



Council *on* Education *for* Public Health

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October 6, 2014

Philip L. Dubois, PhD  
Chancellor  
University of North Carolina at Charlotte  
9201 University City Blvd.  
Charlotte, NC 28223

Dear Chancellor Dubois:

On behalf of the Council on Education for Public Health, I am pleased to advise you that the CEPH Board of Councilors acted at its September 18-20, 2014 meeting to accredit the Public Health Programs at the University of North Carolina at Charlotte for a seven-year term, extending to December 31, 2021, with an interim report due in fall 2015. The interim report will address issues related to competencies, student assessment and career advising.

We are enclosing a copy of the Council's final accreditation report. This differs from the team's report that you received prior to our meeting in four areas:

- The Council changed the finding for Criterion 2.5 (Culminating Experience) from met to met with commentary. This change reflects the Council's assessment of the severity of concerns identified in the team's report, but it also reflects the Council's review of information in the program's response about changes implemented since the site visit. The Council also adjusted language in this section.
- The Council changed the finding for Criterion 2.6 (Competencies) from met with commentary to partially met and adjusted language in this section. This change reflects the Council's assessment of the severity of the issues documented in the team's report and ensures consistency with past Council decisions relating to similar patterns of evidence.
- The Council changed the finding for Criterion 2.7 (Assessment) from met to partially met and adjusted language in this section. This change reflects the Council's assessment of the severity of the issues documented in the team's report and ensures consistency with past Council decisions relating to similar patterns of evidence.
- The Council changed the finding for Criterion 4.4 (Advising & Career Counseling) from met with commentary to partially met and adjusted language in this section. This change reflects the Council's assessment of the severity of the issues documented in the team's report and ensures consistency with past Council decisions relating to similar patterns of evidence.
- The Council made minor factual corrections, based on information provided by the Office of the Chancellor, on the following pages: 1 (Introduction), 6 (Criterion 1.3), 10 (Criterion 1.6), 26 (Criterion 2.11).

We appreciated the many courtesies extended to the site visit team during its visit.

Sincerely,

Stephen W. Wyatt, DMD, MPH  
President

Enclosure

cc: Gary S. Silverman, DEnv, RS  
CEPH Councilors

**Council on Education for Public Health  
Adopted on September 20, 2014**

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

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

February 24-25, 2014

SITE VISIT TEAM:

Joan P. Cioffi, PhD, Chair

Carolyn H. Harvey, PhD, MS

SITE VISIT COORDINATOR:

Brittney D. Lilly, MPH

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## Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at the University of North Carolina at Charlotte (UNC Charlotte). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in February 2013 by a team of external peer reviewers. During the visit, the team had an opportunity to meet with program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

UNC Charlotte is the fourth largest of the seventeen universities in the University of North Carolina system (UNC). Located in Charlotte, the university is positioned in North Carolina's largest metropolitan area. Charlotte is also home to the state's largest health department. UNC Charlotte is the city's largest university with over 27,000 students, seven academic colleges, 21 doctoral programs, 63 master's programs and 90 bachelor's programs. As a doctoral/research intensive university, UNC Charlotte enrolls more than 5,000 graduate students. The university has over 900 full-time faculty.

The public health program at UNC Charlotte is administered through the Department of Public Health Sciences (PHS), which is housed in the College of Health and Human Services (CHHS). The PHS department was established in 2002 as the Department of Health Behavior and Administration. In 2003, the department undertook a strategic planning and realignment process in which program leaders decided to implement a public health program. In 2007, the department was renamed to its current title to better reflect the department's focus on contemporary public health programming, research and service activities. The public health program currently offers a bachelor of science in public health (BSPH) and a master of science in public health (MSPH). The department also offers an undergraduate minor in public health, which enrolls nearly 450 undergraduate students each semester. Program administrators have intended for the program to transition into a school of public health, but the economic downturn has slowed down the expansion process. The program graduated its first cohort from the MSPH program in May 2006, and has since produced 92 graduates. The BSPH program had its first graduate in May 2009 and now has 165 alumni.

The public health program at UNC Charlotte was initially accredited by CEPH in 2009, resulting in a five year term. The program was required to submit one interim report, which was reviewed and accepted by the Council in 2011. The program adds two new degree offerings in the current review, an MSPH/JD and a PhD in behavioral sciences. Enrollment will commence in fall 2014 for both programs. The degrees

were accepted into the unit of accreditation through a substantive change notice reviewed by the Council in December 2013.

## Characteristics of a Public Health Program

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

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the public health program at UNC Charlotte. The university is regionally accredited by the Southern Association of Colleges and Schools, and the program and its faculty have the same rights, privileges and status as other professional preparation programs of the institution. Interdisciplinary collaboration occurs through partnerships among faculty to perform instructional, research and service activities that engage departments throughout the college. Additionally, program administrators are formulating strategies to capitalize on the program's proximity to the Carolinas Medical Center in order to maximize the program's research, educational and networking opportunities. The program has sufficient resources to provide the breadth and depth of educational content necessary to support its degree offerings.

## 1.0 THE PUBLIC HEALTH PROGRAM.

### 1.1 Mission.

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

This criterion is met. The program has a clear and concise mission statement with supporting goals and objectives. The faculty, as well as internal and external stakeholders, developed the mission which is aligned with the mission of the PHS department, college and university. The Public Health Programs Governance Committee (PHPGC) and program subcommittees consider the need to revisit the mission statement annually. The mission statement and values were revised in 2007 with the launch of the BSPH program and again in 2010. Based on feedback from CEPH after reviewing the program's preliminary self-study document, the program developed an overarching public health program mission statement in 2013, while still keeping its existing degree-specific mission statements. The site visit team found that the programmatic mission reflected in the final self-study document is not published on the program's website. The website currently presents the departmental mission statement, which, while different than the statement provided in the self-study, appears sufficiently comprehensive. During the site visit, program administrators explained that they plan to ensure that the program's website is updated, but delays have occurred due to website malfunctions.

The program's overarching mission according to the self-study document is as follows: The Public Health Programs at UNC Charlotte produce practitioner-scholars and leaders prepared to promote and improve human health across the lifespan to support the optimal organization and management of healthcare locally, nationally, and internationally, and to deliver efficient, effective, and accessible, high quality health services, particularly to vulnerable populations.

Goals and objectives that support the program's mission are presented on the program's website and in university catalogs, publications and student manuals. The program has four goal areas, and there are measurable objectives for each – five for the instruction goal, three for the research goal, seven for the service goal and five for the diversity goal. Multiple indicators and targets are established for each objective.

The Public Health Advisory Board reviews each degree program's mission, goals, objectives and metrics and provides strategic direction by anticipating future workforce needs. The active involvement of program constituents was confirmed in multiple discussions with the site team during the visit.

The program's values statement speaks to professional and academic integrity, ethics, collegiality, engagement with the community and responsiveness and innovation in the pursuit of health and well-being. The self-study document and on-site observations demonstrated that the values are well integrated

into all aspects of the program. The program's approach to evaluation and planning and interactive governance appears to provide a rich environment for innovation and responsiveness to regional workforce needs and translation of research to practice.

### **1.2 Evaluation and Planning.**

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

This criterion is met. UNC Charlotte has a formalized planning and goal setting process for identifying needs and priorities from stakeholders at each level – department, college, campus and central headquarters. This process results in the development of institutional goals and objectives. Subordinate units develop a one year operational plan and five year strategic plans. Department heads assess and revise plans on an annual basis. The Public Health Advisory Board meets at least each semester to provide feedback on the program's plans and progress. An example of additional ad-hoc long-term planning is the work done by the School of Public Health Planning and Steering Committee in recent years. Since progress has slowed on the development of a School of Public Health, regular meetings of this committee are not appropriate at this time.

The program uses data from internal sources such as course syllabi, course evaluations and faculty reviews. Examples of external data sources include preceptor reports, alumni surveys, surveys of practitioners and input from the Public Health Advisory Board. Data is provided to the PHS department chair, degree program coordinators/directors, program faculty and degree subcommittees as necessary.

The self-study document provided data for each objective established in support of the mission statement. Examples of how the data are used for continuous improvement are provided in the self-study, and the site team's on-site documentation review and meetings confirmed the status of follow up. For example, a revision to the Methods in Community Health course sequence was a result of student feedback on course evaluations. Student feedback also resulted in a new syllabus for the course and more direct involvement of practitioners in the course. The new sequence was implemented in fall 2013 and appears to be meeting students' needs. Other examples which reflect the program's commitment to serving student and workforce needs include efforts toward adding a graduate certificate in public health core concepts; moving the BSPH capstone to the fall semester; expanding the programmatic focus beyond health education competencies to broader public health knowledge and skills; and improving the BSPH communications courses by adding a range of assignments to advance skill development. The program also revised the BSPH pre-major requirements, which will maintain the competitiveness for BSPH major slots but still enable those not selected for the major to complete a public health minor, if



desired. The examples provided in the self-study, and evidence gained during the site visit, demonstrate program leaders' attention to program evaluation and monitoring and their commitment to taking action on findings, as well as a respect for students, faculty and community stakeholder viewpoints.

Several objectives reflect performance below targeted levels. For example, one research objective states that 70% of core courses should have one faculty publication in required reading. This objective has consistently been unmet for the 2010 through 2012 academic years with annual performance data being 43%, 29% and 57%. Additionally, one diversity objective, that at least 33% of advisory board members are racially diverse, has consistently been unmet for the 2010 through 2012 academic years with performance data remaining at 22% each year. Plans for remediation are addressed in other criteria. Lastly, alumni response rates to CHHS' periodic assessments remain low, but faculty note that this is a university-wide issue that is not unique to the public health program.

The program's reaccreditation process was initiated in fall 2012 by the MSPH program coordinator, who was responsible for managing the self-study's composition. Drafting of the self-study's components was supported by program faculty, staff and graduate assistants. The involvement of students enabled two-way communication and engagement, and the self-study process reflects the program's clear commitment to continuous improvement. Meetings during the site visit confirmed the involvement of many program constituents in writing and reviewing the self-study draft.

### **1.3 Institutional Environment.**

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

This criterion is met. UNC Charlotte is accredited by the Southern Association of Colleges and Schools, and reaccreditation was conferred in 2013. The institution responds to a number of specialized accrediting bodies, and many programs in the CHHS are accredited. Within the department, the PHS offers a Master of Health Administration (MHA) degree, which is accredited by the Commission on Accreditation of Healthcare Management Education (CAHME).

The UNC system is overseen by a president who reports to the institution's Board of Governors. Each of UNC's 17 campuses is governed by a chancellor who reports directly to the UNC president and Board of Trustees. At UNC Charlotte's campus, the provost/vice chancellor for academic affairs oversees all academic colleges and reports to the chancellor. Each college is led by a dean who reports to the provost.

In the CHHS, there are four departments: PHS, the Department of Social Work, Department of Kinesiology and the School of Nursing. The PHS, led by a chair who reports to the CHHS dean, offers

four degree programs: BSPH, MSPH, PhD and MHA. Each PHS degree program is overseen by a program coordinator or director, who reports to the PHS chair.

The proper communication channels are established to facilitate decision making at the program-level and to liaise decision making with university-level administrators. Processes for budget requests and resource allocation are well defined and organized. Each CHHS department presents its annual budget request to the CHHS dean, who then presents the college's budget to the provost, who makes the final budgetary decision based on processes governed by the Board of Trustees. The CHHS dean distributes the apportioned resources to each department chair, who is given autonomy to manage the budget.

Recruitment and selection of faculty begin at the department level with the formation of a departmental search committee. Prospective faculty candidates are evaluated by the department's search committee, which makes recommendations to the PHS chair, who in turn makes a recommendation to the CHHS dean. The CHHS dean makes the final hiring decision for non-tenure track appointments, but the provost makes the final hiring decision for tenure-track appointments based on processes governed by the Board of Trustees. Faculty promotion begins with a review by the PHS Departmental Review Committee, who advises the PHS chair on recommendations to present to the CHHS dean's review committee. The CHHS dean makes the recommendation to the provost, who makes the final promotion decision based on processes governed by the Board of Trustees. Staff recruitment, selection and promotion is performed by the immediate supervisor.

The program's minimum academic standards and policies are set by university-level committees such as the Faculty Council, Graduate Council and Undergraduate Course and Curriculum Committee. Programs may choose to adopt more stringent academic standards and policies with consent from university-level committees. In the public health program, the following degree-specific subcommittees oversee academic policy development and modification: the Graduate Program Subcommittee, the Doctoral Program Advisory Committee and the Undergraduate Subcommittee.

#### **1.4 Organization and Administration.**

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

This criterion is met. The organizational structure of the public health program is conducive to carrying out instructional, research and service functions, with sufficient administrative oversight to support each degree offering. The undergraduate, graduate program and doctoral program subcommittees report to the PHPGC, which is comprised of the degree programs' coordinators/directors. The PHPGC has the

authority to make final decisions on many programmatic functions, whereas the PHS chair is involved in decisions that require approval from administrators at the college and university level.

The MSPH and BSPH coordinators and the PhD director are responsible for managing the daily operations of their respective program and serve as the chair of their degree program's subcommittee. Subcommittees consist of program faculty who assist the program coordinator/director in decision making and also carry out specific duties delegated by the coordinator/director. The program's simple, yet unique organizational method of establishing subcommittees at each degree level is advantageous, as it centralizes and streamlines decision making.

The program is located in the CHHS building, along with several other health professions programs including nursing, social work and kinesiology. The CHHS building provides an environment that fosters interdisciplinary collaboration in instruction, research and service. During the site visit, the team learned of the rich interdisciplinary environment and expectations of collaboration, which appear to be embedded in the CHHS culture.

The program has several methods in which to facilitate interdisciplinary collaboration. Interdisciplinary collaboration throughout the CHHS is demonstrated by public health faculty's role in instructing courses in other CHHS degree programs and by providing participatory roles in research projects for students in the MHA, PhD in Health Services Research and Master's in Health Informatics programs. A number of primary public health faculty also engage in instructional responsibilities outside the CHHS by teaching courses in departments such as gender and women's studies, psychology and biology. An additional demonstration of interdisciplinary collaboration among faculty is the involvement of a nursing faculty member and a psychology faculty member on the public health program's doctoral subcommittee.

To further enrich the student's interdisciplinary experience, a number of courses in the public health curriculum are cross-listed with courses of other disciplines, and public health students may take elective courses offered by departments throughout the university. Additionally, the program has a host of practitioners who serve as adjunct faculty, lending their practical experiences to supplement theoretical classroom knowledge.

### **1.5 Governance.**

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

This criterion is met. The program's governance structure ensures adequate oversight of all pertinent programmatic functions such as program and curriculum evaluation, student admissions and faculty promotion. A unique and valuable aspect of the program's governance is the establishment of a

governance subcommittee at each degree level, and one overarching program governance committee – the PHPGC.

The PHPGC provides academic and curricula guidance to each subcommittee, ensuring that curricula are appropriate and relevant. The committee also functions as the communication liaison, informing faculty and stakeholders of the program's updates and activities. The committee consists of the program coordinators/directors of each degree level (bachelor's, master's and doctoral), and an MSPH student serves as the committee's secretary.

The Undergraduate Subcommittee, chaired by the BSPH program coordinator, oversees admissions, advising and the curriculum of the BSPH program and the undergraduate public health minor. In addition to the program coordinator, the subcommittee consists of a BSPH student and three faculty who teach in both the BSPH and MSPH programs.

The Graduate Program Subcommittee oversees curriculum, academic policies and admissions for the MSPH program and the department's graduate certificate programs. The subcommittee is chaired by the MSPH program coordinator, who also serves as the MHA program coordinator. Membership also includes four program faculty and an MSPH student.

Prior to 2013, guidance and development of the prospective PhD program was managed by the Graduate Programs Subcommittee. In 2013, the Doctoral Program Advisory Committee was established to govern the PhD in behavioral sciences. The committee is responsible for supporting the director in the operation and academic governance of the PhD program. The committee is chaired by the PhD program director and consists of two non-public health faculty from the School of Nursing and the Psychology Department and two primary faculty currently teaching in the MSPH program who will serve as faculty for the PhD program.

Two additional committees exist in the program: the Faculty Search Committee and the Department Review Committee. The Faculty Search Committee, an ad hoc committee consisting of three program faculty, advises the PHS chair on prospective faculty candidates to recommend to the CHHS dean. The Department Review Committee, consisting of three faculty members, evaluates faculty who are eligible for promotion and tenure. The Department Review Committee makes recommendations to the PHS chair, who then makes recommendations to the CHHS dean's review committee.

In addition to service on ad hoc committees, nine of the program's 23 faculty serve on college-level committees such as the College Curriculum Committee, College Review Committee and Technology Planning Committee. Nine program faculty also serve on university-wide committees such as the

Academic Affairs Council, Faculty Council and Graduate Program Director Advisory Council. In total, 13 of the program's 23 faculty serve on college-level and university-wide committees, translating to 57% of the faculty complement.

The Public Health Advisory Board, the program's external stakeholder committee, is primarily responsible for providing feedback for general program improvements and advising program administration on changing practice needs or trends that may require changes to the program's curricula or degree offerings. The Board is currently composed of nine professionals – six of whom have public health degrees. Two members are alumni of UNC Charlotte's public health program. Many of the board members have either taught courses in the program, served on a student's capstone committee or served as a preceptor. The board members' relevant educational backgrounds, coupled with their familiarity with UNC Charlotte's public health program and students, make the board an invaluable asset to the program.

The program maintains two student-led public health organizations – the Graduate Public Health Association (GPHA) and the Undergraduate Public Health Association (PHA). The associations are robust with formal executive boards, faculty advisors and regular student-body meetings. During the site visit, the team learned of the associations' significance, as students spoke of the benefits gained through the associations' support systems. Student association leaders are actively engaged in new initiatives to improve the student experience in the public health program. During the site visit, association leaders spoke of developing a peer mentoring program and an annual career networking fair for students. Students indicated that program administrators readily support and encourage their endeavors.

### **1.6 Fiscal Resources.**

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

This criterion is met. UNC Charlotte's budgetary process is clearly defined. University administrators allocate the budget based on a university-level strategic plan. The budget is allocated to each of the university's four divisions – academic affairs, business affairs, student affairs and university advancement. The CHHS, which houses the public health program, is a component of the academic affairs division. Each division reconciles its budget at the end of the year, and this becomes the division's base budget for the upcoming year. Budget allocation for colleges under the academic affairs division begins with a set of requests and proposals from each college's dean, who presents the consolidated college proposal to the provost. Department-level budgetary requests are presented to the college dean and include requests for operating funds, new faculty and staff positions, graduate student support and major one-time expenses. Individual programs may request permission to implement a tuition increase and receive an annual allocation based on projected revenues from fees assessed to students.

The university is slowly transitioning to a performance-based resource allocation model, which will be based on student retention and graduation rates, among other factors. However, current fiscal resources are derived from student enrollment numbers, student course load and instructional intensity. The budget for the public health program includes funding allocated to the BSPH and MSPH programs. The majority of the program's funding is derived from state appropriations, and the largest portion of the program's budget is utilized for faculty salaries and benefits. Expenditures for student support have varied over the past three years, with decreasingly smaller amounts expended each year. University funds distributed to the program continue to fluctuate with zero monies received in the 2012-2013 academic year. Despite, the decrease in university funds, the program's total budget increased in the 2012-2013 academic year.

Grants and contracts provide an additional source of funding, as the university incentivizes extramural research grants. Ninety percent of indirect cost recoveries generated from external grants are distributed at the chancellor's level, and 10% of indirect cost recoveries are returned to the faculty's home unit. As an incentive and recognition for externally funded research, one-third of recovered faculty salary monies are allocated to the dean, department and faculty members. The PHS department provides 100% of the indirect monies returned to the department to the principal investigator.

The addition of the PhD in behavioral sciences will build on resources associated with the existing MSPH concentration. The university provided the program with funding to hire a PhD program director, and the provost has committed to two new faculty lines to support the PhD program. Additionally, the university has committed to providing funding for six, four-year doctoral assistantships and one additional faculty member. Table 1 presents the program's budget for the 2008-2009 through 2012-2013 academic years.

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
<b>Source of Funds</b>					
State Appropriation	800,576	802,204	1,067,286	1,028,971	1,360,330
University Funds	15,473	9,172	3,087	16,144	0
Grants/Contracts	21,472	16,700	36,884	3,309	4,202
Indirect Cost Recovery	8,804	6,402	7,913	2,356	948
<b>Total*</b>	<b>846,605</b>	<b>834,478</b>	<b>1,115,170</b>	<b>1,050,780</b>	<b>1,365,481</b>
<b>Expenditures</b>					
Faculty Salaries & Benefits	676,381	666,191	981,569	856,979	1,061,953
Staff Salaries & Benefits	60,716	55,277	53,629	39,562	66,002
Operations	32,948	56,907	45,446	30,560	39,929
Travel	14,419	8,901	23,349	14,559	41,075
Student Support	29,000	98,757	61,963	46,121	40,425
<b>Total*</b>	<b>813,464</b>	<b>886,033</b>	<b>1,165,956</b>	<b>987,781</b>	<b>1,249,383</b>

\* Differences between annual funds allocated and expended are absorbed by the College of Health and Human Services from the state appropriations budget.

### **1.7 Faculty and Other Resources.**

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

This criterion is met. The public health program's faculty complement includes 10 primary faculty. Over the last three academic years, the program has consistently had a sufficient primary faculty complement for its two degree programs. In addition, the secondary faculty complement consists of 15 faculty, with the majority of the faculty teaching in both degree programs. The program's student/faculty ratio (SFR), counting both the MSPH and BSPH degrees, is 12.7 for primary faculty and 9.6 for total faculty. The MSPH SFR is 4.6 for primary faculty and 3.4 for total faculty. The program plans to add five doctoral students in fall 2014. As noted in Criterion 1.6, the program plans to add one primary faculty during the 2014-2015 academic year.

The program's staffing support is adequate, with two full-time administrative assistants and a business service coordinator with 0.5 FTE.

The program has sufficient space for conducting activities necessary to fulfill its mission. The program is housed in the 138,000 sq ft CHHS building, and the PHS department occupies 20,000 sq ft of space on the building's 4<sup>th</sup> floor and 10,000 sq ft on the building's 3<sup>rd</sup> floor. Faculty and staff office spaces are equipped with computers that contain specialized research software such as EndNote, SUDAAN and Stata/SE. The CHHS building contains 39 technology equipped classrooms, 10 conference rooms, four academic laboratories and three student computer laboratories. One of the academic laboratories is a 350 sq ft human electrophysiology data recording and acquisition lab with the following equipment available for use: a 10-channel Grass model 78 polygraph capable of processing a range of physiological signals (EEG, ERP, ECG, etc.); an occlusion valve setup; a spirometer; an 8-channel processor and signal-averager; and software and hardware instrumentation for control of up to 8 input/output channels.

The CHHS building's computer laboratories are more than adequate, with one lab containing 51 workstations. The building's three other computer labs contain 24, 27 and 23 workstations respectively. Public health students and faculty have for their use the university's J. Murrey Atkins Library. The library is more than adequate with almost 400 journal titles and 169 electronic journals in public health. Students and faculty also have access to the library's electronic resources and may utilize the library's Interlibrary Loan Service for titles not available at the Atkins Library.

## 1.8 Diversity.

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

This criterion is met. The program defines its underrepresented groups as individuals who are non-white and from low socioeconomic backgrounds, as these groups are becoming increasingly present in Charlotte's population. The program values cultural awareness and competence for all students, and has developed a diversity goal statement with five objectives and 16 related metrics.

The campus has a diversity plan with goals and objectives and an ongoing evaluation process in which data is collected and reported annually by academic units. The university has appropriate policies, procedures and plans to recruit, develop, promote and retain diverse faculty, staff and students. Of note is the university requirement for faculty members on search committees to attend training related to the university's goals for diversity of faculty in the science, technology, engineering and math disciplines. The university also requires training for department chairs on diversity leadership. Additionally, the university's Multicultural Resource Center serves both students and faculty in promoting a safe campus environment for an increasingly diverse student body.

The program derived its diversity plans from the larger campus plan, and customized diversity targets to fit its mission and values. The program obtained resources to support its diversity objectives through the Chancellor's Diversity Challenge Fund. Challenge funds were used to organize a health disparities and diversity speaker series and to partner with a local HBCU to introduce minority students to the field of public health.

In the MSPH admissions process, in addition to the regular admissions requirements, the program assesses the potential contribution of prospective students to diversity. The program still has a limited number of male students at this time, and with a growing Hispanic population in the region, the program will seek bilingual students in the future.

The PHS department has diversity goals for curriculum, student body, faculty and staff. All core courses contain at least one diversity-related learning objective. Diversity is also evident in capstone thesis and projects, practicums and internship settings. The program's student body reflects the racial and ethnic diversity of the Charlotte region. Furthermore, in the MSPH and BSPH programs, 37.2% and 46.3% of students, respectively, are economically disadvantaged.

The program's race/ethnicity diversity objectives are for 33% of its faculty, staff and students to represent non-white racial groups. In the 2012-2013 academic year, the program met its race/ethnicity objective for each constituent group, with the exception of faculty which only reached a non-white complement of 25%.



An additional diversity objective is for the faculty complement and student body to be 25% male. In the 2012-2013 academic year, the program met the target for faculty, but failed to meet the target for its student body.

Program faculty added a diversity-specific item to the standardized course evaluation form, which assesses the instructor's ability to establish an inclusive and respectful learning environment for the program's diverse student population. Student feedback on this diversity assessment guides course development and improvement to ensure application of cultural competencies by students and faculty.

The PHS department contributes its data to the CHHS annual diversity report card. The CHHS associate dean for academic affairs reviews data and aggregates it with other academic units. The program contributes 10 diversity metrics to the report card. The program moves beyond standard metrics to incorporate other activities which support the diversity of the workforce. The program's plan to implement a core public health certificate program for non-degree candidates, in addition to the existing certificate in community health, demonstrates the program's support for working adults and those considering graduate work.

There appears to be continuous improvement and ambitious goals set by the program that are well supported by university leaders and the program's own mission and values.

## **2.0 INSTRUCTIONAL PROGRAMS.**

### **2.1 Degree Offerings.**

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

This criterion is met. The public health program's curricula are appropriate and reflect the program's stated mission and goals. The program currently offers the following degrees: a BSPH and MSPH, both in community health practice. Two new degrees will be offered beginning fall 2014: a PhD in behavioral sciences and an MSPH/JD. The university maintains a descriptive and comprehensive graduate catalog, providing a description of degree requirements and a schedule of class offerings per semester. The graduate catalog also provides a list of program faculty, program goals, admissions requirements and advising services.

The MSPH curriculum consists of five required core courses, three concentration-specific courses, six to nine credit hours of elective coursework, a practicum and a culminating project or thesis. The program also requires two additional three credit hour courses to supplement public health core knowledge –

Public Health Research Methods and Community Health Planning and Evaluation. With prior approval from the program coordinator, students may use any graduate course offered by the university to fulfill the elective requirements, as long as the student can prove the course's relevance to their public health career. For example, during the site visit, the team met an alumna who had fulfilled elective requirements by taking courses to strengthen her GIS mapping skills. Table 2 presents the program's degree offerings.

<b>Table 2. Instructional Matrix – Degrees &amp; Specializations</b>		
	Academic	Professional
<b>Bachelor's Degrees</b>		
Community Health Practice	BSPH	
<b>Master's Degrees</b>		
Community Health Practice		MSPH
<b>Doctoral Degrees</b>		
Behavioral Sciences	*PhD	
<b>Joint Degrees</b>		
Law		*MSPH/JD

\*New degree - enrollment begins fall 2014

## 2.2 Program Length.

**An MPH degree program or equivalent professional public health master's degree must be at least 42 semester-credit units in length.**

This criterion is met. As defined by the university, one credit hour represents 16 hours of faculty-led classroom instruction in a 16 week semester. Thus, a three credit hour course, which is common in the MSPH curriculum, requires three hours of faculty-led instruction per week.

The program's MSPH degree is at least 42 semester-credit hours in length, and no MSPH degrees have been awarded for fewer than 42 credit hours. Since students can choose which culminating option they prefer (research/thesis or project) and can decide between taking six or nine elective courses, the number of credit hours earned may vary for each student, but all scenarios will result in at least 42 credit hours upon graduation.

## 2.3 Public Health Core Knowledge.

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

This criterion is met. After review of syllabi, the site team finds that the program, through its five required core courses, imparts sufficient knowledge to attain depth and breadth in the five core areas of public health. The program does not grant waivers of core courses. Table 3 presents the required core courses for MSPH students.

<b>Core Knowledge Area</b>	<b>Course Number &amp; Title</b>	<b>Credits</b>
Biostatistics	HLTH 6203: Public Health Data Analysis	3
Environmental Health Sciences	HLTH 6205: Environmental Health	3
Epidemiology	HLTH 6202: Community Epidemiology	3
Social & Behavioral Sciences	HLTH 6201: Social & Behavioral Foundations of Public Health	3
Health Services Administration	HLTH 6206: Health Services Administration	3

**2.4 Practical Skills.**

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

This criterion is met. The program requires students to participate in a formal internship, mentored by faculty and community preceptors, to hone and apply public health skills in a practice setting. The program uses appropriate classroom-based experiences to expose students to interactions with the practice community on relevant topics. There are no waivers for the internship.

The internship is three credit hours, and students are expected to spend 160 contact hours at the practice site, with additional time spent preparing summary reports. The program maintains a detailed MSPH Internship Manual, and students are well aware of the manual and their responsibility to use it. Students are expected to take initiative in identifying their practice site and preceptor. Students work with potential preceptors to formulate preliminary goals, objectives and scope of work. Students submit a preliminary proposal to the program coordinator for approval.

The internship process begins by the program coordinator, faculty advisor or student identifying a practice site, and a formalized organizational agreement is made between the practice site and the CHHS. Program coordinators conduct on-site visits for first-time agency placements. A preceptor agreement is also required. Preceptors are provided general orientation and access to the internship manual and related materials.

MSPH students reported that the list of potential internship sites provided by the program was outdated and generally unhelpful. Unlike the more structured BSPH internship, MSPH students need to take initiative to determine the best internship match.

Student deliverables for the internship include a final report on the experience and four summary reports written throughout the internship. Students receive a pass/fail grade for the internship. The self-study indicates that students typically revise and correct their reports two to three times before approval, which implies critical feedback by program faculty.

During the site visit, program faculty voiced concerns about competition for student internships in the region and potential adverse consequences of recent interpretations of the Fair Labor Standards Act that might limit internships to paid experiences. BSPH students plan to establish a career networking fair to bring students and community organizations together to encourage expansion of internship and career options, which may serve to benefit MSPH students as well. The site teams' review of internship deliverables indicate the substantive nature of the program's internship experience, which often clarifies career direction and employment opportunities for students.

## **2.5 Culminating Experience.**

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

This criterion is met with commentary. Site visitors found the culminating experience process to be well organized and comprehensive. The program maintains an MSPH Capstone Manual that is easily accessible via the program's webpage. Site visitors were impressed with the manual's depth of detail and comprehensiveness, and find that the manual is a sufficient resource for the procedural guidelines and project expectations needed for successful completion of the culminating experience. Site visitors also found sample final reports to be well organized, scholarly and professional.

For the culminating experience, MSPH students choose between a six credit hour research/thesis in public health (HLTH 6900) or a three credit hour public health capstone project (HLTH 6901). Both courses are completed in a format similar to an independent study, as there is no formal course instructor. Before students are eligible to register for HLTH 6900 or HLTH 6901, they must have completed, or be concurrently completing, the following courses: social and behavioral foundations of public health, community epidemiology, public health data analysis, environmental health and public health research methods.

Students begin by selecting a capstone committee, which consists of a chair, who is a primary faculty member in the PHS, and two other graduate faculty from the university. It is preferred that the committee members have expertise or interest in the student's chosen topic area. The committee chair serves as the student's principal advisor for the capstone. Students are encouraged early in their course of study to discuss potential committee members and capstone topics with their academic advisor. Students choose a topic based on their interest and professional aspirations. The committee will serve to guide the student throughout the culminating experience and to critique and evaluate the student's capstone performance.

The project option is designed for students intending to work in a practice setting. The project option prepares students to critically solve problems through the application of public health knowledge and

methods. In this option, students choose to focus on one of the following project frameworks: a consultancy report to a client, program evaluation proposal, program implementation, community service grant proposal, research grant proposal or policy analysis.

The research/thesis option is designed for students intending to pursue doctoral study or conduct research in an academic setting. This option prepares the student to plan and conduct research, as well as compose research publications. The thesis is hypothesis-based and spans the entire range of the research process. Deliverables for both the project and research/thesis options include a 20 minute oral preliminary defense of the topic given to the student's committee and a 30 minute final defense with a written manuscript. In general, the written manuscript will be a 20 page double-spaced report detailing the student's investigation of their selected topic.

Regardless of the culminating option chosen, both formats assess at least some of the program's core competencies. The program's core competencies consist of competency sets for each of the five core areas of public health knowledge. In addition, the program has a research and evaluation methods competency set and interdisciplinary and cross-cutting competency sets in the following domains: communication and advocacy; ethics, values and cultural diversity; frameworks of public health practice; and systems thinking and leadership. For the culminating experience, the program has distilled the competencies from each competency set into six summative competency statements with the following titles: (1) Quantitative Sciences, which includes both epidemiology and biostatistics; (2) Environmental and/or Occupational Considerations; (3) Social, Cultural or Behavioral Considerations; (4) Health Services Planning and Administration; (5) Research and Evaluation Methods; and (6) Cross-cutting Themes. The program's Capstone Manual contains each of the competency statements and indicates that capstone theses and projects must appropriately address each core competency. The grading rubric used by the student's committee to evaluate the capstone contains the titles of the six competency statements and asks committee members to select either "yes" or "no" to the student's overall demonstration of the six competency statements. The grading rubric also asks committee members to rank the student's performance on a set a criteria specific to the thesis or project framework chosen by the student. For example, the grading rubric used for students choosing a policy analysis framework will include criteria to assess the appropriate use of prevention/intervention strategies in the analysis as well as the student's ability to successfully state the problem and its magnitude. For students choosing a research grant proposal framework, the grading rubric will contain criteria to assess the public health importance of the project, the feasibility of the proposal, the appropriateness of the budget and the presentation of the student's written product.

The commentary relates to the informality of competency assessment processes in the culminating experience. CEPH's criteria requires the culminating experience to be used as a means by which the

program assesses student proficiency in core and concentration competencies. While the program's concentration-specific competencies are not systematically distilled into the competency statements used during the capstone evaluation, the site visit team was sufficiently convinced that concentration competencies are assessed in practice because of their broad nature, even though they are not listed in the grading rubric. After the site visit, the program revised the MSPH capstone assessment rubric to explicitly ask faculty to evaluate the core competency domains using a four-point scale (1=not met/missing; 2=partially met; 3=fully met; 4=exceptional, instead of yes/no. The revised rubric also includes an additional domain assessing attainment of concentration specific competencies using the same 4-point scale. Implementation of the revised rubric may improve the program's ability to make full use of the culminating experience as an opportunity for competency assessment.

The following is a list of the 10 MSPH concentration-specific competencies: (1) apply major concepts related to community health, health education and health promotion and behavior change; (2) plan health education strategies, interventions and programs; (3) formulate health promotion strategies utilizing educational, organizational, economic, legal, technological and environmental supports for behaviors and conditions conducive to health; (4) practice methods utilized in completing a community diagnosis; (5) successfully sit for the CHES exam; (6) construct research questions applicable to either a qualitative or quantitative methods approach; (7) apply knowledge of quantitative and qualitative research methods and their appropriate sampling methods, data collection methods and data analysis methods; (8) summarize the major categories of resource development in community health programming; (9) discuss the interaction between public and private healthcare at the local and state levels; and (10) explain the role of experiences in shaping patterns of behavior.

## **2.6 Required Competencies.**

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

This criterion is partially met. Programmatic competencies exist for the BSPH, MSPH and PhD programs, and each competency is mapped to a related course in the curriculum. Programmatic competencies are divided into core discipline competencies, interdisciplinary and cross-cutting competencies and concentration-specific competencies. For the MSPH program there are a total of 114 competencies – 58 core competencies, 46 interdisciplinary and cross-cutting competencies and 10 concentration-specific competencies. For the BSPH program there are a total of 35 competencies – 20 core competencies and 15 interdisciplinary and cross-cutting competencies. For the PhD program there are a total of 66 competencies – 56 core competencies and 10 concentration-specific competencies.

PHS faculty and the Public Health Advisory Board were instrumental in developing the conceptual model for the program's competencies. The process began in 2005 with the MSPH program coordinator adopting and updating a conceptual model and a competency matrix originally developed at Johns Hopkins University. The program formed an ad hoc faculty committee, who developed the program's competencies by incorporating ideas from the ASPH competency development project, the Council on Linkages and other relevant sources, with endorsement from the program's Public Health Advisory Board. Faculty cross-walked the program's adopted competencies to the curriculum. In fall 2006, program leaders provided information on the competencies to MSPH students via the student manual. Program leaders then modified the competency matrix and course content in response to faculty and student feedback during the 2006-2007 academic year.

To derive BSPH competencies, selected MSPH competencies were tailored to the BSPH program's mission and the level of competence expected of bachelor's degree students. After the competencies were adopted, program leaders made adjustments and determined that it was necessary for expectations to be clearly communicated to students. As a result, the competencies are an integral part of the BSPH student handbook and are covered in the Foundations of Public Health course.

Program constituents periodically review competencies to ensure relevance, though since 2007, the program has deemed that no changes have been necessary. Student involvement in program committees facilitates the dissemination of information to the student body and ensures that students' viewpoints are incorporated into programmatic decisions. Competencies for all degree programs are made available to students via the student handbook. Despite assertions in the self-study that all syllabi list applicable competencies, the site team found that most course syllabi do not list applicable competencies. However, the site team did find that syllabi are sufficiently descriptive and contain learning objectives that demonstrate the appropriate depth of knowledge for the course.

The concern relates to the program's obligation to impart each of its adopted competencies to students through its curriculum. The site team found it difficult to make the connection between courses and their associated competencies. During the site visit, faculty explained that all of the program's competencies were not intended to be mastered by each student, but the competency list was assembled to reflect the broad range and scope of public health. The program appears to at least introduce each competency, by design, but it does not claim to allow for more than a brief exposure to all competencies. The program acknowledges that due to the number of competencies, allowing students to attain mastery would not be possible. The program should note that competencies are meant to reflect skills that their students will master as a result of attending the UNC Charlotte's public health program. Competencies must correlate directly to the assessment plan, and competencies that cannot be assessed must be removed from the list.

After the site visit, the program provided information noting that the MSPH subcommittee is instituting specific changes during the 2014-15 academic year, as follows: begin a systematic review and revise/update the program competency matrix and course-competency-assessment cross walk; and determine the appropriate format and manner to more effectively communicate to faculty and students the following: a) the MSPH program competency model; b) the linkages between competencies and courses; and c) competencies and assessments (including internship, capstone, and designated student learning outcomes).

### **2.7 Assessment Procedures.**

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

This criterion is partially met. The program has several methods for assessing student achievement of competencies, which include capstone and internship assessments, assessment of major course projects, grade point average (GPA) monitoring, course evaluations, graduate exit surveys, alumni surveys and employer surveys.

The concern relates to the fact that the program does not have mechanisms in place to consistently assess the full set of competencies presented to students. The program acknowledges that it does not have mechanisms embedded in the coursework to assess all of the program's competencies. Evaluation of students' capstones and internships provide the primary means of assessing students, though, as noted in Criterion 2.5, these opportunities have not been fully developed as opportunities for competency assessment.

In five of the seven MSPH required courses, and in three of the ten BSPH required public health courses, instructors utilize standardized grading rubrics to assess students' performance on major assignments in the course. Program leaders also review students' GPAs each semester and may place students who fail to meet minimum academic standards on probation. At risk students receive targeted advising and counseling from faculty members and their advisor.

The program utilizes course evaluations to ascertain students' perception of the instructor's ability to deliver the learning objectives through course content and assignments. Information obtained from course evaluations has been used to guide improvements in instructional clarity and presentation of course objectives and competencies. Furthermore, through exit surveys distributed to graduating students, the program ascertains students' perception of the competencies imparted through the curriculum. The program's MSPH exit survey is taken online and asks 110 questions in the following areas: overall assessment of the program, programmatic competencies, program career placement, learning



environment and advising/counseling. During their capstone course, BSPH students complete a paper-based survey similar to the MSPH exit survey.

The exit survey is also the primary means by which the program collects graduate employment data. Faculty also play a key role in collecting information from alumni who are job searching by staying in touch and serving as employment references. The program also maintains a Facebook page in order to stay updated on alumni employment statuses. Additionally, in the 12 months following a student's graduation, program coordinators may contact the alumnus directly in order to receive an employment status update. Annual job placement rates for MSPH graduates for the 2010 through 2012 academic years are 92%, 93% and 85% respectively, exceeding the CEPH required threshold of 80%. Annual job placement rates for BSPH students for the 2010 through 2012 academic years are 78%, 69% and 58% respectively. Job placement rates for the BSPH degree do not meet CEPH's required threshold, though it should be noted that the 12 month follow-up period has not been reached for 2013 graduates.

The Graduate School's policy on the maximum time to graduate for MSPH students is six years, though MSPH program leaders estimate that a full-time student can graduate in five semesters. Annual graduation rates for the MSPH program for the 2007 through 2011 academic years are 75%, 100%, 81.3%, 84.6% and 42.1% respectively.

The Graduate School has no policy on the maximum time for degree completion for baccalaureate students. Since the BSPH program is designed for juniors and seniors, program leaders consider six years to be the maximum time for completion once entering the public health major, though it is expected that most students will complete the major in two years. Annual graduation rates for the BSPH program for the 2007 through 2011 academic years are 96%, 94.4%, 100%, 90.7% and 94.4% respectively.

The CHHS routinely administers one and three year post graduation alumni surveys, though response rates have been low. These surveys assess alumni satisfaction with the program, their training and their employment, as well as their perception of competency attainment. Likewise, the CHHS conducted an employer survey in 2009 which asked employers to evaluate the alumni in the following areas: job performance based on roles and responsibilities, interactions with the colleagues and the community, professionalism, leadership skills, communication skills and satisfaction with the alumni's overall performance. CHHS administrators sent surveys to 15 employers of MSPH alumni, and three employers responded. The three responsive employers had hired a combined total of five MSPH graduates. Due to the small sample size of MSPH employers, the CHHS did not separate out MSPH performance in the survey's summary report in order to protect the anonymity of employers and graduates. The results from MSPH employers were however included in the aggregate survey results from employers of CHHS graduate degree students. The aggregate survey data reveals the following information: 100% of

employers surveyed indicated that their agency would employ a UNC Charlotte graduate again; 100% of employers felt that the graduate was either prepared, very prepared or extremely prepared for their job; and 100% of employers indicated that they were either somewhat satisfied, satisfied or extremely satisfied with the graduate.

The program will utilize two mechanisms to assess the extent to which PhD students are achieving competencies. PhD students will take a qualifying examination, which program leaders will utilize as a mid-program assessment. Additionally, students' dissertations will serve as the culminating experience, providing a final assessment of competency attainment.

## **2.8 Bachelor's Degrees in Public Health.**

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

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

**Elective Public Health Coursework:** in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

**Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.**

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

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

This criterion is met. The BSPH program curriculum is designed to meet the requirements to sit for the CHES exam and also addresses general public health content. The curriculum requires 120-125 credit hours, which consists of the following: 70-75 credit hours of pre-public health university required coursework, nine credit hours of prerequisite coursework, six credit hours of health-related communications coursework, 15-26 credit hours of coursework for a non-public health minor, 32 credit hours of public health major coursework, six credit hours of coursework related to culture and health and 12 credit hours of health-related elective coursework.

The BSPH core discipline competencies address biostatistics, epidemiology, environmental and occupational health sciences, health services planning and administration and social and behavioral sciences. Interdisciplinary and cross-cutting competency sets include competencies in the following domains: frameworks of public health practice, communication in public health, diversity and culture and professionalism. Students take 19 credit hours of coursework to gain primary coverage of the five core public health knowledge areas. The Behavior Change Theories and Practice course along with the Public Health Education and Promotion course serve as the primary means by which students attain knowledge in the social and behavioral sciences core area. The Research and Statistics in Health course along with its accompanying lab serve as the primary means by which students attain knowledge in biostatistics. Students attain knowledge in the health services administration, environmental health sciences and epidemiology core areas by taking the following three credit hour courses: Healthcare Administration, Environmental Health and Epidemiology. Each year the BSPH program coordinator provides students with an updated list of approved elective courses. The program coordinator's goal is to continuously refresh the availability of extra-departmental courses that contain relevant and sufficient population-health content.

The BSPH curriculum has a mid-point internship and capstone experience. The BSPH internship placement process is more structured than that of the MSPH program and is targeted to prepare students for entry level positions. The BSPH program coordinator takes a more active role in establishing placements and preceptors for students, which was confirmed by BSPH students and alumni during the site visit. The BSPH internship assessment includes a poster session presentation where accomplishments are presented to other students, preceptors and faculty members. Internship placements have occurred at thirty-five diverse sites.

The BSPH capstone is designed to provide integration of student knowledge and understanding of community issues. It should also help students focus on potential entry level employment in the field. The capstone includes attendance at a weekly 3 hour interactive seminar course, and assignments related to finding employment in public health or pursuing an advanced degree. Students create portfolios to demonstrate competence in the National Commission for Health Education Credentialing's (NCHEC) defined areas of responsibility for public health educators. Students' portfolios describe course projects and their reflections on the core competencies, as well as the internship. After review of student portfolios, site visitors conclude that portfolios provide evidence of curriculum integration at the undergraduate level. Furthermore, the competency framework for the BSPH is robust and measurable.

The BSPH program coordinator uses the Curriculum, Advising, and Program Planning (CAPP) degree audit tool to monitor student's public health GPA and cumulative GPA. The program coordinator performs

CAPP assessments each semester to ensure students are meeting the public health program's graduation requirements, which are more stringent than university requirements.

The program is proud of its approach to undergraduate public health programs and was pleased to be selected as a case study of successful practices in undergraduate public health programs by the Association for Prevention and Teaching Research (APTR) and the Association of American Colleges and Universities (AACU). The BSPH program offers only one concentration at this time, but will consider opportunities to add others, such as epidemiology, as resources permit.

### **2.9 Academic Degrees.**

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

This criterion is met. The curriculum for the PhD in behavioral sciences does not address the five core areas of public health because it is anticipated that students accepted into the program will have a graduate public health degree prior to enrollment. Applicants who cannot demonstrate prior coursework in the five public health core knowledge areas, must take prerequisite master's level courses in epidemiology and the foundations of public health.

### **2.10 Doctoral Degrees.**

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

This criterion is met. The PhD in behavioral sciences will be delivered and administered through the program's current faculty. Program faculty will assume leadership roles including chairing dissertation committees, chairing comprehensive exam committees, serving as members of the Doctoral Program Advisory Committee, advising and mentoring students and developing and teaching courses. According to university leadership, the program is a priority of the university and will be sufficiently funded. Anticipated funding will include competitive fellowships from the Graduate School, faculty research grants and teaching assistantships. Five students have already been accepted for fall 2014 admission into the program.

The PhD curriculum includes doctoral-level public health courses in behavioral sciences, research methods and professionalism and communication, totaling 36 credit hours of didactic coursework. Additionally, students will engage in 18 credit hours worth of dissertation research, making the PhD program a 54 credit hour program.

### **2.11 Joint Degrees.**

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

This criterion is met. The program is slated to begin enrolling students in its new joint MSPH/JD degree in fall 2014. Joint degree students must complete the same number of credit hours and identical core and concentration courses as standalone MSPH students. The program has a sufficiently detailed memorandum of understanding (MOU) with Charlotte School of Law (CSL), a private law school, to govern the joint degree, indicating to site visitors that the program is well prepared to begin enrollment. The MOU, which mirrors the content and depth of a student handbook, outlines a summary of the joint degree, academic policies, admissions requirements, tuition and financial aid, advising, course sharing policy and a list of courses that can be doubly counted toward both degrees.

The admissions process for the joint degree will follow the same process as the standalone MSPH program and joint degree students must apply to both degree programs separately. After their second year of law school, joint degree students will begin taking MSPH courses for one year. In the remaining years, they will finish the joint degree by completing the remainder of the JD and MSPH requirements by taking classes at both institutions. Students must complete the MSPH requirements within four years from when they initially began taking MSPH classes.

UNC Charlotte's dual degree policy is that no more than 25% of the credits required for each degree separately, can be counted toward the joint degree. The program has adopted the university's policy and will allow up to 12 credit hours of JD curriculum to fulfill requirements in the 45 credit hour MSPH program. Joint degree students may earn their 12 doubly counted credit hours through a shared practicum, culminating experience or electives.

Standalone MSPH students fulfill their practical skills requirement through a three credit hour internship, and standalone JD students fulfill their internship requirement through the following CSL courses: Summer Judicial Externship and Summer Public Interest Immersion. However, for the joint degree, the JD externship may meet the MSPH internship requirement, if the MSPH program coordinator determines that the field placement offers an appropriate amount of public health practice experience. An example of a shared internship with sufficient public health and legal exposure would be a law clerkship in a health context.

Joint degree students may complete a shared culminating experience and earn three to six doubly counted credit hours. Like standalone MSPH students, joint degree students may choose between the research/thesis option and the project option. It is anticipated that most joint degree students will choose the project option, gaining three doubly counted credit hours to fulfill the capstone requirement. The student can combine the MSPH capstone project with a comparable CSL scholarly project requirement. The shared culminating experience will still be evaluated to assess the student's mastery of MSPH core competencies and other criteria specific to the chosen project framework. A CSL course that focuses on

research or a scholarly project may count toward the MSPH capstone requirement, if the MSPH program coordinator determines that the CSL project provides appropriate public health experience. The final product will be evaluated by faculty from both the MSPH and JD program, and must meet the requirements of both programs.

The required six to nine MSPH electives credits can be substituted for six to nine credits of JD courses. Any nominal, broadly-defined, health-related graduate course offered by CSL may be used as an MSPH elective course, with prior approval by the MSPH program coordinator. The following courses are examples of courses offered at CSL that can be substituted for MSPH electives: medicine and law; health law; healthcare law; patient care and malpractice; bioethics and public health; history of medical law; environmental law; employment law; and administrative law.

Since no competencies are mapped to elective courses in the MSPH program, joint degree students, though they are allowed to take CSL elective courses, still gain the same competencies as standalone MSPH students. Likewise, all programmatic competencies are mapped to at least one core course as a means of primary coverage for the competency. The same is true for the concentration competencies, as they are mapped to at least one concentration course as a means of primary coverage for the competency. Since joint degree students must take the MSPH core and concentration courses, they gain all competencies and complete the degree with the same rigor as standalone MSPH students.

#### **2.12 Distance Education or Executive Degree Programs.**

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

This criterion is not applicable.

### **3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.**

#### **3.1 Research.**

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

This criterion is met. The program has a strong research component, and faculty have a teaching load that allows them to participate in scholarly activities. Faculty have a standard teaching load of two classes each semester, and are expected to divide their time equally between teaching and research. Tenured faculty are heavily involved in submitting grant proposals, but have had mixed results in the acquiring of grant awards. Over the past four years, program faculty submitted 19 grant proposals totaling \$11,260,630 that were not awarded. Program leaders attribute the lack of grant awards to the economic downturn and “drying up” of federal funding. Despite the economic downturn, over the last three years, the program’s faculty have received \$411,293 from internal and external research funding.

The university’s Research and Economic Development offices support faculty efforts to obtain external grant funding by supplying information on grant opportunities, assisting with grant assembly and submission and providing statistical and methodological support such as budget preparation. The office also helps faculty members manage the grant after receiving the award. Workshops are available for faculty to develop skills in grant-writing, developing budgets, managing grants and all aspects of compliance with both federal and non-federal grants and contracts. In fall 2013, the CHHS dean hired a distinguished scholar, with an extensive research and funding portfolio, who is expected to support faculty in increasing the volume and scope of sponsored research. The scholar serves the entire college but has an academic appointment in the PHS department.

Research activities are defined to encompass the following: community-based research involving primary data collection and analysis; secondary data analyses; writing publications in peer-reviewed journals; writing grants to solicit internal or external funding to conduct research; and presenting research at appropriate conferences. Public health program faculty engage in collaborative research projects with the following organizations: Carolinas HealthCare System, Presbyterian Hospital System, Carolinas Rehabilitation Institute, Mecklenburg County Health Department and Hefner Veterans Administration. Program faculty have collaborated with local organizations such as the Cam Newton Foundation and the Carolinas HealthCare System to conduct research in Mecklenburg County Schools evaluating enrichment activities, and in Cabarrus County addressing childhood obesity.

Public health students are involved in research activities both independently and with program faculty. One-third of the MSPH students have had a research assistantship at some point throughout their course of study, allowing those students the opportunity to work with faculty on projects and grants. MSPH

students are required to do a thesis or scholarly project for their capstone experience, and many students use the data or information collected during their assistantships to complete the capstone. There have been 20 publications arising from student theses and/or collaborative work with faculty. Moreover, two MSPH students have received UNC Charlotte Graduate School's best master's thesis award.

To increase funding and research opportunities for doctoral students, the PhD program director is expected to work with the newly hired distinguished scholar, senior faculty and the associate dean for research to increase external grant awards. The Office of Academic Affairs has provided six doctoral assistantships to the PhD program, and the program anticipates student involvement on current faculty research projects.

### **3.2 Service.**

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

This criterion is met. The public health program is embedded in a university that values community service. Through North Carolina General Statutes and a Governor's Executive Order, the university provides faculty with paid leave for community service activities of 24-36 hours per year. The university expects faculty to provide scholarly public service, which is part of its mission and fulfills promotion and tenure expectations. The CHHS faculty handbook lists four areas that are evaluated in promotion and tenure: (1) contributions to the administration and governance of the department, college or university; (2) public service and community service to non-profit and for-profit organizations; (3) services to the profession; and (4) provision of continuing professional education.

The PHS department chair educates faculty on interpreting the meaning of service to support the population's health. Each year during a faculty member's annual review, the faculty member sets service goals for the next year consistent with their expertise, rank and the MSPH program's goals. The Public Health Advisory Board identified three focus areas for service: health departments, community stakeholder organizations and the larger community. The program engages health departments through evaluation and project collaboration, professional consultation and hosting the local health department's annual community forum. The program engages community stakeholders by bringing community members to campus for special events such as community forums and school health nurses trainings. The program seeks to establish an academic health department with the Mecklenburg County Health Department when the health department completes transition from an outsourced model to a county agency model. Mecklenburg County's new health officer has already reached out to UNC Charlotte's provost for engagement.

The program's service indicators measure primary faculty participation in professional service (100% in AY 2012) and community-based service (80% in AY 2012). Service contributions are also measured for



students, which includes completion of a community based internship (100% in AY 2012) and engagement in service activities outside of program requirements (50% in AY 2012). Students in the program may participate in service activities sponsored by the MSPH and BSPH student associations. Furthermore, students also engage in volunteer opportunities with community organizations to fulfill assignment requirements in select BSPH and MSPH courses. As an incentive for community service, the university will note service participation on the transcripts of BSPH students who volunteer 80 or more hours at select community-based organizations.

The Carnegie Foundation for the Advancement of Teaching conferred its community engagement classification to UNC Charlotte. In addition to increasing research productivity, the CHHS's newly hired distinguished scholar is expected to enhance the college's community engagement activities and to further strengthen the service efforts of students and faculty.

The program has a robust portfolio of service activities and intends to consistently improve documentation. The efforts of the program to work with Mecklenburg County in establishing an academic health department are particularly significant. While the establishment of the arrangement will present a challenge for all involved, it also provides a coordinated focus for improving local health outcomes through an integrated and strategic alliance between academia and practice. The site team's assessments of program constituent's service involvement indicates a strong commitment to serving the community and the genuine appreciation from local and regional stakeholders for the contributions made by UNC Charlotte's public health program.

### **3.3 Workforce Development.**

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

This criterion is met. The program uses the Public Health Advisory Board as the primary means to assess continuing education needs. The board meets each semester, or more often if needed, and is composed of active practitioners and alumni from the surrounding area. Additionally, the following mechanisms have served as sources through which the program assessed the community's workforce development needs: the program's degree planning workforce needs assessment, the program's now inactive School of Public Health Planning and Steering committee and an MSPH student's capstone project, which consisted of a needs assessment and a workforce development plan for the county. The program's prior workforce needs assessments resulted in forming a CEPH-accredited program, establishment of an undergraduate major in public health and a new graduate certificate in public health core concepts.

The program's workforce development efforts are informed by a report from the North Carolina Institute for Public Health's Center for Public Health Preparedness. The report conveyed statistics about North

Carolina's public health workforce revealing that 43% of health department workers were retirement-eligible in 2006, that the average age of public health nurses was 45 and that public health nurses constituted 30% of the public health workforce. Along with the report's statistics, the program used information from ongoing dialogue with the Public Health Advisory Board and preceptors to generate a model framework for a school of public health. Although plans are on hold due to the economic downturn, progress continues to be made.

The program offers a graduate certificate in community health with small but continuous enrollment and will launch a new certificate program in public health core concepts in fall 2014. The program offers CHES continuing education credits and serves as a CHES testing site. The program's additional continuing education activities include sessions with diverse speakers during National Public Health Week and public health lecture series organized by public health honor societies. The program's planned establishment of an academic health department with Mecklenburg County Health Department will provide an additional pathway for the program to impact the competency and capabilities of the public health workforce.

The program provides evidence of innovation in matching its offerings to the needs and interests of the community and students. While no formal workforce development programs are provided beyond the certificate programs, the forthcoming certificate in public health core concepts and the potential establishment of an academic health department show promise in the program's ability to address the needs of the public health workforce in the Charlotte region. Meetings during the site visit confirmed the program's contribution to local and regional public health workers and to the larger community

#### **4.0 FACULTY, STAFF AND STUDENTS.**

##### **4.1 Faculty Qualifications.**

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

This criterion is met. The program's faculty complement has an established record of publications, presentations and research agendas. A number of faculty members have work experience in public health outside of academia, with over 40 years combined practice experience in the field of public health. Program faculty are well versed in community health and social sciences, qualifying them to instruct in this community health practice-based program. Faculty degree disciplines include epidemiology, psychology, population and family health, health education and promotion, health administration and health services research among others. Seven primary faculty received public health degrees from CEPH-accredited programs and schools of public health. Furthermore, the program's secondary faculty are academically qualified to teach in the program. Program leaders aspire to hire a faculty member with

a doctoral degree in biostatistics to teach the program's Public Health Data Analysis course but have been unsuccessful in their efforts to attract a biostatistician. To date, faculty members with doctoral degrees in epidemiology have instructed the Public Health Data Analysis course.

#### **4.2 Faculty Policies and Procedures.**

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

This criterion is met. Promotion and tenure policies and guidelines are outlined in the university's faculty handbook and in the CHHS faculty handbook. The majority of the program's faculty are tenured or tenure-track, and there are two primary faculty with contracts. On an annual basis, each faculty member undergoes a self-evaluation process, in which they detail their activities for the previous year related to teaching, research and service. The PHS department chair evaluates the faculty member's performance utilizing course evaluations and the CHHS' faculty performance benchmarks. CHHS faculty performance benchmarks encompass the following: all courses taught should be evaluated by students each semester; a student evaluation score of 3.0 on specific course evaluation questions; faculty should seek to continuously improve their teaching methods; faculty should engage in scholarly activities related to diversity; active research should produce publications on an annual basis; and faculty should provide service and leadership to their department, college, university, the local community and professional organizations. Non-tenure track faculty are reviewed annually through peer teaching observations conducted by tenured faculty. The tenured faculty observer provides the faculty under review with feedback to enhance their teaching style and instructional effectiveness.

Full-time public health faculty are provided funds by the PHS department to support professional development, including conference travel. Faculty may also use funds available from their sponsored research to support professional development activities. The university provides internal grants to support faculty with research projects and to assist faculty with curriculum development or improvement. The CHHS' Academic Technology unit provides faculty with instructional and technical support on office technology and e-learning tools.

#### **4.3 Student Recruitment and Admissions.**

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

This criterion is met. Complete information on the program's degree offerings, curricular requirements, admission requirements and other relevant information is available on the program's website. The program advertises in the APHA Public Health Buyers Guide, and program brochures are distributed at

conferences, career fairs and sent directly to state and county health departments. The site visit team confirmed the availability of the program's recruitment materials, calendars and webpages.

Program leaders market the BSPH degree to students in public health minor courses, pre-public health majors and other health-related majors. BSPH program representatives attend various UNC Charlotte campus events such as Career Open House Day and Majors Day. MSPH program leaders recruit students from the university's health-related majors as well as sponsor an annual open house. Of special note is the program's direct targeting of HCBUs through campus visits and feeder programs in the Charlotte region to recruit students from diverse backgrounds. For the PhD program, the program sponsored a booth at APHA and conducted outreach activities to alumni and other stakeholders in the Charlotte region.

MSPH applications are reviewed by the NSPH Program Subcommittee. A standardized evaluation form is utilized by committee members to evaluate applicants. Admission into the program requires a bachelor's degree from an accredited institution, test scores on English speaking proficiency if the applicant has not earned a post-secondary degree in the U.S, at least a 3.0 GPA, a statement of purpose, three recommendation letters, an official transcript and satisfactory graduate entrance exam test scores (GRE/MCAT) that are no more than five years old. The MSPH Admissions Committee prefers GRE scores with verbal and quantitative percentile scores that sum to at least 90. MSPH program leaders acknowledge that its ad hoc admissions committee is making more exceptions to the GRE score requirement, as they do not necessarily perceive a strong connection between GRE scores and academic performance. However, the program continues to closely monitor the academic performance of MSPH students.

The policies and procedures for admission into the PhD program are similar to that of the MSPH program and require a master's degree in public health, or a related field, with at least a 3.5 GPA. If the applicant has not graduated from a CEPH-accredited master's program, he or she will be required to take additional course work upon admission.

BSPH students are only accepted to the program in the fall semester. BSPH applicants must have specific prerequisites and at least 60 credit hours to declare the public health major. Applicants must also have a 2.5 GPA, unofficial transcripts from all institutions attended and a statement of interest detailing public health career goals. As with the MSPH program admissions process, BSPH applications are reviewed by the BSPH Program Subcommittee.

There are approximately 20-25 slots for MSPH candidates each year, and the number of students actually enrolling has dropped annually over the last three academic years with 26, 19 and 16 students enrolling

each year. The number of BSPH program applications continue to increase annually, and the number of students actually enrolling has fluctuated for the last three academic years with 43, 36 and 45 students enrolling each year. During the 2012-2013 academic year, the MSPH program had an FTE conversion of 38 students, and the BSPH program had an FTE conversion of 75.25 students. Recruitment for the PhD program has been successful, with five students already accepted.

#### **4.4 Advising and Career Counseling.**

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

This criterion is partially met. Academic advising services are provided in both the BSPH and MSPH programs, and the method for delivering advising services in the PhD program has been established. The CHHS handbook clearly defines academic advising policies that are applicable to the public health program and clearly outlines students' and advisors' roles and responsibilities. The handbook also outlines student grievance policies and procedures, for which there have been none filed in the public health program in the past three years.

The MSPH and BSPH program handbooks also describe the advising structures for each program. MSPH students are assigned academic advisors during student orientation, and BSPH student are assigned advisors once accepted into the public health major. For both programs, advisors are drawn from the faculty members that serve on each program's subcommittee. The Graduate Program Subcommittee includes five faculty and the Undergraduate Subcommittee includes four faculty. In the BSPH program, students maintain the same advisor throughout their course of study. However, for the MSPH program, advising responsibilities are transferred to the student's capstone committee chair, typically in the second year of the program. The committee chair can be any primary faculty member of the public health program. As the student's new advisor, students are encouraged to discuss suitable elective course options and future goals with their committee chair.

CEPH considers both academic and career counseling components of advising and their effects on and value to the student body. During the site visit, the site team ascertained career counseling to be a discernible strength of the BSPH program. For example, through the BSPH capstone course, students focus on career preparation and exploration by developing professional skills, practicing job interviews and preparing resumes and portfolios. In addition, during the site visit, BSPH students highlighted the efforts of the program coordinator and advisors in addressing their career interests and ensuring that they participated in valuable internships. During the site visit, BSPH alumni and preceptors of BSPH students indicated that the program does an excellent job at matching students' skills to internship placements. Furthermore, site visitors noted that the BSPH students exhibited exemplary motivation in helping their

peers gain employment, as the Undergraduate Public Health Association plans to organize career networking fairs for students.

The site team ascertained academic advising to be a discernible strength of the MSPH program. The MSPH program's academic advising standards are such that no student may advance through the program without first having a course plan consultation with their academic advisor, as registration holds are placed on the student's account until the consultation occurs. Site visitors conclude that this is a good method to ensure that program leaders are aware of each student's progress through the program and that no student is overlooked.

The concern relates to the lack of a structured career advising component in the MSPH program. Site visitors were concerned with the value of career counseling offered to students, as students explained during the site visit that though their advisors provide career guidance when sought out, it is generally not specific to their career interest. This commentary is given in light of the fact that the program anticipates internships to be a springboard to employment. However, students expressed difficulty with securing internships and often found that they settled for internships that did not align with their career interest. The program does provide students with a list of potential internship sites, but students found the list to be outdated and generally unhelpful. Nevertheless, the program expects students to take initiative in identifying internship placements, as the program seeks to foster independence and self-determination in its students. Students may however benefit from greater guidance in obtaining a more suitably matched internship, especially if internships are intended to be one of the primary methods for securing future employment. The program's response to the site visit team's report notes that the MSPH subcommittee, in consultation with its student organization, advisory board and alumni, will develop a plan to improve graduate student internship and job search experiences.

## Agenda

### COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

#### University of North Carolina at Charlotte Public Health Program

February 24-25, 2014

#### Monday, February 24, 2014

- 8:30 am Team Resource File Review
- 9:15 am Site Visit Team Request for Additional Documents  
Michael E. Thompson, MS, DrPH, Coordinator, Graduate Public Health Programs; Associate Professor, Department of Public Health Sciences; Chair, Public Health Programs Governance Committee; Coordinator, CEPH Accreditation
- 9:45 am Meeting with Program Administration and Self-Study Coordinator  
Camina Davis, MS, CHES, Lecturer & Coordinator, Undergraduate Public Health Programs  
L. Michele Issel, PhD, MN, RN, Director, PhD in Behavioral Sciences Program; Professor, Department of Public Health Sciences  
Gary Silverman, DEnv, RS, Professor & Chair, Department of Public Health Sciences  
Michael E. Thompson, MS, DrPH, Coordinator, Graduate Public Health Programs; Associate Professor, Department of Public Health Sciences; Chair, Public Health Programs Governance Committee; Coordinator, CEPH Accreditation
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs  
Ahmed Arif, PhD, CPH, Associate Professor, Department of Public Health Sciences  
Camina Davis, MS, CHES, Lecturer & Coordinator, Undergraduate Public Health Programs  
Andrew Harver, PhD, Professor, Department of Public Health Sciences  
L. Michele Issel, PhD, MN, RN, Director, PhD in Behavioral Sciences Program; Professor, Department of Public Health Sciences  
James Laditka, DA, PhD, Associate Professor, Department of Public Health Sciences  
Sarah Laditka, PhD, MBA, Associate Professor, Department of Public Health Sciences  
Crystal Piper, PhD, MHA, MPH, Assistant Professor, Department of Public Health Sciences  
Elena Platonova, PhD, Associate Professor, Department of Public Health Sciences  
Sharon Portwood, JD, PhD, Professor, Department of Public Health Sciences  
Elizabeth Racine, DrPH, RD, Associate Professor, Department of Public Health Sciences  
William Saunders, PhD, MPH, Assistant Professor, Department of Public Health Sciences  
Michael E. Thompson, MS, DrPH, Coordinator, Graduate Public Health Programs; Associate Professor, Department of Public Health Sciences; Chair, Public Health Programs Governance Committee; Coordinator, CEPH Accreditation  
Jan Warren-Findlow, PhD, Associate Professor, Department of Public Health Sciences  
Pilar Zuber, MSPH, PhD, MCHES, CPH, Lecturer, Department of Public Health Sciences
- 12:00 pm Break
- 12:15 pm Lunch with Students  
Joanna Ball, MSPH Program  
Celia Karp, BSPH Program  
Meghan Kusper, MSPH Program  
Molly McKinney, MSPH Program  
David Parks, MSPH Program  
Kenesha Smith, MSPH Program  
Kodi Smith, BSPH Program  
Tamara McNeil, BSPH Program  
Virginia Stewart, BSPH Program
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues  
Camina Davis, MS, CHES, Lecturer & Coordinator, Undergraduate Public Health Programs  
Mark DeHaven, PhD, Colvard Distinguished Professor, Department of Public Health Sciences

L. Michele Issel, PhD, MN, RN, Director, PhD in Behavioral Sciences Program; Professor, Department of Public Health Sciences  
Gary Silverman, DEnv, RS, Professor & Chair, Department of Public Health Sciences  
James Studnicki, ScD, Belk Endowed Professor, Department of Public Health Sciences  
Michael E. Thompson, MS, DrPH, Coordinator, Graduate Public Health Programs; Associate Professor, Department of Public Health Sciences; Chair, Public Health Programs Governance Committee; Coordinator, CEPH Accreditation

2:30 pm Break

2:45 pm Team Resource File Review

3:45 am Break

4:00 pm Meeting with Alumni, Community Representatives and Preceptors

Chaquoya Blackwell, American Red Cross – BSPH Alumnus  
Jessica Castrodale, Carolinas HealthCare System - Stakeholder  
Allyson Cochran, MSPH, Gaston County Health Department - MSPH Alumnus  
Sarah Bailey, Susan G. Komen Foundation - BSPH Alumnus  
Katie Benston, CareRing - Stakeholder  
Clint Grant, MSPH, Anuvia Prevention and Recovery Center - MSPH Alumnus  
William Gross, MPH, Gaston County Health Department - Employer/Preceptor  
Marianne Hedrick Weant, MSPH, MA, CHES, North Carolina Parent Teacher Association – MSPH Alumnus  
Michael Kennedy, MGA, MPH, CHES, Mecklenburg County Health Department - Preceptor  
Rebecca Ketner, Lash Group-Amerisource Bergen – BSPH Alumnus  
Susan Long-Marin, DVM, MPH, Mecklenburg County Health Department – Preceptor  
Korey Lockett – BSPH Alumnus  
Chris Matthews, Communities in Schools – BSPH Alumnus  
Krystle White, American Red Cross – BSPH Alumnus  
Janice Williams, MEd, Carolinas Center for Injury Prevention and Control - Employer

5:00 pm Adjourn

**Tuesday, February 25, 2014**

8:30 am Meeting with Institutional Academic Leadership/University Officials

Nancy Fey-Yensan, PhD, Dean, College of Health and Human Services  
Joan Lorden, PhD, Provost and Vice Chancellor  
Jane B. Neese, PhD, RN, CS, Associate Dean, College of Health and Human Services  
Susan Sell, PhD, Senior Associate Dean, Graduate School

9:15 am Break

9:30 am Executive Session and Report Preparation

11:30 am Working Lunch, Executive Session and Report Preparation

12:30 pm Exit Interview