program graduates and does not track year of graduation (in part to help ensure anonymity), alumni data collected from 2017-2018 do not help us understand alumni employment trends by graduating cohort. Our Graduate Program Committee and program faculty will be working together to recalibrate the way we collect alumni data to ensure that we regain our comprehensive understanding of post-graduation outcomes.

B4. Alumni Perceptions of Curricular Effectiveness

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

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

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

The most recent alumni survey was sent in Spring 2019 and covered graduates from Spring 2012 to Spring 2018. The survey was distributed via Google Forms using our current Alumni database of 166 students. We received 32 responses.

The survey asked alumni to rate the quality of the program in preparing them for the workforce with respect to the 7 National Commission on Health Education Credentialing (NCHEC) Areas of Responsibility (see ERF B4.1). The NCHEC Areas of Responsibility were selected to represent competencies because our new curriculum was not implemented until Fall 2019. Additionally, the Areas of Responsibility relate broadly to the CEPH MPH Foundational Competencies and our newly established concentration competencies. Students were asked to rate the quality of the program on a scale of 1 to 5, with 1 being excellent and 5 being poor.

Roughly 93.9% of the alumni surveyed were employed. Based upon findings, alumni respondents perceived the program quality to be best in preparing them for the workforce in the following four areas:

NCHEC Area of Responsibility		M (SD)
#7	Communicate, Promote, and Advocate for Health, Health Education/Promotion	1.79 (1.11)
#1	Assess Needs, Resources and Capacity for Health Education/Promotion	1.82 (1.04)
#6	Serve as a Health Education/Promotion Resource Person	1.82 (1.13)
#2	Plan Health Education/Promotion	1.94 (1.12)

The areas related to Evaluation and Research (#4) and Administration and Management (#5) were rated the lowest out of the seven areas; however, means were still below 2.5, indicating the alumni who responded perceived quality of preparation for the workplace to be relatively favorable. Findings were fairly consistent across the qualitative and quantitative data collected. Qualitative comments highlighted that alumni believed more exposure to policy (formal and informal), research (both quantitative and qualitative) and evaluation would have helped them feel more confident in their ability to apply these competencies in their workplace. Additionally, several comments referenced how this gap could be remedied by infusing more applied experiences or opportunities for real-world application, perhaps through a case study approach, into the curriculum.

Two additional items were included to assess alumni's perceptions of the academic and the career advising they received. Students gave more positive ratings (M=2.22; SD=1.21) to academic advising than career advising (M=2.71; SD=1.19), but both ratings indicated concerns with how advising was administered in the program. Several qualitative comments spoke to the advising concerns. Comments included requests for more career information, better matching between students and advisors, and additional mandated advising sessions throughout the year.

2) Provide full documentation of the methodology and findings from alumni data collection.

Full documentation of the methodology employed and findings from data collection can be found in ERF B4.2: Alumni Curricular Perceptions Survey Methodology and Findings.

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

These data are helpful as we look forward toward the new curriculum, which may address some of the alumni-identified gaps; however, the data are limited. In 2020, we plan to make changes to the survey, including the competencies and way in which the items are structured, so that we can obtain more meaningful results. Future items will request alumni rate their success in achieving and level of ability to apply the competencies, rather than rating the quality of program preparation. One challenge we face is identifying other mechanisms and venues to collect these data so that alumni do not feel overburdened with long or frequent surveys. Currently, we conduct exit interviews with graduating students, who may be able to rate their perceptions of their own success in achieving specified competencies. Unfortunately, we have not integrated competencies within the exit interview questions, so we do not have data to report. However, this is one possible mechanism by which we could assess perceptions and track trends or identify gaps between immediate post-graduation and when alumni apply competencies once employed.

B5. Defining Evaluation Practices

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

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

   The UNCG Department of Public Health Education Evaluation Plan utilizes several data sources and methods for obtaining information necessary to evaluate the program. Program goals, measures, and methods are documented in Template B5-1 (next page).

Table B5-1. Evaluation Plan		
Evaluation measures	***Identify data source(s) and describe how raw data are analyzed and presented for decision making****	***Responsibility for review***
Goal Statement: Strengthen experiential learning opportunities to develop professional and competent leaders.		
# of assignments incorporating "simulated" experiential learning activities	Department admin produces summary report based on annual review of syllabi	Graduate Program Committee (GPC) to review
# of assignments incorporating real-world, outside classroom activities	Department admin produces summary report based on annual review of syllabi	Graduate Program Committee (GPC) to review
# of students involved in activities outside the classroom	Department admin generates summary report from annual student survey	Graduate Program Committee (GPC) to review
Goal Statement: Enhance faculty-student engagement through innovative and reflective teaching and mentoring.		
% of faculty attending developmental opportunities around innovative teaching and mentoring	Department Admin generates Activity Insight Annual report	Department Chair, full faculty during annual retreat
% of students attending conferences and/or workshops with faculty	Department admin produces summary report based on student travel form item	Graduate Program Committee (GPC) to review
% of students satisfied with advising experiences with their official advisor and interactions with faculty outside the classroom	Department admin generates summary report from annual student survey	Graduate Program Committee (GPC) to review
# of outside class mentoring opportunities	Department admin produces summary report based on faculty annual reports	Graduate Program Committee (GPC) to review
Goal Statement: Advance the field through cutting edge and interdisciplinary research, evaluation, and advocacy		
# of faculty publications in peer-reviewed journals	Department Admin generates Activity Insight Annual report	Department Chair, full faculty during annual retreat
# of faculty professional presentations	Department Admin generates Activity Insight Annual report	Department Chair, full faculty during annual retreat
# of dissemination activities targeting audiences outside of science and academia	Department admin generates summary report from annual faculty survey	Department Chair, full faculty during annual retreat
# of formalized community partnerships	Department admin generates summary report from annual faculty survey	Department Chair, full faculty during annual retreat

Evaluation measures	***Identify data source(s) and describe how raw data are analyzed and presented for decision making****	***Responsibility for review***
Goal Statement: Strengthen student and faculty involvement in community engaged research, evaluation, and advocacy in local and global settings.		
# of students participating in local and/or global community partnerships	Department admin generates summary report from annual student survey	Graduate Program Committee (GPC) to review
# of faculty participating in local and/or global community partnerships	Department admin generates summary report from annual faculty survey	Department Chair, full faculty during annual retreat
# of faculty participating in developmental activities around community-engagement in local and/or global settings	Department Admin generates Activity Insight Annual report	Department Chair, full faculty during annual review

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

The measures highlighted in Table B5-1 are not explicitly categorized by instruction, scholarship, and service; rather, our goals focus on the intersection of these areas to promote student success and advance the field of public health.

Instruction is intended to facilitate learning and build skills. Instructional quality is positively impacted when faculty remain current in effective pedagogical strategies that foster relationships between students and content, as well as student-faculty relationships. Therefore, professional development and experiential learning are directly related to instruction and engagement in those experiences (within and outside of the classroom) fosters faculty and student success. Our measures also help us to quantify exposures to simulated or real-world experiences and mentorship as a function of our program.

Our scholarship goal indicates our commitment to advancing the field through partnerships and dissemination via outlets that impact future research as well as practice. Tracking publications and presentations, as well as dissemination of findings or information in non-academic settings is a meaningful method to track our progress towards this goal.

Community-engagement is a university, school, and department value, and our goal is aligned with our vision of a just and equitable society, connecting local and global communities in health. Our measures are a logical approach to determining our faculty and student connections, locally and/or globally, as well as our continued capacity for engagement. Improving our capacity around community-engage via professional development and skill-building may impact our number of partnerships and expand our potential public health impact. Added partnerships also enhance our ability to foster experiential learning and collaborative research that improves student learning and success.

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

We have recently adjusted our evaluation measures to align with our program guiding statements. Due to the newly established curriculum, we are still determining targets and implementing the evaluation plan described in Template B5-1. Our prior evaluation plan (see ERF B5.1, Interim Report (2014) MPH Evaluation Plan) relied heavily on student e-portfolios as a tool for program assessment and evaluating student success. Since 2014, the Graduate Program Committee (GPC) has worked diligently to implement the e-portfolio (see ERF B5.2, *MPH E-portfolio Handbook*), even including it as part of UNCG required program assessments (see ERF B5.3, *2016-2017 UNCG Program Assessment Report*). Additionally, the GPC has obtained student feedback on the program e-portfolio during advising nights and exit interview, and GPC has reviewed findings (see ERF B5.4, GPC e-portfolio meeting minutes). Reviews of progress have informed our new curricular revisions, as well as changes to the evaluation plan.

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

The Department has always collected data to assess aspects of our program; however, our efforts have diverged from the systemic evaluation plan developed as part of our last interim report. Due to our revised plan based on new CEPH criteria, a new curriculum, and some resulting new initiatives (i.e. ActivityInsight), we lack longitudinal data on outcomes.

B6. Use of Evaluation Data

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

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

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

   Since we have a new curriculum that has not been implemented yet and a revised plan to assess that curriculum, we do not have examples from the proposed evaluation plan. Below are examples of how data have been used to inform programmatic changes undertaken in the past three years.

   Curriculum changes
   The Graduate Program Committee (GPC) and the departmental Executive Committee reviewed findings from focus groups with program stakeholders related to students' limitations translating theory and evidence to practice, specifically around public health program planning and evaluation. Triangulating these findings with student exit interviews revealed that students believed this was, in part, attributable to: (1) our program planning course being integrated with internship planning, and (2) a need for increased opportunities for applied practice. Based on this review, the GPC presented the need for a curricular revision to the full faculty. The full faculty were involved in a multi-year revision process to scaffold and infuse experiential learning opportunities into our new curriculum.

   Promoting student-faculty engagement
   A GPC review of student exit interviews and advising night feedback revealed that students desired more student-faculty engagement and mentorship opportunities. In response, department leadership instituted a policy (and set aside funds) to support student travel to professional conferences, workshops, etc., where faculty are presenting or attending. Several students and faculty have traveled together to attend recent national conferences such as APHA and SOPHE. In addition, each year faculty have consistently invited student to attend local conferences, trainings, or workshops with them i.e., UNC Minority Health Conference, Racial Equity Institute workshops). Three faculty members attended a mentoring specific conference and shared best practices for mentoring graduate students during a faculty meeting. On a less formal basis, the department has also hosted a number of events such as department picnics and holiday parties and invited all faculty to new student orientation and advising nights. These events facilitate building genuine, faculty-student connections and foster a stronger sense of community.

   Faculty Diversity
   On the basis of our last accreditation review, which showed limitations with respect to faculty diversity, departmental leadership made an intentional effort to recruit and hire a diverse cadre of faculty. The Provost's Office developed a webpage resource to equip faculty serving on search committees with best practice guidelines and tools to use during the search process. The website includes a learning module on eliminating bias, a list of advertising sites, and a handbook for recruiting diverse faculty. We changed the way we conduct faculty searches, based on the guidelines outlined in the Recruiting Diverse Faculty Handbook (see ERF A1.2), which gave us more diverse pools of candidates. As a result, our faculty better represents students in our program.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The department has taken several steps to act on prior evaluation data. We developed an updated and comprehensive, feasible evaluation plan that we have not yet had an opportunity to implement. We recognize implementation will likely identify areas of improvement to the plan.

C1. Fiscal Resources

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

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

   a) **Briefly describe how the program pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples. If faculty salaries are paid by an entity other than the program (such as a department or college), explain.**

   State funds make up the largest portion of the Department's annual budget. All full-time and permanent tenure-track and academic professional track faculty positions in the department are fully supported and guaranteed through state funds. Part-time instructional needs that arise are supported through salary savings from temporary salary reserves or externally funded awards. Temporary salary reserves are controlled by the Provost while externally funded salary savings are controlled by the Dean of the School of Health and Human Sciences. Twice a year the department assesses their part-time instructional needs and makes a request to the Dean along with a justification of salary savings attributed to departmental externally funded awards. Similar requests are made to provide coverage for faculty on phased retirement or FLMA leave. The Dean may request some or all of these funds from the Provost as needed.

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

   The state legislature determines the state budget for the UNC System and allocates the money to the UNC General Administration. The President of the University distributes the funds to the 17 campuses in the System based on budget requests from the campuses and other factors. To develop the budget request for each coming year, each department and program proposes a budget, including requests for new positions and funds, that is submitted to the Deans and the Provost. The Provost and Vice-Chancellors develop a university-wide budget that is submitted to the UNC General Administration by the Chancellor. The Provost allocates budgeted funds to the Deans and programs within Academic Affairs who then allocate the funds to departments.

   Each year, the Department Chair, in conciliation with the Executive Committee, ascertains the need for new faculty lines and prepares a request. This request is reviewed with the full faculty at a regularly scheduled meeting. Requests are then submitted to the Dean of the School of Health and Human Sciences as part of the annual budget process. The Dean, in consultation with the School's Executive Committee, reviews the requests from all departments and programs and creates a prioritized list of new faculty line requests. This prioritized list is then presented to the Provost as part of the School's annual budget process.

   c) **Describe how the program funds the following:**
      a. **operational costs (programs define "operational" in their own contexts; definition must be included in response)**

      The School of HHS is allocated an annual operational budget from the Provost. A portion of that budget funds the Office of Research, which in turn provides research-related resources to the departments (see below for detail). The Dean of HHS allocates operational budgets to each department. The amount of the allocation is dependent upon both student credit hour production and number of full-time permanent faculty. The

Dean's office also receives any salary savings from external awards granted to departments. These funds are then re-distributed to the departments to fund part-time temporary instructors as well as graduate assistants. Departments that offer on-line programming also receive a proportion of the tuition generated from summer session courses from UNCG Online as well as a supply budget. In addition, courses during the regular year that enroll students who reside outside of the state generate a small pool of funds that is returned to the department. These additional funds are small fraction of the Department's operational budget.

The Department's operational ("other than personnel" and graduate student stipend and tuition remission support) budget is managed by the Department Chair and funds a variety of activities and costs including but not limited to: faculty professional development and travel, student professional development and travel, faculty summer pay for administrative tasks, supplies, equipment, accreditation fees, telephones, printing, contractual services, and marketing materials.

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

The department supports student travel and professional development activities through a variety of means. The department has two professional development funds that are supported through charitable donations: the Solleder Professional Development Fund and the Bill Evans Professional Development Fund. The School also has a student travel fund, the Riley Travel Fund, which rotates across several departments. PHE has access to that fund once every 4 years. Additional support is provided through the department's OTP fund as well as the PHE Service Fund.

Generally, student travel and professional development support is provided for students who are presenting at or attending conferences or workshops. Students must fill out a travel request form for approval from the Department Chair. MPH students can be awarded support ranging from $250-$500 depending upon whether or not they are presenting and the amount of money available in the fund.

Graduate student stipend support and tuition remission (waiver) support is provided to a portion of students with allocated funds from the Graduate School and Provost funds. Additional funds are secured from salary savings generated by research conducted in HHS, from department discretionary funds, or directly through grant funds.

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

The Department supports faculty development expenses and travel through a variety of funds and opportunities, including the Other-Than-Personnel (OTP) fund, the Department's allocation of any indirect costs from external funding, and funds that have accrued from gifts and donations. Individual faculty can request travel support from these departmental sources. Generally, travel support ranges from $500 to $1000 per year depending upon whether or not the faculty member is presenting or attending, and which conference is requested. Preference is given to attending or presenting at SOPHE or APHA.

Faculty members can also request support from the University ($500) and the School ($500) for domestic travel support as well as for international ($600) travel support. They can also apply for the School's Kinney Professional Development fund, which awards $1000 to 1 faculty member per year. PHE faculty have been granted the award for the last two years. Finally, the HHS Office of Research has begun a pilot project to fund additional professional development support. Faculty can apply to support building new

collaborations with research teams, fund a course release to write an external grant application, as well as attend research-related training or consultations.

The department uses indirect funds to support other types of professional development activities including workshops, editorial assistance, and professional “boot camps” for junior faculty.

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

The Department also has other sources of budget revenue. Faculty members obtain grants and contracts that contribute to the Program’s budget through graduate stipends, tuition waivers, salary savings, and indirect cost sharing. Grants and contracts allow the Program to award stipends to students beyond the 6 assistantships included in the Department’s annual budget ($66,000). The number of extra awards of course varies based on the external funding mix in any one year. Sometimes funding agencies allow tuition waivers as part of the budget adding to the budgetary support for students. The School’s Office of Research also has competitive applications each year where faculty can request support to fund graduate research support for current research awards or grant applications. The department has supported 1-2 MPH students through these awards for the past 3 years.

e) Explain how tuition and fees paid by students are returned to the program. If the program receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the program’s funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

The largest portion of the University’s operating funds come from tuition and from the State of North Carolina’s general revenues as allocated by the North Carolina General Assembly biennially to the General Administration of the University of North Carolina System. Each campus is funded based on student credit hours generated. A formula is applied to determine the amount of funding needed for the University to offer the number of student credit hours it projects for a given academic year. That total amount of funding is labeled as our "requirements." All tuition dollars that we collect as a university are kept on the campus to address a portion of our requirements. We request the remaining portion of our requirements from the State in the form of an appropriation (these funds come from all taxpayers). The Chancellor allocates funds to the operating divisions of the University, and the division heads allocate funds to their respective programs. For example, funds are allocated to the Provost to support all the academic units. The Provost then allocates funds to the deans, and deans allocate funds to the departments. 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.

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

UNCG distributes indirect costs in the following manner. Eighty percent of the money stays centrally for the Provost and the Vice Chancellor for Research and Economic Development to use for support of the research infrastructure. Ten percent of the total each year goes to the Principal Investigator(s) and ten percent goes to the Department(s). In our Department, the PI is free to use their allocation as they see fit in support of their duties in teaching and research. The Department uses its allocation to support the research endeavors of the whole department, including all principal investigators.

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

The Department's budget is administered by the Department Chair with assistance from the Department's administrative staff whose duties include budget expenditures and recordkeeping. All funds are used to support the undergraduate and graduate programs. The proportion of the Department's budget allocated to the MPH community health education program is specified in Table 1.6.b. Department Budget and Expenditures (on the following page).

Table C1.1 Sources of Funds and Expenditures by Major Category, AY 2014 to AY 2019					
	AY 2014-15	AY 2015-16	AY 2016-17	AY 2017-18	AY 2018-19
Source of Funds					
University Funds (including state appropriations & tuition & fees)	$2,157,529.00	$2,101,968.00	$2,042,717.31	$2,327,080.79	$2,289,350.53
Grants/Contracts	$172,700.00	$853,711.71	$216,399.40	$396,917	$1,513,397.89
Indirect Cost Recovery	$186,319.92	$100,091.66	$84,754.74.34	$84,875.34	$79,421.79
Endowment	$65,494.00	$125,171.66	$28,080.00	$91,788.18	$47,253.79
Gifts	$6,414.55	$7,224.51	$7,474.51	$4,248.79	$17,3003.48
Other (MPH Stipends)	$112,250.00	$138,000.00	$155,781.25	$183,928.00	$135,000.00
Other (Doctoral Stipends)	$77,250.00	$108,000.00	$125,000.00	$162,000.00	$224,000.00
Other (Waivers)	$103,000.50	$185,660.00	$185,660.00	$175,800.00	$217,404.00
Total	$2,704,834.05	$3,619,827.54	$2,850,566.47	$3,486,499.76	$4,394,246.81
Expenditures					
Faculty Salaries & Benefits	$2,067,983.00	$1,871,246.00	$2,073,071.88	$1,907,287.74	$2,107,797.19
Staff Salaries & Benefits	$87,639.00	$72,868.00	$61,508.71	$60,654.95	$76,459.71
Operations	$57,150.00	$53,364.00	$45,692.00	$65,990.83	$79,509.00
Travel	$33,160.00	$50,852.74	$15233.11	$44,145.43	$19,204.65
Student Support					
Other (MPH Stipends)	$112,250.00	$138,000.00	$155,781.25	$183,928.00	$95,720.00
Other (Doctoral Stipends)	$77,250.00	$108,000.00	$125,000.00	$162,000.00	$135,000.00
Other (Waivers)	$103,000.50	$185,660.00	$185,660.00	$175,800.00	$217,404.00
Total	$2,538,432.50	$2,479,990.74	$2,634,013.84	$2,631,129.15	$2,859,374.55

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

After significant enrollment growth increases at the University level, UNCG is currently facing enrollment challenges as well as a “gap” year, as the UNC System changes its allocation structure to a retroactive system. In spite of the upcoming challenges, The School of Health and Human Sciences continues to show enrollment growth and bring in the highest amount of externally funded grants and contracts. This places the School, and consequently the Department, in a strong position to weather the challenges.

The program has multiple revenue streams to fund faculty and student travel and professional development. The Department has consistently funded MPH student stipends and tuition waivers above and beyond the allocations provided by the School and University. Our faculty have also consistently applied for and received competitive internal funds to support their research and the students through opportunities provided by the School and the University.

C2. Faculty Resources

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

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

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

1) **A table demonstrating the adequacy of the program's instructional faculty resources in the format of Template C2-1.**

Table C2-1. Instructional Faculty Resources

CONCENTRATION	Masters PIF 1*	Masters PIF 2*	Masters FACULTY 3^	SECOND DEGREE LEVEL PIF 4*	THIRD DEGREE LEVEL PIF 5*	ADDITIONAL FACULTY+
Community Health Education MPH	Regina McCoy 0.5	Mark Schulz 0.4	Daniel Bibeau 0.5			PIF: 3, Non-PIF: 5

TOTALS:	
Named PIF	3
Total PIF	6
Non-PIF	5

2) **Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. Programs must present calculation methods for primary instructional and non-primary instructional faculty.**

Tenure-stream and non-tenure stream Faculty are 9-month employees that are paid over a 12-month period. Differential work assignments are negotiated annually between the Department Chair and individual faculty. The standard assignment of effort for tenure-stream faculty is 50% instructional, 30% research, and 20% service (institutional, professional, and community). The standard assignment of effort for non-tenure stream faculty is 80% instructional, 10% professional practice, and 10% service. Adjustments from these standards are made for a variety reasons including, but not limited to external funding, intensive research efforts (via grant-writing and publications), intensive doctoral mentoring, directed administrative positions (program directors,

associate chairs, chair), and intensive ad hoc service commitments (re-accreditation). The following parameters are applied to all negotiations: instructional effort cannot be lower than 20% (minimum of 1 course per year and advising/mentoring students), research or professional practice cannot be greater than 70% effort, and service cannot be lower than 10% effort.

To calculate FTE, faculty time spent teaching classes (.125), supervising the internship experience (.25), advising (.05), conducting research with students (.05), serving on administrative committees (.05), and chairing or leading large administrative tasks (.10) were summed each year and then averaged over the past 4 years.

3) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

Advising of students in the program is done by a core group of faculty in the department. Most, but not all, teach required courses in the program. Students meet with their advisors for general advising, career counseling, and to develop their program plan of study on an as-needed" basis. Advisors also mentor students in their e-portfolio development. A schedule of deadlines for students to submit drafts and advisors to provide feedback is posted in the *MPH E-Portfolio Handbook* (see ERF B5.2). Students and faculty also meet formally in a program-wide group advising night once per year. Last year, 8 departmental faculty members were assigned as program advisors with an average of 4-7 advisees per faculty. Faculty on phased retirement or research leave have lower advising loads or share advising with other faculty members to account for their reduced percent effort.

Since all required courses are taught in the evenings, generally faculty are only assigned to teach 1 core course per semester. Many faculty only teach 1 course in the program each year but teach that course consistently each year. This allows for both stability and variation of faculty expertise and ability across the program.

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

Table C2-2. Faculty regularly involved in advising, mentoring and the integrative experience			
General advising & career counseling			
Degree level	**Average**	**Min**	**Max**
Master's	4	1	7

Advising in MPH integrative experience		
Average	**Min**	**Max**
4	1	7

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

a. Class size and its relation to quality of learning (eg, the class size was conducive to my learning)

The following items pertaining to class size and its relation to the quality of learning were included in our student survey (N=16):

The average class size I experienced during my MPH program:

	Strongly Disagree % (N)	Disagree % (N)	Agree % (N)	Strongly Agree % (N)
Supported my learning style	0	0	44 (7)	56 (9)
Supported my ability to understand and retain course material	0	2	6	50 (8)
Enabled me to share opinions	0	0	44 (7)	56 (9)
Was conducive for class activities	0	0	50 (8)	50 (8)
Was conducive for classroom discussion	0	0	38 (6)	62 (10)
Enabled me to speak up	6 (1)	13 (2)	31 (5)	50 (8)
Enabled me to engage with faculty during class-time	0	6 (1)	44 (7)	50 (8)

b. Availability of faculty (i.e., Likert scale of 1-5, with 5 as very satisfied)

The following items pertaining to the availability of faculty were included in our student survey (N=16):

During the MPH program, on average, faculty:

	Strongly Disagree % (N)	Disagree % (N)	Agree % (N)	Strongly Agree % (N)
Were available during class time	0	13 (2)	47 (7)	40 (6)
Were available outside of classroom hours	0	27 (4)	53 (8)	20 (3)
Were available to advise me	7 (1)	27 (4)	47 (7)	20 (3)
Were available by email	0	27 (4)	47 (7)	20 (3)
Offered multiple ways to communicate with them	0	33 (5)	47 (7)	20 (3)
Were approachable	0	7 (1)	66 (10)	27 (4)

6) Qualitative data on student perceptions of class size and availability of faculty.

A brief open-ended survey was distributed in Fall 2019 to current MPH students who have completed at least one year in the program. Responses are still being collected and will be analyzed to identify themes and compare with the quantitative results.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The program benefits from a large number of faculty teaching core courses and advising students. Most of the primary faculty have been engaged in these activities for a minimum of 5

years, providing stability to the program. Faculty teach, on average 1-2 courses per year, allowing for students to experience a breadth of faculty expertise, ability, and teaching style. Faculty advisors are assigned small cohorts of advisees and work one-on-one with them on their integrative experience. Efforts are made to keep faculty advisors with their advisees throughout the students' tenure in the program to enhance stability. Challenges to stability have occurred due to phased retirements, research and FLMA leaves.

Student data show that students, overall, agree or strongly agree that class sizes are conducive to their learning on a variety of attributes. While, overall satisfaction is high for faculty availability, there are more students expressing dissatisfaction with this criterion than with class size. We have noted several strengths of our group advising process, including an opportunity for students to engage across the years of the program and with the full program faculty, but recognize that a mandatory one-on-one advising session in a student's first semester will be helpful in establishing the advisor-advisee relationship and should encourage for frequent interactions across their tenure. This will be implemented in the coming year with the revised program.

C3. Staff and Other Personnel Resources

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

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

Table C3-1. Staff Support	
Role/function	**FTE**
PHE Administrative Support Specialist	1.0
PHE Administrative Support	1.0

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

The hard work of our administrative support personnel helps keep the MPH program running smoothly in a variety of ways. Administrative support tasks span from student interaction to record keeping to event planning. Specific duties include: managing payroll and program accounts; travel processing; departmental recording keeping; taking meeting minutes; serving as a liaison between faculty and other administrative units on campus (i.e. facilities management); coordinating program events both on and off campus; arranging travel and schedules for visitors to our department; maintaining and ordering supplies; and helping with other administrative tasks as needed. In addition to the services they provide to faculty, our administrative staff helps create a warm, knowledgeable and can-do environment for our prospective, new, and seasoned students. Our Administrative Support Specialist, Ellen Ashley, has been in her current role for nine months and previously served in our Administrative Support role for two years. Our Administrative Support person, Donna Myers, was hired in August 2019.

3) **Provide narrative and/or data that support the assertion that the program's staff and other personnel support is sufficient or not sufficient.**

Our administrative support is sufficient for our program needs. With our administrative support personnel, we are able to meet the needs of our faculty and our prospective and current students, effectively operate the program, and support faculty and student travel and events.

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

Due to unforeseen circumstances, our previous Administrative Support Specialist left the department in January 2019. Ellen Ashley, our sole employee was able to take the reins and keep program affairs in order (and was hired to fill our Administrative Support Specialist position in July 2019). She was our only support person for nearly 7 months, while we engaged in the process of searching for and hiring an additional staff member. Although we made things work during the transition period, the department is now back to our normal level of two staff in support roles.

C4. Physical Resources

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

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

- **Faculty office space**

  Faculty office space is located in the Mary Channing Coleman (Coleman) Building. As of 2019, faculty offices were located in two suites in the Coleman Building; Coleman 437 (12 faculty offices) and Coleman 420 (seven faculty offices). All faculty member offices have wireless connections to the campus computer network and desktop or laptop computers, depending upon faculty members' preferences.

- **Staff office space**

  Our administrative support staff have office space in Coleman 437. Our Administrative Support staff member's workspace is located in a sectioned-off area in the office suite in order to be visible and accessible for those who enter the office. Our Administrative Support Specialist has her own separate office space.

- **Classrooms**

  The majority of our courses are taught in the Bryan School of Business, which is located across the street from the Coleman building. Other MPH courses are taught in the School of Education building, the Stone building, and the Moore Humanities and Research Administration building.

- **Shared student space**

  Program GAs have shared office space in Coleman 420 and Coleman 339 & Coleman 229. There are two atrium spaces with tables and chairs in Coleman.

- **Laboratories, if applicable to public health degree program offerings**

  There is one computer lab in the Coleman building with 24 computers and one teacher workstation and self-serve printing services. UNCG has a computer SuperLab the library with over 100 computers and self-serve printing services. Additionally, there is a TeleLearning Center in Stone that provides two-way interactive video services for classes, workshops, and teleconferences.

2) **Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.**

While our classroom and lab space meet our needs, office space is more of a challenge for our department. Faculty offices are split between two suites on opposite sides of Coleman. We have been fortunate to be able to fund more GAs; however, the increase in assistantships does not correlate with space to comfortably fit all of our GAs. The university is aware of this challenge and together we are working to find space that better meets our departmental needs.

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

We are working with the university to find space that more comfortably fits program faculty, staff, and Graduate Assistants.

C5. Information and Technology Resources

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

The UNCG Information Technology Services (ITS) provides our computer and data services and offers consults for students, faculty, and staff about best practices in, efficient and cost-effective strategies for, and innovative use of technology.

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

     The University Libraries home page provides on and off campus tools for resources in Jackson Library including a library catalog search for public health; Journal Finder, a list of journal, newspaper, and magazine subscriptions allowing users to access more than 1,400 online subscriptions, and the Public Health Research Guide, a customized list of public health resources including databases, online journals and databases such as PubMed, CINAHL, Web of Science, ERIC, etc.

     Faculty and students can also access the lending library which provides access to films and documentaries. Many of these can be viewed online and the library provides links that faculty can use to embed films and documentaries within their Canvas courses for students to view outside of class. Document delivery is provided to graduate students and faculty for articles and book chapters available only in print. Interlibrary loan is provided to UNCG students and faculty for sources other than textbooks that are not owned by the library. Reciprocal book borrowing agreements allow UNCG students and faculty to visit and borrow from other institutions in the UNC system.

     Library assistance for faculty and students includes telephone, online chat, email, and in-person library help, and a liaison librarian, Samantha Harlow, who provides an introduction to relevant library resources to new students; hands-on, assignment-integrated library instruction sessions; and research assistance consultations. AskMinerva is a library resource that functions like a chat tool and allows students and faculty to ask quick questions that answered immediately by library staff.

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

     UNCG offers a student laptop program that allows students to purchase laptops at a reduced cost. Our department supplies GAs with computers in their offices Students receive university computer accounts, secure wireless network access, and virtual private network (VPN) services. Major web-based applications include iSpartan (email, Google suite applications), Canvas (course management system), and Banner/UNCGenie (administrative computing). Students also have access to a wide array of software that can be accessed via cloud based UNCG Information Technology Services (mycloud). Software offerings include Microsoft Office 365, Atlas.ti, SPSS, Qualtrics, etc. Students can access these services via GA office computers, mobile devices (via the UNCG app), and from any of the 12 computer labs on campus.

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

  Department faculty and staff have at least one computer provided by the University available for use in their office. Most have a mobile device as well. Faculty members obtain new computers every three years. Faculty also receive university computer accounts, secure wireless network access, and virtual private network (VPN) services. Major web-based applications include iSpartan (email, Google suite applications), Canvas (course management system), and Banner/UNCGenie (administrative computing). In addition, faculty can access a wide array of software applications via cloud based UNCG ITS and check out technology equipment for instructional use via the library.

  All UNCG classrooms include teaching station computers, video/data projectors, DVD/VHS equipment, and a control panel with an intercom. Some classrooms also have digital capable video/data projectors, Blu-ray players, digital document cameras with webcam capabilities, and ShareLink250 wireless display.

- **technical assistance available for students and faculty**

  Students and faculty use 6-TECH for general technology support and problem-solving. With some holiday exceptions, 6-TECH is available 24/7 via telephone and can also be reached by email. There is also an automated web service that contains answers to common technical problems/issues.

  Faculty and teaching assistants (TAs) also have two Educational Innovation and Design consultants, which are based in the School of Health and Human Sciences: Michelle Folkman and Pam Howe. These IT professionals assist faculty and students in course design, integration of classroom technology, pedagogy, and course evaluations.

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

   Our substantial information and technology resources meet student, faculty, and staff needs.

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

   Not applicable.

D1. MPH & DrPH Foundational Public Health Knowledge

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

The program validates MPH and DrPH students' foundational public health knowledge through appropriate methods.

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

Table D1-1. Content Coverage for MPH (and DrPH degrees, if applicable) (SPH and PHP)	
Content	**Course number(s) & name(s) or other educational requirements**
1. Explain public health history, philosophy and values	HEA 601: Foundations of Public Health
2. Identify the core functions of public health and the 10 Essential Services	HEA 601: Foundations of Public Health
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	HEA 602: Epidemiology Methods HEA 618: Assessment & Planning I
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	HEA 601: Foundations of Public Health HEA 602: Epidemiology Methods HEA 607: Determinants of Health
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	HEA 601: Foundations of Public Health HEA 602: Epidemiology Methods
6. Explain the critical importance of evidence in advancing public health knowledge	HEA 601: Foundations of Public Health HEA 602: Epidemiology Methods HEA 604: Quantitative Methods
7. Explain effects of environmental factors on a population's health	HEA 601: Foundations of Public Health HEA 607: Determinants of Health
8. Explain biological and genetic factors that affect a population's health	HEA 601: Foundations of Public Health HEA 607: Determinants of Health
9. Explain behavioral and psychological factors that affect a population's health	HEA 601: Foundations of Public Health HEA 607: Determinants of Health HEA 621: Public Health Theories & Strategies
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	HEA 601: Foundations of Public Health HEA 607: Determinants of Health
11. Explain how globalization affects global burdens of disease	HEA 601: Foundations of Public Health HEA 602: Epidemiology Methods HEA 607: Determinants of Health
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	HEA 601: Foundations of Public Health HEA 607: Determinants of Health HEA 621: Public Health Theories & Strategies

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

ERF D1.1	MPH program course sequence
ERF D1.2	*HEA 601: Foundation of Public Health Syllabus*
ERF D1.3	*HEA 602: Epidemiology Methods Syllabus*
ERF D1.4	*HEA 604: Quantitative Methods Syllabus*
ERF D1.5	*HEA 607: Determinants of Health Syllabus*
ERF D1.6	*HEA 618: Assessment & Planning I Course Proposal*
ERF D1.7	*HEA 621: Public Health Theories & Strategies Syllabus*

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

Students are grounded in foundational public health knowledge through courses required of all MPH students. By obtaining this foundation primarily during the first semester of the MPH program, rather than in an online module, students are able to ask questions of faculty, and solidify their knowledge as faculty orient them to the expectations of a graduate-level education. However, future, supplementary efforts could include verifying prior completion of a CEPH accredited bachelor's degree in public health during the recruitment/admissions/matriculation phase as well as an online, not-for-credit module as a part of orientation for students without a CEPH accredited bachelor's degree. We can also more clearly articulate where or how students will be exposed to foundational concepts in the curriculum by including a context document or map within the MPH student handbook. Including this context may help students identify any gaps in their own public health foundational knowledge and how the program will help bridge those gaps.

D2. MPH Foundational Competencies

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

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

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

Table D2-1. Requirements for MPH degree, Community Health Education Concentration

Course number*	***Course name***	***Credits (if applicable)***
HEA 601	*Foundations of Public Health*	*3*
HEA 602	*Epidemiology Methods*	*3*
HEA 604	*Quantitative Methods*	*3*
HEA 621	*Public Health Theories & Strategies*	*3*
HEA 607	*Determinants of Health*	*3*
HEA 619	*Systems, Leadership, & Policies I*	*3*
HEA 615	*Systems, Leadership, & Policies II*	*3*
HEA 618	*Assessment & Planning I*	*3*
HEA 614	*Assessment & Planning II*	*3*
HEA 625	*Evaluation Methods*	*3*
HEA 650	*Community Health Internship/Practicum*	*6*
HEA XXX	Elective	3
HEA XXX	Elective	3
HEA XXX	Elective	3

* NB: Assigned course number does not indicate course sequencing

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

Table D2-2. Assessment of Foundational Competencies for MPH in Community Health Education		
Competency	**Course number(s) and name(s)***	**Describe specific assessment opportunity[n]**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	HEA 602: Epidemiologic Methods	**Term Paper:** Students critically review the literature on an assigned exposure-health outcome dyad and take a position on the strength of the case for causality, applying an understanding of types of causal relationships.
		Homework assignments: See ERF D1.3.2 for examples
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	HEA 625: Evaluation Methods	**Evaluation Proposal**: Students create a detailed data collection plan as one part of a comprehensive evaluation proposal for a community health program/initiative/policy. (*Includes Qualitative and Quantitative data collection methods*)
	HEA 618: Assessment and Planning I	**Windshield Tour:** Students select methods to collect qualitative data on daily living conditions, resources, and evidence of problems during their observational, windshield tour of an assigned neighborhood.
	HEA 604: Quantitative Methods	**Stats e-portfolio assignment part 2** - Students select which statistical test should be used to answer a particular research question.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	HEA 618: Assessment and Planning I	**Community Health Profile assignment**
	HEA 604: Quantitative Methods	**Stats e-portfolio part 3**: Students write research question(s), create a step-by-step guide describing how to use SPSS to answer that research question, provide the SPSS output, and describe how to interpret the output as it relates to their research question(s).
4. Interpret results of data analysis for public health research, policy or practice	HEA 604: Quantitative Methods	**Stats e-portfolio part 3:** Students write research question(s), create a step-by-step guide describing how to use SPSS to answer that research question, provide the SPSS output, and describe how to interpret the output as it relates to their research question(s).
		Stats e-portfolio part 4 - Public Health Communication: Students present quantitative data to convince a specific audience as to why they should be concerned about a specified health topic.
	HEA 618: Assessment and Planning I	**Community Health Profile assignment**

Competency	Course number(s) and name(s)*	Describe specific assessment opportunity[n]
Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	HEA 619: Systems, Leadership, & Policy I	*Case studies - In development*
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	HEA 607: Determinants of Health	**Unnatural Causes assignment:** After watching excerpts of the documentary Unnatural Causes, students discuss and reflect on the ways that racism, bias, inequality, etc. affect health.
		The Greensboro Health Disparities Collaborative (GHDC) reflective paper: Students compose a reflective paper that brings together content, with a specific focus on organizational, community, and societal challenges and possible solutions, learned from the panel of representative members of the GHDC.
		Moving Towards Equity Case Discussions: Students discuss how public health grapples with how health disparities affect health equity, using The Rhode Island Commission of Health Advocacy and Equity: Developing a Report on Health Disparities (parts A&B). Discussions about the case studies will be iterative (per the Harvard Case Teaching Method)
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	HEA 618: Assessment and Planning I	**Case Studies,** **Community Health Profile assignment**
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	HEA 621: Public Health Theories & Strategies	Students are assigned a public health strategy (program or policy) that has been implemented and must present how theory was used to develop, implement, and evaluate the strategy as well as identify the cultural values and practices that are embedded within the design and implementation.
9. Design a population-based policy, program, project or intervention	*HEA 618: Assessment and Planning I*	*Case studies – In development*
	HEA 614 Assessment & Planning II	*Intervention Plan Proposal - In development*
10. Explain basic principles and tools of budget and resource management	HEA 615: Systems, Leadership, & Policy II	*Case Studies - In development*

Competency	Course number(s) and name(s)*	Describe specific assessment opportunity[n]
11. Select methods to evaluate public health programs	HEA 625: Evaluation Methods	**Evaluation critique:** Students select an evaluation report to critique and prepare a memo to the agency head. In the critique, students explain the problem the program was intended to address, the evaluation design, discuss strengths and weaknesses, and provide suggestions for how the evaluation could be improved (i.e. design changes, methods for data collection).
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	HEA 615: Systems, Leadership, & Policy II	*Case Studies – In development*
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	HEA 619: Systems, Leadership, & Policy I	*Case Studies – In development*
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	HEA 619: Systems, Leadership, & Policy I	*Case Studies – In development*
15. Evaluate policies for their impact on public health and health equity	HEA 625: Evaluation Methods	**Evaluation proposal:** Students prepare a detailed evaluation proposal for a program/initiative/policy of their choice, which includes six main sections: (1) conceptualization of evaluation, (2) program/policy description, (3) evaluation plan, (4) reporting plan, (5) detailed budget, (6) detailed timeline.
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	HEA 619: Systems, Leadership, & Policy I	*Case Studies – In development*
17. Apply negotiation and mediation skills to address organizational or community challenges	HEA 619: Systems, Leadership, & Policy I	*Case Studies – In development*
	HEA 614: Assessment & Planning II	*Group Facilitation Exercise – In development*

Competency	Course number(s) and name(s)*	Describe specific assessment opportunity[n]
Communication		
18. Select communication strategies for different audiences and sectors	HEA 621: Public Health Theories & Strategies	**Case Studies:** Students are assigned case studies describing a specific intervention and/or public health issue. Questions are posed to allow students to demonstrate their ability to think theoretically, connect theory to practice, and identify ways to communicate the strategies employed to different audiences or target populations.
	HEA 604: Quantitative Methods	**Stats e-portfolio part 4 - Public Health Communication**: Students present quantitative data to convince a specific audience as to why they should be concerned about a specified health topic.
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	HEA 604: Quantitative Methods	**Stats e-portfolio part 4 - Public Health Communication**: Students present quantitative data to convince a specific audience as to why they should be concerned about a specified health topic.
20. Describe the importance of cultural competence in communicating public health content	HEA 607: Determinants of Health	**Cultural competence assignment:** In groups, students integrate principles of cultural competence into a strategy for communicating about an assigned public health topic and present them to the class. Students then reflect by describing how cultural competence affected their strategies for communication and why it is important to public health work.
Interprofessional Practice		
21. Perform effectively on interprofessional^ teams	HEA 614 Assessment & Planning II	*Community Meetings Participation Reflections - In development*
	HEA 615: Systems, Leadership, & Policy II	*Community Meeting Policy Reflections - In development*
Systems Thinking		
22. Apply systems thinking tools to a public health issue	HEA 619: Systems, Leadership, & Policy I	*Case Studies, Health Policy Analysis Paper - In development*
	HEA 615: Systems, Leadership, & Policy II	*Systems analysis of a complex or "wicked" public health problem –In development*

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

ERF D1.2 *HEA 601: Foundation of Public Health Syllabus*
ERF D1.3 *HEA 602: Epidemiology Methods Syllabus*
ERF D1.3.1 *Term Paper*
ERF D1.3.2 *Homework Assignments*
ERF D1.4 HEA 604: *Quantitative Methods Syllabus*
ERF D1.4.1 *Stats e-portfolio assignment Parts 1-4*
ERF D1.5 HEA 607*: Determinants of Health Syllabus*
ERF D1.5.1 *Unnatural causes assignment*

ERF D1.5.2	*The Greensboro Health Disparities Collaborative reflective paper*
ERF D1.5.3	*Moving Towards Equity Case Discussions*
ERF D1.6	*HEA 618: Assessment & Planning I Course Proposal*
ERF D1.6.1	*Windshield Tour*
ERF D1.6.2	*Community Health Profile Assignment*
ERF D1.7	*HEA 621: Public Health Theories & Strategies Syllabus*
ERF D1.7.1	
ERF D1.7.2	*Case Studies*
ERF D1.8	*HEA 619: Systems, Leadership, and Policy I Course Proposal*
ERF D1.9	*HEA 615: Systems, Leadership, and Policy II Course Proposal*
ERF D1.10	*HEA 614: Assessment & Planning II Course Proposal*
ERF D1.11	*HEA 625: Evaluation Methods Syllabus*
ERF D1.11.1	*Evaluation proposal*
ERF D1.11.2	*Evaluation critique*
ERF D1.12	*HEA 650: Community Health Internship/Practicum Syllabus*
ERF D1.13	*MPH Handbook (for elective requirement)*

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The Department recently revised our MPH program curriculum to meet the 2016 CEPH accreditation criteria. Our curricular changes received approval from the University in Spring 2019 for Fall 2019 implementation. During this time, the Department developed a teach out plan for the old curriculum, while working to integrate student feedback as we implement the new curriculum. We are using an incremental approach to implementation. Based upon faculty input in the curricular revision process, we identified specific assignments from required program courses in the new curriculum to assess the foundational competencies. Our MPH program courses are offered in a sequence, as noted in the core sequencing (see ERF D1.1). Template D2-2 includes assessments developed for new courses that will be implemented in Fall 2019 or Spring 2020. Complete syllabi and assignment details for brand new courses, to be implemented in Fall 2020, are listed as "*in development*" to allow for us to readily adapt to unforeseen changes in/issues with implementation of the new curriculum that are identified during 2019-2020.

Strengths
Competencies are assessed by several assignments, when possible. Additionally, there is an intentional weaving of case studies, simulation, applied quantitative and qualitative exercises, and community-engagement across the curriculum to help students develop the foundational competencies necessary to be effective and reflective public health professionals. Seventeen of the twenty-two foundational competencies are assessed within the first two semesters of the MPH program, which nicely scaffolds student learning and provides students adequate time to develop a foundational level of competency prior to engaging in their applied practice experience.

Weaknesses and plans for improvement
While every student is required to participate in the required assessment opportunities for each foundational competency, some assignments are group-based. Faculty are working to assure that each student is assessed individually to assure an accurate depiction of competency attainment. Moreover, several of the assessments for courses in the second and third semester are still in development due to the newness of the approved curriculum. Faculty worked collaboratively to layout course proposals that form the foundation of the new course shells. They will continue to work collaboratively to flesh out the remaining assignment details.

We can also strengthen our assessment of Competency 21: Perform effectively on interprofessional teams. Currently, many of our students engage in interprofessional activities in collaboration with Wake Forest University Maya Angelou Center for Health Equity (MACHE), such as the MACHE Bowl or in service as a part of Eta Sigma Gamma, the national health education honorary; however, we can strengthen our programmatic efforts by developing the assignments listed under Competency 21.

D3. DrPH Foundational Competencies

Not applicable.

D4. MPH & DrPH Concentration Competencies

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

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

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

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

Table D4-1. Assessment of Competencies for MPH/DrPH in Community Health Concentration

Competency	***Course number(s) and name(s)***	***Describe specific assessment opportunity[n]***
1. Apply principles of leadership to build support for health equity in community health.	HEA 619: Systems, Policies, and Leadership I	*Leadership & advocacy presentation - in development*
	HEA 615: Systems, Policies and Leadership II	*Case study response - in development*
	HEA 614: Assessment & Planning II	*Group facilitation exercise - in development*
2. Determine appropriate intervention approaches based on an analysis of community health needs and associated ecological factors.	HEA 618: Assessment & Planning I	*Intervention deconstruction presentation - in development*
	HEA 614: Assessment & Planning II	*Intervention plan proposal - in development*
3. Develop evaluation plans for stakeholders to address community issues.	HEA 625: Evaluation Methods	Evaluation proposal
4. Integrate socially just, theory-informed, and culturally responsive approaches in community health initiatives.	HEA 614: Assessment & Planning II	*Intervention plan proposal - in development*
5. Apply systems thinking to analyze and critique how policies impact community health	HEA 619: Systems, Policies and Leadership I	*Health policy critique - in development*
	HEA 615: Systems, Policies and Leadership II	*Policy options analysis using systems analysis tools - in development*

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

N/A

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

ERF D1.8	*HEA 619: Systems, Policies, and Leadership I course proposal*
ERF D1.9	*HEA 615: Systems, Policies and Leadership II course proposal*
ERF D1.6	*HEA 618: Assessment & Planning I course proposal*
ERF D1.10	*HEA 614: Assessment & Planning II course proposal*
ERF D1.11	*HEA 625: Evaluation Methods syllabus*

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
During our curriculum revision process, the Faculty voted on a revised set of MPH concentration competencies – moving away from our prior set of NCHEC-defined competencies. This new set of concentration competencies is specifically tailored to our program and reflects our social justice and health equity-related mission. Template D4-1 outlines more than one assessment opportunity for three of the five concentration competencies, demonstrates connections between content-related, sequential courses, as well as a deeper level of assessment made possible by scaffolding learning. The bulk of the assessments corresponding to the concentration competencies are from third semester courses - prior to the intensive, applied practice experience.

Weaknesses and plans for improvement
The evaluation proposal is currently a group-based assignment, and we will need to ensure individual assessment of competency development. Additionally, two of the courses that are deeply connected to assessment of the MPH concentration competencies will not be offered until Fall 2020; therefore, their syllabi and assessments are “in development.”

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

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

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

1) **Briefly describe how the program identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies.**

   The applied practice experience requirement for students in the UNCG MPH program is fulfilled through the required 6-credit Internship course, HEA 650. Students engage in a minimum 180-hour internship at an approved site under the supervision of an approved preceptor. Additionally, students are required to complete course-based activities outlined in the HEA 650 syllabus in ERF D1.12. Site placement begins the semester prior to registering for HEA 650. During this pre-experience term, it is the student's responsibility to arrange to plan and develop their internship proposal and seek approval for engaging in applied practice experience at the proposed public health agency. Details on the process by which students obtained an approved applied experience site and preceptor can be found in the MPH Internship Handbook.

   Each student is required to select competencies to be attained in the applied practice experience and map how these competencies will be achieved through experiences/projects and products/deliverables. Products might include the following: program evaluation report, training materials/manual, policy statement, testimony statement with supporting research, written report/summarization of internship activities, outcomes, and/or findings. Ideally, the written product is something developed or delivered in a manner that is useful to precepting organization of a community partner of the organization. Products must be completed prior to the end of the applied practice experience and included in the internship portion of the student's e-Portfolio, as required by the program.

   Roll out of the new concentration and foundational MPH competencies will begin with HEA 650 taught in Spring 2020. Each student prior to this date has selected NCHEC competencies and associated activities and products for their applied practice experience.

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

   The revised and old MPH internship handbooks can be found in ERF D5.1 and D5.2, respectively.

3) **Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The program must provide samples of complete sets of materials (i.e., Template D5-1 and the work products/documents that**

demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the program has not produced five students for which complete samples are available, note this and provide all available samples.

Samples of practice-related materials from students (n=5) in the last three years can be found in ERF D5.3.

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

The applied practice experience at UNCG is tailored to the MPH student and their career or competency achievement goals, and this results in beneficial opportunities for students. However, the applied practice experience has also been tied very closely to the Integrative Learning Experience (e-portfolio) and the program planning course. Alignment with the e-portfolio has allowed students to have a repository for their deliverables and an accountability mechanism for uploading them for review. It has also made the process complex and labor intensive for faculty and students.

Under our old curriculum (2020 graduating cohort), students planned their internship in conjunction with the old program planning course (last offered in Fall 2019). Our revised curriculum removes the internship planning component from the program planning course (effective for the 2021 graduating cohort). However, we do not currently have a dedicated Internship Coordinator. Until this can be accomplished through hiring or reassignment of workload, the department is utilizing the training and expertise of our faculty to ensure students maximally benefit from their applied experience in the field.

We first introduced components of the revised competency requirement to students during their Spring 2019 internship, by asking them to select two (rather than three) foundational MPH competencies. Our revised MPH curriculum, effective 2019-2020, integrates our revised concentration competencies and CEPH foundational competencies into the applied practice experience (internship).

D6. DrPH Applied Practice Experience

Not applicable.

D7. MPH Integrative Learning Experience

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

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

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

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

Table D7-1. MPH Integrative Learning Experience for Community Health Education Concentration

Integrative learning experience (list all options)	How competencies are synthesized
Electronic portfolio (e-portfolio)	Students are required to provide written reflections and provide evidence for 4 competencies chosen by the program and 1 self-identified competency for a total of 5; an assigned faculty advisor provides feedback on the draft portfolio two times and students engage in a peer review process before submitting their final e-portfolio; assigned faculty advisers use a rubric to assess the student's mastery of the competencies and ability to synthesize knowledge and learning experiences.

2) **Briefly summarize the process, expectations and assessment for each integrative learning experience.**

Process
The students create their own websites with an electronic portfolio of their major learning and growth experiences, covering five competencies in Community Health Education. The development of the e-portfolio is an iterative process, with three rounds of intensive, written feedback, including two from faculty advisor and one from peers.

Expectations
Students are expected to demonstrate professionalism, show growth across their time in the program, and reflect upon and synthesize experiences inside and outside of the classroom. They must demonstrate mastery of the competencies (4 chosen by the program and 1 self-identified) and provide evidence (written products) to support this.

Assessment
Faculty and students who review the e-portfolios use a rubric and provide detailed written feedback. The rubric allows reviewers to assess the degree to which a student demonstrates mastery of the competencies, as well as professionalism and commitment to the profession.

3) **Provide documentation, including syllabi and/or handbooks that communicates integrative learning experience policies and procedures to students.**

The old and revised [AY 2019-2020] e-portfolio handbooks can be found in ERF B5.2 and D7.1 respectively.

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

The old and revised [AY 2019-2020] e-portfolio rubric and instructions for faculty can be found in ERF B5.2 and D7.1 respectively.

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

Completed, graded samples (n=6) of e-portfolio deliverables can be found in ERF D7.4

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

Competencies used in e-portfolios prior to 2019-2020 were based on NCHEC areas of responsibility and not CEPH foundational competencies and UNCG MPH concentration competencies. Faculty voted to confirm the new competencies during the 2018-2019 academic year; however, due to University procedures for program revisions, the revised curriculum was not approved for implementation until 2019-2020. Therefore, the examples provided in the ERF are based on old requirements.

D8. DrPH Integrative Learning Experience

Not applicable.

D9. Public Health Bachelor's Degree General Curriculum

Not applicable.

D10. Public Health Bachelor's Degree Foundational Domains

Not applicable.

D11. Public Health Bachelor's Degree Foundational Competencies

Not applicable.

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

Not applicable.

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

Not applicable.

D14. MPH Program Length

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

Programs use university definitions for credit hours.

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

   There is only one program concentration at UNCG; therefore, all MPH students must complete at least 45 credit hours to graduate. As noted in Template D2-1, requirements can be broken down into three credit-bearing categories: core courses (33 credit hours), internship/Applied Practice Experience (6 credit hours) and electives (9 credit hours).

2) **Define a credit with regard to classroom/contact hours.**

   1 credit = 1 classroom contact hour x 1 semester = 15 contact hours/semester

   A semester hour credit equals one 50-minute class period per week (1 classroom contact hour) or its equivalent throughout one semester.

D15. DrPH Program Length

Not applicable.

D16. Bachelor's Degree Program Length

Not applicable.

D17. Academic Public Health Master's Degrees

Not applicable.

D18. Academic Public Health Doctoral Degrees

Not applicable.

D19. All Remaining Degrees

Not applicable.

D20. Distance Education

Not applicable.

E1. Faculty Alignment with Degrees Offered

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

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

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

Table E1-1. Primary Instructional Faculty Alignment with Degrees Offered

Name	Title/Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Disciplines in which degrees were earned	Concentration affiliated with in Template C2-1
Daniel Bibeau	Professor	Tenured	PhD, MS	Penn State University; Texas A&M University	Health Education; Health and Physical Education	Community Health Education
Crystal Dixon	Academic Professional Assistant Professor	Non-tenure	MPH (MCHES)	East Carolina University	Health Analysis and Management	Community Health Education
Kay Lovelace	Associate Professor	Tenured	PhD, MPH	UNC Chapel Hill	Organizational Behavior/ Management; Health Education	Community Health Education
Regina McCoy	Academic Professional Professor	Non-tenure	MPH (MCHES)	UNC Greensboro	Community Health Education	Community Health Education
Kelly Rulison	Associate Professor	Tenured	PhD, MS, MAS	Penn State University	Human Development and Family Studies, Applied Statistics	Community Health Education
Mark Schulz	Associate Professor	Tenured	PhD, MPH	UNC Chapel Hill	Epidemiology, Air, Radiation, & Industrial Hygiene	Community Health Education

2) **Provide summary data on the qualifications of any other faculty with significant involvement in the program's public health instruction in the format of Template E1-2. Programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students'**

practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.

Table E1-2. Non-Primary Instructional Faculty Regularly Involved in Instruction						
Name	Title/Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Disciplines in which degrees were earned	Concentration affiliated with in Template C2-1
Sandra Echeverria	Associate Professor	Tenured	PhD, MPH	Columbia University	Public Health, Epidemiology	Community Health Education
Jennifer Toller Erausquin	Assistant Professor	Tenure Track	PhD, MPH	UCLA	Public Health	Community Health Education
Jeff Milroy	Assistant Professor	Tenure Track	DrPH, MPH	UNC Greensboro	Community Health Education	Community Health Education
Tracy Nichols	Professor	Tenured	PhD, MPhil	Columbia University	Developmental Psychology	Community Health Education
Christina Yongue	Academic Professional Assistant Professor	Non-tenure	MPH	UNC Greensboro	Community Health Education	Community Health Education

3) Include CVs for all individuals listed in the templates above.

The CVs for all primary and non-primary faculty listed in the above templates can be found in the ERF Faculty Folder

4) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

As described in the *School of Health and Human Sciences Promotion, Tenure and Reappointment Evaluation Policies, Guidelines and Procedures* (see ERF A1.3), as well as *Academic Professional Track: Policies, Guidelines, and Procedures* (see ERF A1.4), the University supports tenure and non-tenure stream faculty. In the Department of Public Health Education, non-tenure stream faculty are appointed as Assistant, Associate, or Full on the Academic Professional Track. This practitioner-based track can cover a wide-variety of responsibilities and includes both terminal degree (PhD or DrPH) and non-terminal degree (MPH) faculty.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The program is enhanced by the number of primary and non-primary faculty who hold degrees in either health education or community health education. These overlaps create a strong grounding in the program's concentration area. The program also benefits from an interdisciplinary approach that arises from variation across faculty degrees and disciplines. Likewise, the program has benefited from a stable group of primary and non-primary faculty with instructional and advisory responsibilities. Most of the primary faculty are either tenured or have long contracts with the University. However, due to anticipated retirements and emerging needs identified from the program revision, several of the program's primary and non-primary faculty have recently or will be changing in the coming years. While this poses a challenge to the program, the department has anticipated these changes and has been actively recruiting to meet the new needs.

E2. Integration of Faculty with Practice Experience

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

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

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

A number of faculty members were public health practitioners prior to their employment at UNCG (Drs. Lovelace and Schulz; Ms. Dixon, McCoy, and Yongue). Most of Ms. McCoy's professional health education career has been dedicated to partnering with under-resourced communities to address maternal and child health issues. Her work has primarily focused on coordinating heath education services within federal, state and county public health agencies as well as community-based programs within hospitals, churches and schools in Maryland, Washington D.C., and North Carolina. Ms. Dixon worked as a Chronic Disease Case Manager in rural, eastern North Carolina. In that position she provided one-on-one diabetes education, taught evidence-based classes and connected residents to safety net programs. She also worked as a Public Health Education Specialist at the Durham County Department of Public Health in North Carolina, providing education throughout Durham County through health fairs, presentations and weekly education sessions and serving as a liaison between the clinical arena and the Durham community. Ms. Yongue served as the Community Outreach Coordinator for the Greensboro Regional Campus for the North Carolina Translational and Clinical Sciences Institute. She organized the Greensboro Community Advisory Board and helped to recruit research participants for ENLaCE (*E*xpanding *N*etworks for *La*tinos through *C*ommunity *E*ngagement) Task Force. She also worked as a UNC-Chapel Hill Community Research Fellow, where she co-facilitated Community-Based Participatory Research (CBPR) Charrettes to help strengthen community-university research partnerships in North Carolina and across the nation at other Prevention Research Centers and Clinical and Translational Science Award Institutions.

In addition, most of our faculty members are extensively engaged in practice through their research and community service. Several of these practice relationships are as follows: Dr. Morrison is a Research Fellow at the Center for New North Carolinians; Dr. Erausquin, Ms. Dixon, and Ms. Yongue are members of the Greensboro Health Disparities Collaborative (a community coalition initiative that works to eliminate racial health disparities); Dr. Lovelace has worked with the Guilford County Community Health Assessment (GC_CHAT) team for several years; and Dr. Nichols is extensively involved with a local coalition (Empowering Families) that is developing wraparound programs for perinatal substance use in the county.

The program also involves public health practitioners in learning experiences by having guest lecturers in the classroom (see sample list below) as well as assigning activities that require students to interact with practitioners outside of the classroom. Examples of the latter include:

- Dr. Lovelace co-designed a project with GC_CHAT that both helped GC_CHAT and gave students a valuable experience in the community. In a four-part Community Health Resource Inventory assignment, students in teams conducted an analysis of an interorganizational coalition, developed an inventory of the organizations participating in the coalition, participated as volunteers in a door-to-door health survey conducted for the GC_CHAT by the UNC School of Public Health, and made

a presentation to members of the team. This experience allowed the students to learn about gaps between community needs and resources, organizational arrangements for getting needs met, and the difficulties that organizations face in getting their jobs done.

- Dr. Gringle assigned student groups to meet with practitioners and learn about community health interventions first-hand. Students met with Dr. Beth Mulberry, MD (Director) and Natosha Knight LCSW with the Mustard Seed Community Health Clinic; Jeannie Matkins (Senior Services Coordinator) with Greensboro Park and Recreation; Scott Jones (Executive Board Chair) with Tiny House Community Development, Inc; Dr. Kim Sexton (Sr. Associate Director), Jill Shaw, RD (Asst Director & Head of Nutrition Education), Jamie Stephens (Coordinator for Outreach and Peer Education Coordinator), Tyisha Terry, (Substance Use and Violence Prevention) with the Center for Student Well-Being, Department of Recreation and Wellness at UNCG; Chris Faulkner, MSW (Co-Founder) with Family Solutions, LLC; and Kelsey White (Immigrant Health Access Project Coordinator) with the Center for New North Carolinians.
- Ms. Yongue teaches a course in Professional Grant Writing for Community Organizations. As part of that course, she has community groups come into the class and present their projects. Students then vote for 2-3 groups to work with throughout the semester on a grant-writing project. Students have collaborated with Mrs. Nora Jones, MA, President of Sisters Network Greensboro (grant on breast cancer health education); Rev. Wesley Morris, Director of the BOTHI Institute at the Beloved Community Center (grant on community gardening as a tool for community-bonding and mental health among traumatized teenagers) and Ms. Jamillia Pinder, Community Outreach Coordinator for Cone Health and Casey Thomas, Former Secretary and Board Member of the Renaissance Community Cooperative Grocery Store (grant on diabetes management and prevention, food access and community grocery stores). Students work closely with the selected community groups both inside and outside of the classroom.

Sample List of Public Health Practitioner Guest Lecturers (AY17-18 & AY18-19)

- Florence Masese-Amadi, MPH, CHES, Senior Technical Advisor, Community Engagement, Ipas
- Denise Correa, MPH, DHSc, Field Coordinator/U.S. Outreach, Empowering Brazilian Youth (EYB)
- Stacie Saunders, Health Director of Alamance County
- Tracey Grayzer, President of the Impact Alamance
- Gene Matthews, former legal director of CDC and Executive Director of the SE Public Health Law Network
- Sue Lynn Ledford, Health Director of Wake County
- Mr. Dwayne Shaw and Mr. Rick Morton of "Heads Up For Our Youth" Board of Directors
- Rev. C.J. Brinson, Community Organizer and Activist with the CURE Violence Project
- Mr. Mike Skaellaridis, General Manager of the Renaissance Community Cooperative Grocery Store
- Mr. Jonathan Peterson, Development Associate with Self-Help
- Mrs. Mildred Powell, Grant Reviewer from Fund 4 Democratic Communities
- Rick Brown, Director, Family Life Council
- Kelly Langston, NC State Coordinator, Action for Healthy Kids
- Jason Stowers, HIV Outreach Coordinator, Triad Health Project
- Kent Gammon, CEO Central Carolina Health Network
- Jada Monica Drew, CEO of Social Designs

Practitioner adjunct faculty who have taught in the program:

- Peter Freeman, MPH taught our Health Policy class. Mr. Freeman is currently the Vice President and Executive Director of the Carolina Medical Home Network. He has also

served as the Quality Manger for the William F. Ryan Community Health Network, and as a consultant for John Snow, Inc he evaluated a national technical assistance program for HRSA-funded providers

- Kathy Colville, MSW, taught our Environmental class. Ms. Colville is currently the Director of Healthy Communities at Cone Health, where she collaborates with public health, human services, and healthcare partners to implement strategic plans for health improvement in Guilford, Alamance, and Rockingham counties

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The program's faculty possesses and conveys a variety of perspectives from the field of practice. Practice is integrated in the MPH course work through: 1) assignments that are practice-based and require MPH students to interact with practitioners and communities; 2) guest speakers from public health practice settings, 3) internships in which many students work in governmental public health organizations as well as organizations such as non--profits that are part of the larger public health system. Students and internship supervisors work together closely during the development of their program plan and internship; 4) faculty perspectives gained from their work as practitioners prior to joining UNCG; and 5) perspectives gained through faculty members' community-engaged research and service.

E3. Faculty Instructional Effectiveness

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

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

The program supports professional development and advancement in instructional effectiveness.

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

In fitting with the institutional context of our student-oriented history, as outlined in the context statement of the *UNCG strategic plan* (see ERF E3.1), teaching is a core element of the UNCG story. Accordingly, high-quality teaching is an expectation of (primary and non-primary) instructional faculty which permeates the policy documents across University, School, and Departmental levels, such as the *UNCG Faculty Handbook* (see ERF A1.5), the *University-Wide Evaluation Guidelines for Promotions and Tenure* (see ERF A1.6), the *School of Health and Human Sciences Promotion, Tenure, and Reappointment Evaluation: Policies, Guidelines, and Procedures* (see ERF A1.3) for tenure-stream faculty and the *Academic Professional Track: Policies, Guidelines, and Procedures* (see ERF A1.4) for non-tenure stream faculty, as well as our department's *PHE P& T* (see ERF A1.7) and *PHE Faculty Workload Policy* (see ERF A1.8) guidelines.

The UNCG Department of Public Health Education supports and promotes professional development and instructional effectiveness among faculty in a number of ways. The department ensures faculty are informed and maintain currency in their areas of instructional responsibility by requiring an annual review process and engaging regularly in faculty credentialing processes. The Department Chair and/or Program Director are responsible for updating faculty credentialing and appointments to the Graduate Faculty. Appointment as graduate faculty is intended to ensure faculty engaged in teaching graduate students are actively engaged in critical areas (i.e. scholarship or current developments in their discipline). Grad faculty status is regularly reviewed. The department also has developed a culture of continuous professional development and sharing of instructional expertise and resources through regular faculty development meetings (1 per month) and archiving instructional resources. Below are a few select examples of how UNCG Public Health Education faculty maintain currency in their areas of instructional responsibility:

- As Master Certified Health Education Specialists (MCHES), Professor Regina McCoy and Assistant Professors Crystal Dixon, and Christina Yongue maintain currency in the field of Health Education by attending regular continuing education opportunities in the areas of responsibility and competencies required to maintain their MCHES credential. These activities include attending conferences, workshops, seminars, or Self-Study programs, to obtain a minimum of 75 continuing education contact hours (CECH) every five years. Copies of Regina McCoy, Crystal Dixon, and Christina Yongue's current MCHES cards can be found in ERF E3.2.

- Dr. Sharon Morrison, Dr. Erica Payton, and Dr. Jennifer Erausquin attended the mentoring conference by The Mentoring Institute at the University of New Mexico (UNM) and presented what they learned to the faculty in a faculty meeting. A copy of the agenda can be found in ERF E3.3.

- Faculty regularly attend scientific conferences, such as the annual meetings of the American Public Health Association (APHA), Society for Public Health Education (SOPHE), and Society for Prevention Research, that keep them up to date on advancements in the field. Similarly, faculty regularly review abstracts and manuscripts. Recent service has been to journals, such as the American Journal of Public Health, Journal of Health Management and Practice, Ethnicity & Disease, Health Promotion Practice, and Journal of Adolescent Health.

2) Describe the program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.

Faculty workload and annual reviews
All faculty workload assignments, including teaching and advising, are developed in consultation with the Chair. Per university guidelines, "faculty members are evaluated in the areas of teaching, research and creative activity, and service…In evaluating faculty members, explicit recognition must be given to the primary importance of teaching, as required in the UNC Policy Manual, section 400.3.1[G]." (2.E. p4, UNCG Promotion, Tenure, Academic Freedom, and Due Process Regulations). The department has revised the standard workload and annual report forms to increase accountability on both instructional effectiveness and professional development. This was done by instructing faculty to identify teaching and advising goals for the year as part of their workplan and then describe how they met those goals as part of the annual report. Likewise, both documents require faculty to list and describe professional development opportunities. These opportunities are then discussed in individual workload and review meetings with the Department Chair.

Therefore, each year in April, faculty submit an annual report, inclusive of syllabi, peer teaching evaluations, and student evaluations. Instructional effectiveness for each faculty member is peer-reviewed by a committee, who then provides feedback to the Department Chair. Details on our departmental annual review procedures are detailed in *PHE Annual Review Procedures* – located in ERF E3.4. The faculty annual review process provides faculty with meaningful feedback to inform their professional development and aligns their performance and work with the departmental mission. Moreover, instructional effectiveness is also reviewed across several administrative levels when faculty pursue re-appointment, tenure, promotion. Each of these reviews are completed in accordance with University and School guidelines for the evaluation of teaching provided in the University Promotion and Tenure Guidelines and Faculty Handbook highlighted above.

Student evaluations
At the end of each academic term, instructional technologists send students an email soliciting participation in end-of-course evaluations. Students can also complete the evaluations in Canvas, the learning management system (LMS), if enabled by the course instructor. ClassClimate course evaluations allows students to evaluate faculty and courses electronically. The standard survey asks 12 questions, with one specifically about the instructor demonstrating a thorough knowledge of the subject matter. Individual faculty members may add questions to the survey. A summary of results of both open-ended and fixed-choice questions are given to the Department Chair and the course instructor. Student evaluations are also loaded into the annual review software for peer-review.

Peer evaluations
Department faculty are advised to have one peer evaluation per academic year. Peer evaluations can be conducted by colleagues within the department or other departments, as well as instructional technology faculty; however, peer evaluators must be faculty with a proven-track record in successful teaching. There are several formats for the peer review process, but peer evaluations are typically done through a series of meetings between the instructor and evaluator,

prior to attendance of one or more class sessions by the evaluator. Peer evaluations are also uploaded into promotion and tenure dossiers, as well as the annual review software.

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

The University supports the development of program faculty in the areas of teaching and research by providing workshops, technical assistance, and small faculty grants. The University Teaching and Learning Center (UTLC) sponsors workshops to assist faculty members in improving their teaching (https://utlc.uncg.edu/teaching/). Additionally, the UTLC provides small grants to faculty members to advance curriculum and teaching and to assist in the integration of technology in instruction (https://utlc.uncg.edu/atl-grants/).

- Dr. Kay Lovelace received an Intentional Course Redesign grant through UNCG's Teaching and Learning Center that allowed her to participate in a two-day workshop with Dee Fink and attend the Lily Conference on College Teaching. She then participated in a 6-week online workshop with Dee Fink and Linda Jacoby, titled *Designing Courses for Significant Learning*.

The department also has access to two Educational Innovation and Design Consultants (Pamela Howe, and Michelle Folkman) who provide pedagogical and instructional technology support to the School of Health and Human Sciences. Ms. Howe and Ms. Folkman work with faculty on course design, teaching strategies, and the incorporation of technology into teaching (i.e., ePortfolios) (https://utlc.uncg.edu/teaching/tep/). Each spring, under the leadership of the Educational Innovation and Design Consultants, the School of Health and Human Sciences hosts a Tech Showcase to highlight innovative instructional techniques. The event is open to faculty and our faculty are represented well as presenters and participants.

Other recent professional development workshops attended by the Public Health Department faculty and staff include the following:

- The department supported the attendance of three faculty members (Carrie Rosario & Regina McCoy in 2016 & Kay Lovelace in 2017) at the 3-day *Case Based Teaching Workshop at Harvard TH Chan School of Public Health.* Upon completion of the course, they presented an overview of the method to the rest of the faculty at a Faculty Development meeting. Due to faculty engagement at that meeting and the decision to apply case-based teaching to the MPH program, the department hosted a 1-day training for all faculty. Meeting agendas and/or registration information from the above trainings can be found in ERF E3.5.

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.

According to the Departmental on promotion and tenure (*PHE P&T*) policy, teaching is a primary function of PHE, not limited to instruction, advising and mentoring, curricular and learning activity development. The department generally follows university teaching workload standards, unless adjustments are necessary to meet department needs. Any adjustments are documented in the annual faculty work plan.

According to the Promotion and Tenure evaluation guidelines, "The most fundamental function of the University is teaching. Research and creative activity, service, and directed professional activity, while important to the life of the University, do not have the central importance of

teaching. Therefore, it is essential that excellence in teaching be encouraged and rewarded. Faculty members eligible for promotions and tenure should demonstrate their accomplishments as teachers and their continual efforts to improve their teaching." p3
This standard is also reflected in the school level, non-tenure stream, *Academic Professional Track: Policies, Guidelines, and Procedures* document. As outlined in this document, included in ERF A1.4, review committees consider judgements about teaching from students, peers, administrators, alumni feedback regarding preparedness, as well as receipt of eminence measures (i.e. honors, awards, or funding for meritorious teaching and invitations to teach elsewhere).

Per the *School of Health and Human Sciences Promotion, Tenure, and Reappointment Evaluation: Policies, Guidelines, and Procedures* document, included in ERF A1.3, "promotion and tenure will be denied on the basis of unacceptable teaching as defined in the school." Candidates for promotion must prepare, at any level of review, a portfolio providing evidence of commitment to and effectiveness in teaching which extends beyond individual classroom performance.

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the program and relate to instructional quality. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the program may add indicators that are significant to its own mission and context.

Table E3-1. Instructional Quality Indicators

Indicator	Target	2016-2017	2017-2018	2018-2019
1. Faculty Currency *Annual review of faculty productivity*	100% of faculty participate in annual review process	*100%*	*100%*	*100%*
2. Faculty Instructional Technique *Participation in professional development related to instruction*	80% of faculty (excluding those on leave) will attend at least one instruction-related professional development activity	*87.5%*	*83.3%*	*94.4%*
3. Program-level outcomes *Employ active-learning techniques*	Number of assignments that integrate case studies or some community-engaged/community-based work.	*9*	*15*	*13*

Faculty Currency: Annual or other regular reviews of faculty productivity, relation of scholarship to instruction
As noted above in section 2, faculty engage in an annual review process. This practice enables faculty to learn about what others are doing in their courses and provides a productive opportunity for feedback related to instruction. Faculty upload their syllabi, teaching evaluations, peer evaluations, and self-assessments of how well they met the instructional goals they outlined at the beginning of the year. Throughout the annual review, faculty provide peer feedback that enhances the structure of learning opportunities, specifically as they relate to public health content areas. They also make note of any concerns that should be discussed with the Department Chair, as the Chair considers future workload assignments and professional

development opportunities. We have been successful with obtaining complete faculty participation in this process.

Faculty Instructional Technique: Participation in professional development related to instruction
The department intentionally prioritized faculty development, specifically development related to instruction, by devoting one faculty meeting per month, over the past three years, to faculty development. Faculty have provided input into specific topics of focus and other topics were selected due to changing trends or best practices. There is a section included on the annual report to collect data related to faculty interest and participation in such professional development. Some recent topics include problem-based learning, transparent assignments, and writing. Moreover, the department has also supported faculty participation in conferences related to instruction, such as the Lily Conference. During Spring 2019, the Department invested in developing the instructional expertise of our faculty, specifically in case teaching. Rather than send individual faculty to the Case-Based Teaching at Harvard, the three PHE faculty who attended the training provided a primer workshop; then, we brought Dr. Nancy Kane onsite to UNCG to provide intensive training for 14 of our faculty in a one-day workshop. We continue to have strong faculty attendance at our departmental professional development opportunities, and faculty continue to engage in external development opportunities tailored to their unique instructional interests or skills.

Program Level Outcomes: Courses that employ active learning techniques
Within the department, we define active learning techniques as instructional strategies that promote active participation in knowledge construction. Such strategies may include but are not limited to case studies, simulations, and community-engaged practice. As noted above, our faculty development opportunities have centered around active learning as a best practice. Moreover, Faculty have naturally followed their engagement in such professional development with the translation of that knowledge into practice within their courses. Before the revision, faculty teaching in the MPH program used a diverse array of active learning techniques such as... During our multi-year curricular revision, the faculty specifically designed our new course proposals with active learning at the core. Case studies are a central instructional technique within the new curriculum, preparing students in a simulated way prior to their course-related engagement with communities or partner organizations. While our faculty use of active learning techniques is not a new phenomenon within our department, we have scaled up this practice in a significant way; therefore, we will continue to monitor the implementation of and outcomes associated with our newer approaches.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The Department of Public Health Education has faculty who excel in teaching and have garnered much recognition. Two faculty were awarded the UNC Board of Governor's Teaching Awards, the highest level of recognition for teaching in our university system. Three faculty members have won a Teaching Excellence Award at the University or School level, and more than half of the faculty have been nominated for teaching and/or mentoring awards at the same levels. Moreover, three faculty have been promoted to full professor, and two faculty have been promoted to associate professors and granted tenure in the past 3 years. These accomplishments serve as evidence that faculty often exceed expectations related to instructional effectiveness and are recognized for their teaching excellence.

E4. Faculty Scholarship

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

The types and extent of faculty research align with university and program missions and relate to the types of degrees offered.

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

1) **Describe the program's definition of and expectations regarding faculty research and scholarly activity.**

According to University Promotion and Tenure guidelines, UNCG rewards activities that advance knowledge and teaching, apply innovation, and promote knowledge application that benefits society. The University defines research and scholarly activity as…

> "*... all forms of discovery and integration of knowledge; innovations that address social, economic, or environmental challenges; critical analyses; the organization, creation, analysis and dissemination of knowledge resources; the creation and performance or exhibition of works of art; the development of innovative processes or technologies; the application of entrepreneurship, and their public dissemination."*

The University of North Carolina at Greensboro's Carnegie research classification is Research University (high research activity). Tenured and tenure track faculty members are expected to conduct scholarly research in their roles as university citizens. The University Promotion and Tenure Guidelines also include community-engaged scholarship in the tenure process and recognizes community engagement in two categories: Curricular Engagement and Outreach and Partnerships. The School of HHS and department definitions are consistent with that of the University.

The Department of Public Health Education has a commitment to faculty and student research activities and partnerships with communities and community organizations. Departmental expectations for faculty research and scholarly activity are outlined in the promotion and tenure context statement within our *PHE P & T* document (see ERF A1.7). Research load is prioritized for tenure stream faculty but is balanced with departmental needs in teaching and service. Although the extent of expectations is varied, all faculty are expected to engage in some level of research or scholarship as it informs teaching and practice.

2) **Describe available university and program support for research and scholarly activities.**

UNCG has a number of mechanisms to support research available to faculty at the University School, and program levels. These include policies, procedures, administration, internal funding mechanisms, and awards.

University

- The Office of Research and Engagement (ORE) is headed by Dr. Terri Shelton, Vice Chancellor for Research and Engagement (https://research.uncg.edu/). Support at the University level is broad and includes administration of sponsored programs, research

integrity, innovation, engagement, funding, and collaboration. Some of ORE offices include, but are not limited to the following:

1. Office of Sponsored Programs (OSP) provides pre- and post-award support for activities and services related to externally sponsored projects. Some of the activities of the OSP include working with faculty to identify potential funding sources, facilitating development of interdisciplinary and multi-institutional projects, acting as a liaison between funding agencies and Principal Investigators, and offering grant and contract related workshops.
2. The Office of Research Integrity (ORI) works to ensure that all research adheres to federal, state, and institutional policies as well as ethical and scientific standards, offers formal training sessions and individual consultations, research protocols and procedures, and oversees research participants' well-being in studies conducted by UNCG faculty, staff, or students. It also oversees review committees for research activities that involve human subjects, animal subjects, biohazards, and radioactive materials.
3. The Institute for Community and Economic Engagement (ICEE) was created in September 2010 to support excellence in community engagement across UNCG and with the greater community. ICEE provides one point of contact for the external community related to community and economic development, and support for UNCG faculty, staff, and students interested in community-engaged research, teaching, and scholarship.

In addition to administrative support and governance, the ORE provides intramural support to initiate or enhance scholarly creativity. There are four main categories of funding support and details for specific funding mechanisms can be found at the ORE website.

- Internal Research Awards
- Scholars' Travel Program
- Subsidies in Support of Publication, Media Development, and Exhibitions
- Research Excellence Awards

- The University also offers a Research Assignment program to reward longstanding faculty who have made contributions to the university by offering a one-semester or academic year of focused time to advance their research. Detailed guidelines for the research assignment program can be found at: https://provost.uncg.edu/policies-procedures-forms/research-assignments/

School of Health and Human Sciences (HHS)

- The HHS Office of Research is headed by Dr. Ester Leerkes, Associate Dean for Research, and supports faculty research and scholarship that reflect the mission of the School. Similar to organization provided at the University level in ORE, the school office offers pre- and post-award services, methodological and statistical support, editorial review support, houses a researcher database to facilitate collaborations, and faculty research grants and awards to recognize research excellence. Members from various departments in HHS make up the Research Advisory Committee (RAC) that serves to advise the Associate Dean for Research on resource needs and policies. Dr. Amanda Tanner, faculty in the Department of Public Health Education, serves on the RAC. The RAC is a helpful mechanism for faculty to advocate for resource and trainings and the Office of Research uses the information obtained to update or coordinate offerings, such as workshops, trainings, or funding mechanisms. More information about the HHS Office of Research can be found at:

Department

- The Department of Public Health Education offers travel funding for faculty to disseminate their research, with a priority on disseminating through premier conferences in our field (i.e., American Public Health Association, Society for Public Health Education). Workload negotiation also enables faculty to be productive in their research or scholarly activities, while allowing the department to balance and meet its needs in the areas of teaching and service. Many of our faculty also engage students in their research'; therefore, the department has a student travel policy as well as several professional development and scholarship resources available to fund student engagement in disseminating faculty-student collaborative research.

3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.

Dr. Jeffrey Milroy, Assistant Professor, is co-Director of the Institute to Promote Athlete Health and Wellness (IPAHW). His funded research focuses on athlete culture and includes the development and evaluation of interventions to reduce risks that impact long-term health outcomes. As a result, organizations like Let Me Run, a nonprofit program focused on developing the health wellness of young boys, have sought out the evaluation services of Dr. Milroy and other faculty through IPAHW (http://www.letmerun.org/about-the-program/what-is-let-me-run). Students in HEA 625 (Evaluation) benefit from Dr. Milroy's scholarship as he is able to bring applied opportunities to work with this data, as noted on his 2018 syllabus (See ERF E4.1, *HEA 625 Syllabus – 2018, Milroy*). He is also able to share real-world examples of evaluation crosswalks and logic models to enhance student learning.

Dr. Sandra Echeverria, Associate Professor, conducts research to understand social inequalities in cardiovascular risk and behaviors, specifically physical inactivity. As a social epidemiologist, her work focuses on the complex social processes and contexts that produce inequalities. Dr. Echeverria applies various analytic approaches to disentangle the contributions of explanatory factors and works with community partners to design, implement, and evaluate interventions that reduce risks. Her funded research and practice experiences are interwoven into her instruction of students in HEA 604: Public Health Statistics (now Quantitative Methods), and are evident in her framing of topics on her syllabus as questions, many of which revolve around physical activity, and cardiovascular risk factors (see ERF E4.2, *HEA 604 Syllabus – 2018, Echeverria*). The questions serve as opportunities for teaching and learning quantitative methods through sharing her research.

Dr. Amanda Tanner, Associate Professor, conducts focused research on sexual and reproductive health, particularly with adolescent and young adult populations. Her recent projects, [(NIAAA funded) itMatters: Engineering an Online STI Prevention Program; (HRSA funded) weCare: Tailored Use of Social Media to Improve Engagement and Retention in Care and Health Outcomes for MSM and Transgender Women with HIV; and (NICHD funded) CATCH/ATN 135: Comprehensive Assessment of Transition and Coordination for HIV-Positive Youth as they Move from Adolescent to Adult Care) provide a backdrop for discussion of concepts outlined in HEA 662: Gender and Health, and for students to apply a gender-based analysis to her current research/intervention development. Additionally, Dr. Tanner integrates some of her published articles as readings, as well as that of other students and faculty, to contextualize the role of scholarship in advancing practice (see ERF E4.3, HEA 662 Syllabus – 2018, Tanner).

Dr. Erica Payton, Assistant Professor, focuses her research on violence prevention and community engagement. Her project (funded by the Healthy High Point Foundation) to determine the prevalence, incidence, and impact of behavioral health and substance abuse issues in greater High Point provides an opportunity for her to improve student learning about risk factors for violence, types of violence, and why violence is a public health issue. Dr. Payton also integrates some of her findings from other published studies about media framing of (intimate partner) violence, parents' expectations of schools (firearm violence prevention), and implicit racial bias

and police, into HEA 665: Violence and Public Health course. Having shared an example of her own media analysis, she then asks students to conduct a media analysis as an assignment, which disseminates results while scaffolding student learning (see ERF E4.4, HEA 665 Syllabus – 2018, Payton).

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

The UNCG Institute to Promote Athlete Health and Wellness (IPAHW) engages several departmental faculty (Drs Wyrick, Tanner, Milroy) in collaborative research that also provides meaningful opportunities for students (Alicia Miller) to engage in behavioral intervention research, such as work on the itMatters intervention and development using the Multiphase Optimization Strategy (MOST). Additionally, students (Emily Beamon, Thayle Heggie) gain evaluation (national D.A.R. E. and StepUP) and project management skills. Students also benefit by learning how to network, engage in research team meetings, and disseminate findings in professional conference presentations and publications.

Professor Regina McCoy and Dr. Daniel Bibeau direct UNCG Health Coaching Programs and conduct research on how health coaching interventions improve health behaviors, self-management, and wellness outcomes. Students are able to engage in this research by becoming trained health coaches to deliver the intervention, or through engaging in the logistics of implementation or feasibility assessments for intervention scaling. Several students working on the project have also disseminated preliminary findings at local (NCPHA and NCSOPHE) and national professional conferences:

- Maureen Crouch and Khristian Curry
- Laura Bolton and Brandon Mendenhall

Dr. Sharon Morrison, Associate Professor, leads the Montagnard Hypertension Project, a community-based participatory research project emerging from needs identified by Montagnard community elders. The project is a community-academic partnership with UNCG's Department of Public Health Education, the Department of Human Development and Family Studies and the Department of Nutrition. Dr. Morrison has solicited student volunteers and engaged graduate research assistants to collect data on hypertension and other lifestyle factors that impact health of this community through focus groups and biological and behavioral assessments. In addition to gaining experience with primary qualitative and quantitative data collection and building cultural humility, students have presented findings at local and national levels.

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

Faculty research activity plays a major role in promotion and tenure assessments and in merit reviews for tenure-stream faculty. Expectations for research and scholarly productivity for tenure stream and Academic Professional Track faculty follow the HHS and University Promotion and Tenure Guidelines.

In evaluating faculty research and creative activities, Promotion and Tenure Guidelines require review committees to take into consideration the quality of contributions to the field or discipline, collaborations (i.e., interdisciplinary and multidisciplinary), and the significance or impact of the work, since last appointment or promotion. Review committees consider judgements about research and creative activities from internal and external peers, administrators, and reviewers, as well as receipt of eminence measures (i.e. honors, awards, receipt of research funding, editorial positions and invited publications). However, the key evaluation criteria are considered to be peer reviews. Non-tenure track faculty roles vary considerably; therefore, research scholarly activity is not a major factor in promotion considerations. However, all faculty in the Department engage in scholarly activities to maintain currency in the discipline.

6) Select at least three of the measures that are meaningful to the program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the program may add measures that are significant to its own mission and context.

Table E4-1. Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	**Target**	**2016-2017**	**2017-2018**	**2018-2019**
Percent of tenure-stream faculty participating in research	100	100	100	100
Number of articles published in peer-reviewed journals	30	*	36	57
Number of community-based research projects	5	5	5	5

** Cell will be updated*

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
Several faculty have won research excellence awards at the School and University levels or been nominated.

- 2016 – Amanda Tanner,
- 2018 – David Wyrick and Jennifer Erausquin

Four faculty were promoted (Robert Strack, Tracy Nichols, Amanda Tanner, and Kelly Rulison) and two granted tenure (Amanda Tanner, and Kelly Rulison). Students regularly publish or present based on their research with faculty, whether funded or unfunded.

Weakness
Faculty are still getting used to Activity Insight, the new tracking system for faculty productivity. Therefore, there may be a few errors in reporting due to the manual entry and new understanding of how the system works. Additionally, several of our highly funded researchers have not been able to consistently teach core MPH courses due to demands of grants; however, they still engage with students via advising/mentoring or teach electives directly aligned to their area or program of research.

E5. Faculty Extramural Service

The program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

1) **Describe the program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.**

The University categorizes service into 4 areas: institutional, disciplinary and interdisciplinary, community, and community engaged. The School of HHS definition is consistent with that of the University. The two areas specific to extramural service are defined in the tenure and promotion guidelines as…

> *"service to the discipline (contributes to the function and effectiveness of the faculty member's profession and discipline);"*

or as…

> *"service to external community (reach out to constituencies such as government agencies, nonprofit organizations, industry, and the arts, where academic knowledge intersects with practical affairs and problem solving)."*

Policies regarding service expectations can be found in the Promotion and Tenure and Promotion Guidelines in ERF A1.3 and ERF A1.4.

The department's definitions are congruent with those of the University and School. Departmental expectations for faculty service are outlined in our *PHE Faculty Workload Policy* document (see ERF A1.8). Service load is balanced with expectations for teaching and scholarship and varies based on faculty classification. Based on the expectations outlined, all faculty are expected to engage in University service; however, each faculty member engages in some level of extramural service.

2) **Describe available university and program support for extramural service activities.**

University, school, or department-level mechanisms, while not specifically designated as support for extramural service, are available via support for other areas (i.e., scholarship, professional development) which may overlap with extramural service engagement.

University

- UNCG Office of Research and Engagement has a Scholar's Travel Fund available to tenured or tenure-track faculty. Details on the Scholar's Travel Fund are available at: https://research.uncg.edu/scholars-travel-program/

- Community-Engaged Pathways and Partnerships (P2) Grants: A Collective Scholarship Fellows Program aims to strengthen capacity to develop community-university partnerships that are mutually beneficial and meet community-identified priorities. Details on this funding are available at: https://communityengagement.uncg.edu/uncg-engagement/community-engaged-pathways-and-partnerships-grant/

- The Institute for Community & Economic Engagement (ICEE) at UNCG created and maintains the Collaboratory, a publicly searchable, online database that houses

information community-university partners and community-identified priorities for shared learning and mutual benefits. Details can be found: https://communityengagement.uncg.edu/the-collaboratory/

School

- The School of HHS Office of Research offers several internal funding mechanisms. Funds for the HHS Speaker series, Building Collaborations, or Special Projects can be used strategically to create or build/support for collaborative partnerships, which relates to extramural service. Additionally, the School provides a travel funding mechanism to supplement that of the University. Specific details on each of the funding mechanisms are available at: https://hhs.uncg.edu/wordpress/office-of-research/internal-support/hhs-internal-funding-mechanisms/

Department

- The program provides travel support to attend professional conferences, with increased levels of support for attending and/or presenting at the annual meetings of the American Public Health Association (APHA) or Society for Public Health Education (SOPHE). The Department is also an agency member of APHA, which significantly reduces the cost of professional membership for faculty. Details on the department Travel Fund are located in ERF E5.1, *PHE Travel Policy*. Support may also come in the form of workload reductions if the extramural service is substantial and is agreed upon by the Department Chair.

3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

Local context

- Dr. Kay Lovelace, Associate Professor, works as a part of the Guilford County Community Health Assessment team and worked on several chapters of the most recent Guilford County Community Health Assessment report. Dr. Lovelace involved students in her work with the Guilford County Community Health Assessment and students in her courses worked to develop a community health action plan and a data hub to serve as a resource. Dr. Lovelace also worked the Guilford County Community Health Assessment Team and the Culture of Health Prize Applicant Team to develop a community health improvement plan and Phase II application for RWJF Culture of Health Prize. Her team was recognized for the Collaborative Community Health Assessment/Community Health Needs Assessment in January 2018 for exemplifying best practice in Leadership, Partnership, and Scholarship.

- Dr. Jeffrey Milroy, Assistant Professor, serves as the Associate Director of the UNCG Institute to Promote Health and Wellness. As a function of this role, Dr. Milroy serves as an evaluation consultant for several local agencies and, due to his research partnerships with the NCAA, also serves on the Advisory Board of StepUP! A bystander intervention program. Dr. Milroy is able to integrate examples of his evaluation work into his courses and has connected students with local organizations, such as the YMCA Diabetes Prevention Program and the NC Expanded Food and Nutrition Education Program (EFNEP) to collaboratively conceptualize evaluation plans.

- Christina Yongue, an Assistant Professor on the Academic Professional Track, is heavily engaged with the Greensboro Health Disparities Collaborative (GHDC), a community-academic partnership focused on undoing racism and addressing cancer disparities. Consistent with this work, she also serves as a member of the Guilford Anti-Racism Alliance (GARA), on the Board of Directors for The Partnership Project, Inc (insert details), and is a founding member of the Sister Network Greensboro Chapter, a breast cancer survivors support group. Due to her ongoing community-engagement and external strategic partnerships, Professor Yongue teaches the community grant writing class (HEA 702), where

engages students in service to local community-based organizations (CBO). Her external service activities inform her selection of pools of organization to present their grant needs to students in her course. Over the past few years, students have with worked with specific organizations (i.e., The Beloved Community Center, Sisters Network Greensboro) to write and present grant proposals that suit the CBOs needs.

Global context

- Dr. Sharon Morrison, Associate Professor, is an expert in Global Health and is widely known for her work with immigrant and refugee health. Dr. Morrison was a coordinating member of the 4th Annual US Conference on African Immigrant Health in Crystal City, Virginia and serves as a board member of the Association of Refugee Service Professionals (ARSP). She facilitates the educational partnership between ARSP and UNCG and works on behalf of ARSP to raise public awareness on issues affecting immigrants, refugees, and displaced people. As a result, Dr. Morrison created a study abroad program in 2016 via HHS 589C, Refugee Wellbeing in Global Contexts, to take students to Malaysia, and more recently to Thailand to meet with refugee protection organizations (UNHCR, IRC, IOM) responsible for processing Burmese and other S.E. Asians for U.S. resettlement. Dr. Morrison also teaches an elective in the MPH program: Global Health. Due to her expertise, she is often sought after to review abstracts and moderate conference panel, such as the Best Practices in Community Drive Interventions panel at the United States Conference on African Immigrant Health. Moreover, she was invited to participate in the Health Disparities and Equity Promotion (HDEP), NIH study section, to review 3 grant applications where the primary aim was to address, reduce or eliminate health disparities and improve equity related to health risks, access to care, treatment or health related outcomes.

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

Our students become involved in faculty extramural service through (a) course-related projects or faculty research with service components, or in (b) community or professional organizations in which our faculty are involved or serve as facilitators of events. Students engage in service opportunities that directly align with our social justice mission.

Individual faculty

- Dr. Sharon Morrison engage students in her extramural service opportunities as a research fellow with the UNCG Center for New North Carolinians (CNNC). As outlined on the website (https://cnnc.uncg.edu/history/), CNNC was established to:

  > "provide research, training, and evaluation for the state of North Carolina in addressing immigrant issues; collaboration with government and social organizations to enhance responsiveness to immigrant needs; and community support to provide training and workshops."

  Dr. Morrison's ongoing community-engaged work with CNNC has made it possible for several students (*Naglaa Rashwan*) across the years to get volunteer directly with CNNC or in sub-sets of her work. For example, over the past several years, Dr. Morrison engaged students (*Yazmine Sinkhada*; Kunga Denzongpa; Tou Vang) in planning and implementing a local health fair for the local Montagnard community in Greensboro. Under the leadership of Dr. Morrison, students worked to secure community organizations to develop stations that provide relevant information and access to services.

- Dr. Tracy Nichols' partnered with the YWCA Greensboro to develop and evaluate a specialized reproductive health education program for women in treatment for substance use. This project provided opportunities for 3 MPH students to gain experience in program implementation and evaluation. Two of the students went on to publish a paper with Dr. Nichols on the program.

Broad faculty/ faculty teams

- Recently, a team of departmental faculty submitted a grant to the UNCG College of Visual and Performing Arts to host a symposium entitled, "Social Justice and Health Equity: Then and Now. The symposium was a partnership between several faculty in the department, the UNCG Office of Leadership and Service Learning (OLSL), the UNCG Office of Intercultural Engagement, and community organizations (i.e. the Beloved Community Center, Artists for Justice, Social Designs). It opened up a dialogue about local and global social justice issues and facilitated university-community collaborations among presenters and panelists. Several MPH students attended and two were specifically involved in planning and implementing the community event. One student (Jalah Clayton) served as project coordinator by confirming and assisting the morning speaker panel and keynote speaker, as well as supervising project volunteers from our chapter of Eta Sigma Gamma, the national health education honorary. Another student (Eugenia Johnson) helped to set-up the speaker ready and break-out session rooms and helped facilitate the technology support in concert.

- Each year, a PHE faculty member serves as a judge for the interdisciplinary student case competition led by the Wake Forest University, Maya Angelou Center for Health Equity (MACHE). The case competition, called the MACHE Bowl, is an initiative to influence health equity through education and training.

  > "The MACHE Bowl…seeks to demonstrate the importance of interdisciplinary approaches to addressing health equity. It brings together student teams comprised of multiple disciplines, representing several academic institutions, to interact and address a complex health disparity case…Cases will include aspects of a health disparity/health equity issue that interfaces with health sciences, legal, and social issues.
  > and social issues."

  As a result of faculty engagement in this longstanding partnership, our UNCG MPH students are able to participate in the event. The following faculty have recently served as judges: Dr. Robert Strack, Crystal Dixon.

- Several of our faculty members (Dr. Dan Bibeau, Regina McCoy, Crystal Dixon, and Dr. Mike Perko) are involved in research and service related to health coaching and worksite wellness. Dr. Dan Bibeau and Regina McCoy co-direct UNCG Health Coaching Programs and Dr. Bibeau and Dr. Mike Perko serve on the HealthyUNCG Advisory Board. In service to these respective organizations, faculty have provided trainings and conferences for a variety of community stakeholders and students have been able to engage in the planning and implementation process.
  - UNCG's first Health Coaching Conference (2015) provided an opportunity for over 100 health coaches to network and engage in professional development. Former graduate students, Laura Bolton and Brandon Mendenhall, played a significant role.
  - The annual NC worksite wellness conference, Making the Grade in Worksite Wellness, is provided in collaboration with the Northwest Area Health Education Center (AHEC). This two-day conference is designed specifically for university and community college professionals and students who are interested in improving the wellbeing of their employees. Our students have contributed to the recruitment and coordination of volunteers, as well as provided logistical support. Former graduate students, Alexis Steptoe, Lindsey Arthur, and Scarlett Ruppert have contributed to the success of this service-oriented event.

5) Select at least three of the indicators that are meaningful to the program and relate to service. Describe the program's approach and progress over the last three years for each

of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context.

The following service indicators align with our program mission and goals.

- Percent of faculty participating in extramural service activities (total faculty)
- Public/private partnerships or cross-sector partnerships for engagement and service
- Number of community-based services projects involving faculty

Table E5-1. Faculty Extramural Service Activities				
Outcome Measure	**Target**	**16-17**	**17-18**	**18-19**
1. 100% of full-time faculty will provide at least one extramural service per year	100%	100%	100%	100%
2. The department will engage in two events per year to enhance public/private or cross-sector partnerships for engagement and service	2	2	2	2
3. Number of community-based service projects involving faculty	10	20	19	20

The outcome measures included in the above table were selected by faculty during the self-study process. Community-engagement is an important value to our Department, School and University. As such, faculty selected indicators that reflected a balance of measurable and accessible data on service engagements at the individual faculty and departmental levels, while focusing on building community through partnerships. Although the measures are newly selected, faculty have been consistently engaged and we have met, and in some cases exceeded, our established target across the three measures for each of the last three academic years. Our faculty have made service and engagement a priority, as UNCG has developed new mechanisms (highlighted above) to support these efforts. It is clear that our faculty are productive in service with their respective community [partners].

6) Describe the role of service in decisions about faculty advancement.

Service activities are viewed as “legitimate extensions of scholarship and teaching”, and are therefore Service activities are viewed as “legitimate extensions of scholarship and teaching”, and are therefore necessary, but not sufficient criterion for tenure and/or promotion for faculty on tenured or tenure-track lines; however, engagement in service (institutional, professional, interdisciplinary, and community-related) is given consideration during promotion/tenure review based on its significance to the discipline, profession and University mission.

With respect to non-tenure stream faculty, the APT guidelines recognize the value of service to creating a professional and scholarly environment. Moreover, per the APT promotion guidelines, service is a significant characteristic of non-tenure stream faculty, specifically the provision of service to their departments, communities, and disciplines; however, not all APT faculty are required to engage in service. Intramural service is prioritized; extramural service is highly encouraged.

Specific guidelines on how to document and evaluate service contributions are detailed in the respective promotion guidelines, by stream, for each respective level of review (i.e. department, school, university.).

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The Department of Public Health Education has strong community and service connections that are woven into student learning experiences in required courses, elective courses, and outside of the classroom. A recent review of the curriculum revealed fewer community engagement activities in the required courses. To correct for this, specific community-engaged assignments were built into proposals for core courses throughout the first 3 semesters of the program in the revised curricula.

F1. Community Involvement in Program Evaluation and Assessment

The program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).

Specifically, the program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

1) **Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.**

   The Department of Public Health Education has a longstanding practice of obtaining feedback; however, this feedback is largely obtained through informal mechanisms. Over the past few years, we have worked to develop the idea of a virtual, Public Health Advisory Board (PHAB) made up of multiple stakeholder groups. Longstanding relationships with community partners, area practitioners, and results of the alumni survey have been helpful in identifying people who seek to extend their relationship with the department to a feedback generating or advisory capacity. The Department executive leadership decided it would be helpful if the virtual PHAB meet a minimum of two times per year to receive updates and provide feedback. Although the virtual PHAB is not yet solidified, and therefore has not met, we are in the process of recruiting prospective board members.

   The School of Health and Human Sciences (HHS) and the University both have vibrant alumni associations. Our program graduates, or current students who have graduated with a prior UNCG degree, have held numerous leadership positions on the Alumni Association Board. Currently, Kimberlee Ming (Class of 1995) and Lindsey Sanders (current PhD candidate) serve on the University Alumni Leadership Board. Jonathan Lucas (alumnus) also serves on the HHS Alumni Association Board. Participation on the alumni boards allows for input at the respective levels, provides visibility to and engagement with external stakeholders, and connections with students.

2) **Describe how the program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.**

   The Department of Public Health Education engages external constituents in assessment of the content and currency of public health curricula and their relevance to current practice and future directions through several mechanisms. One example is the focus groups with employers, preceptors, and alumni made possible through our relationships with a broad array of stakeholders. Some structured focus group questions asked are highlighted in the *PHE Alumni Focus Group Guide* in ERF F1.1. Focus group data from Spring 2014 were used to inform both the process and outcome of our multi-year curriculum revision (see *FG Prelim Take Home Messages in ERF* F1.2). Specifically, feedback that "…students should be able to communicate their value…" was one driver of the e-portfolio professional development section and feedback reiterating the movement from programs alone to policy, systems, and environmental change helped to inform our two new courses, focused on system-level, leadership and advocacy skills.

   <u>Employer Survey</u>
   After several years of assessing needs and capacity, planning, and obtaining approval, we are finally implementing our revised curriculum. An employer survey will enable us to assess the currency and relevance of our new curriculum to current practice, as it is being implemented. The goal is to send the survey to employers of graduates within the past three years, as this will inform future adaptations of the new curriculum as well as workforce development needs. A draft

employer survey, inclusive of quantitative and qualitative items, is undergoing development. Results will be reviewed by the Graduate Program Committee.

Public Health Advisory Board (PHAB)
The new Public Health Advisory Board will serve as another mechanism by which the Department will engage external constituents in the regular assessment of our curriculum. External constituents are also able to provide feedback as they engage our curriculum by being guest lecturers or partners in MPH courses. Faculty spend time with guest lecturers to inform them of the general purpose or goal of the course and the role of their partnership or lecture in working towards that goal. It is also difficult to situate the course level goal without providing the context of the program goals, vision, and mission. Albeit an informal mechanism, faculty are able to obtain meaningful insight into current practice and changes necessary to ensure their course, as it fits within the curriculum, is relevant.

3) Describe how the program's external partners contribute to the ongoing operations of the program. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and evaluation measures

A draft vision, mission, values, goals, and evaluation measures were written by the faculty. In 2019, the Department sent the guiding statements to several external partners, including community leaders, representatives from healthcare settings, government public health, and preceptors for general feedback. In addition to soliciting general feedback, we asked one of more of the following questions:

- If this was going to be our new __ statement, how would you react to that?
- If you saw this on our website, how would it make you feel about our students and graduates who might come and work with or for you?
- Does this __ feel like it is representative of what it is that we are doing and/or where we should be going?

b) Development of the self-study document

The self-study document was developed through an extensive process by a team of faculty members, with input from students. Faculty members provided input by participating in discussions and sub-work groups during faculty meetings, by revising the mission, goals, and objectives, by selecting measures and providing data, and by commenting, writing and editing sections of the report.

Graduate Assistants for the Graduate Program Committee and the self-study team contributed to the report by collecting data, particularly from students or alumni around their perceptions of program effectiveness, faculty availability, class size, and advising. Moreover, when feasible, the self-study team Graduate Assistant completed templates and drafted preliminary language for narrative sections. The self-study team GA was also involved with team and faculty input on our revised program guiding statements.

Alumni and current students contributed by completing surveys. Campus stakeholders, such as the School of HHS Dean's Office staff and staff in the Office of Assessment and Accreditation provided necessary data, such as organization charts, lists of accrediting agencies, and confirmed budget data.

As noted in part 3a above, the Department of Public Health Education has also invited external partners to contribute feedback to the self-study document. Participation is most visible in sections B1, F3 and F4, E5, and G1. In addition, the self-study will be available for feedback on the program website.

c) Assessment of changing practice and research needs

Engaging with external constituents also provides our Department with the opportunity to respond to changing practice and research needs. For example, as detailed in F3, our ongoing partnership through UNCG Health Coaching programs with (Cone Health or Wake Forest Baptist) has informed our new Health Coaching Certificate and research study development to assess the impact of health coaching on health and wellbeing. We have also identified changes to the practice hour requirements that ensure competent delivery of practice. Additionally, partnerships with HealthyUNCG and WELCOA have informed new methods for practice within the worksite setting, the integration of health coaching into worksite wellness, and the development of a Worksite Wellness Certificate. Our partners have helped us to develop additional skills or setting specific knowledge that students may need if they desire to pursue working with specific populations or in specific settings. As a result, we have been able to modify our curriculum to provide opportunities to better prepare students for changing practice.

Many of our part-time faculty, who teach in other programs, or who have taught for us sporadically are current practitioners. We have often invited our part-time faculty to faculty development meetings in which they have been able to share identified needs like increasing experiential learning and practical experiences. Maintaining this relationship means we are able to engage in discussions that inform us of changing needs.

d) Assessment of program graduates' ability to perform competencies in an employment setting

As noted above, the Department plans to reach out to recent alumni employers to assess their ability to perform competencies within the setting in which they are employed. Although, a more passive method, employers do often share their enthusiasm about our graduates through emails to the program director, faculty advisers or former graduate assistantship supervisors. The excerpt below serves as an example of such emails:

> "I want you to know that we had over 80 applicants for this position. We brought in 3. While there were many reasons that made Alexis stand out, the one that was the deciding factor in our decision to offer her the position was seeing her in action at the Making the Grade in Worksite Wellness Conference. It is rare that we get to observe someone in a variety of capacities prior to an interview. We got to know Alexis' communication style and abilities through correspondence prior to the conference and during the conference. We were able to see her in her graduate assistant role, being supervised and working the actual event. We got to see her leadership abilities. We got to watch her in action as she both presented at the conference and also led the networking and activity breaks. She was always smiling and doing her best to make sure everyone was comfortable and having fun. Several of us who were at the conference and who were on the committee kept coming back to that event. We knew that she had something special to bring to our students and employees. We feel very lucky to have been given this insight and have the opportunity to offer this to Alexis."

While findings from employer surveys or interviews are to be collected, preceptor assessments of competencies are useful as predictors of student ability to perform

competencies. ERF B5.3, *2016-2017 UNCG Program Assessment Report,* highlights assessment results, including internship preceptors feedback related to student competency attainment within their internship.

4) Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3.

Documentation for 3a can be found in ERF F1.3*, Stakeholder Notes on Guiding Statements*
Documentation for 3b can be found in ERF F1.4, *Minutes, and Stakeholder Notes on Specific Self-study criteria*

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The program undertook an extensive and collaborative self-study process. Several important stakeholders were included in process. However, the process did reveal that we can systematize feedback opportunities for external stakeholders. We envision the Virtual Advisory Board and Employer survey to address some of our weaknesses related to this criterion and look forward to working on those plans.

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

1) **Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.**

Students are introduced to a number of service, community engagement and professional development opportunities on an ongoing basis during their time in the MPH program. First, at the MPH orientation, students are presented with the MPH Handbook and faculty introduce their area of expertise. There they encourage students to reach out if there is a shared interest or if students are interested in exploring a new area or population. In addition to this student-driven mechanism, faculty email available opportunities to the graduate student listserv, make announcements in classes, and advisors encourage students to seek out known opportunities during advising meetings. Community organizations also regularly contact the faculty to solicit student volunteers or participants. The UNCG Chapter of Eta Sigma Gamma, the National Health Education Honorary, also holds recruitment events and solicits calls for volunteers. Moreover, the program outlines the significance of professional development and engagement in the *MPH e-portfolio handbook* (pg. 9, see ERF B5.2). All of these mechanisms provide students with a rich, diverse variety of opportunities from which to choose to engage, learn, and make the most of their UNCG experience outside of the academic setting.

2) **Provide examples of professional and community service opportunities in which public health students have participated in the last three years.**

As described in Criteria E5, our MPH students consistently engage in the MACHE bowl, a competitive and interdisciplinary case competition at Wake Forest's Maya Angelou Center for Health Equity and have contributed to several team wins. Many of our students also attend the Minority Health Conference at UNC Chapel Hill each year. In 2016, National SOPHE held its Annual Meeting in Charlotte, NC and the department funded student travel to attend the meeting and hosted a dinner for students and UNCG alumni to network. Additionally, our students continue to develop their professional toolkit by presenting at and attending annual meetings or conferences for local (i.e., NC PHA and NC SOPHE) and/or national professional organizations (i.e., APHA). Evidence of engagement in professional development activities is highlighted in the professional development section of their program e-portfolios. In addition to attending or presenting, several students have contributed in service to the successful planning and implementation of local conferences, as detailed in Criteria E5. One example not previously noted is Stephanie Sistare-Hill's organization of the Breastfeeding and Feminism International Conference in Chapel Hill, NC between 2016 and 2018. As an organizer, she designed the website, collected conference abstracts, organized speakers, produced all communications, managed the budget, and provided technical assistance for each presentation.

Our students also participate in community-based service or engagement opportunities.

- Stephanie Sistare-Hill (noted above) served as a Fellow in the Opportunity Greensboro Fellows Program in 2017 and was placed at Cone Health in the Office of Inclusion and Health Equity. During her time at the Cone Health location, she assisted with policy development, applied for the Human Rights Campaign's HEI Award, and developed a system-wide education module on collecting patient demographics. Her Fellow Program experience also allowed her to attend weekly professional development seminars and networking events. In

her e-portfolio, she notes this opportunity taught her professional development is a continual journey, as well as the importance of connecting with other professionals in the community to create collective impact. (Stephanie Sistare Hill, adapted from her e-portfolio)

- Nigel Stammes engaged with the Piedmont Triad Regional Council Area Agency on Aging (PTRC AAA) in 2017 to develop a proposal for a community based electronic health system that can directly connect with EHR systems. While working with the PTRC AAA, he facilitated discussions with community stakeholders, including 3 major-medical systems and 3 insurance companies seeking to become part of managed care organizations (MCO). Nigel also wrote a grant for funding to enact the proposed community-based electronic health system. (Nigel Stammes, adapted from his e-portfolio)
- After a tornado ravaged a local Greensboro community, two MPH students collaborated with the Mustard Seed Community Health Center, part of the Collaborative Cottage Grove, to coordinate efforts and serve as a bridge between the center and UNCG public health student volunteers.

Moreover, as mentioned in Criteria E5, students engage with faculty in service opportunities. Several students work with Dr. Morrison each year to plan and implement health fairs for the local Southeast Asian communities in Greensboro. Students secure commitments from community organizations to staff stations and provide relevant information and needed services, and then the students attend to ensure the event goes smoothly.

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

The degree of opportunities and resources for students to engage in professional development or community service is a strength. It reflects the conscious effort of faculty to expose students to available opportunities and encourage them to participate, as well as the initiative of students to seek out opportunities to engage. One challenge to collective engagement relates to the program structure of night courses. Students who work full-time may be less able to engage and those who work as graduate assistants may have greater access to ask faculty questions to learn about or engage in opportunities. Although we note this as a limitation, opportunities abound, and we plan to continue to cultivate new opportunities through partnerships. It is our hope that engaged work during class may serve as a bridge to future extracurricular student engagement.
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F3. Assessment of the Community's Professional Development Needs

The program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

1) **Define the program's professional community or communities of interest and the rationale for this choice.**

Healthcare systems represent a key professional community of interest for the MPH program. The programs engagement with healthcare systems is particularly salient because of our emphasis on health coaching. About 10 years ago Cone Hospital in Greensboro approached our department to inquire about health coaching. These initial talks resulted in Cone hiring one of our MPH graduates as part of a push to integrate health coaches within health care teams both in Greensboro and beyond; Cone is a regional healthcare system and the interest in health coaching has spread throughout our state.

Our interest in healthcare systems and focus on health coach training supports deepening synergies between public health educators and healthcare systems, while preparing our graduates to join the local and state-wide workforce.
Health coaching is a person-centered practice that requires a mindset shift from a prescriptive-directive approach in client interaction to an engaging whole person perspective. Instead of compartmentalizing the client's health problem or risks factors, the health coach to seeing the linkages to what the client values and their overall wellbeing.

Health coaching has been identified as an effective way to help people improve their quality of life through the use of proven behavior-change techniques to help clients develop self-management skills that improves self-awareness, readiness for change and goal-attainment. Faculty in the department developed a 3-day training that emphasizes an evidence-based framework to guide the coaching relationship using communication approaches such as motivational interviewing and the teach-back method to support shared decision-making; as well as cognitive behavioral strategies such as goal-setting, self-regulation, setting realistic expectations, and finding support. Our interactive training includes lots of hands-on practical skill feedback and is specifically designed to prepare participants to earn a university certificate and/or national health coach credential.

2) **Describe how the program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs**

We ground our professional development needs assessment in health coaching as this is the central way that we engage with health systems. The department conducts 4-5 health coach trainings per year throughout North Carolina. We collect data on training session participants' careers to help us understand how health coaching is being applied in various work settings. We collect data on the needs and goals of training participants, both during the trainings and in follow ups that occur throughout the health coach certification process. We review participant coaching sessions and case notes as they pursue health coach credentialing. Finally, we meet the standards of our credentialing agency: The International Consortium of Health and Wellness Coaches & Center for Credentialing and Education. We use all of these data to hone our trainings to meet the needs of the health coach workforce.

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

There are a variety of strengths that arise from our interest in healthcare systems and our focus on health coaching. One key strength is that this focus allows us to create professional

opportunities for our students (we reserve 5 spots for students at every UNCG-based health coach training) and for the public health education workforce in North Carolina. Our iterative, approach to collecting and using data from health coach training participants means that we are sensitive to the needs of the workforce. Because our trainings consistently max out attendance, it is clear that this is an area of interest for people who live and work in our city, state, and beyond. One weakness involves medical reimbursement codes for health coaching. Currently, in medical and health care organizations, reimbursement for health coaching relies heavily on CPT codes linked to preventive medicine such as individual counseling code, chosen based on the time spent with patients.

Health coaching offers a practical way to help knit together the medical and public health domains by creating avenues for synergy between health systems and public health education. This in turn allows us to contribute to improvements and innovation in the health fields, bolster our students' professional opportunities, and provide service and care for our community members.

In 2018 our faculty voted to approve a nine-hour Post-Bac Certificate in Health and Wellness Coaching (PB-HWC) which will allow our students to integrate health coaching into their academic plan of study. In addition, the PB-HWC prepares students to be fully eligible for the National Board Certification for Health & Wellness Coaches through a partnership with National Board of Medical Examiners and National Board for Health & Wellness Coaching (NBHWC).

Along with these strengths, there are some weaknesses in our approach to professional development needs. The first is that our current training program needs to evolve to meet the new health coaching standards that are beginning to be rolled out as the health coaching domain continues to mature. Another is that as we need a broader, more formal assessment of healthcare systems professional needs to help deepen our understanding of how health coaching is being and could be incorporated within healthcare settings and about the overall impact of health coaching within hospital settings. Finally, we are stretched-thin from a personnel perspective, with only a few faculty and GAs doing the lions-share of the work around planning, coordinating, conducting, and assessing our health coaching offerings.

Because of the approval of our post-bac certificate in health coaching, we will be able to devote more faculty and GA time to our health coaching work, which will help us focus on two important improvements: revising our health coaching trainings in order to continue to meet professional standards and maintain our accreditation and devising / conducting professional needs assessments both within healthcare settings and among practitioners. These improvements demonstrate our continuing investment in and attention to engaging with healthcare systems.

F4. Delivery of Professional Development Opportunities for the Workforce

The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

1) **Describe the program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.**

   According to the Bureau of Labor Statistics, there is a 14% projected change in employment for health educators from 2016 to 2026 with most of this growth in behavioral health care- impacting the quality of patients' health outcomes and reducing healthcare costs. As described in Criterion F3, there is ample evidence to show that public health practitioners who have academic preparation and skill in health coaching, health education, and practice care coordination are well positioned for emerging employment opportunities that resulted from the Affordable Care Act and health reform implementation. This growth also means more variability in the skills and preparation of health coaches employed everywhere from hospitals, universities, insurance agencies to private healthcare aligned programs.

   Our 3-day certificate program is an approved 32-hour coach training from two prestigious coach certification bodies: the Center for Credentialing and Education (CCE) and the National Board for Health and Wellness Coaching (NBHWC). Participants who successfully complete our professional certificate training are then eligible to seek the designated National Board Certified Health and Wellness Coaches (NBC-HWC) credentials through the National Board of Medical Examiners (NBME). We have been a training provider since 2014 with CCE and an accredited program with ICHWC since 2016. Our program also has faculty with national credentials in health & wellness coaching and health education; as well as practical, educational, and training experience necessary for delivery of a high-quality program. This national recognition has placed us as one of 2 state-wide options for training towards the national credential and has attracted participants from cities well outside our region such as Seattle, New York and Chicago.

   Our department focus on health coaching offers a unique way to access, understand, and respond to professional workforce development needs. Our UNCG Health Coach Certification Training has been designed to set minimum standards for competence in areas such as the processes for behavior change, communication techniques to establish relationships and identify readiness for change, establishing client-centered goals, creating a culturally-appropriate and ethical structure for coaching interaction, etc. Our training is set apart by the evidence-based approach to coaching and an extensive amount of practice with feedback from instructors who are practicing health & wellness coaches. We continuously adapt our trainings to trends in healthcare, such as new pay-for- performance incentives in Patient-Centered Medical Homes (PCMH) and health system settings.

   Our health coach trainings are conducted in partnership with local Area Health Education Centers (AHECs). In addition to health coach training participants receiving the scaffolding they need to become credential health coaches, AHEC awards continuing education unit (CEU) hours to health coach training participants. We also offer additional online training modules for the (pre) health coach that engages emerging trends and standards for practice. The Post-Bac Certificate in Health and Wellness Coaching (PB-HWC) that began fall 2019 is designed to provide the full eligibility requirements for the academic, professional development training and supervised practical experiences in accordance with the NBHWC.

2) **Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the**

number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the program).

As noted in Criterion F3, our health coach trainings were designed to take-up and respond to the needs of healthcare systems. In the 2017-2018 academic calendar year, we conducted four three-day health coach trainings, reaching 150 people; and 193 participants in our 5 trainings in 2018-2019, of whom 85% were external to UNCG (see ERF F4.1, *Health coach trainings from 2014-present*). Our trainings also attract interdisciplinary participation from public health professionals and other fields of practice. In this way, health coach training contributes to innovative professional development and advancement as well as providing a continuing education opportunity for the workforce at-large, both locally and across the nation.

Table F4-1. Number of Trainings and Participants by Academic Year *(July 1st -June 31st)*

Program Type	2016-17 # offerings/# attendees		2017-18 # offerings/# attendees		2018-19 # offerings/# attendees	
Certification Training	4	150	7	216	7	150
Tailored Coach Trainings *(i.e., MI, Coaching 101, etc.)*	6	144	1			

Since the initial training, the program has grown to include tailored trainings on special coaching skills on such topics as adherence, motivational interviewing and coaching methodology and other trainings tailored to an organization's coaching needs. We based our special topics on the requests from AHEC state-wide assessments and responses from the evaluation questions from our certification trainings i.e*., What would you like to see covered at future educational activities (additional skills, daily obstacles, behaviors you would like to change, practice barriers, etc.)?*

- The North Carolina Cancer Prevention and Control Branch's (Cancer Branch) NC WISEWOMAN Project is required by the CDC to provide cardiovascular screening and health coaching to uninsured women across the state. As part of its CDC requirements WISEWOMAN contacted with our health coaching programs to provide technical training to their 32 WISEWOMAN and 100 BCCCP providers on health coaching and motivational interviewing to keep abreast of best practices and ensure they can implement the program with fidelity. On April 20th 2018, thirty-one representatives completed the health coach training in Winston Salem, NC (see ERF F4.2, Flyer).

- The Community and Clinical Connections for Prevention and Health of the N.C. Division of Public Health contracted with the health coaching team to incorporate our coaching methodology into their Lifestyle Management curriculum. Together, we developed a tailored 1 ½ day trainings for 5 different regions across the state (mountains to coast) for community health workers in their diabetes and hypertension programs. These workers are hired as Health Coaches from varied disciplines that include congregational nurses, pharm techs, nurses, dieticians, health educators, professional with counseling skills.

Public Health Professions	**Other Professions**
Health Coaches	Office and Practice Managers
Health Educators	School Teachers
Nurses	Graphic & Marketing Designers
Counselors	Journalists
Dietitians/Nutritionists	Medical Administrators
Pharmacists	Creative and Behavioral Copywriters

Physician Assistants Physicians School Teachers Social Workers Speech & Hearing Clinicians Behavioral Scientists Fitness & Sports Trainers Community/ Lay Health Workers	Executive Coaches Entrepreneurs

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

A wide-reach is one of the key strengths of our health coach trainings. Helped by our AHEC partnerships, these trainings reach far beyond our institution and engage with diverse audiences. Our health coaching program is innovative both because it represents a growing area of professional expertise within health, and because it meets the needs of our workforce community while training to a national standard, offering maximum utility and flexibility for our trainees. Finally, we are proud of the way that our health coach training arises from and inspires collaborations. From its inception from a collaborative partnership with our community hospital to its future as a post bac certificate, to the ways that we collect and integrate participant and workforce feedback, health coaching allows us to engage with many different sectors (healthcare systems, the public health workforce, our university and student community) at once.

Our focus on health coaching as part of our contribution to professional workforce development also has some challenges. As mentioned in Criterion F3, personnel constraints are a complication. Finding workable three-day increments of time and a space large enough to hold the trainings can also be difficult. Ensuring access to health coach trainings is another potential weakness; while we do provide trainings across North Carolina, we hold the majority of our trainings within 30 miles of campus, in the Piedmont Triad Area, which may make them inaccessible to members of the public health workforce who could benefit. Additionally, the expense of the training ($899.00, $299.00 for students) could be prohibitive. As our health coaching initiatives grow, we expect to add more personnel which will allow us to devote more time to growing and expanding North Carolinians' access to the program.

Even though our health coaching program goals align with the university's strategic pillars of Health and Wellness Across the Lifespan, there are still a host of action steps and challenges in program development that have impeded our efforts to develop this new practice focus. To have faculty deeply and truly become engaged you will need their passion to help new initiatives to move forward and be sustained. At times our faculty faced 'initiative fatigue' for all the new expectations or faculty administrative mandates that require faculty to determine how to balance their efforts among competing priorities. Initially we worked to leverage the talent of faculty as an effort to engage more faculty to be a part of the initiative. The department paid for to become became certified health coaches and receive any continuing education and travel funds to support their development

Generally, our university culture is for individual units/department to resource and fund new initiatives, however, other top universities have developed health coaching programs that have additional funding and support from their associated universities (i.e., Georgetown University Certificate in Health Coaching; University of Arizona Integrative Health Coaching; University of Delaware Graduate Certificate in Health Coaching; University of Minnesota Post-Baccalaureate Certificate in Integrative Health and Well-Being Coaching; Vanderbilt University

Health Coaching Certificate Program). These programs have a higher registration fee and also have more personnel and technology support.

Finally, health coaching is a specific and specialized filed that is still coming into its own. Because of this, the roles for health coaching within public health and healthcare systems and the related professional opportunities are still emerging. This means that we are taking a risk by committing time and resources to this kind of programming. While we have highlighted it here because of how it connects with our workforce engagement, health coaching is only one piece of our MPH program. We realize that we must ensure that we do not become so focused on health coaching that we decenter our other program activities and foci. We look forward to being part of the growth of health coaching and acknowledge and accept the challenge of continuing to ensure that our other important program activities and areas of interest do not become eclipsed.

G1. Diversity and Cultural Competence

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the program's scholarship and/or community engagement.

1) **List the program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.**

   Among both MPH students and faculty, our priority under-represented populations center on members of global communities. That is, we are especially interested in ensuring that we increase our engagement with immigrant and refugee students, as well as students who come to our MPH program from around the globe. In turn, we are also committed to increasing representation of global, immigrant, and refugee communities among our faculty.

   Additional priority areas around under-representation include recruiting and retaining more male students to the program and ensuring more racial and ethnic diversity among faculty teaching core courses within the MPH program.

   The process for defining global, immigrant, and refugee communities as our student and faculty population of interest arose in equal measure from student interest areas, student social locations, and faculty community engaged work. Greensboro has been a national refugee resettlement area since the 1970s and in addition to welcoming current refugees and immigrants, global communities have become part of our local fabric. UNCG as a whole is seeing an uptick in students who represent our local global communities as is our program. Strengthening our commitment to immigrant and refugee populations of students and faculty will allow us to more fully represent and engage with members of our university and our city and scaffold and enrich community-engaged public health partnerships for under-served immigrant and refugee populations.

   Men continue to make up a disproportionately small percentage of MPH students. We are committed to continuing to work towards gender parity in student enrollment. Additionally, while our department has made strides in diversifying our faculty since our last CEPH review, with women of color representing four of our last five departmental hires, MPH courses continue to be taught by primarily white faculty. We continue to prioritize and work towards racial and ethnic diversity among our faculty.

2) **List the program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1**.

   Goals for increasing representation and supporting persistence in global health include:

1. Growing our support of current departmental activities that engage with(in) immigrant and refugee communities
2. Increasing our outreach to and presence within immigrant and refugee communities and organizations in Greensboro
3. Centering global health expertise when making new hiring decisions
4. Including more global health opportunities as part of our internship experience

Goals for increasing male MPH program enrollment include:

1. Recruiting students through the department's Institute to Promote Athlete Health & Wellness
2. Connecting with promising Public Health Education and Health Studies Online undergraduates
3. Plumbing our scholarly, professional, and community networks to connect with potential students and brainstorm targeted recruitment activities

Goals for increasing racial and ethnic diversity among MPH faculty include:

1. Considering new faculty matches for our revised MPH curriculum with an eye towards racial and ethnic diversity and non-white representation
2. Ensuring that faculty of color are assigned to teach MPH courses
3. Ensuring that faculty of-color are assigned to teach core MPH courses

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

As a department we have been grappling with how to center inclusivity and race equity in our research, teaching, practice and overarching departmental ethos. Our 2018 fall faculty retreat included a full faculty conversation about these issues. Inclusion and race equity have also been discussed within faculty search committees and by the full faculty for each of our recent faculty hires. Faculty met with speakers and panelists from the UNCG 2019 Social Justice Symposium to discuss how to continue to center social justice and equity within our programs. Finally, we engage with MPH students in discussions about representation, inclusivity, and equity as part of class content and in advising. It is through these processes that we arrived at the goals listed in criterion G2.

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

We are committed to grounding our MPH program in cultural competence and cultural humility. Throughout their time in the program, students are exposed to guest speakers and community organizations representing a variety of social locations and perspectives. Over the past two years, MPH students have had opportunities to learn from/with Reverend Wesley Morris of the Beloved Community Center; staff of the Center for New North Carolinians; staff of the Mustard Seed Community Health Clinic; and community advocates for and members of our Guilford County Bhutanese refugee community. Student internships take place in a diverse array of organizations working with a variety of different populations. Additionally, Our 2018-1029 doctoral seminars, which are always open to MPH students, have covered topics including: intersectionality, social justice, racism, and disability rights (this seminar was presented by an MPH student).

Three of our departmental faculty, all who have taught or are scheduled to teach in the MPH program, are working towards applying for (have applied for??) a UNCG Community-Engaged

Pathways and Partnerships (P2) grant, which is currently centered on an undergraduate course, but which will expand to include graduate students in the future.
Our commitment to cultural competence is also reflected in our School and University engagement. Ms. Dixon is a member of both the HHS and the Chancellor's Diversity and Inclusion committees. A majority of our faculty members have attended Racial Equity Institute (REI) Groundwater presentations and/or anti-racism workshops and we offer financial support for student attendance. Our faculty have been instrumental in making REI presentations/workshops available to faculty and staff across our university.

5) Provide quantitative and qualitative data that document the program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.

During our last CEPH process, there were 20 primary and other faculty associated with the MPH program. Of the six primary faculty, four were male and two were female; all were Caucasian. Of the 14 other faculty, eight were male and six were female. Eleven were Caucasian, two were Black, and one was Latino. As we noted, 100% of core MPH faculty were Caucasian and predominantly male and our students' racial and ethnic identification was: Approximately 65% Caucasian; 21% African American. We also noted that there were no Latino/a core MPH faculty.

Currently there are 19 faculty in the department. Of the seven primary faculty associated with the MPH program, two are male and five are female. Five are Caucasian and two are Black. Of the 12 other faculty, six are male, six are female; eight are Caucasian, two are Black, one is Latina, and one is Asian.

As previously stated, the department has successfully increased the number of women of color faculty members; a remaining challenge is ensuring that departmental-level faculty diversity is reflected in our MPH program faculty.

6) Provide student and faculty (and staff, if applicable) perceptions of the program's climate regarding diversity and cultural competence.

Many of our conversations about students' perceptions about diversity and cultural competence (and humility) occur informally, as part of class discussion, and/or between students and their advisors. Thus, student feedback may not be collected in a standardized way (addressed more in G7).

Similarly, faculty perceptions about diversity and cultural competence are not formally collected but instead may be voiced informally or come up during faculty workgroups, and/or large and small meetings. The general sense among faulty is that there are some significant challenges to ensuring meaningful commitment to diversity and cultural competence, but that there is an atmosphere of discussion and progress.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

We are committed to ensuring racial and ethnic diversity in our program and we have made strides towards meaningfully diversifying our departmental faculty. We appreciate the importance of authentic diversity and inclusion as both ethic and practice and we continue to reflect upon how to make our program more equitable and ethical for our faculty and students.

It is clear that we need to formalize our data collection around student, faculty, and staff perceptions of diversity and cultural competence. We also need to develop processes to explore and assess how each MPH course incorporates diverse viewpoints.

H1. Academic Advising

The program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

1) **Describe the program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering. (self-study document)**

   Our program holds both group and individual advising sessions. Students first official meeting with their assigned faculty advisors occurs at the August Department Orientation. This first meeting is informal; its purpose is to scaffold later advising engagements. However, many students use this time to ask questions. While many advisers and students meet prior, all MPH students can meet one-on-one with their advisers as needed during the university advising period which runs from October until November. Students work with their advisers to complete a draft Plan of Study document and to discuss their program progress, goals, and any concerns.

   In the past, group advising was held in the spring, during the evening in March or April. Starting in fall 2019, we will implement a required fall group advising session as well. During group advising, student attendance is required for all students. Students sit in small groups with their advisers to ask questions, discuss challenges, and reflect on their experience in the program. Group advising is organized and run by the Director of Graduate Study (DGS) who invites faculty to present information about internships, employment opportunities, and current and future directions of the program. Students are encouraged to use each other as resources in group advising –second year MPH students are asked to share words of wisdom about topics such as finding their internship and developing their e-portfolios. After the whole-group presentations/discussions, students and their advisers work in small groups to answer questions, offer and solicit feedback, and help students solidify their Plan of Study. Students submit an adviser-signed copy of their Plan of Study to the DGS by the end of April.

   In addition to the compulsory advising, students are encouraged to meet with their advisers as needed throughout their time in the program.

2) **Explain how advisors are selected and oriented to their roles and responsibilities.**

   MPH advisers are generally selected/assigned based on their overarching workload requirements. Workload assignments are made by the chair of the department. Generally, MPH advisers are faculty that teach in our graduate programs. Students' professional interests and goals are taken into consideration; when possible students are matched with advisers that have complementary research areas. In addition to providing guidance about course selection and sequencing, program advisers are the primary reviewers of their advisees' e-portfolios culminating projects.

   Adviser training sessions are offered as needed (at least every two years) and advisers have access to a comprehensive advising handbook. Our program creates formal (i.e. faculty meetings) and informal opportunities for on-the-job training. Information sessions about assessing e-portfolios are offered as needed. Finally, we incorporate formal (i.e. exit interviews) and informal (i.e. feedback/questions that arise during meetings) data into our advising training and strategies to ensure that MPH advisors both understand and work to meet student needs.

3) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students. (ERF)

ERF D1.13	*MPH Handbook*
ERF H1.1	MPH Plan of Study Form
ERF D1.1	MPH program course sequence

4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. (self-study document)

In our most recent (2019) alumni survey, nearly 65% of respondents highly ranked their academic advising experiences. In exit interviews conducted with graduating MPH students in 2017, students expressed that academic advising was straightforward. Students appreciated the group advising night as both first-and second year students noted that the opportunity to glean/ share perspectives and experiences from/with other students was helpful. Additionally, students noted that a reflective writing activity that was conducted as part of group advising was useful.

5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each. (self-study document)

Incoming students attend program and university orientations in early-to-mid August. The welcoming, day-long MPH orientation offers both formal (i.e. presentations) and informal (i.e. lunch with faculty) introductions to the program and faculty and selected second year students. Orientation offers an overview of the program with an emphasis on key experiences (i.e. the internship) and products (i.e. the e-portfolio). As previously noted, students officially meet their advisers at orientation. In addition to covering program foci, practices and policies, our orientation is designed to set the stage for meaningful relationships among students, faculty, and staff. In some years, orientation has included an alumni panel allowing incoming students to hear about alumni experiences in the program and their career paths.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Emphasizing and fostering relationships is a central strength of our advising and orientation processes. Students find our emphasis on first-and second year student interactions especially meaningful. Relatedly, while somewhat informal, our advising and orientation processes can be immediately responsive to student questions, concerns, and feedback. Our commitment to advising particularly via building collegial relationships scaffolds student cohesion and networking while also allowing us to keep close tabs on student experiences.

The order of events is the primary weakness of our advising and orientation processes. Recent cohorts of MPH students along with faculty advisors have expressed that group advising may be more useful if it occurred earlier in the school year to take up and build upon the momentum of fall orientation and to underscore inter-cohort interaction and collaboration. In response to this feedback, we plan to move group advising to fall.

Another weakness is that because of our relatively unstructured advising system, students may have very different advising experiences, with some communicating/meeting with their advisers weekly and others communicating/meeting only when required. Additionally, students who have departmental GA-ships receive far more informal faculty advising than students who do not hold departmental GA positions. In order to ensure that all students are receiving comprehensive advice and guidance, raising the number of required advising appointments may be in order.

H2. Career Advising

The program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The program provides such resources for both currently enrolled students and alumni. The program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

1) **Describe the program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.**

   We incorporate career advising into our orientation, group, and individual advising sessions. Our fall MPH new student orientations feature a panel of recent program graduates who discuss their experiences preparing for and negotiating the job market. During group advising we often include a brief faculty-led presentation on searching for jobs, and as mentioned in criterion H1, second year students also weigh in with advice based on their experiences. Students discuss how to find work that aligns with their career goals with their advisers one-on-one. Students with GAs often receive informal, ad-hoc career advising from their supervisors.

   In addition to advising students receive career advising and preparation as part of their course work and program requirements. For instance, in the course Management of Community Health Organizations, students practiced career-building skills like resume writing and cover letters in. Our internship and e-portfolios are designed to help scaffold and advance students' career goals. The internship experience is designed to provide students with the opportunity to develop relevant, marketable public health skills and also to make connections professional connections. Student relationships with internship preceptors sometimes lead to job offers and nearly always provide students with at least one professional reference that they can call upon during their job search. The e-portfolio is designed to help students identify and showcase specific skills they have developed and products them have created throughout the program. The e-portfolio process can aid students in connecting to job opportunities, marketing themselves as candidates, and preparing for job interviews.

   Finally, relevant job announcements and volunteer opportunities are shared via our jobs listserv which is sent to current students and alumni.

   The UNCG Career Services Center is available to all students and has resources including: mock interview software, resume building assistance, career coaching, and an alumni webpage that includes a mentoring network: https://csc.uncg.edu/aboutcsc/partnerwithus/

2) **Explain how individuals providing career advising are selected and oriented to their roles and responsibilities. (self-study document)**

   There is no formal process for selecting/orienting faculty around career advising. Instead, we strive to create an overarching program environment of collegiality and support in which faculty will share what they know, and students will feel free to seek advice. Faculty who teach and offer support for the internship planning course will often have an elevated role in career advising as they support students in finding and successfully completing relevant, fulfilling internships. Faculty

who teach this course are supported by previous instructors who pass along information about community and organizational connections and resources.

MPH alumni guest speakers are most commonly invited to orientation and individual courses. Alumni invited to orientations represent different career paths and graduation years in order to provide broad and diverse perspectives.

Finally, we offer an annual doctoral interest panel session for MPH students who are considering applying to doctoral programs. The panel includes current doctoral students and faculty from our department and is designed to help MPH students determine if doctoral study is right for them.

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating. (self-study document)

Career advising services for students include:

1. GAs are a source of career advising. In 2018-2019, nine MPH students had GA positions with program faculty and four had GA positions outside of the department.

2. Our mandatory group advising nights, which are attended by both first- and second-year MPH students, include presentations on job searching. In 2019-2020, 60 MPH students were in attendance.

3. Throughout the year, job opportunities are emailed to the graduate student listserv; these posts which vary in number reach all enrolled MPH students. Additionally, we maintain a separate jobs listserv that reaches both current students and alumni.

Beyond our job listserv, because of our emphasis on building relationships with our students, we often continue our career advising and mentorship beyond graduation from the program. One recent example is helping to guide 2019 graduate, Shannon Sandifer, in her employment search and helping her secure a job focusing on employee health promotion at Cone Hospital.

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. (self-study document)

In 2017 exit interviews, graduating students praised integrating cover letter and resume skills directly into coursework and asked for continued emphasis on professional development. In 2018 students noted that our program should emphasize that graduating students will be prepared for the CHES exam as a way of tying our program to specific professional advancement. Our most recent (2019) alumni survey showed mixed levels of satisfaction with career advising. The most common response was that career advising was neither excellent (a one on our survey Likert scale) nor poor (a five on our survey Likert scale) but somewhere in-between (just over 33% of survey respondents ranked our career advising as a three). While just over 42% of respondents highly ranked their career advising experiences nearly a fourth (just over 24%) of respondents gave their career advising experience low marks.

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

Similar to Criterion H1, the strength of our career advising services is grounded in our emphasis on relationships among students, faculty, and alumni. Establishing and emphasizing communication helps to create an atmosphere of collaboration and support that lasts beyond students' time in the program. We incorporate career planning into our program design, coursework, and activities. This allows us to incorporate and synthesize career advising into our curriculum.

Our reliance on relationships as a cornerstone of career advising is also a weakness. It is possible that students who are not as engaged with faculty (i.e. students who attend part-time, students who do not have a GA position) are not receiving enough support around career advising. Our ad-hoc, relational approach may also cause us to inadvertently deemphasize career advising. Finally, our lack of training and instruction for advisers may lead to variations in career advising quality.

Taking steps to formalize career advising will help us ensure that all MPH students are receiving useful, supportive guidance and services. Explicitly and consistently incorporating a focus on career goals and job searching within both group and individual advising will help make sure that every student is being engaged around these issues. Partnering with the graduate school to connect students with career advising outside of the program (i.e. resume-writing workshops, interview practice sessions, etc.) is another improvement that will help ensure that we incorporate meaningful career advising into program activities. Finally, setting up a career services clearinghouse Canvas page that contains relevant information job searching, applying, and interviewing, a space for current job postings (and links to relevant public health job boards), and a space for students to ask and answer questions would offer a central and accessible hub for information about career planning.

H3. Student Complaint Procedures

The program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

1) **Describe the procedures by which students may communicate any formal complaints and/or grievances to program officials, and about how these procedures are publicized.**

   Mechanisms for addressing student grievances and complaints are described in each of the appropriate policies and are found on the UNCG website page titled Student Grievance and Appeals Policies and Procedures. Example policies include complaints regarding FERPA, complaints regarding discrimination, and complaints regarding a UNCG police officer. Graduate students can find information on appeals of grades and appeals based on misapplication or misinterpretation of University policy, regulation, rule, or procedure or a violation of state or federal law in the online Graduate School Bulletin. The information is located under: Graduate Policies/Academic Regulations/Appeals Policies and Procedures (https://catalog.uncg.edu/academic-regulations-policies/graduate-policies/). It is also easily retrieved via the catalog search capability. Graduate advisors, the Director of Graduate Studies, and the Department Chair have all referred students to these documents when a concern has been expressed verbally or via email.

   Procedures for students to communicate formal complaints and/or grievances include both an informal and a formal process. The informal process involves contacting the appropriate party or parties within the department and the school in writing and trying to seek a resolution. If a resolution cannot be found and the student remains dissatisfied, they have the ability to appeal to the Vice Chancellor of Student Affairs, who will convey a Grievance Committee. If dissatisfied, students can continue the appeal process up to the level of the Chancellor.

2) **Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.**

   Informal Process
   Students must first communicate the complaint or grievance in writing to the appropriate person. If the complaint were related to a course, this would be the instructor. Otherwise the complaint would be addressed to the Director of Graduate Studies. If the complaint is not resolved to the student's satisfaction, they have the option of appealing to either the Director of Graduate Studies (in the case of a grade appeal) or the Chair of the Department. If the complaint or grievance cannot be resolved within the department, the student can communicate their complaint to the Associate Dean of Graduate Studies and, subsequently, the Dean of Health and Human Sciences. The Dean's decision is final in the informal process.

   Formal Process
   If the student is not satisfied with the outcome of the informal process, they must present a written statement detailing the complaint or grievance to a University official (Vice Chancellor of Student Affairs). At this point the Grievance Committee is informed and a formal hearing is held. If the student is still not satisfied with the results of the hearing, an appeal of the Grievance Committee's findings will be heard by the Dean of the Graduate School and the Vice Chancellor of the division where the matter arose. If still unresolved, the student can make an appeal to the Chancellor. The Chancellor will only assess the procedural components of the complaint and the Chancellor's decision is final.

3) **List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.**

There has only been one formal complaint or student grievance submit in the last three years, during the academic year 2016-2017. The purpose of the formal complaint was an appeal of a final grade due to inadequate feedback and instructor bias. The student appealed to the Associate Dean and then Graduate School. The Chair met with the Instructor and provided grade appeal policy and procedures to student. Student went through formal grade appeal with Graduate School; However, the Graduate School did not support the appeal.

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

The student grievance procedure is clear and well documented. It provides numerous opportunities to resolve the grievance and/or allow the student to continue the appeal. Most concerns are addressed by advising or our Director of Graduate Studies and do not rise to the level of complaints. While conducting the self-study, faculty noted that a link to the policy should be included in the MPH Handbook.

Overall, the Dean of Students and the Associate Vice-Chancellor and Dean of the Graduate School are willing and able to guide faculty members and students through the entire appeal process. Their support enables the program to make sure the process is as thorough as possible.

H4. Student Recruitment and Admissions

The program implements 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.

1) **Describe the program's recruitment activities. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.**

   We engage in robust and varied recruitment activities. We conduct an in-person open house which is highly structured and involves a presentation about our program, a panel discussion by current students, a question and answer session, and meet and greet with faculty. Additionally, In coordination with the UNCG Graduate School, we hold two in-person information sessions each academic year during which prospective MPH students speak with a representative from our department. In order to expand our reach, we also hold two virtual, online open houses per academic year which are hosted by our program faculty. The format of the virtual open houses includes an introduction; a discussion of UNCG, with emphasis on our status as a Carnegie Foundation Community Engaged Institution and that the University was the recipient of the 2015 Healthy Minds Healthy Campuses Award; a discussion of the program; and a brief overview of assistantships.

   We maintain a detailed log of contact information of prospective students (people who have attended events, have started but not completed an application, who have reached out to our program). We send prospective students' information about upcoming events (i.e. our open house).

   We regularly ask members of our department to email colleagues at other institutions to solicit information about promising students. We have tabled at APHA, presented at conferences (for example, The Association for Prevention Teaching and Research 76th annual meeting, Teaching Prevention Conference, 2015) and conducted live chats (i.e. the American Association of University Women live chat, 2015) about our program.

   We also make use of our network of current UNCG students and program alumni. Faculty discuss our MPH program with promising Community Health Education and Health Studies Online undergraduates both one-on-one and via our chapter of Eta Sigma Gamma. Program alumni are also central to our recruiting as students report that alumni word-of-mouth is one reason they apply to and attend our program.

   We maintain our departmental website (students report that finding our site via web search is another common way to find our program) as well as our social media presence via Facebook, Twitter, Instagram, and LinkedIn.

   Finally, we distribute fliers, postcards, and brochures with departmental information along with QR codes that lead to our website.

2) **Provide a statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.**

   Students apply to the MPH program through the Graduate School. After applications are processed, we gain access to an applicant's file via an online application system. Applications are reviewed by an MPH admissions team, which makes admission recommendations. Our Director of Graduate Study has final say over admissions decisions. This recommendation is provided to the Graduate School which then notifies the applicant of the admissions decision.

Both the Graduate School and our department have a holistic application process. This means that we take a whole-person approach to applicants, instead of an assortment of separate metrics. Sometimes this means that we reach out to individual applicants with questions and/or feedback. When we deny admittance to our program, we send an email directly to applicants explaining why and offering suggestions.

For students who may not have the credentials needed for full-time study in our program, we often recommend taking one or two classes via the UNCG Visions program which allows students who hold a bachelor's degree to take graduate classes without being enrolled in a degree program. The Visions program allows students to explore and "try out" our program and allows our faculty to get a sense of the student's fit with the program. Often Visions students apply for our program the following year.

Finally, accepted students who have GRE quantitative scores below the 25th percentile enroll in a summer Khan Academy program that we developed to help students (re)gain quantitative skills before beginning our program. Our application processes help ensure that each student is individually assessed and supported while also helping us ensure that our enrolling cohorts all have similar baseline skills and abilities.

3) Select at least one of the measures that is meaningful to the program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list, the program may add measures that are significant to its own mission and context.

Because of our curriculum changes, this criterion is currently in-progress. The process of revising our program has helped us to consider meaningful indicators of quality among our program enrollees. Faculty were interested in aligning our recruitment efforts with our diversifying our study body, as noted in Criterion G1; however, due to our stated interest in immigrant and refugee populations, there are a number of logistical challenges to collecting these data in our current context. We are committed to finalizing our metric and collecting data in the very near future.

Table H4-1. Outcome Measures for Recruitment and Admissions

Outcome Measure	Target	Year 1	Year 2	Year 3
Percentage of priority under-represented students (as defined in Criterion G1) accepting offers of admission	*	*	*	*

* Table to be updated

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

We are pleased with the scope of our recruitment activities and with our ability to attract increasingly diverse, qualified, and engaged students. In 2018-2019 our program enrollment dipped below our target of 30 new MPH program enrollees, but we are back on target in 2019-2020. We are committed to increasing our MPH program enrollment rates and will be implementing the following strategies to both hone and expand our recruitment efforts. In tandem with the new Director of Recruitment with the Graduate School, we are working to improve our search engine optimization. That is, we are exploring how to ensure that our program appears in online searches for public health education and MPH programs. We also recently acquired a list of students who noted interest in public health on their GREs so that we can reach out to them directly. The Graduate School offers a financial incentive to promising students who have been

accepted but have not yet enrolled in graduate programs, we will continue to ensure that we are making recommendations for qualified accepted MPH applicants to further incentivize enrollment.

Additionally, we need to ensure that we continue to network at conferences, perhaps devoting departmental funds to holding a social event at APHA or SOPHE. Asking currently enrolled or recently graduated students to reach out to newly accepted students, holding a visit weekend for recently accepted students, and arranging for one-on-one visits for newly admitted MPH students will help us increase our enrollment. We are also working to implement an alumni named application fee waiver, in which program alumni pre-pay application fees for MPH program applicants.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

1) **Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.**

UNCG Graduate Academic Calendar:

https://grs.uncg.edu/calendar/

UNCG Academic Integrity:

https://osrr.uncg.edu/academic-integrity/

UNCG Public Health Education Department Website:

https://phe.uncg.edu

UNCG Public Health Education MPH Program Webpage:

https://phe.uncg.edu/masters-of-public-health-education/

Admissions Process:

https://phe.uncg.edu/programs-2/admissions-overview/mph-in-community-health-education/admissions/

Application Instructions:

https://phe.uncg.edu/programs-2/admissions-overview/

MPH Student Handbook:

https://phe.uncg.edu/wp-content/uploads/2015/07/MPH-Handbook-Academic-Year-2018-2019.pdf

Sample Plans of Study for Program Completion:

https://phe.uncg.edu/wp-content/uploads/2019/04/NEW-Sample-MPH-Course-Sequences.pdf