

ACCREDITATION SELF-STUDY
OF THE
UNC CHARLOTTE PUBLIC HEALTH PROGRAMS
SUBMITTED TO THE
COUNCIL ON EDUCATION
FOR PUBLIC HEALTH
for consideration as a
Public Health Program
(MSPH, BSPH, & PhD degree programs)
by the
Public Health Programs Governance Committee



The Department of Public Health Sciences
The College of Health and Human Services
The University of North Carolina at Charlotte

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CEPH SITE VISIT RESOURCE ROOM EXHIBITS

1. Student Catalogs, Handbooks

- I. MSPH & BSPH Student Manuals
- II. MSPH & BSPH Student Internship Manuals
- III. BSPH Student Capstone Manual
- IV. MSPH Thesis/Project Manual
- V. Student Organization Constitutions & Bylaws
- VI. Graduate & Undergraduate Catalogs

2. Faculty Governance & Assessment

- I. Faculty Annual Review and Planning Document
- II. UNC Charlotte Constitution of Faculty
- III. UNC Charlotte Bylaws of Graduate Faculty
- IV. CHHS Faculty Handbook
- V. Faculty Curriculum Vitae

3. Program Planning

- I. Strategic Plan and related reports
- II. PHS Annual Report
- III. PHS Retreat Binders
- IV. Presentation to Mecklenburg Health Department

4. Program Governance & Administration

- I. Public Health Programs Advertising/Marketing Resources
- II. Public Health Sciences Department and Committee Minutes
- III. Public Health Advisory Board Minutes
- IV. Strategic Transformation Paper
- V. Department Course Schedules from past three years
- VI. Students Files (in file rom)
 - a. Application
 - b. Admission Evaluation Form
 - c. Advising Checklists
 - d. Internship Reports
 - e. Capstone Assessment Forms
- VII. Course Syllabi

5. Program Assessment

- I. CHHS Employer Survey
- II. CHHS One-year Post Graduation Survey
- III. CHHS Advising Survey
- IV. CHHS Three-year Post Graduation Survey

6. Examples of Student Work

- I. Student Publications
- II. MSPH Internship Reports (in student files)
- III. MSPH Capstone Theses/Projects (bound)
- IV. MSPH Community Health Portfolios (select examples)
- V. BSPH Capstone Portfolios (select examples)

These resources include hard copies of items provided in the electronic resource file/appendices and items not contained in the electronic resource file/appendices and/or containing expanded content over the electronic version.

ACRONYMS

AACU	Association of American Colleges and Universities
AAPHP	Association of Accredited Public Health Programs
APTR	Association for Prevention Teaching and Research
BSPH	Bachelor of Science in Public Health
CAHME	Commission on Accreditation of Healthcare Management Education
CAPP	Curriculum, Advising, and Program Planning (degree audit tool)
CEPH	Council on Education for Public Health
CECH	Continuing Education Credit Hours
CHES	Certified Health Education Specialist
CHHS	College of Health and Human Services
CPH	Certified in Public Health
GPHA	Graduate Public Health (student) Association
HBA	(Department of) Health Behavior and Administration
HBCU	Historically Black Colleges and Universities
HSRD	Health Services Research Doctoral program (college-wide)
IDHS	Interdisciplinary Health Studies Minor (undergraduate)
LGBTQQ	Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning
MCHES	Master Certified Health Education Specialist
MHA	Master of Health Administration
MSPH	Master of Science in Public Health
NBPHE	National Board of Public Health Examiners
NCHEC	National Commission for Health Education Credentialing
NC SOPHE	North Carolina Chapter of the Society for Public Health Education
NPHW	National Public Health Week
PHA	Public Health (undergraduate student) Association
PHPGC	Public Health Programs Governance Committee
PHS	(Department of) Public Health Sciences
UNC	University of North Carolina (system [if alone], or a prefix to a campus identifier)
UNC Charlotte	University of North Carolina at Charlotte (sometimes seen as UNCC in the media)

INTRODUCTION

The Public Health Programs at The University of North Carolina at Charlotte (UNC Charlotte) produce practitioner-scholars and leaders prepared to promote and improve human health across the lifespan; support the optimal organization and management of healthcare locally, nationally, and internationally; and deliver efficient, effective, and accessible high quality health services, particularly to vulnerable populations.

Central to our vision for excellence in public health is maintaining CEPH accreditation of our public health programs. Thus, the Department of Public Health Sciences (PHS) applied for CEPH accreditation at our earliest opportunity, and has engaged iterative, thoughtful, and candid reflection and self-assessment processes in preparing this self-study document for reaccreditation.

While it is difficult to present the dynamic changes taking place in the Department in a static fashion, this self-study, its appendices, the resource file, and other information sources identified herein are prepared to (a) demonstrate the inclusive processes used to guide the Public Health Programs and (b) reflect fully responsive and candid assessments of the Public Health Programs' strengths and weaknesses and the systems and plans in place to ensure continuous quality improvement. The faculty and other stakeholders have systematically and thoughtfully assessed the degree programs comprising our unit of accreditation according to the CEPH criteria and used the leverage of accreditation to help generate the resources needed to develop systems and document procedures essential to the continued growth and success of the Public Health Programs.

In addition to the previously accredited Master of Science in Public Health (MSPH) and Bachelor of Science in Public Health (BSPH) degree programs, our unit of accreditation now includes a new PhD program in Public Health Sciences, with an initial concentration in behavioral sciences. We also present information on a recently approved dual degree offering (a JD and MSPH with the Charlotte School of Law), a new early entry option, and a new graduate certificate in public health core concepts, all timed to coincide with the launch of the new PhD program in Fall 2014.

Each of the degree programs supports the overarching mission within the unit of accreditation. The MSPH program prepares graduate students to apply core principles of public health education within a variety of community settings and to advance the public health profession. Likewise, the BSPH program is designed to prepare entry-level scholar-practitioners with knowledge and skills in the core concepts of public health and conduct of community and public health services. The new PhD in Public Health Sciences will train researchers and professionals with skills essential to address contemporary public health problems at the individual, community and population levels.

Since graduating its first cohort in May 2007, the MSPH has produced 92 graduates. The BSPH program produced its first graduates in 2010 and now boasts 165 alumni. Our undergraduate minor (revised from interdisciplinary health studies to public health) has experienced tremendous growth. In Fall 2013, our public health programs served 57 graduate students and 96 undergraduate majors, plus 749 undergraduate pre-majors and minors. The growth in these programs and prioritized plans for new programs are

guided by structured faculty and community stakeholder strategic planning processes. These efforts exemplify an integrated top-down/bottom-up process of strategic planning that ensures that (a) the Department's degree programs meet current and projected needs, (b) students graduate with the competencies to address those needs, and (c) the Department and faculty activities advance the profession and the public's health.

PHS was established on July 1, 2002, as the Department of Health Behavior and Administration (HBA) within a transformed College of Health and Human Services (CHHS) at UNC Charlotte. In 2003, the Department initiated a series of stakeholder activities as part of its strategic planning and programmatic realignment efforts. They culminated in a vision to transform the unit into a CEPH-accredited program in public health and, eventually, an accredited school of public health. Since our initial accreditation as a public health program in 2009, the Program has continued to strengthen and enrich its public health offerings while continuing to plan and build for growth into a school of public health. The economic downturn has slowed the pace of our expansion, but has not dampened our enthusiasm or commitment to that vision.

Charlotte is North Carolina's largest metropolitan area and is home to a substantial healthcare industry and the state's largest health department. It is a culturally, ethnically, and racially diverse community. In addition, UNC Charlotte, a doctoral/research intensive university, is the fourth-largest of the 17-constituent University of North Carolina system and the largest institution of higher education in the Charlotte region. The university comprises seven colleges and currently offers 20 doctoral programs, 63 master's degree programs and 90 programs leading to bachelor's degrees. Enrollment exceeds 26,200 students, including more than 5,000 graduate students.

It is within these rich diverse, cultural, and academic environments and broad bases of support that PHS and its public health offerings continue to thrive. We recognize that sustained effort is needed to continue strengthening our public health program and that significant work lies ahead to grow into a full-fledged school of public health. While acknowledging that some criteria afford us more opportunities for improvement than others, the faculty have assessed our public health programs as having fully met all criteria except those linked to the successful rollout of the new PhD program in Fall 2014.

Our overall assessment reflects a thriving, growing public health program with much to be proud of given its short history. PHS faculty have every confidence that the culture and system of continuous quality improvement that underpin the Department's operations and degree programs will ensure that any short-comings will be identified and corrected in a timely fashion. We look forward to the additional perspective, guidance, and external validation that will emerge from the peer-review accreditation process.

Therefore, we are pleased to present to the Council on Education for Public Health our Public Health Programs for reaccreditation.

Criterion 1. The Public Health Program

1.1 MISSION

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

1.1.a A clear and concise mission statement for the program as a whole.

Mission: 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.

This statement reflects the consensus of our faculty and internal and external stakeholders. Our Public Health Programs mission supports and reinforces the mission of the Department, College, and University, and is likewise supported by the mission of its constituent degree programs. These higher and lower unit mission statements are provided in *Appendix 1.1.a.1. Mission and Values*

1.1.b A statement of values that guides the program.

Values: The Public Health Programs values professional and academic integrity and ethics, collegiality, engagement with the community, and responsiveness and innovation in its pursuit of attaining the highest possible standard of health and well-being.

This statement reflects the consensus of our faculty and internal and external stakeholders. These values are embodied in our curricula and the manner in which students, alumni, and stakeholders are engaged in ensuring the continuing evolution of the public health programs.

1.1.c One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research and service.

The UNC Charlotte Public Health Programs implements its mission through a set of complementary and reinforcing instructional, research, service, and diversity goals. These goals then provide the framework for defining, assessing, and evaluating students and the curricula.

Communication of these goals to our students and the specific measures used in assessing the attainment of each of these goals, are tailored to the specific function of each degree program within our unit of accreditation.

Goal 1 (instructional): Develop student competence in the core areas of public health, providing them with the knowledge, skills, and abilities to become effective practitioners and researchers.

Goal 2 (research): Engage students in the development and translation of new knowledge to improve the effectiveness and efficiency of public health services and contribute to the development, implementation, and evaluation of public health practice.

Goal 3 (service): Promote collaborations with community partners and stakeholders to advance the public's health and foster participation in local, regional, national, and international organizations that advance the public health profession.

Goal 4 (diversity): Address the health and public health workforce needs of a dynamic, emerging urban environment and its increasingly diverse population.

The degree program specific formulations of these program goals are presented in *Appendix 1.c.1.1 Degree Program Goals*.

1.1.d A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

The Programs' measurable objectives are delineated by goal in Table 1.1.d.1, below.

Table 1.1.d.1 Objectives and indicators by goal

Objective	Indicators
Goal 1 (instructional): Develop student competence in the core areas of public health, providing them with the knowledge, skills, and abilities to become effective practitioners and researchers	
Provide an appropriate curriculum and set of educational experiences consistent with the degree objectives and best practices	Presence of a required core curriculum that delivers stated core competencies and fulfills credit requirements
	Presence of a required concentration curriculum (per advertised concentration) that delivers stated concentration competencies
	Presence of a required capstone experience
	Presence of a required internship (professional programs only)
Provide sufficient student learning opportunities	Courses not exceeding planned enrollment ($\leq 10\%$ classes exceed max enrollment; Max enrollment never exceeded by $\geq 20\%$)
	Course frequency meets department planned schedule matched to student size and cohort progression
	At least 80% of students graduate on-time
Ensure core curriculum imparts required competencies	At least 80% of student self-assess that core competencies met
	Students meet SLO degree/program performance levels for their ability to ¹ <ul style="list-style-type: none"> Respond to health-related problems using an ecological framework that addresses financial, socio-cultural, environmental, and political conditions. Design, conduct, analyze, and/or interpret the results of studies, projects, and programs related to the public's health. Initiate, plan, manage, monitor, and evaluate interventions in the field of public health.

Table 1.1.d.1 Objectives and indicators by goal

Objective	Indicators
Ensure programs maintains currency and quality	<p>Accreditation and professional membership supported</p> <p>100% of department faculty will score no lower than a mean of 3.0 (out of 5) in response to the following 4 student course evaluation items:</p> <ul style="list-style-type: none"> • Overall I learned a lot in this course • Overall this instructor was effective • I am free to express and explain my own views in class; • The course increased my knowledge of the subject matter
Ensure adequate faculty resources	<p>Headcount per concentration area meets CEPH minimum (based upon degree offering)</p> <p>Graduate Student: Faculty ratio <10:1</p> <p>Undergraduate Student: Faculty ratio <35:1</p> <p>Minimum of \$1,000 per faculty available each/year</p> <p>> 90% of faculty agree that administrative staff are timely and responsive</p> <p>100% of faculty have equipped offices</p> <p>> 90% of faculty agree that faculty computing technology adequate</p>
Goal 2 (research): Engage students in the development and translation of new knowledge to improve the effectiveness and efficiency of public health services and contribute to the development, implementation, and evaluation of public health practice	
Inform students of faculty research endeavors	Presence of a student/alumni listserv and/or social media presence that conveys this content
Expose and engage graduate students to research and faculty research agendas	<p>At least 10% of graduate students submit a conference abstract or a peer-reviewed manuscript within two years of graduation</p> <p>At least 70% of core graduate course syllabi cite at least one PHS faculty or student publication as required reading</p> <p>At least 20% of graduate students hold a research assistantship or take tutorial credit during program</p>
Contribute to the body of public health knowledge	<p>All tenure-track and tenured research focus faculty will meet/achieve new publication expectations of a 3-year average of 2 new peer-reviewed publications each year</p> <p>At least 75% of tenure-track and tenured research focus faculty will have current funding or submit a grant proposal annually</p>
Goal 3 (service): Promote collaborations with community partners and stakeholders, to advance the public's health and foster participation in local, regional, and national/international organizations that advance the public health profession	
Formalize student and community stakeholder	Presence of an active community advisory

Table 1.1.d.1 Objectives and indicators by goal

Objective	Indicators
support into program governance	board Presence of active (chartered) student groups at graduate and undergraduate levels Presence of formal student input to each degree program Degree program coordinators meet with students at least once/semester to solicit feedback
Inform students of community engagement opportunities	Presence of a student/alumni listserv and/or social media presence that conveys this content
Engage graduate students in professional activities	At least 50% of master's and 75% of doctoral students attend a professional meeting or engage in community-based service activities
Ensure students are prepared to engage as professionals	Students meet SLO degree/program performance levels for their ability to ¹ • Function as public health professionals
Contribute to the dissemination and/or translation of public health knowledge	At least 70% of tenure-track and tenured research focus faculty will present at a professional conferences
Serve the university, the profession, and the community	All tenured faculty will serve on three or more committees at UNC Charlotte 100% of faculty will participate in professional service activities At least 33% of senior faculty will hold named positions in professional organizations at local, state, regional, and national levels 50% of primary faculty will participate in community service activities At least 25% of faculty will serve the community on advisory boards or equivalent
Organize National Public Health Week (NPHW) and related events	Hold at least one NPHW event open and advertised to the public Offer Certified Health Education Specialist (CHES) Continuing Education Credit Hours (CECH) for at least one NPHW event
Goal 4 (diversity): Address the health and public health workforce needs of a dynamic, emerging urban environment and its increasingly diverse population.	
Provide a diverse environment reflective of the populations we serve	At least 33% of faculty are racially diverse At least 33% of staff are racially diverse At least 33% of advisory board members are racially diverse At least 33% of degree students are racially diverse At least 33% of degree students are disadvantaged At least 25% of degree students male At least 20% of tenure-track and tenured research focus faculty will engage in scholarship activity related to diversity
Inform students and alumni of career and career development opportunities	Presence of a student/alumni listserv and/or social media presence that conveys this

Table 1.1.d.1 Objectives and indicators by goal

Objective	Indicators
	content
Serve as a CHES testing and CECH site	Designation as CHES testing site Designation as a CHES CECH provider
Ensure students are prepared to contribute to the public health workforce	Students meet SLO degree/program performance levels for their ability to ¹ <ul style="list-style-type: none"> Communicate public health messages to diverse audiences. Advocate sound public health policies and practices. CHES exam pass rate [voluntary] at/above national average [graduate and undergraduate] Certified in Public Health (CPH) exam pass rate [voluntary] at/above national average Appropriate percentage (by degree) of graduates employed or pursuing further education/training within 12 months [known]
Offer non-degree programs that serve the needs of the community and current workforce	Viable enrollment (per Graduate School guidelines: averaging 5 new students per cohort) in graduate certificate programs Viable enrollment (at least 50) in undergraduate public health minors

1 See Appendix Tables 1.1.d.1 and 1.1.d.2 for the specific measures and Resource Appendix 1 Rubrics for rubrics and instruments used to collect these measures

1.1.e Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

UNC Charlotte follows a systematic strategic planning process whereby faculty, students, and stakeholders have input into the campus' mission and goals. This activity is then iterated at the college, department, and program level to develop mutually supportive priorities consonant with the higher units' mission and vision and the needs of the stakeholders served by the specific program. The Public Health Programs is one of two educational efforts within the Department of Public Health Sciences (the other being our CAHME-accredited MHA program).

The Public Health Programs Governance Committee (PHPGC) has oversight responsibility for the public health programs and also functions as the Department's curriculum committee. The PHPGC committee is composed of the coordinators of the Department's degree programs and the degree program committees' student members. The PHPGC regularly reviews and updates the Programs' mission, vision, and values that were initially developed with the launch of the MSPH program in 2006.

Each degree program coordinator is supported by a program committee that includes core faculty who teach, advise, and mentor students in the program and a student member. These committees routinely evaluate the degree program's missions, value, goals, and objectives, including ongoing monitoring and review of changes in the knowledge base in the field, ensuring commensurate changes to curriculum content, educational strategies, and assessment strategies. The assessment depends, to a significant and material extent, on data obtained from multiple constituencies that include

students, alumni, preceptors, and the external advisory board. These governance structures are further detailed under Criterion 1.5.

The Public Health Advisory Board, composed of key community stakeholders and practitioner-alumni, guides the strategic direction of the public health programs by anticipating future workforce training needs and identifying areas for strengthening the existing programs.

Prior to the launch of the MSPH program in Spring 2006, the then nascent Public Health Advisory Board and several ad-hoc campus-wide groups provided the strategic framework that guided the creation of the public health program. This guidance included its initial emphases, its focus on evidence-based practice, and its mission and values. The advisory board affirmed the program committee's codification of its guidance into the initial statements of program mission, vision, values, and objectives. Subsequent efforts, linked to exploring options for evolving into a School of Public Health, reinforced these initial directions and provided further specificity for moving forward. As discussed later in this self-study, this history is documented in several reports and summarized in a peer-reviewed manuscript.

1.1.f Description of how the mission, values, goals and objectives are made available to the program's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

The mission, goals, and objectives of the Department and its degree programs are prominently presented on the Department website (<http://publichealth.uncc.edu/>), printed in university catalogs and other publications, and presented in student manuals. As the public health program is not a distinct entity within the university's organizational taxonomy of departments and degree programs, the overarching Public Health Programs' mission, values, and objectives are largely operationalized and communicated via the degree programs.

The PHPGC and the degree program committees consider the need to revisit the mission statement annually, as part of their agenda setting for the coming academic year. Based upon review and comment from the various degree program committees and the advisory board, the Public Health Programs mission and values statements were revised in 2007 (coinciding with the launch of the BSPH program) and again in 2010, with the latter leading to changes in the Department's mission statement. The organizational presentation of the mission, values, and objectives was revised in late Fall 2013 from a degree-program focused presentation to an overall Public Health Programs focused presentation in response to comments received to our preliminary self-study and will appear in future program information in this format.

Given production cycles and the rapidity of changes in the Department, the website remains the most current and up-to-date information source for both prospective and current students and a broad public audience.

1.1.g Assessment of the extent to which this criterion is met and strengths, weaknesses and plans relating to this criterion.

This Criterion is met.

Strengths

The UNC Charlotte Public Health Programs (the MSPH, BSPH, and PhD degree programs) has a clearly articulated mission and value statements and commensurate instructional, research, service, and diversity objectives embodied in student learning outcomes and related objectives.

A governance body provides oversight and leadership of the public health programs to ensure coordinated growth in the Program's offerings and administration. Change and growth are occurring at an increasing pace.

The Public Health Programs objectives are measurable.

The Public Health Programs collects information in an organized fashion for effective monitoring and evaluation.

The information gained by monitoring and reporting on these indicators is used for quality improvement and related decision-making.

Weaknesses

None

Plans

Routinely reassess (at least annually) and revise mission and goals to reflect the rapidly evolving situation and opportunities afforded the Department as it looks toward evolving into an accredited school of public health. (Responsibility: Program Committees, PHPGC)

Routinely reassess (at least annually) and revise the governance and leadership structures to reflect the growth of the Department and the Program. (Responsibility: PHPGC, higher units)

Ensure continuity and coordination across degree programs and quality throughout these transitions. (Responsibility: PHPGC, higher units)

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 defined in this document.

1.2.a Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

The University of North Carolina system employs a formalized strategic planning and goal setting process whereby needs and priorities are assessed with input from stakeholders and reported up the organizational hierarchy (from department to college to campus to central administration) where they are consolidated into institutional goals and objectives. Subordinate units then generate one-year operational (spending) plans and five-year strategic plans related to their specific mission and in support of the higher-level goals and objectives. These plans are then assessed and revised on an annual basis [see http://publichealth.uncc.edu/sites/publichealth.uncc.edu/files/media/PHS_2010-2015-StrategicPlan-Final.pdf for the current PHS strategic plan for the annual report articulating our progress toward those goals]. In addition, various units engage in periodic ad-hoc long range planning and visioning exercises [e.g., the current “UNC Tomorrow” visioning process at the UNC system level (see <http://www.northcarolina.edu/nctomorrow/index.htm>) and the School of Public Health Planning and Steering Committee [see http://publichealth.uncc.edu/sites/publichealth.uncc.edu/files/media/School_of_Public_Health_Planning_Committee_2010-2011.pdf] and School of Public Health Steering Board [see http://publichealth.uncc.edu/sites/publichealth.uncc.edu/files/media/Current_School_of_Public_Health_Steering_Board-2010-2011.pdf] at the department level. All plans are paired with annual reports assessing progress toward stated goals and any revisions made to the longer-term plans. The latest departmental annual report, for example, is found at <http://publichealth.uncc.edu/sites/publichealth.uncc.edu/files/media/2012-13%20PHS%20Annual%20Report%20.pdf>.

At the degree program levels, the evaluation and planning functions are divided among those established by the University and College, those established by the Department, and those established by the program coordinators.

The University and College employ a number of mechanisms to routinely collect and assess student satisfaction and performance, faculty performance, and progress on accomplishing time-locked strategic goals. This information is shared throughout the organization. At the program level, the program coordinators are responsible for establishing effective management, monitoring, and oversight to ensure the effective day-to-day operation of the degree programs.

These goals are accomplished through reviews of student performance, reviews of course assessments, reviews of student practical experiences, information gleaned from monitoring of systems data, and information and feedback solicited from internal and external stakeholders. The information collected for program evaluation and quality improvement and the data systems and responsible parties are reflected in the outcome measures presented in Criterion 1.1.d supplemented with additional 'dashboard' indicators that are presented in response to other criteria in this self-study.

The data for program evaluation are derived from both internal and external sources. Reference Copies of these instruments/reports are mostly provided in Resource Appendix 2 College Reports, Resource Appendix 3 Course and Exit Surveys, and Resource Appendix 4 Course Syllabi. The remainder are smaller documents referenced elsewhere in this self-study.

The data assembled from internal sources include:

- Course evaluations of each course by students
- Student advising satisfaction surveys
- MSPH and BSPH program evaluations by graduating students and alumni
- Student profile reports
- Course syllabi
- Faculty annual review and planning reports
- College annual planning and evaluation report

The data assembled from external sources are derived from:

- Student profile reports and college census
- Preceptor reports
- Alumni surveys
- College surveys
- The Public Health Advisory Board
- School of Public Health Planning and Steering Committee
- Criteria established by CEPH
- Surveys of practitioners and academic literature

Course Evaluations

At the completion of each class, students evaluate the course in terms of:

- the objectives of the class
- the organization and presentation of the course
- the relevance of course material to objectives
- student participation in the classroom
- the relevance of course material to professional judgment and performance
- the availability of the instructor
- the relations among examinations, assignments, other requirements, course content, and learning objectives

Course evaluations (numeric assessments and qualitative comments) are reviewed each semester and annually by the individual faculty and the Department Chair. The Chair apprises the MSPH and BSPH Program Coordinators of the numeric scores from select items that facilitate program monitoring. In addition, the Department Chair brings to the program coordinators' attention any pertinent insights gleaned from reviews of the full array course/faculty comments and assessments. Faculty also may volunteer such information directly to the program coordinators. Once identified, any issues are addressed by the MSPH or BSPH coordinators or brought to the PHPGC for guidance and further action.

Beginning in Spring 2012, the University moved to an online course evaluation system. The system supported the inclusion of the program specific supplemental items. Student response rates were appreciably lower in the pilot, but are slowly increasing after full implementation (approximately 92% response rate paper-based, 59% pilot, 64% 2012-13, with the graduate course rates approaching 90%). Through a formal, institution-level analysis, the data from the in-class (hardcopy/scantron) and online versions were deemed comparable and equally valid (Appendix 1.2.a.1 Web-based Course Evaluations). A copy of the current course evaluation instrument is provided in Resource Appendix 3.

Program Evaluations. At their completion of the MSPH program, MSPH students are encouraged to qualitatively evaluate the program via an exit survey. A similar exit survey was implemented for the BSPH with its first cohort of graduates in May 2009. The MSPH Exit Survey was adapted for on-line delivery in Spring 2012. Copies of the most recent version of these surveys are presented in Resource Appendix 3. Response rates to these surveys consistently approach 100%. A similar exit survey approach, one more adapted to the smaller expected graduation cohorts, is envisioned for the PhD program.

Preceptor Reports. After completion of the internship experience in the professional degree programs (MSPH and BSPH), the preceptor evaluates the student and the student's performance during the internship for the following:

- the student's professional attitude
- the student's knowledge and skills
- the student's ability to identify sources of data and information needed for the internship
- the student's ability to analyze and/or synthesize data and information
- the student's ability to work with individuals, groups or organizations associated with the site of the internship
- the student's ability to function well in the organization/agency
- a set of personal characteristics
- the student's overall performance during the internship

The program coordinator (or internship coordinator) also meets with the preceptor and the student to solicit qualitative feedback as needed. The evaluation report that is completed by preceptors of MSPH Students is contained in the HLTH 6471 Internship manual and the BSPH Student equivalent in the HLTH 4400 Internship syllabus (Resource Appendix 5 Handbooks). Items from this survey and the parallel student evaluation are extracted as part of the outcome indicators presented in Tables 1.1.d.1-1.1.d.3. Examples of completed preceptor assessments are available in the selected student files available in the resource room.

Faculty Annual Review and Planning Reports. This summary report is completed annually by all faculty members. The report documents each faculty member's activity in terms of:

- the courses that the faculty taught during the last 12 months
- student evaluations of instructor effectiveness and course content
- participation on graduate student thesis and project committees
- the research activities of the faculty member, including publications
- information about proposals submitted for funding and funded proposals awarded by external sources
- a listing of presentations at professional and practitioner conferences
- a listing of academic, professional, and community service

The current Faculty Annual Review and Planning Report template is provided in Appendix 1.2.a.2 Annual Review Template.

At a planning and assessment level, the Coordinators, supported by the PHPGC and program committees, routinely monitor and assess the Programs and respond to documented needs as well as lead efforts to anticipate and plan for future needs. Public Health Programs faculty continuously monitor and evaluate the academic and practitioner literature to assemble information that enables the Program to identify or confirm extant or emerging trends that are likely to influence the education and training of public health professionals.

Planning and assessment functions are supported by the academic governance infrastructure within the College of Health and Human Services (e.g., the College Curriculum Committee and the faculty governance organization), the administrative governance within the College (e.g., the Associate Dean's periodic assessments of students, alumni, and employers), and input from the unit's external advisors. The Public Health Advisory Board and the (now inactive) School of Public Health Planning and Steering Committee, provide strategic direction for the growth and development of new degree programs and feedback (both direct and indirect) from the larger practice community on the value of our graduates and the content of our curricula.

College Surveys. Data collected and analyzed on a routine basis as part of the College's evaluation plan include: (1) Advising Surveys, both undergraduate and graduate students, (2) the CHHS One-Year Post Graduation Survey, (3) the College of Health and Human Services Three-Year Post Graduation Survey, and (4) the CHHS Employer Survey. Copies of these survey instruments and recent reports are available in Resource Appendix 2. These reports include aggregate, department, and program-level analyses and are accessible to Chairs, Program Coordinators, and faculty via a shared network folder.

Student Profile Reports. The student profile report is assembled each semester and annually by the University's Office of Institutional Research (OIR). The reports summarize the distribution of students enrolled in the MSPH and BSPH programs with respect to age, sex, and ethnic background. These summary data are posted on the OIR website as part of the "Fact Book" (see <https://ir.uncc.edu/fact-book>); this information is included in many of the CEPH required data tables presented in this self-study document. The College specific version of this student demographic report is found in Resource Appendix 2.

College Surveys (advising, 1- and 3-year post-graduation, employer). The advising survey assesses satisfaction and other facets of the advising experience among current students. This information is shared with faculty and administrators.

The alumni surveys (example reports with instruments are provided in Resource Appendix 2) are administered at one-year and three-years post graduation. They gather information from alumni concerning their perception and evaluation of the Program, evaluation of the effectiveness of the Program in preparing graduates for a career in public health, career development following graduation, evaluation of curricular components required of future administrators, and evaluation of instructional modalities adopted by the Program.

The employer survey assesses employer satisfaction with program graduates as employees. Domains assessed by the survey include technical competence, interpersonal skills, organizational and leadership skills, capacity to continue to learn, and the degree to which these skills matched the employer's needs. Information also is elicited about emerging trends and anticipated needs. This information is shared with program coordinators to guide curricular revisions. The survey is administered every 4 years.

Public Health Advisory Board. The Public Health Advisory Board (established 2004) guides the strategic development of the Program and assists in prioritizing initiatives. It reviews and evaluates the Public Health Programs' mission statements, goals, objectives, and structures. In addition, the group assesses the currency and relevance of the curricular design and policies that dictate the admission of new students to the Program. Finally, the advisory board assesses the role of the internship as an integral component of the curriculum. A list of current members of the advisory board is presented on the website at <http://publichealth.uncc.edu/about/advisory-boards/public-health-advisory-board> and listed in Criterion 1.5.a.

1.2.b Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.

The responsibility for program evaluation and strategic decisions resides primarily with the Chair and Coordinators and is implemented through the PHPGC and the program committees. Annually, the PHPGC assesses the strengths and weaknesses of the curricular design and the need to alter the mix of strategies adopted by the public health program. Strategic decisions concerning the MSPH and BSPH programs are routinely considered during regular meetings of the PHPGC and the PHS Department faculty. Strategic issues discussed during recent faculty meetings include the planned PhD program, adding a new graduate certificate in public health core concepts, exploring an early entry option for BSPH to MSPH students, and assessing our progress toward completing our self-study.

The information assembled in curriculum-centered evaluations and faculty annual review and planning reports constitutes the bulk of internal assessment information to assess the attainment of goals related to teaching, research, and service. Curriculum-centered evaluations include course evaluations of each class by students, overall program evaluations by students who have completed the course of study, preceptor reports, and feedback received from other stakeholders. The College also conducts advising surveys and one-year and three-year post graduation (alumni) surveys about courses of study and preparation for work. In addition, each faculty member completes an annual review that summarizes her/his productivity in the last 12 months related to classes taught, research activities, and service to the community, the University, and the profession.

We present below six examples of recent changes at both strategic and operational levels that were made as a direct result of these processes.

Teaching Public Health Methods in MSPH. A consistent theme in MSPH student comments, from the exit survey, the end of course evaluations, and the comments and concerns relayed to the Program through the student representative and via the meeting with the program coordinator was continuity in the methods courses and curriculum sequencing. Further exploration revealed that the diversity of experience and undergraduate preparation in research methods coupled with instructional approaches that assumed a certain baseline familiarity were leading to student and faculty dissatisfaction. The MSPH Program Committee examined the course objectives and syllabi and identified more formally involving active practitioners in the delivery of these applied methods courses to better address this diversity and improve the alignment of the curriculum in the community health methods sequence (HLTH 6204 Research Methods, HLTH 6221 Community Health, and HLTH 6222 Methods in Community Health) with practice realities. The revised approach was implemented in Fall 2013.

Add an early entry option for BSPH students. Increasingly, BSPH students are requesting early options for our department's MSPH and MHA programs. University regulations permit

conditional early admission of select undergraduates for concurrent graduate study. Approved early entry programs may designate up to 12 credits of graduate coursework that can concurrently be applied to both an undergraduate and graduate degree. In the past, the faculty had been reluctant to consider early entry, feeling students would not be prepared for the rigors of the graduate program in sufficient numbers to warrant the effort. As the competitiveness of the BSPH program has increased, the proportion of BSPH students considered appropriate for graduate study, including a number of exceptionally high performing Levine Scholars (see <http://levinescholars.uncc.edu/>), has grown. We will launch the early entry program for the Fall 2014 graduate admissions cycle [Appendix 1.2.b.1 Early Entry].

Add Graduate Certificate in Core Public Health Concepts. Students pursuing the 15-credit Graduate Certificate in Community Health take a mix of first and second year MSPH courses that allow most to fulfill the eligibility requirements to sit for the CHES credentialing exam. The program was intended for individuals already working in the field in need of the credential or those wanting to be health educators without completing a full master's program. Increasingly, the certificate was attracting students contemplating a master's degree or, more often, students who showed potential, but lacked the undergraduate academic record to be competitive for admission into the master's program. To address these needs, the Program created a new certificate program in core public health concepts that will launch in Fall 2014. See Appendix 1.2.b.2 New Graduate Certificate for further details.

BSPH Communication Across the Curriculum. Reflecting our explicit emphasis on oral and written communication competencies within our BSPH program, our department participates in the UNC Charlotte Communication Across the Curriculum (CAC) program. As a part of CAC, we have mapped our BSPH competencies with our communication assignments. We also have categorized these assignments as high, medium, or low stakes to assess gaps in the curriculum [Appendix 1.2.b.3 Communication Map]. Participation in CAC has resulted in the incorporation of more higher stakes writing and oral communication assignments. Evaluation of the CAC program will begin shortly.

CAC is working with our faculty to determine if electronic portfolios would enhance student learning and the utility of the BSPH capstone portfolio.

Revise BSPH Capstone. As part of its review of the BSPH program following graduation of its 5th cohort, student comments and instructor feedback guided the BSPH Program Committee to focus on the capstone, specifically its timing and the orientation of its portfolio. The capstone course currently falls during the final (spring) semester of the two-year sequence. Students reported that the course provides valuable information and practical skills for successful graduate school and job applications that are needed in the fall semester. They also reported that the explicit organization based on health education competencies limited its utility

Moving the Capstone course from spring to fall involves swapping several courses in the sequence. Modifying the structure of the portfolio involves some university-level review as elements of the portfolio are linked to the BSPH's SACS SLO reporting items. Approval is expected this spring for Fall 2013 implementation. Appendix 1.2.b.4 Revised BSPH Core Sequence depicts the current and revised BSPH core course sequence.

BSPH Revise Pre-major Requirements. BSPH Committee members also reviewed the current Pre-Public Health (PRPH) curriculum to determine if the Program prepared students for entry into the public health major and providing the faculty sufficient information to assess applicants while ensuring the curriculum met the needs of the public health field, student learning outcomes, and accreditation standards.

The number of students accepted into the BSPH majors is influenced by faculty-student ratio, available faculty, faculty teaching loads, and practicum and employment considerations. University policy prevents the program from placing enrolling limits on students declaring the pre-public health (PRPH) major. Consequently, students declaring the PRPH major have increased from approximately 30 in 2008 to over 300 in 2013 while our cohort capacity for the major has remained fixed at approximately 45. On average, 120 PRPH majors apply for these 45 BSPH major slots each year. The denied students must pursue another major, which may increase their educational costs and graduation timeline by 1-2 years.

To minimize the negative impact on these students as well as more tightly coordinate the pre-public health requirements with the upper division BSPH major and minor, the faculty recommended aligning the PRPH major and core Public Health minor requirements. This change gives the faculty more information on student performance in public health classes when making admissions decisions for entry into the upper division BSPH major. In addition, PRPH students denied entry into the upper division BSPH major will need (at most) three additional electives to complete the Public Health minor requirements.

Launch a PhD program in Public Health Sciences. In 2007, the Department formally began planning a doctoral degree in Public Health Sciences, consistent with our strategic vision of becoming an accredited School of Public Health (SPH). Our review of the public health evidence, the interests and capacity of our faculty, and input from our advisory board guided us to an initial concentration in Social and Behavioral Sciences.

Within the UNC system, proposals for new graduate degree programs go through a multi-year 3-stage process of development and approval: an initial self-study that justifies the need for the new program, a “Request for Authorization to Plan” the new program that provides a curricular concept and demonstrates the Department’s capacity to deliver such a program, and a “Request for Authorization to Establish” the new program. These documents are presented in Appendix 1.2.b.5 PhD proposal. The UNC (system) Graduate Council approved the authorization to establish proposal in Feb. 2013. Following glowing external reviews, final approval by the UNC General Administration and Board of Governors, was given 9 August 2013 for launch in Fall 2014.

1.2.c Data regarding the program’s performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (eg, 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear.

The Programs’ measurable objective-goal matrices are presented in Tables 1.1.d.1. As detailed throughout the self-study document, data from the sources described above were tabulated to assess compliance with the target levels. Accordingly, Table 1.2.c.1 summarizes the attainment of the goals over the past 3 years.

Table 1.2.c.1 Program Performance by Goal and Indicator, 2010/11-2012/13

Objective	Indicators	2010-2011	2011-2012	2012-13
Goal 1 (instructional): Develop student competence in the core areas of public health, providing them with the knowledge, skills, and abilities to become effective practitioners and researchers				
Provide an appropriate curriculum and set of educational experiences consistent with the degree objectives and best practices	Presence of a required core curriculum that delivers stated core competencies and fulfills credit requirements	MET	MET	MET
	Presence of a required concentration curriculum (per advertised concentration) that delivers stated concentration competencies	MET	MET	MET
	Presence of a required capstone experience	MET	MET	MET
	Presence of a required internship (professional programs only)	MET	MET	MET
Provide sufficient student learning opportunities	Courses not exceeding planned enrollment <ul style="list-style-type: none"> • $\leq 10\%$ classes exceed max enrollment; • Max enrollment never exceeded by $\geq 20\%$ 	NOT MET 15.0% 1	MET 10.0% 0	MET 5.0% 0
	Course frequency meets department planned schedule matched to student size and cohort progression	MET 100%	MET 100%	MET 100%
	At least 80% of students graduate on-time [cohort entering 6 years prior]	MSPH: N/A BSPH: N/A	MSPH: N/A BSPH: N/A	MSPH: NOT MET 75% BSPH: MET 96%
	At least 80% of student self-assess that core competencies met	MSPH: MET 88.5% BSPH: MET 84.2%	MSPH: MET 86.3% BSPH: MET 88.0%	MSPH: MET 81.2% BSPH: MET 85.2%
Ensure core curriculum imparts required competencies	Students meet SLO degree/program performance (all indicators) for their ability to ¹ <ul style="list-style-type: none"> • Respond to health-related problems using an ecological 	MSPH: MET (5/5) BSPH: MET (3/3)	MSPH: MET (5/5) BSPH: MET (3/3)	MSPH: MET (5/5) BSPH: MET (3/3)

Table 1.2.c.1 Program Performance by Goal and Indicator, 2010/11-2012/13

Objective	Indicators	2010-2011	2011-2012	2012-13
	<p>framework that addresses financial, socio-cultural, environmental, and political conditions.</p> <ul style="list-style-type: none"> • Design, conduct, analyze, and/or interpret the results of studies, projects, and programs related to the public's health • Initiate, plan, manage, monitor, and evaluate interventions in the field of public health 	<p>MSPH: MET (5/5) BSPH: NOT MET (3/4)</p> <p>MSPH: MET (4/4) BSPH: N/A</p>	<p>MSPH: NOT MET (4/5) BSPH: NOT MET (3/4)</p> <p>MSPH: MET (4/4) BSPH: N/A</p>	<p>MSPH: MET (5/5) BSPH: MET (4/4)</p> <p>MSPH: MET (4/4) BSPH: N/A</p>
Ensure programs maintains currency and quality	Accreditation and professional membership supported	MET CEPH	MET CEPH, Association of Accredited Public Health Programs (AAPHP)	MET CEPH, AAPHP
	<p>100% of department faculty will score no lower than a mean of 3.0 (out of 5) in response to the following 4 student course evaluation items:</p> <ul style="list-style-type: none"> • Overall I learned a lot in this course • Overall this instructor was effective • I am free to express and explain my own views in class; • The course increased my knowledge of the subject matter 	<p>MET: 100%</p> <p>NOT MET: 96%</p> <p>MET: 100%</p> <p>MET 100%</p>	<p>MET: 100%</p> <p>NOT MET: 98%</p> <p>MET: 100%</p> <p>MET 100%</p>	<p>MET: 100%</p> <p>MET: 100%</p> <p>MET: 100%</p> <p>MET 100%</p>
Ensure adequate faculty resources	Headcount (primary) per concentration area meets CEPH minimum (based upon degree offering)	MET Primary 10	MET Primary 10	MET Primary 10
	Graduate Student: Faculty ratio <10:1	MET Primary: 6.5	MET Primary: 6.7	MET Primary: 4.6

Table 1.2.c.1 Program Performance by Goal and Indicator, 2010/11-2012/13

Objective	Indicators	2010-2011	2011-2012	2012-13
		Total:4.2	Total:4.2	Total:3.6
	Undergraduate Student: Faculty ratio <35:1	MET Primary: 16.9 Total:10.9	MET Primary: 15.9 Total:9.8	MET Primary: 12.7 Total:9.6
	Minimum of \$1,000 per FT faculty available each/year	MET	MET	MET
	> 90% of faculty agree that administrative staff are timely and responsive	N/A	MET 100%	MET 100%
	100% of faculty have equipped offices	MET 100%	MET 100%	MET 100%
	> 90% of faculty agree that faculty computing technology adequate	MET 100%	MET 100%	MET 100%
Goal 2 (research): Engage students in the development and translation of new knowledge to improve the effectiveness and efficiency of public health services and contribute to the development, implementation, and evaluation of public health practice				
Inform students of faculty research endeavors	Presence of a student/alumni listserv and/or social media presence that conveys this content	MET MSPH: listserv BSPH: listserv, Facebook	MET MSPH: listserv & Facebook BSPH: listserv, Facebook	MET MSPH: listserv & Facebook BSPH: listserv, Facebook
Expose and engage graduate students to research and faculty research agendas	At least 10% of graduate students submit a conference abstract or a peer-reviewed manuscript within two years of graduation	MET: MSPH: 19%	MET: MSPH: 28%	MET: MSPH: 18%
	At least 70% of core graduate course syllabi cite at least one PHS faculty or student publication as required reading	NOT MET 43%	NOT MET 29%	NOT MET 57%
	At least 20% of graduate students hold a research assistantship or take tutorial credit during program	MET 57%	MET 45%	MET 35%
Contribute to the body of public health knowledge	All tenure-track and tenured research focus faculty will	MET 100%	MET 100%	MET 100%

Table 1.2.c.1 Program Performance by Goal and Indicator, 2010/11-2012/13

Objective	Indicators	2010-2011	2011-2012	2012-13
	meet/achieve new publication expectations will have a 3-year average of 2 new peer-reviewed publications each year			
	At least 75% of tenure-track and tenured research focus faculty will have current funding or submit a grant proposal annually	MET 78%	MET 89%	MET 75%
Goal 3 (service): Promote collaborations with community partners and stakeholders, to advance the public's health and foster participation in local, regional, and national/international organizations that advance the public health profession				
Formalize student and community stakeholder support into program governance	Presence of an active community advisory board	MET Board met 2x/year	MET Board met 2x/year	MET Board met 2x/year
	Presence of active (chartered) student groups at graduate and undergraduate levels	MET Graduate: GPHA UG: PHA	MET Graduate: GPHA UG: PHA	MET Graduate: GPHA UG: PHA
	Presence of formal student input to each degree program	MET	MET	MET
	Degree program coordinators meet with students at least once/semester to solicit feedback	MET	MET	MET
Inform students of community engagement opportunities	Presence of a student/alumni listserv and/or social media presence that conveys this content	MET MSPH: listserv BSPH: listserv, Facebook	MET MSPH: listserv BSPH: listserv, Facebook	MET MSPH: listserv BSPH: listserv, Facebook
Engage graduate students in professional activities	At least 50% of master's and 75% of doctoral students attend a professional meeting or engage in community-based service activities	MET MSPH: 62%	MET MSPH: 55%	MET MSPH: 50%
Ensure students are prepared to engage as professionals	Students meet SLO degree/program performance (all indicators) for their ability to ¹ <ul style="list-style-type: none"> Function as public health professionals 	MSPH: MET (2/2) BSPH: MET (2/2)	MSPH: MET (2/2) BSPH: MET (2/2)	MSPH: MET (2/2) BSPH: MET (2/2)
Contribute to the dissemination and/or	At least 70% of tenure-track and tenured research focus faculty	MET 100%	MET 100%	MET 75%

Table 1.2.c.1 Program Performance by Goal and Indicator, 2010/11-2012/13

Objective	Indicators	2010-2011	2011-2012	2012-13
translation of public health knowledge	will present at a professional conferences			
Serve the university, the profession, and the community	All tenured faculty will serve on three or more committees at UNC Charlotte	MET 100%	MET 100%	MET 100%
	100% of faculty will participate in professional service activities	MET 100%	MET 100%	MET 100%
	At least 33% of senior faculty will hold named positions in professional organizations at local, state, regional, and national levels	NOT MET 16%	MET 57%	NOT MET 30%
	50% of primary faculty will participate in community service activities	MET 70%	MET 70%	MET 70%
	At least 25% of faculty will serve the community on advisory boards or equivalent	MET 33%	MET 43%	MET 67%
Organize NPHW and related events	Hold at least one NPHW event open and advertised to the public	MET 2	MET 2	MET 3
	Offer CHES CECH for at least one NPHW event	MET 2	MET 2	MET 3
Goal 4 (diversity): Address the health and public health workforce needs of a dynamic, emerging urban environment and its increasingly diverse population.				
Provide a diverse environment reflective of the populations we serve	At least 33% of faculty are racially diverse	NOT MET 21%	NOT MET 21%	NOT MET 25%
	At least 33% of staff are racially diverse	MET 50%	MET 50%	MET 50%
	At least 33% of advisory board members are racially diverse	NOT MET 22%	NOT MET 22%	NOT MET 22%
	At least 33% of degree students are racially diverse	MSPH: NOT MET (30%) BSPH: MET (45%)	MSPH: MET (35%) BSPH: MET (51%)	MSPH: MET 40% BSPH: MET (51%)
	At least 33% of degree students are disadvantaged	MSPH: NOT MET (30%) BSPH: MET (35%)	MSPH: MET (45%) BSPH: MET (41%)	MSPH: MET 37% BSPH: MET (46%)

Table 1.2.c.1 Program Performance by Goal and Indicator, 2010/11-2012/13

Objective	Indicators	2010-2011	2011-2012	2012-13
	At least 25% of faculty and degree students male	Faculty: MET 50% MSPH: NOT MET 19% BSPH NOT MET 10%	Faculty: MET 42% MSPH: NOT MET 14% BSPH NOT MET 21%	Faculty: MET 45% MSPH: NOT MET 16% BSPH NOT MET 11%
	At least 20% of tenure-track and tenured research focus faculty will engage in scholarship activity related to diversity	MET 92%	MET 73%	MET 83%
Inform students and alumni of career and career development opportunities	Presence of a student/alumni listserv and/or social media presence that conveys this content	MET MSPH: listserv BSPH: listserv, Facebook	MET MSPH: listserv BSPH: listserv, Facebook	MET MSPH: listserv BSPH: listserv, Facebook
Serve as a CHES testing and CECH site	Designation as CHES testing site	MET	MET	MET
	Designation as a CHES CECH provider	MET	MET	MET
Ensure students are prepared to contribute to the public health workforce	Students meet SLO degree/program performance (all indicators) for their ability to ¹ <ul style="list-style-type: none"> Communicate public health messages to diverse audiences. 	MSPH: MET (4/4) BSPH: MET (3/3)	MSPH: MET (4/4) BSPH: NOT MET (2/3)	MSPH: MET (4/4) BSPH: MET (3/3)
	<ul style="list-style-type: none"> Advocate sound public health policies and practices 	MSPH: MET (3/3) BSPH: N/A	MSPH: MET (3/3) BSPH: N/A	MSPH: MET (3/3) BSPH: N/A
	CHES exam (NCHEC) pass rate [voluntary] at/above national average [graduate and undergraduate]	(v 74% natl) MSPH: MET (100%) BSPH: NOT MET (65%)	(v 75% natl) MSPH: MET (100%) BSPH: MET (80%)	(v 71% natl) MSPH: MET (100%) BSPH: N/A
	CPH exam (NBPHE) pass rate [voluntary] at/above national average	N/A	N/A	N/A
	Appropriate percentage (by degree) of graduates employed or pursuing further education/training within 12 months [known]	MSPH: MET (100%) BSPH: MET (100%)	MSPH: MET (100%) BSPH: MET (100%)	MSPH: MET (89%) BSPH MET (100%)

Table 1.2.c.1 Program Performance by Goal and Indicator, 2010/11-2012/13

Objective	Indicators	2010-2011	2011-2012	2012-13
Offer non-degree programs that serve the needs of the community and current workforce	Viable enrollment (per Graduate School guidelines: averaging 5 new students per cohort) in graduate certificate programs	MET: 11	MET: 10	MET: 8
	Viable enrollment (at least 50) in undergraduate public health minors	MET: 270	MET 328	MET: 401

1 See Appendix Tables 1.1.d.1 and 1.1.d.2 for the specific measures and Resource Appendix 1 Rubrics for rubrics and instruments used to collect these measures

1.2.d Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.

The Department of Public Health Sciences began the process of preparing for reaccreditation of its public health programs in Fall 2012. With the support of the PHPGC, the CEPH Accreditation Coordinator (Thompson) developed a work plan for completing the preliminary self-study during the academic year. At a joint meeting of the MSPH & BSPH Program Committees held early in the fall semester, the Accreditation Coordinator presented the plan and proposed timeline for review. The plan was adopted with minor modifications (Appendix 1.2.d.1 Self-Study due dates) and served as the organizing framework for the faculty's efforts. An overview of the self-study plan was presented to the Public Health Advisory Board during its fall meeting along with a timeline and expectations for members' involvement in the self-study and site visit processes.

In conjunction with the APHA meeting in San Francisco, the Accreditation Coordinator attended the CEPH Site Visitor Training and a CEPH accreditation workshop organized by the AAPHP, of which the Program is a member. Insights and observations to ensure an effective, responsive self-study document gleaned from these events were shared with the BSPH and MSPH committees during a second joint fall meeting. A third joint session and progress meeting was held in March 2013. Preliminary information was shared with the Public Health Advisory Board during its spring meeting.

Throughout the fall and early spring, the various workgroups solicited input from faculty, administrators, and stakeholders to draft their assigned sections of the self-study. The College's Office of Research provided information related to extramural/intramural faculty research activities over the last three years. Library and Information Technology personnel supplied details on library holdings and technology resources needed to complete the document. Current and archived student and Program data were gathered from Department and College sources as well as from the University's Office of Institutional Research. Community data and insights were provided by Public Health Advisory Board members and others.

This work was supported by a dedicated program Graduate Assistant (GA) and the departmental administrative staff. Ms. Shambreya Burrell, a first-year MSPH student with strong organizational and interpersonal skills, was provided a full-time (20 hour/week) assistantship during the 2012-13 and 2013-2014 school years to assist the CEPH Accreditation Coordinator. Various faculty also were allocated GA resources to support their work in preparing sections of the self-study. This student-intensive design provided informal linkages and flows of information among students, and between students and the faculty, that enhanced understanding and support of the formal accreditation processes and reinforced with the students the value the Program places on accreditation.

The component documents were collectively reviewed and then updated when end of academic year data became available. A composite draft self-study was created and circulated among faculty, administrators, and advisory board members for preliminary review. The revised document and the preliminary appendices then were sent for external review to a select academic reviewer (previously affiliated with CEPH) and a doctoral student familiar with CEPH accreditation procedures.

After review and approval by the Department's faculty governance structure - and after obtaining similar levels of review and support from the university leadership - the preliminary self-study was formally submitted to CEPH in September 2013.

A copy of the preliminary self-study submitted to CEPH was placed on our departmental website for public review and comment. Its presence and our desire for feedback were announced to students, alumni, and stakeholders via a broadcast email, an announcement on our departmental homepage and our program social media websites, and written or email notification to our community stakeholders (e.g., preceptors and precepting organization leaders).

The final self-study reflects revisions in organization and content suggested by the CEPH preliminary review. Given the nature of the comments received on the preliminary self-study document, these edits were largely prepared by the GA, Accreditation Coordinator, and Department Chair prior to final review and vetting by the Programs' faculty governance structures. After obtaining similar levels of review and support from the university leadership, the final self-study was formally submitted to CEPH in January 2014.

A copy of the final self-study document was placed on the Department's website and our stakeholders informed of its presence and reminded of the impending site visit.

1.2.e Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This Criterion is met.

Strengths

The UNC system has an effective, well-established system of strategic and operational planning. This philosophy is fully embraced in the College of Health and Human Services and the Department of Public Health Sciences and reflected in the unit's culture. This commitment to evidence-based, community needs-driven program planning is evidenced by the supporting planning documents that demonstrate the progression of activities flowing from determining community needs, to determining programmatic interventions to address the needs, and then to the natural role of CEPH accreditation in this evolution.

The use of an evidence-based planning and evaluation system is reinforced by the institution as this information is used to justify allocation of resources and to assess progress in these areas.

The Program effectively responded to the recommendations made as part of the last self-study. Several of these items remain as recommendations in this document as they reflect an inherent on-going need for review and response as the Program matures and the environment changes.

The University, College, Department, and Program effectively draw on a wide constituency of stakeholders, both internal and external to the university, to assure the relevance and quality of its degree programs.

Weaknesses

Response rates to college-level alumni assessments remain low. Students and graduates identify more closely with their program and respond better to program-level requests for information

Plans

Routinely reassess the governance and leadership structures to reflect the growth of the Department. (Responsibility: Chair and higher units, with input from PHPGC)

Ensure continuity, coordination, and quality across degree programs throughout these transitions. (Responsibility: PHPGC, higher units)

Work with partners across the University to ensure that requisite data to inform decision-making and to respond to accreditation needs are efficiently, effectively, and systematically collected. (Responsibility: PHPGC, program coordinators, administrators)

Better inform students that, as alumni, they will be called upon to provide information essential to our continued program improvement and accreditation. Consider other means of increasing alumni engagement/responsiveness to University surveys. (Responsibility: Program Coordinators, Student Organization Leadership)

1.3 INSTITUTIONAL ENVIRONMENT

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

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

Institutional Overview. UNC Charlotte is one of a generation of universities founded in metropolitan areas of the United States immediately after World War II in response to rising education demands generated by the war and its technology.

To serve returning veterans, North Carolina opened 14 evening college centers in communities across the state. The Charlotte Center opened Sept. 23, 1946, offering evening classes to 278 freshmen and sophomore students in the facilities of Charlotte's Central High School. After three years, the state closed the centers, declaring that on-campus facilities were sufficient to meet the needs of returning veterans and recent high school graduates.

Charlotte's education and business leaders, long aware of the area's unmet needs for higher education, moved to have the Charlotte Center taken over by the city school district and operated as Charlotte College, offering the first two years of college courses. Later the same leaders asked Charlotte voters to approve a two-cent tax to support that college. Charlotte College drew students from the city, Mecklenburg County and from a dozen surrounding counties. The two-cent tax was later extended to all of Mecklenburg County. Ultimately financial support for the college became a responsibility of the State of North Carolina.

As soon as Charlotte College was firmly established, efforts were launched to give it a campus of its own. With the backing of Charlotte business leaders and legislators from Mecklenburg and surrounding counties, land was acquired on the northern fringe of the city and bonds were passed to finance new facilities. In 1961, Charlotte College moved its growing student body into two new buildings on what was to become a 1,000-acre campus 10 miles from downtown Charlotte.

Three years later, the North Carolina legislature approved bills making Charlotte College a four-year, state-supported college. In 1965, the legislature approved bills creating the University of North Carolina at Charlotte, the fourth campus of the statewide university system. In 1969, the university began offering programs leading to master's degrees. In 1992, it was authorized to offer programs leading to doctoral degrees.

Now a research intensive university, UNC Charlotte is the fourth largest of the 17 institutions within the University of North Carolina system and the largest institution in the Charlotte region.

The university comprises seven professional colleges (Colleges of Arts + Architecture, Business, Computing and Informatics, Education, Engineering, Health and Human Services and Liberal Arts & Sciences) and currently offers 20 doctoral programs, 59 master's degree programs and 92 bachelor's degrees. More than 900 full-time faculty comprise the University's academic departments and the 2012 fall enrollment exceeded 26,000 students. UNC Charlotte boasts more than 100,000 living alumni and adds 4,000 to 4,500 new alumni each year.

Accreditation. UNC Charlotte is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) to award baccalaureate, masters, and doctorate degrees. The University's SACS accreditation was reaffirmed in 2013.

A number of programs across the university also have achieved specialty or professional program accreditation. These programs are presented below.

Accreditations Outside the College of Health and Human Services

The Bachelor of Architecture and Master of Architecture are accredited professional degree programs as recognized by the National Architectural Accrediting Board (NAAB).

The programs in business and accounting are accredited by AACSB International - The Association to Advance Collegiate Schools of Business.

The University's professional education programs for BK-12 teachers, counselors, and administrators are approved by the North Carolina Department of Public Instruction (NCDPI) and accredited by the National Council for Accreditation of Teacher Education (NCATE).

Counseling programs in Counselor Education are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

The civil, computer, electrical, and mechanical engineering programs are accredited by the Engineering Accreditation Commission of ABET; and the civil, electrical, mechanical, and systems engineering technology programs are accredited by the Engineering Technology Accreditation Commission of ABET.

The Department of Chemistry is on the approval list of the American Chemical Society.

The Master of Public Administration program is accredited by the National Association of Schools of Public Affairs and Administration (NASPAA).

The Public Relations program within the Department of Communication Studies is certified by the Public Relations Society of America (PRSA).

The University is a member of the Council of Graduate Schools, the Conference of Southern Graduate Schools, and the North Carolina Association of Colleges and Universities.

Accreditations Within the College of Health and Human Services

The Nursing programs are accredited by the Commission on Collegiate Nursing Education (CCNE) and the BSN program is approved by the North Carolina Board of Nursing. The Nursing Anesthesia program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

The Bachelor of Athletic Training program is accredited by the Commission on the Accreditation of Athletic Training Education (CAATE). Both the Bachelor of Science in Exercise Science program and the Master of Science in Clinical Exercise Physiology program are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

The Bachelor of Social Work and Master of Social Work programs are accredited by the Council on Social Work Education (CSWE).

The Master of Health Administration program received is accredited by the Commission on Accreditation of Healthcare Management Education (CAHME) and is a full member of the Association of University Programs in Health Administration (AUPHA).

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

Figure 1.3.b.1 shows UNC Charlotte's official organization chart. This chart is quite detailed and difficult to read, but cannot be modified because it is the official organizational chart of the University. This chart also may be viewed at http://education.uncc.edu/sites/education.uncc.edu/files/media/ncate/Standard6/6.3.b.1_UNC_Charlotte_Administrative_Organizational_Chart.pdf. Figure 1.3.b.2 depicts a simplified version of the official chart useful for the purposes of accreditation site visit.

The Department of Public Health Sciences, which houses our public health programs, is located within the College of Health and Human Services. Figure 1.3.b.3 shows the administrative organization of the College of Health and Human Services. The College's degree offerings and the organizational and governance structures within the Department of Public Health Sciences are presented in Criterion 1.4.

Figure 1.3.b.1 UNC Charlotte Organizational Chart (dotted line indicates that for routine staff administration, the Director of Internal Auditing reports to the Vice Chancellor for Business Affairs).

(http://education.uncc.edu/sites/education.uncc.edu/files/media/ncate/Standard6/6.3.b.1_UNC_Chartote_Administrative_Organizational_Chart.pdf)

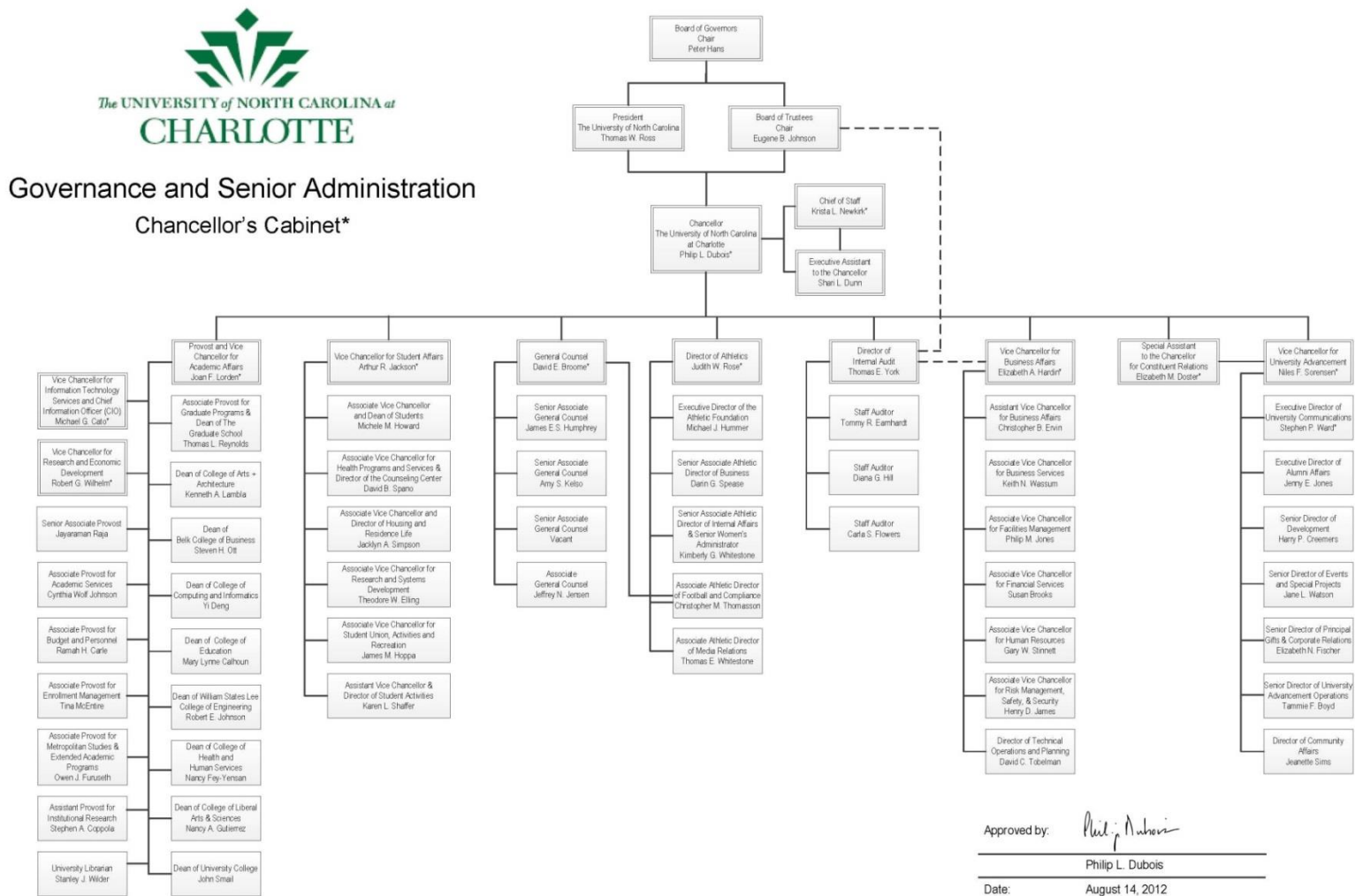


Figure 1.3.b.2 Simplified UNC Charlotte Organizational Chart

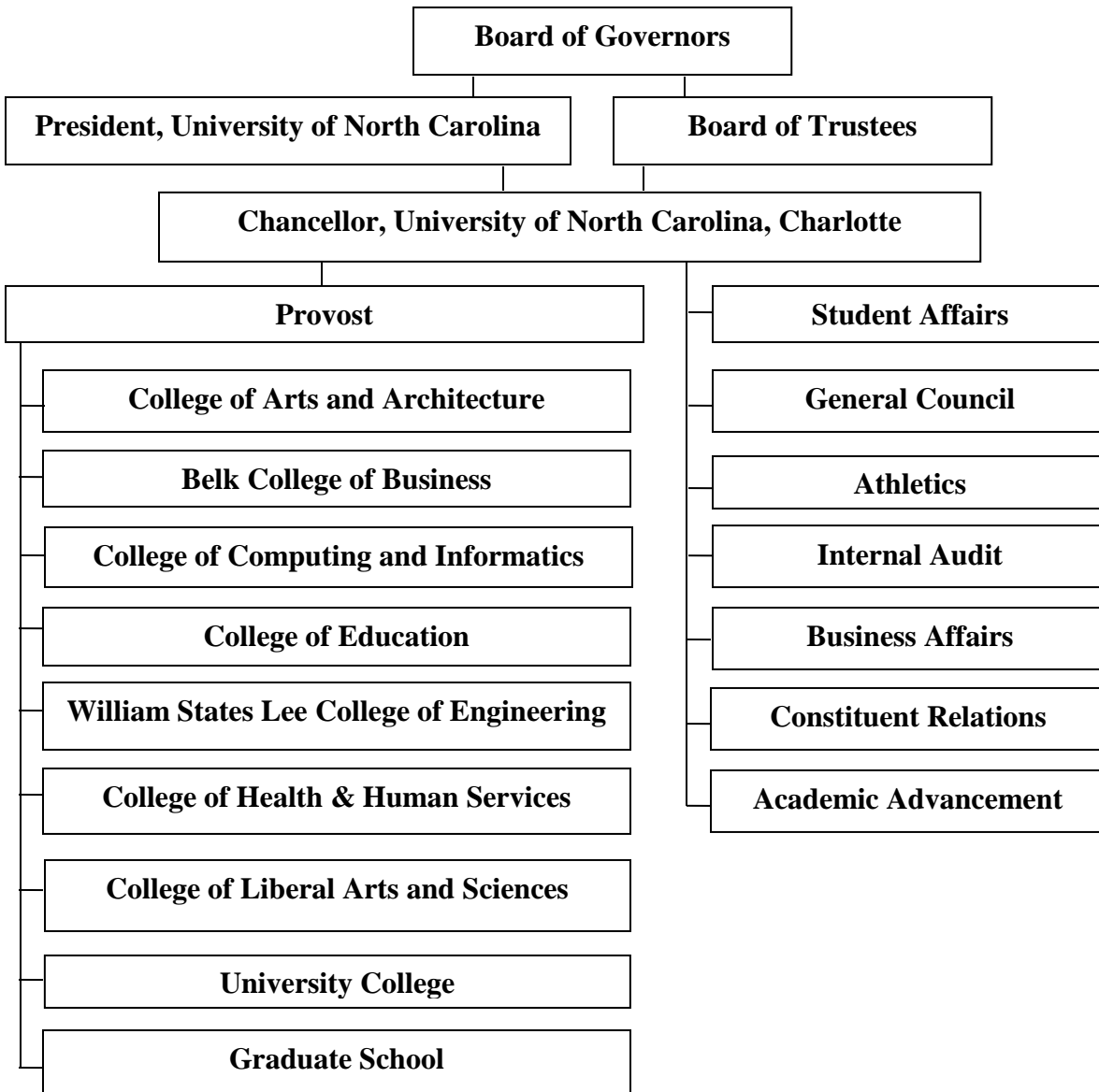
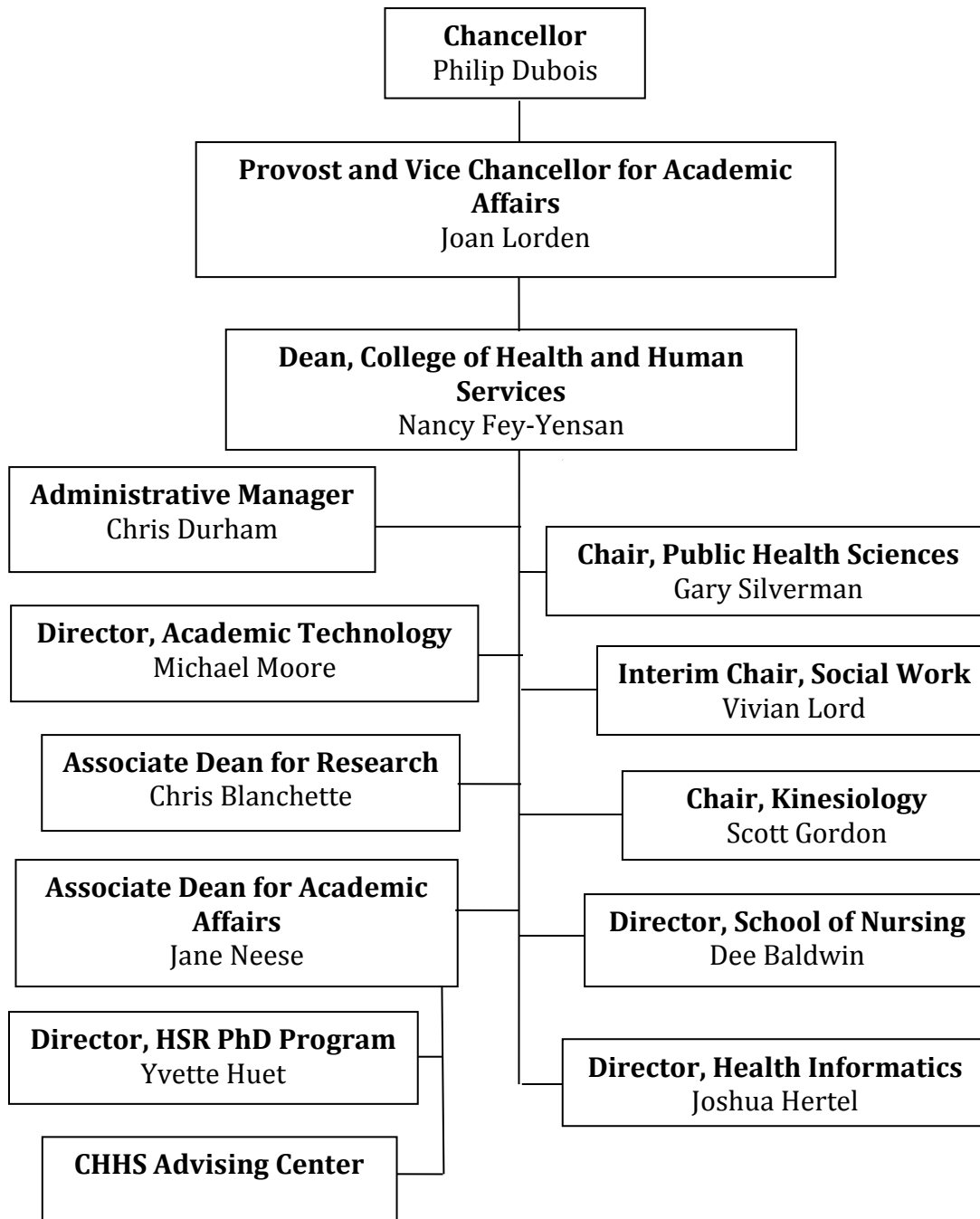


Figure 1.3.b.3 College of Health and Human Services Organizational Chart



1.3.c Description of the program's involvement and role in the following: budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising; personnel recruitment, selection and advancement, including faculty and staff; academic standards and policies, including establishment and oversight of curricula.

The Office of Academic Affairs, which is one of five administrative divisions at UNC Charlotte, oversees all operations of the Academic Division, providing administrative oversight and academic leadership. Led by Dr. Joan F. Lorden, Provost and Vice Chancellor, the Office of Academic Affairs is responsible for helping students and faculty achieve their academic and professional goals. Major responsibilities include those related to academic planning, programs, and support services; academic policy; academic services; budgets; faculty affairs, governance, appointments, and advancements; research administrative support and compliance; institutional research; and producing the university's undergraduate and graduate catalogs. In collaboration with the academic deans, directors, and department heads, Academic Affairs administers existing programs, revises and reviews those programs, and develops new ones. The Office also facilitates academic policies, procedures, and standards for both students and faculty.

Academic Affairs is assisted in its endeavors by its division units: Academic Budget & Personnel, Academic Services, Advance Faculty Affairs Office, Council on University Community, Enrollment Management, the Graduate School, the Library, Information Technology Services, Institutional Research, International Programs, Library, Metropolitan Studies and Extended Academic Programs, Research and Economic Development, and the nine colleges – Belk College of Business, College of Arts & Architecture, College of Computing and Informatics, College of Education, College of Health and Human Services, College of Liberal Arts and Sciences, Honors College, William States Lee College of Engineering, and University College

Articulation of faculty governance with the University administration is outlined in the Constitution of the Faculty <http://www.provost.uncc.edu/FacGov/Constitution.pdf> that establishes the university-wide Faculty Council. The Faculty Council membership is comprised of the members of the Faculty Executive Committee, the Chancellor, the Provost and Vice Chancellor for Academic Affairs, the Vice Chancellor for Student Affairs, the Vice Chancellor for Development and Public Service, the Dean of the Graduate School, the University Librarian, the Deans of each of the Colleges of the University, and a representative from each department across campus.

Through governance structures, faculty assume primary policy-making responsibilities for:

1. Setting minimal general degree requirements for the University, to which the faculties of individual colleges and programs may add additional requirements for their graduates
2. Setting minimal University admission standards, to which the faculties of individual colleges or programs may add additional standards, and/or for which the faculties of individual colleges and programs may set higher standards than those set by the Faculty generally
3. Establishing academic plans and curricula and developing and reviewing proposed new programs, including auxiliary academic programs (e.g., continuing education)
4. Establishing grading systems and setting academic policies concerning withdrawal, suspension, and retention
5. Establishing policies and standards for the granting of academic credit
6. Establishing policies for the granting of degrees, academic and honorary, and acting to award such degrees

7. Establishing policy, within the limitations of the code, and the tenure document, concerning promotion, appointment, reappointment, tenure, and post-tenure review of faculty (it is recognized that the tenure document is, and will continue to be, subject to judicial interpretation and to interpretation by the administration after hearing the advice of appropriate faculty bodies as designated by the faculty council)
8. Establishing policies governing academic counseling of students
9. Establishing policy for the allocation of UNC Charlotte research funds that are open to the solicitations of the general faculty
10. Establishing policies and procedures for the faculty review of university administrators

The Graduate Faculty have additional responsibilities. These responsibilities are specified in the bylaws found at

<https://graduateschool.uncc.edu/sites/graduateschool.uncc.edu/files/media/GradFacByLaws.pdf>

UNC Charlotte, in compliance with all applicable federal and state laws and regulations, does not discriminate on the basis of race, color, religion, gender, sexual orientation, age, national origin, physical or mental disability, political affiliation, protected veteran status, or genetic information in any of its policies, practices, or procedures. This policy includes but is not limited to admissions, employment, financial aid, and educational services. The University has specific policy statements and programs related to these issues, and information about them can be found on various websites including:

- ♦ <http://legal.uncc.edu/chapter-500>
- ♦ <http://legal.uncc.edu/policies/up-403>
- ♦ <http://legal.uncc.edu/policies/up-101.5>

The College of Health and Human Services and the Department of Public Health Sciences fully subscribe to all University policies that support freedom from discrimination.

Lines of accountability. As depicted in Figures 1.3.b.1, and 1.3.b.2, and further in Figures 1.4.a.1 through 1.4.a.3, a mature hierarchical structure is in place providing structure to the College's and University's administration and governance processes. Within the BSPH and MSPH programs, members of the faculty and staff have direct access to the Program Coordinators, governing committees, and the Department Chair.

Prerogatives extended to academic units. Within the framework and procedures provided by the university's administrative and academic governance documents summarized above, colleges and academic departments are permitted to name themselves and to organize internally as they see fit. Faculty titles must conform to the standards enacted by the university academic governance structure. Administrative titles are expected to accurately reflect the scope of responsibility.

Budgeting and resource allocation. Each academic unit within the College of Health and Human Services manages its own budget. Budget proposals for the upcoming year are presented from each unit head to the Dean at the end of each academic year, building from the past year's budget but recognizing future conditions. Proposals from the units are compiled and prioritized, and presented to the Provost. Once approved, Colleges provide budgets to the department chairs and school director who are responsible for the distribution, allocation, monitoring, and accounting of these financial resources. Major budget areas are faculty travel and other professional development, services (communications, printing, etc.), supplies, graduate student support, part-time faculty salaries, and for accreditation and membership expenses.

No department-level fees are currently imposed on students enrolled in the public health programs. Since 2011, however, the MHA program has assessed a modest tuition increment on its students and the new PhD program has requested a tuition increment.

Ninety percent of indirect cost recoveries generated from external grants are distributed at the level of the Chancellor; 10% of indirect cost recoveries are returned to the faculty's home unit. In the College of Health and Human Services, unit heads have at their discretion the distribution of the indirect cost return. In the Department of Public Health Sciences, 100% of these indirect cost recovery funds are returned to the grant Principal Investigator.

As an incentive for and recognition of externally funded research, the Dean reallocates one-third of the recovered faculty salary (funds that would otherwise support a faculty member's salary that are freed by the sponsored research) to the faculty member and one-third to the unit head. Furthermore, faculty on the research track securing external funding amounting to 25% of their salary may "buy-out" of a course obligation, freeing more time for scholarly activities.

The Office of University Development supports the university's mission to serve as North Carolina's urban research university by encouraging friends, donors, alumni and other supporters to contribute to the university's excellence through diverse philanthropic opportunities. Gifts help UNC Charlotte attract and retain talented faculty and researchers, inspire vibrant students to lead and learn and encourage business leaders and innovators to form vital partnerships that drive our shared economic and cultural future. Each academic college - as well as the Graduate School and Library - are assigned an individual Director of Development to enable successful fund raising at unit and program levels.

Personnel recruitment, selection, and advancement. Based upon justified need and in combination with available resources, the Provost allocates faculty and support staff lines to the College Deans who in turn allocates them to academic units. Faculty are recruited into the Department through formal search processes in accord with explicit state, university, and college procedures and guidelines. Faculty search committees advise the Department Chair who makes a recommendation to the Dean. Non-tenured appointments are extended by the Dean, and tenure-track appointments by the Provost upon approval by the Board of Trustees. Staff searches follow a similar but less intensive process and can involve local or national advertising.

Faculty and staff undergo periodic evaluations and annual reviews. The faculty reviews guide faculty progression toward reappointment, promotion, tenure, and post-tenure review and contribute to decisions regarding salary increases. In conformity with the University governance policies, the Department has a Departmental Review Committee consisting of tenured faculty. This committee reviews faculty portfolios and advises the Chair on reappointment and promotion decisions. A similar college-level committee advises the Dean. These recommendations are then presented to the Provost for action. Staff reviews are conducted by immediate supervisors in accord with policies mandated by the state and implemented by Human Resources that guide the hiring and evaluation of persons subject to the State Personnel Act.

Academic standards and policies, including establishment and oversight of curricula. The Faculty Council, Graduate Council, and Undergraduate Course and Curriculum Committee oversee the university's academic policies and procedures. These policies set university minimum standards for degrees and other expectations and requirements. With the consent of these university committees, programs, through their governance structures, may justify establishing more (but not less) stringent conditions and expectations.

Within the Department of Public Health Sciences, the respective program committees, under the oversight of the Public Health Programs Governance Committee (which acts as the curriculum committee) propose program-specific policies and procedures, in consultation, as appropriate, with the Department Chair, the College Curriculum Committee and the College Faculty Organization, and the Dean. Minor changes follow an expedited review and approval process, substantive changes a full review and approval process, and major changes a full UNC system-level review and approval process.

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

Not applicable

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

Not applicable

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

This Criterion is met.

Strengths

UNC Charlotte's accreditation by the Southern Association of Colleges and Schools was reaffirmed in 2013. UNC Charlotte has a long and distinguished history of support for institutional and professional accreditation.

The University has a clearly defined organizational and reporting structure across all levels. The Public Health Programs, part of the Department of Public Health Sciences, is housed within the College of Health and Human Services

The University intentionally nurtures and sustains a culture of continuous quality improvement and a philosophy of ensuring a vibrant learning environment where the precepts taught in classrooms are embodied in institutional practice. This commitment is particularly evident in the College of Health and Human Services that houses a number of programs that have attained 7 different professional accreditations.

The College and the University have provided ample resources and administrative support to seek and maintain these accreditations.

Weaknesses

None

Plans

Continue current support to sustain and enhance relevant professional accreditations. (Responsibility: Department Chair, PHPGC, Coordinators)

Launch the PhD in Public Health Sciences within the unit of accreditation. (Responsibility: Department Chair, PHPGC, PhD Director)

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.

1.4.a One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.

The MSPH, BSPH, and PhD degree programs, which comprise the unit of accreditation, are housed within the Department of Public Health Sciences. The Department also offers the Commission on Accreditation Healthcare Management Education (CAHME) accredited Master of Health Administration (MHA) program, administers a popular undergraduate minor in Public Health and graduate certificates in public health core concepts and in community health, contributes to the college-wide doctoral program in health services research, and contributes to an interdisciplinary professional science master's degree in Health Informatics. Each degree program within PHS has a designated faculty coordinator responsible for the daily operation of the program who reports to the Department Chair. Each degree program has a faculty and student program committee that supports the program coordinator in the governance and operation of the program. The Public Health Programs Governance Committee (PHPGC), which functions as the department curriculum committee, is comprised of the program coordinators and the Director of the new PhD program. The Public Health Programs and the MHA program each have an external advisory board that typically meets semi-annually.

The organizational charts below articulate with the university organizational charts presented in Figures 1.3.b.1, 1.3.b.2, and 1.3.b.3. Figure 1.4.a.1 depicts the degree offerings within the College. Figure 1.4.b.a.2 depicts the administrative organization within the Department of Public Health Sciences. Figure 1.4.a.3 provides a listing of faculty by appointment type.

Figure 1.4.a.1 Degree Programs Offered by Each Academic Unit Within the College of Health and Human Services

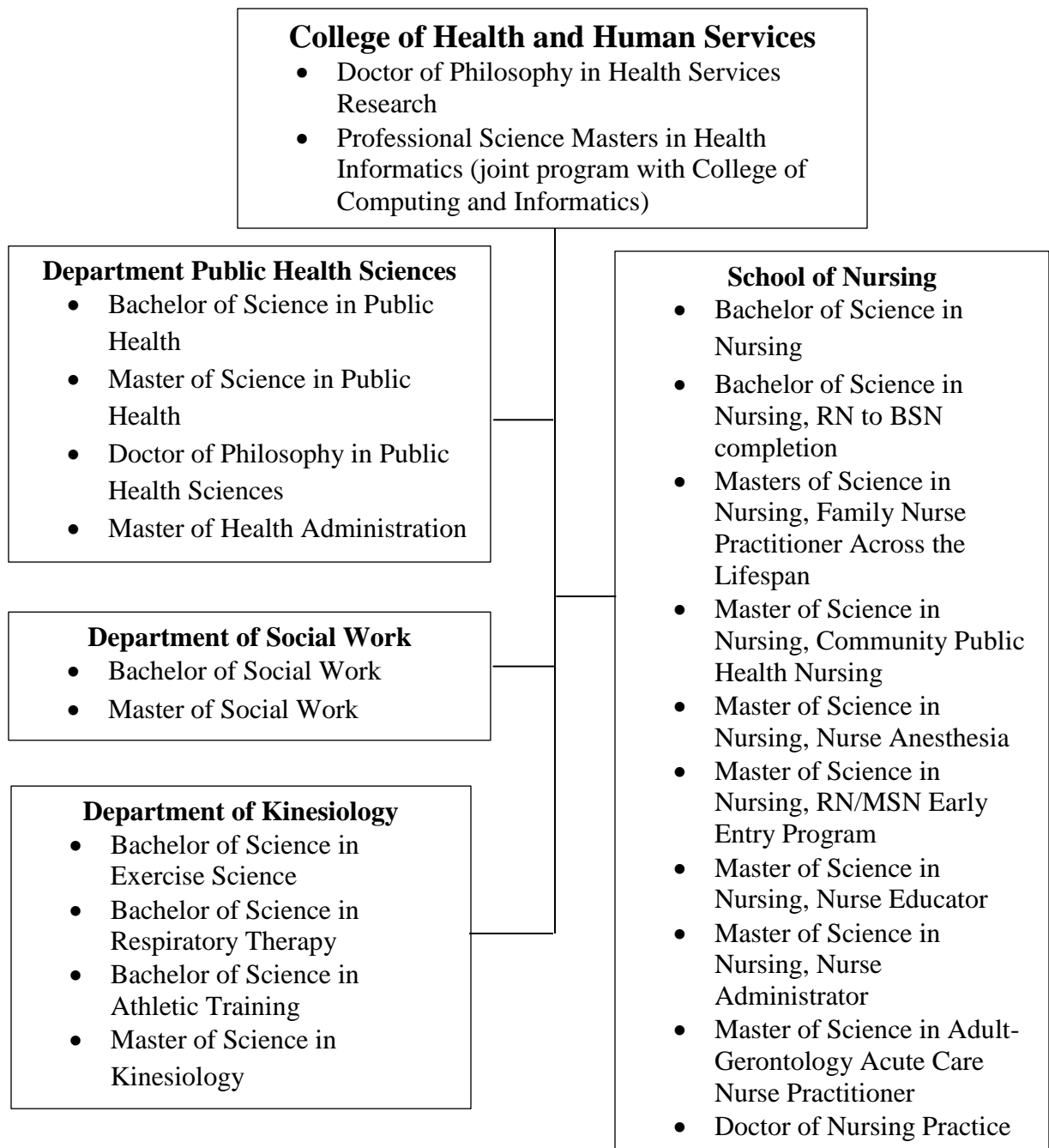
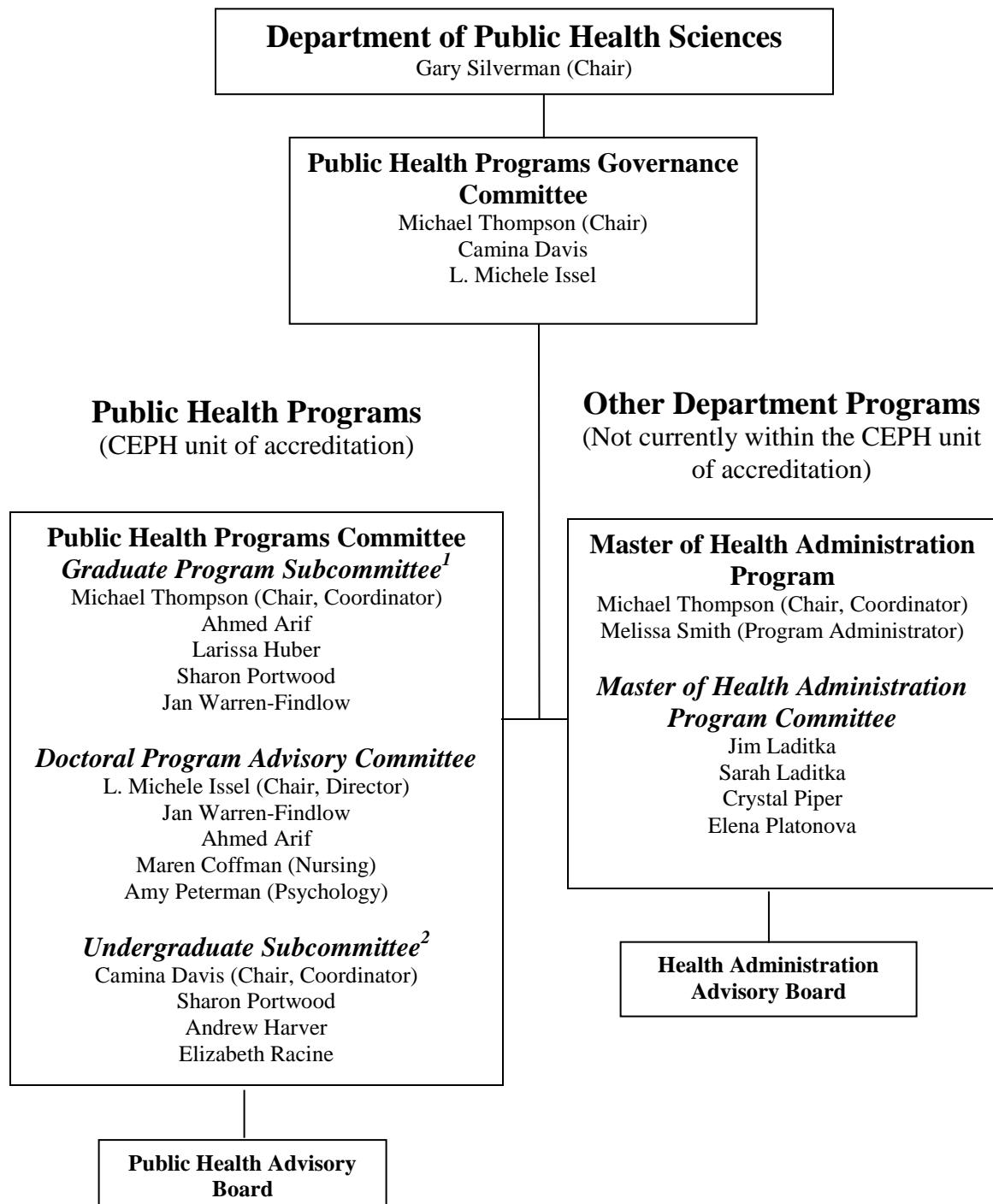


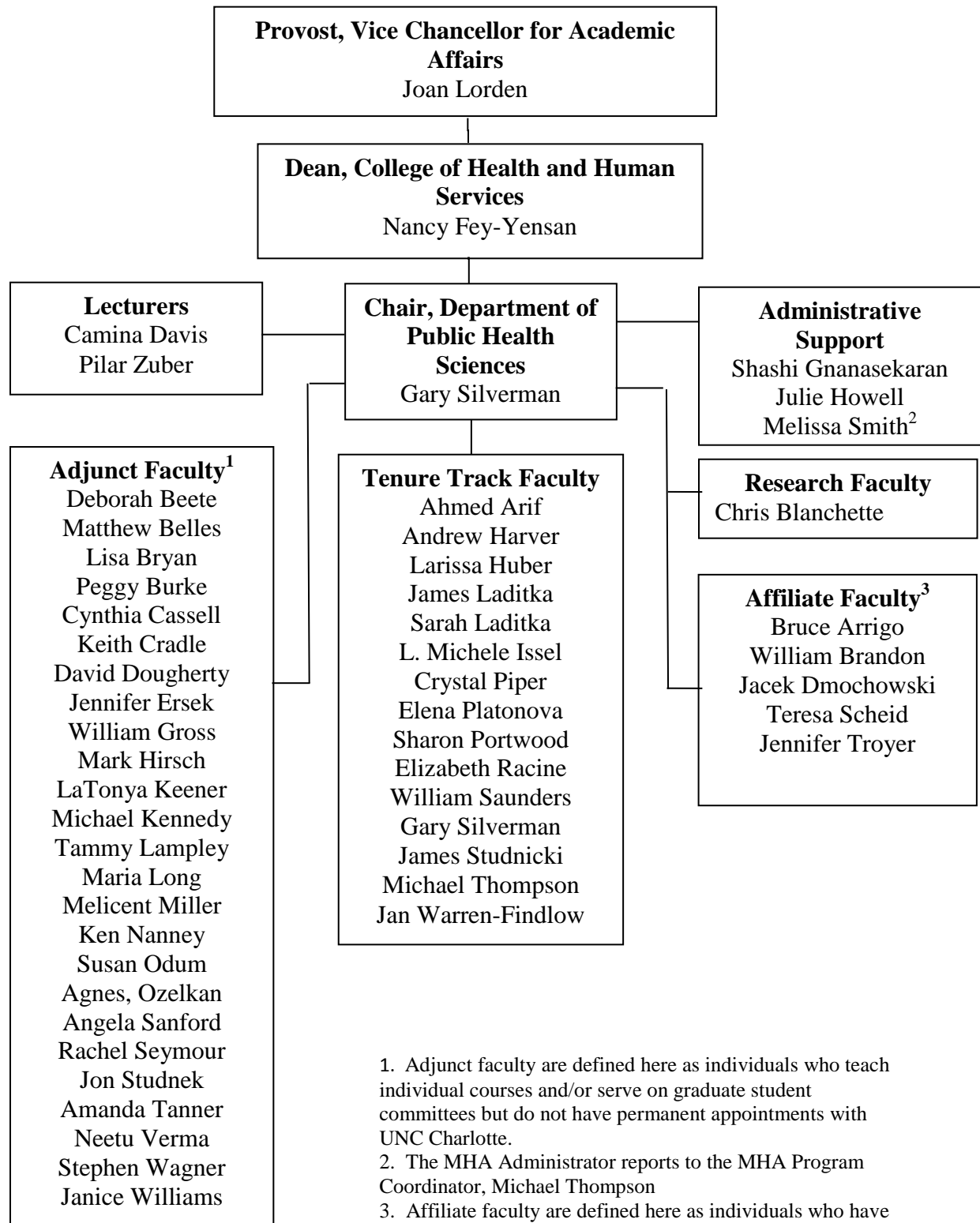
Figure 1.4.a.2 Administrative organization of the CEPH Accredited Public Health Programs within the Department of Public Health Sciences, 2013-2014



1. Includes oversight of master's degree and graduate certificate programs

2. Includes oversight of pre-public health major and the public health minor

Figure 1.4.a.3 Faculty and support staff line reporting authority, Department of Public Health Sciences



1.4.b Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

The Department of Public Health Sciences was originally founded as the Department of Health Behavior and Administration on July 1, 2002, as part of the transformed College of Health and Human Services. The new Department's design was conceived in response to recommendations derived from UNC Charlotte's Health Commission report (2000) as well as a variety of interdisciplinary initiatives placing emphasis on population health and health behavior research. In May 2007, the Department was renamed "Public Health Sciences" to better reflect the unit's larger-scale set of current and planned research programs, degree offerings, and service activities that are relevant to contemporary public health. The Department favors the development and implementation of interdisciplinary academic and research programs. The composition of the faculty in the Department of Public Health Sciences and the faculty contributions from other units reflect the commitment and involvement of our Public Health Programs to interdisciplinarity.

Courses offered by the Programs are cross-listed to reach a broad mix of students where possible (e.g., Epidemiology, Biostatistics, Health Administration) and/or serve students from related graduate programs (e.g., MHA, PhD in Health Services Research, PhD in Health Psychology) and undergraduate programs (e.g., communication studies, gerontology, exercise science, and nursing). In turn, students frequently enroll in courses offered by other departments to fulfill elective requirements (e.g., courses in anthropology, sociology, public administration, and statistics). The Department also offers the Public Health Minor, one of the most highly subscribed minors on campus. The minor enrolls almost 450 undergraduates each semester pursuing a variety of majors. It replaced our minor previously offered in interdisciplinary health studies in order to more closely follow the 2008 recommended curriculum established by the Association for Prevention Teaching and Research and the Association of American Colleges and Universities. Within the College of Health and Human Services, Program faculty serve central roles in working with students on research (including serving on and chairing thesis and dissertation committees) and providing instruction in the Master of Health Administration program, the Health Informatics Professional Science Master's program, and the Ph.D. in Health Services Research program.

Faculty in the Department are involved in a wide range of activities that reinforce the unit's commitment to the value of interdisciplinary research, teaching, and service. Table 1.4.b.1 below shows a summary of current interdisciplinary contributions of PHS faculty outside their primary responsibilities to the public health programs.

Table 1.4.b.1 PHS Full-Time Faculty Interdisciplinarity within UNC Charlotte

Name	Interdisciplinary Activities Outside Primary Responsibilities
<i>Primary Public Health Faculty</i>	
Ahmed A. Arif	Program Faculty, Health Services Research PhD program
Andrew Harver	Affiliate Faculty, Communication Studies; Faculty Associate, Center for Professional and Applied Ethics; Doctoral Faculty, Interdisciplinary Biology Doctoral Program;

Table 1.4.b.1 PHS Full-Time Faculty Interdisciplinarity within UNC Charlotte

Name	Interdisciplinary Activities Outside Primary Responsibilities
	Core Faculty, Interdisciplinary Health Psychology Doctoral Program; Program Faculty, Health Services Research PhD program
Larissa Brunner Huber	Member, Interdisciplinary Biology Doctoral Program; Member, Health Services Research Academy; Program Faculty, Health Services Research PhD program
L. Michele Issel	Affiliate Faculty, Interdisciplinary Health Psychology Doctoral Program
Crystal Piper	Participating Faculty, Health Services Research PhD Program; Health Psychology Affiliate Faculty Member
Sharon Portwood	Core Faculty, Interdisciplinary Health Psychology Doctoral Program; Program Faculty, Health Services Research PhD program
Elizabeth Racine	Participating Faculty, Health Services Research PhD program
Michael E. Thompson	Member, Health Services Research Academy; Program Faculty, Health Services Research PhD program
Jan Warren-Findlow	Adjunct Faculty, Gender and Women's Studies Programs; Affiliate Faculty, Communication Studies Department; Affiliate Faculty and Advisory Board member, Health Psychology PhD program; Faculty Affiliate, Gerontology Program; Faculty Associate, Center for Professional and Applied Ethics; Participating Faculty in Health Services Research PhD program
<i>Other Department Faculty</i>	
James Laditka	Program Faculty, Health Services Research PhD program; Public Policy PhD Core Faculty; Faculty Affiliate, Gerontology Program
Sarah Laditka	Program Faculty, Health Services Research PhD program Executive Committee Member and Faculty Affiliate, Gerontology Program; Faculty Affiliate, Public Policy PhD Program; Faculty Affiliate, Center for Professional and

Table 1.4.b.1 PHS Full-Time Faculty Interdisciplinarity within UNC Charlotte

Name	Interdisciplinary Activities Outside Primary Responsibilities
	Applied Ethics
Elena Platonova	Participating Faculty, Health Services Research PhD program
Gary Silverman	Faculty Affiliate, Organizational Sciences; Faculty Associate, Center for Professional and Applied Ethics; Faculty Associate, The Infrastructure, Design, Environment & Sustainability Center
James Studnicki	Member, Health Services Research Academy; Program Faculty, Health Services Research PhD program

1.4.c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This Criterion is met.

Strengths

The Department of Public Health Sciences and its parent organization, the College of Health and Human Services, provide a supportive environment for effective teaching, service, and research and for interdisciplinary collaboration.

The interconnectedness of the College's programs and the diversity of faculty provide multiple opportunities for collaboration in teaching, service, and research. Primary program faculty contribute to a variety of other programs, and non-primary faculty make important contributions to public health, adding to the strength and the interconnectedness of our public health community. Governance is enhanced through a clear structure, including substantial opportunity for faculty inclusion and guidance, and meaningful input from students and external communities.

Weaknesses

None

Plans

Continue to routinely assess and monitor the Programs' effectiveness for disseminating best policies and practices among its students and faculty (Responsibility: Department Chair)

Continue to routinely assess and monitor the governance and leadership structures to accommodate the rapid growth of the Department to ensure adherence to the range of university, state, and federal policies and procedures that guide the fair and ethical interactions with, and among, students, staff, and faculty. (Responsibility: Department Chair, Associate Dean, Dean)

Guide the implementation of the PhD in Public Health Sciences program in the Department as part of our CEPH accredited unit. (Responsibility: Department Chair, PhD Program Director, Accreditation Coordinator)

1.5 GOVERNANCE

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

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

The UNC Charlotte Public Health Programs operates within the Department of Public Health Sciences. The departmental organization of these committees is shown in Figure 1.4.a.2. These Departmental and Programs level committee structures are summarized below

Department of Public Health Sciences Faculty Governance, 2013-2014

Public Health Programs Specific

Public Health Programs Governance Committee (PHPGC). The PHPGC is to

“...provide academic guidance to the Department of Public Health Sciences’ academic and professional programs in public health; support the program administrators in articulating principles and developing policies; assess and ensure the effectiveness of the programs in meeting program, department, school, university, and accrediting and other professional body requirements and expectations; and to report on these charges to the relevant department governance and administrative bodies.”

In fulfilling this charge, the PHPGC functions as the Department’s curriculum committee, reviewing and advising on recommended changes to curricula and supporting program governance committees in ensuring curricula are appropriate and relevant.

The PHPGC reports to the Department Chair. The PHPGC also regularly informs the department faculty and other interested groups of its activities.

The PHPGC is specifically tasked with overseeing and coordinating the preparation of the Department’s CEPH accreditation self-study in support of the Accreditation Coordinator (who also is the MSPH Program Coordinator).

Given our long-term vision of becoming a school of public health, the PHPGC consists of the program coordinators/directors of all of the Department’s degree programs (including the CAHME accredited MHA program and a representative of the planned PhD program) and a representative from the student members of the program committees. The committee elects its own chair. Current members are:

M. Thompson, Chair

Public Health Programs: Thompson (Coordinator Graduate Public Health Programs and CEPH Accreditation Coordinator), C. Davis (Coordinator, Undergraduate Programs), and L. Michele Issel (Director, PhD in Public Health Sciences)

Other Department Programs: M. Thompson (Coordinator, MHA Program)

A student representative drawn from the program committees (described below).

Student members are appointed by their program’s respective professional student

organization. Shambreya Burrell (MSPH candidate; graduate assistant) currently serves as secretary.

Public Health Degree Programs (degree programs within the unit of accreditation)

The CEPH accredited public health programs is overseen by the Public Health Program Committee. Since 2010, this committee has primarily met in graduate and undergraduate subcommittees to administer the operation of the established public health offerings, with close coordinator among the subcommittee chairs. As needed, the committee meets as whole, including multiple sessions throughout the 2012-13 and 2013-2014 academic years for the preparation of the CEPH self-study and site visit.

Graduate Program SubCommittee. The Graduate Program Committee is led by the MSPH Coordinator. It is charged with “supporting the coordinator in the operation and academic governance of the MSPH program and its affiliated Graduate Certificate programs.” This charge encompasses curriculum, student policies, and admissions. Current members are M. Thompson (Chair), A. Arif, L. Huber, S. Portwood, J. Warren-Findlow, and Tiffany Martin, the student representative. Shambreya Burrell (MSPH candidate; graduate assistant) currently serves as secretary.

Beginning in Fall 2013, PhD-related responsibilities were spun off from the Graduate Program Subcommittee to the newly established Doctoral Program Advisory Committee. The Doctoral Program Advisory Committee is led by the PhD Program Director, L. Michele Issel. It is charged with “supporting the director in the operation and academic governance of the PhD program.” This charge includes curriculum, student policies, and admissions. Current members are L.M. Issel (Chair), J. Warren-Findlow, A. Arif, M. Coffman (Nursing), and A. Peterman (Psychology).

Undergraduate Program SubCommittee. The Undergraduate Committee is led by the BSPH Coordinator. It is charged with “supporting the coordinator in the operation and academic governance of the BSPH program and related undergraduate programs in public health.” In addition to the BSPH curriculum, advising, and admissions functions, its oversight includes the pre-public health ‘major’ curriculum, and the public health minor curriculum. Admissions into the pre-major is via the university central undergraduate admissions process where students self-declare the pre-major. Similarly, students self-declare the public health minor. Advising of the College’s pre-major students is centrally coordinated via the College’s students services office. Current members are C. Davis (Chair), A. Harver, S. Portwood, E. Racine, and student member Lashoma Lee-Brown.

Community

Public Health Advisory Board (2013). The public health advisory board supports the public health programs and is charged with “providing strategic guidance and oversight of public health programs and supporting the development and expansion of programs to ensure that the needs of the region are met.” The current members are:

- Marquis Eure, MPH, CHES, Contract Coordinator, Ryan White Program, Mecklenburg County Health Department
- William Gross, MPH, Special Projects Manager, Gaston County Health Department
- Michael P. Kennedy, MGA, MPH, CHES, Public Health Education, Grants, and Special Projects Coordinator, Mecklenburg County Health Department
- Susan Long-Marin, DVM, MPH, Epidemiology Manager, Mecklenburg County Health Department

- Diana M. Manee, MSPH '07, CHES, CPT, Youth Empowered Solutions (YES!) Question Why West Program Coordinator, Asheville, NC; Haywood County Health Department, TRU-6 Tobacco Prevention Coalition Program Coordinator, Waynesville, NC; President, North Carolina Society for Public Health Education
- Christopher A. Matthews, BSPH '09, CHES, Prevention Coordinator, Communities in Schools of Charlotte-Mecklenburg, Inc.
- William F. Pilkington, DPA, MPA, CEO, Cabarrus Public Health Interest; Public Health Director, Cabarrus Health Alliance
- Jessica Schorr Saxe, MD, FAAFP, Family Physician, Carolinas HealthCare System; Chair, Charlotte Chapter of Physicians for a National Health Program
- Janice Williams, MS Ed, Injury Prevention Specialist, Carolinas Center for Injury Prevention and Control, Carolinas Medical Center

CVs/resumes of the current Public Health Advisory Board members are found in Resource Appendix 8. Several members hold Affiliate Graduate appointments with us as they have served on student capstone committees and/or taught courses in the Program.

Other Department Degree Programs

MHA Program Committee. The MHA Program Committee is led by the MHA Coordinator. It is charged with “supporting the coordinator in the operation and academic governance of the MHA program.” This charge encompasses curriculum, student policies, and admissions. Current members are M. Thompson (Chair), J. Laditka, S Laditka, E. Platonova, C. Piper, and student member M. Kesler. Staff member M. Smith provides administrative support.

An advisory board supports the MHA Program.

Other Department Committees

Department Review Committee. Per university requirements, the committee consists of three tenured faculty and reviews and advises the Department Chair on candidates for reappointment, promotion, and tenure; and conducts the annual review of the Chair. Current members are J. Studnicki (Chair), L. Huber, J. Warren-Findlow.

Faculty Search Committee. Per university requirements, a Faculty Search Committee leads and coordinates search processes for new faculty candidates. Membership of faculty search committees consists of at least three faculty and is determined following approval of faculty lines by the Provost and Dean. Membership is tailored to the specific position being recruited; thus, faculty are appointed on an ad hoc basis for each search. During 2012-2013, the Department conducted two searches, one for a director of the new PhD program (Warren-Findlow, Racine, and Harver) and one for a faculty to support teaching in the area of health informatics (J. Laditka, E. Platonova, and M. Hadzikadic [College of Computing and Informatics]).

The work of these programs and departmentally-based committees feed into the larger College and University faculty governance system. Our faculty also serve on these College and University -wide committees. The current (2013-2014) listing of faculty committee assignments is found in Appendix 1.5.a PHS Governance. Students also serve on select college and university committees. A formal ‘rotation’ process regulates the flow of graduate and undergraduate public health students to the College Curriculum Committee. Copies of Program committee minutes are presented in Resource Appendix 7 Committee Minutes.

1.5.b Identification of how the following functions are addressed within the program's committee and organizational structure: general program policy development; planning and evaluation; budget & resource allocation; student recruitment, admission and award of degrees; faculty recruitment, retention, promotion & tenure; academic standards and policies; research and service expectations and policies.

Overview. Consistent with guidance from the University, College, and Department, the Public Health Programs Governance Committee (PHPGC) is responsible for supporting the academic oversight and evaluation of the public health degree programs.

The graduate and undergraduate program subcommittees are chaired by the respective program coordinator/director and are supported by three to four additional faculty who teach in those programs and one student member. The program subcommittees report to the PHPGC, while the coordinators report to the Department Chair. The student members select a representative and an alternate to the PHPGC from among their number. The PHPGC and the program committees can co-opt other faculty and staff as needed to fulfill their responsibilities. This organizational structure is presented in Figure 1.4.a.3.

Student members are appointed by their respective student professional organizations. The students possess full voting rights, except for matters related to admission. Student members may contribute to discussions of admissions policies and assessments of standards, etc., but are not permitted to review individual student applications or personally identifiable data unless hearing a student-initiated issue during a meeting.

In collaboration with program coordinators/directors, the Department Chair is responsible for the coordination of strategic planning. The Chair ensures these plans are consistent with broad College and campus goals and is responsible for the overall management and implementation of undergraduate and graduate courses and degree programs specific to the Department in collaboration with program coordinators/directors and all relevant committees (program governance committees, and department and college curriculum committees). In addition, the Chair is responsible for coordinating the ongoing instructional development, and implementation, and evaluation of the departmental courses. Responsibilities include coordinating and managing effective student recruitment and retention programs. The Chair works with Academic Affairs and program coordinators/directors in the development of faculty teaching assignments, class schedules, and clinical/agency requests (internship placement sites). The Chair, in collaboration with the Dean, Associate Dean for Academic Affairs, and faculty, is responsible for planning of programming, monitoring of content, and evaluation of student outcomes in departmental courses. Included in the latter is the successful coordination of all assessment and accreditation activities. The Chair also sets goals for the Department in cooperation with the Dean, other chairs, and faculty to direct continuing development of the educational programs.

In addition, the Chair is responsible for the establishment of priorities for departmental finance and planning and is responsible for the proper support of faculty, including faculty development, and essential support for achieving benchmarks established by nationally recognized accreditation agencies.

The Chair advises, guides, and evaluates the department faculty, facilitates the review process, and advises faculty on promotion, tenure, reappointment, and salary review in accordance with the Reappointment, Promotion, and Tenure policies of the College and University. The Chair evaluates faculty on an annual basis and makes recommendations to the Dean on all personnel

matters of the Department including appointment, reappointments, salary adjustments, and promotion and tenure recommendations.

The Chair, in supporting the efforts of the College Office of Research, is responsible for monitoring and promoting research and scholarly activities within the Department, including any particular program designed to encourage and incentivize research within the Department. The Chair works with each member of the faculty to set appropriate research goals and then evaluates faculty progress toward the fulfillment of those goals. In similar ways, the Chair works with each member of the faculty to set appropriate service goals and then evaluates faculty progress toward the fulfillment of those goals.

General Program Policy Development. Program policies are developed by the program coordinator/director with support and guidance from the program committee, the external advisory board, and the PHPGC. In accord with University, College, and Department academic governance procedures, some policies may require approval by the Chair, or higher level governance structures.

Planning. Planning occurs at multiple coordinated levels. Higher unit mission statements and strategic objectives combined with stakeholder recommendations and faculty input guide programmatic planning at the operational level (program committees, PHPGC). The Chair, with advice from the PHPGC and faculty, engages in Department level planning. The Chair engages in college level planning with the Dean and other college-level administrations (known as the Administrative Team). In turn, the Dean engages in operational and strategic planning in consultation with other Deans and the Provost.

Budget and Resource Allocation. Resource allocation within the Department formally rests with the Chair. The PHPGC collectively and program coordinators/directors individually advise the Chair of resource needs and suggested allocations. This negotiation and balancing process helps ensure course offerings and sequences are consistent with program curricula, that adequate seats/sections are available for projected enrollment, that admissions align with projected resources, and that programmatic increases are planned for and resources are available.

Student Recruitment, Admission, and Award of Degrees. Recruitment, admission, and award of degrees are centrally managed (by the Office of Undergraduate Admissions and the Graduation Clearance Office for undergraduates, and the Graduate School for graduate students).

At the undergraduate level, the BSPH program, supported by the College's Office of Student Services, recruits and advises pre-public health majors and prospective majors. Students desiring to enter the upper division (the BSPH major) apply after having met the prerequisites (typically at the end of the sophomore year). Admission into the BSPH major is managed by the BSPH Coordinator and supported by the BSPH Program Committee serving as the admissions committee. The BSPH Coordinator, supported by the College's Office of Student Services recommends students for graduation. Conferral of the degree follows the university's faculty governance processes and procedures.

At the graduate level, the program coordinators and directors recruit and advise prospective students. Admission to the graduate programs is offered by the Dean of the Graduate School upon the recommendation of the program coordinator. In the Department of Public Health Sciences, the graduate programs utilize a faculty admissions committee to support the coordinator in evaluating applicants. The program coordinator recommends students for graduation. Conferral of the degree follows the university's faculty governance processes and procedures.

Faculty Recruitment, Retention, and Promotion. Recruitment, retention, and promotion processes occur at the departmental level and higher. The department committees that carry out these processes (e.g., Search Committee, Departmental Review Committee) include faculty core to the Public Health Programs. The specific policies and procedures governing these activities are found in university and college level policies [<http://provost.uncc.edu/epa/handbook/faculty-recruitment>].

Academic Standards and Policies. Within the University and College-level academic governance framework and without compromising university defined minimum standards, degree programs are free to enact more stringent or more explicit requirements and expectations. These policies and procedures are developed by the program coordinators with the support of their respective program committees and advisory boards and the PHPGC. Enacting certain procedures or policies may require review and approval by higher level (College, Graduate School, University) governance structures. These program specific policies are communicated to students through the student handbook and other means.

Research and Service Expectations and Policies. Workload expectations are set at the college level by the Dean, in keeping with university, system, and state policies and procedures. The college workload policy (Resource Appendix 5, CHHS Faculty Handbook) outlines expectations and requirements for pre-tenure, tenured, and non-tenure track faculty, including minimum expectations for teaching, service, and research and how it is evaluated as part of the annual performance review. Given the diversity of the disciplines within the College and in accord with Graduate School policies, the Department determines how it will assess the quality of scholarly productivity. Departmental standards for appointment and review of scholarly research also are found in the CHHS Faculty Handbook.

1.5.c A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.

Faculty governance is derived from university-level policy and procedure documents found online at three locations. The web locations are listed below and copies of the documents (where available) are provided in the Resource Appendix 5.

- ♦ Faculty Handbooks and Personnel Procedures (university):
<http://provost.uncc.edu/handbooks/ft-faculty>)
- ♦ Faculty Governance (university) <https://facultygovernance.uncc.edu/>).
- ♦ Other general faculty policies, procedures and advice (university)
<http://provost.uncc.edu/policies> and <http://provost.uncc.edu/faculty-resources>.

The College of Health and Human Services also produces a faculty handbook of policies and procedures as adapted and implemented in the College. The CHHS Faculty Handbook also is found in Resource Appendix 5.

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

For the 2013/14 Academic Year, PHS faculty (primary or other public health program faculty) hold the following college or university committee assignments.

<u>Committee</u>	<u>Faculty</u>
<i>College-level</i>	
College Curriculum Committee (PHS)	Arif
College Review Committee (PHS)	Portwood
Learning Community Advisory Committee	Davis
Technology Planning Committee (PHS)	Racine
Internationalization Committee (PHS)	Platonova
Faculty Legacy Scholarship Committee	Piper
Scholarship of Teaching and Learning (alternate)	Racine
CHHS FO Parliamentarian	Harver (fall: Arif)
Faculty Competitive Grants committee (alternate)	Huber
Faculty Executive Committee (alternate)	Warren-Findlow
<i>University-level</i>	
Academic Affairs Council (PHS)	Silverman
Centers & Institutes (CHHS)	Studnicki
Chair's Council (PHS)	Silverman
Faculty Council (PHS)	Racine (alt Laditka S)
Graduate Program Director Advisory Council	Thompson
Institutional Review Board (CHHS)	Warren-Findlow
Library Liaison (PHS)	Racine
Advisory Committee to the Chancellor on Employee	
Health and Wellness (PHS)	Davis
First Citizens Bank Scholars Medal Selection Committee	Harver
Health Informatics PSM Academic Committee	Laditka S

1.5.e Description of student roles in governance, including any formal student organizations.

As noted in 1.5.a, one student serves as a full voting member of his/her respective program committee. The student member (and an alternate) is appointed to the various program committees by their respective student organizations: the Graduate Public Health Association (MSPH), the Public Health Association (BSPH), and the Charlotte Healthcare Executive Student Organization (MHA). These organizations are chartered and recognized by the UNC Charlotte

Student Government Association. The student program committee members select a representative from among their number to the PHPGC. In addition to this formal representation, the program coordinators meet with the respective student organizations or other student gatherings at least once each semester. Students also contribute through regular end of course evaluations, through exit surveys, and by direct communication with program administration. Students also have the opportunity to serve on a variety of college and university committees.

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

This criterion is met

Strengths

The program administration and faculty have defined rights and responsibilities as faculty members at UNC Charlotte and as faculty in the Department of Public Health Sciences in the College of Health and Human Services. Furthermore, the administrators responsible for the oversight of the public health program (i.e., chair, program coordinators) have specific rights and responsibilities that are supported by institutional governance and infrastructure to effectively carry out those responsibilities.

The role of student input within the Department is formalized and utilized.

The Public Health Programs benefits from an active and engaged community advisory board.

The Department benefits from the strategic plans developed in tandem between its internal (faculty) and external (advisory board) committees and influence on and coordination with higher unit strategic plans.

Weakness

The rapid growth of programs necessitates continuous reconsideration of optimal structures and process for effective program governance and management. While changes are essential to keeping pace with the evolving demands, the risk for continuity gaps and ambiguity increases.

Plans

Continue to expand and improve linkages with the community. (Responsibility: Department Chair, Coordinators, PHPGC)

Ensure changing governance structures continue to meet evolving needs and that these changes are effectively communicated to and understood by stakeholders. (Responsibility: Chair, Faculty, PHPGC)

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.

1.6.a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the program.

A public institution, UNC Charlotte has the fourth largest enrollment of the 17 institutions in the University of North Carolina (UNC) system and operates on state-appropriated funds, tuition revenue, grants, and gifts. In the past, the system's funding formula for campuses mostly adjusted historical base allocations reflecting changes in student enrollment or program structure (e.g., growth in student population, student credit hours, and category of instruction). That model is slowing transitioning to one that is intended to incentivize performance over growth, with emphasis on student retention and graduation metrics. While the university system and legislature are still developing the specifics of this new funding model, portions of the budget are now being allocated within the university system utilizing these new principles. As metrics are developed and validated, an increasing percentage of the global university system budget will be allocated to campuses based on these performance measures rather than enrollment.

At the campus level, UNC Charlotte's budget has grown considerably over the past six years, reflecting its enrollment growth and its performance metrics. State appropriations have increased by 45.6% to \$190.4 million in FY 2011. Tuition and fees have increased by \$40.4 million, or 44.5%, which can be attributed mainly to student enrollment growth as well as increases in tuition and fee rates. Noncapital gifts and grants categorized as non-operating revenues represented approximately 14.9% of the University's total revenues in FY 2011 and increased by \$65.3 million to \$71.4 million over the past six-year period.

The University allocates its budget based on a strategic plan that was developed from the University's mission and strategic directives by the University of North Carolina General Administration (governing body), the Chancellor, and the University Board of Trustees. Academic and administrative units are expected to develop annual action plans to facilitate achievement of the strategic goals, which serve as the basis for budget requests and allocations. The University's internal budget allocation process is designed to provide an open, inclusive, and objective process by which to allocate the University's resources.

The budget at UNC Charlotte is allocated by division, responding to the needs of each of the four university divisions (Academic Affairs, Business Affairs, Student Affairs, and University Advancement.) At the end of the fiscal year, each division reconciles its budget. Each reconciled amount becomes the division's base budget for the next fiscal year. The divisions are invited to prepare requests to modify their budgets, which are submitted to the Chancellor in prioritized order. The appropriate Dean or Vice Chancellor participates in budget hearings with the Chancellor, Provost, Vice Chancellor for Business Affairs, and the University Budget Officer

to present the prioritized requests for his or her division. The Chancellor meets with his or her Cabinet to discuss the items and responds to each request by line item. Priorities for requests and decisions for allocations are based on the institution's strategic plan, level of risk, compliance issues, proper service for existing and/or increasing populations, and the ability to replace or re-direct current funding sources. The approved amount is used to adjust the division's base budget. Once approved and recorded, the budget is managed using fiscal procedures proscribed by the Office of State Budget and Management, the Office of the State Controller, and those developed internally by the University.

The College of Health and Human Services (CHHS) is located within the University's Academic Affairs Division. The annual budget process within the College typically begins with a set of requests and proposals from each unit that are compiled and prioritized at the level of the Dean, who presents the consolidated College-level proposal to the Provost. Department level proposals include requests and proposals for operating funds, new faculty and staff positions, graduate student support, and major one-time expenses (e.g., equipment and renovation).

Separate from this process, programs assessing a tuition increment [surcharge] (such as our MHA program and our new PhD program) receive an annual allocation based on projected revenues from fees assessed to students in those programs. Discrepancies in the allocation and actual revenues are addressed in the following year's allocation. Per state policy, these funds are restricted to the enrichment of the specific degree program and cannot be used as replacement funds. A range of 25-50% of these funds must go to direct support of the Program's financially needy and/or academically deserving students. In the MHA program, these funds are allocated by the program coordinator in accord with a budget proposal approved by the Chair and the Dean. A similar model is anticipated for our new PhD Program.

1.6.b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in a table format as appropriate to the program. See CEPH Data Template 1.6.1.

The majority of the Department's funds are an appropriation from the State, following the budgeting process described above. Additional university funds are obtained from incentives outside of the departmental budgeting process. For example, the Department acquires University research incentive funds that provide support for promising research initiatives. Grants and contracts provide another source of funding. We are targeting this source for substantial growth coincident with the establishment of our new doctoral degree. Similarly, indirect cost recovery provides minor funding. This source also is anticipated to grow as a product of additional external funding. Sources of fund are detailed on Table 1.6.b.1.

Expenditures also are detailed on Table 1.6.b.1. For both funds and expenditures, budget reporting for CEPH purposes is complicated by the Department budget including both the Public Health Program and the MHA Program. We separated these Department funds between these two programs based on relative department faculty effort in support of each program. Reporting is further complicated as the College sometimes allocates one-time funds to the Program for specific efforts. These expenditures are reflected on the Department's total expenditures, but the revised allocations are not reflected in its budget allocation, sometimes making it appear that the Department overspent its allocation. For example, for the two years shown where

expenditures reported exceeding revenue, the College provided the difference from state appropriated funds; thus, these apparent overages were planned expenditures.

Table 1.6.b.1 Sources of Funds and Expenditures (in \$) by Major Category, 2008-2009 to 2012-2013 for the Public Health Programs (CEPH unit of accreditation.)

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Source of Funds					
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
Total*	846,605	834,478	1,115,170	1,050,780	1,365,481
Expenditures					
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
Total*	813,464	886,033	1,165,956	987,781	1,249,383

* Differences between annual funds allocated and expended are absorbed at the College level from the state appropriation budget.

Institutional resources are mainly derived from state funds that are largely built on enrollment and enrollment growth, student credit hours, and category of instruction. Our public health program has benefitted from increased funding and support for expanded programmatic activity, including commitment of faculty and student resources for our planned PhD. Funding has been adequate to support our program at its current level. The faculty is provided necessary resources for professional development. We are able to offer courses at appropriate intervals with appropriate enrollments.

Planning for additional financial resources is critical as we move forward toward school of public health status. We have carefully limited enrollments to match our resources – enabling us to maintain high quality programming while strengthening its reputation and visibility.

Our latest stage of planned growth is the addition of a PhD in Public Health Sciences that builds on our existing MSPH concentration and complements doctoral courses our faculty are already supporting in the college-wide health services research program. That proposal carried with it clear identification of resource needs. The University has responded by providing us a faculty line for a PhD Program Director (that started in Fall 2013) and a commitment for 2 additional faculty lines as well as committing at least 6 4-year doctoral assistantships.

1.6.c If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

Not applicable

1.6.d. Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years.

The adequacy of fiscal resources is measured by several objectives and performance measures, as detailed on Table 1.6.d.1. The only unmet target performance measures occurred in 2010-2011 with regard to course enrolment. One course, Community Epidemiology (HLTH 6202) exceeded our upper threshold of no more than 20% overage (28%). This isolated occurrence resulted from an unanticipated influx of graduate certificate students combined with cyclical outside enrollment of nursing students. Six other courses exceeded our course enrolment maximum that year, but only by a few students. A course by course listing of enrolment is provided as Appendix 1.6.d.1, Course Section Enrolments.

Table 1.6.d.1. Targeted section enrollments Fall 2010 - Spring 2013

Indicator	Target	2010-11	2011-12	2012-13
Courses do not exceed planned enrollment	≤ 10% exceed max enrollment	Not Met 15%	Met 10%	Met 5.0%
	Max enrollment never exceeded by ≥ 20%	Not met 1	Met 0	Met 0
Course frequency meets department planned schedule matched to student size and cohort progression	Course section offerings meet targets	Met 100%	Met 100%	Met 100%
Faculty have adequate professional development resources	Minimum of \$1,000 each/year	Met	Met	Met
Accreditation and professional memberships supported	Accreditation costs funded	Met	Met	Met
	Professional membership funded	Not met	Met (AAPHP)	Met (AAPHP)

1.6.e Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

Our current programs are well matched with our fiscal resources. Growth plans are connected to committed additional resources, such as those for the new PhD program.

Institutional resources are mainly derived from state funds that are largely built on enrollment and enrollment growth, student credit hours, and category of instruction, making these funds (relatively) predictable.

The faculty are provided necessary resources for professional development.

We are able to offer courses at appropriate intervals with appropriate enrollments.

Weaknesses

The amount of flexible funds generated from faculty sponsored research has declined during the economic downturn. Increasing the amount and sustainability of these funds is essential to supporting continued growth.

Our current configuration effectively limits the size of our BSPH cohort to approximately 45 students and our MSPH to 30 students. Increases beyond those cohort sizes would necessitate offering multiple sections of most core courses. An infusion of multiple new faculty would be needed to offer additional concentrations and maximize capacity for program enrollment.

Plans

Prepare a PhD program development plan addressing student funding and allocation of proposed tuition increment funds. (Responsibility: PhD Director, Chair).

Prepare a detailed program expansion plan outlining options for growth toward school of public health status and associated resource needs (Responsibility: Chair, faculty).

Increase faculty sponsored research (Associate Dean for Research, Chair, faculty)

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.

1.7.a A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration. See CEPH Data Template 1.7.1.

Our headcount of our primary faculty program by specialty area is presented below in Table 1.7.a.1. A table listing these faculty by name and year is found in Appendix 1.7.a.1 Primary Faculty.

Table 1.7.a.1 Headcount of Primary Faculty by Concentration

Concentration	2010 - 2011	2011 - 2012	2012 - 2013
Community Health Practice (social & behavioral health sciences)	10	10	10

1.7.b A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty, b) FTE conversion of faculty based on % time devoted to public health instruction, research and service, c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by regular faculty FTE and j) student FTE divided by total faculty FTE, including other faculty. All programs must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations.

Table 1.7.b.1 below summarizes our faculty and student headcounts and ratios over the past 43 academic years. The table reflects that our MSPH and BSPH programs address the same core area and primary faculty typically teach in both the graduate and undergraduate degree programs.

Table 1.7.b.1 Faculty, Students and Student/Faculty Ratios by Department or Specialty Area, 2010/11 – 2012/13

	HC Primary Faculty	FTE ¹ Primary Faculty	HC Other Faculty	FTE ² Other Faculty	HC Total Faculty	FTE Total Faculty	HC Students	FTE Students ³	SFR by Primary Faculty FTE	SFR by Total Faculty FTE
2010-2011Community Health Practice (Social & Behavioral Sciences)										
MSPH (only)	10	6.75	13	3.75	23	10.5	48	44	6.5	4.2
TOTAL (MSPH +BSPH)							126	114	16.9	10.9
2011-12 Community Health Practice (Social & Behavioral Sciences)										
MSPH (only)	10	7.75	12	3.75	22	12.5	56	52	6.7	4.2
TOTAL (MSPH +BSPH)							139	123	15.9	9.8
2012-2013 Community Health Practice (Social & Behavioral Sciences)										
MSPH (only)	10	8.75	15	2.85	25	11.6	45	40	4.6	3.6
TOTAL (MSPH +BSPH)							127	111	12.7	9.6

1. Primary faculty FTE determined as division of overall responsibilities to public health versus health administration program, in increments of 0.25
2. Other faculty FTE calculated as teaching one course = 0.25 FTE, chairing a graduate committee = .03 FTE and serving as a member of a thesis committee = .01 FTE.
3. FTE of MSPH students based on 9 credit hours equaling 1 FTE. Students enrolled full time one semester and less than full time one semester were counted at 0.75 FTE. Students enrolled for less than 0.5 FTE both semesters were counted as 0.33 FTE
FTE of BSPH students based on 12 credit hours or more equaling 1 FTE. Students enrolled full time one semester and less than full time one semester were counted at 0.75 FTE. Students enrolled for 0.5 FTE or less were counted as 0.33 FTE

Key:

HC = Head Count

Primary = Full-time faculty who support the teaching programs—see CEPH [Technical Assistance Paper on Required Faculty Resources](#) for definition

FTE = Full-time-equivalent

Other = Adjunct, part-time and secondary faculty

Total = Primary + Other

SFR = Student/Faculty Ratio

1.7.c A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.

Two full-time administrative assistants (2 FTEs) support the Department of Public Health Sciences, as shown on Figure 1.4.a.1. Primary responsibilities for financial management support have been centralized through the Dean's office, with a 0.5 FTE Business Services Coordinator assigned to support PHS.

The College's Advising Center provides academic advisement of pre-public health and other lower-division undergraduate students as well as agency compliance monitoring for all BSPH, MSPH, and MHA students. The Office of the Dean provides administrative support in garnering education affiliation agreements for BSPH, MSPH, and MHA internship placements. The Graduate School provides admission and graduation support for graduate programs.

1.7.d Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.), by location.

The Department of Public Health Sciences is housed in the 138,000 square-foot College of Health and Human Services (CHHS) building. Most of our courses are taught in the CHHS building. Department administrators build the classroom schedule each semester, with priority assignment of classrooms in CHHS given to CHHS programs.

The CHHS building has 39 classrooms. All are outfitted with the campus SMART room standard. This standard includes an LCD projector, DVD/VCR unit, instructor computer, document camera, and SMART Technologies Sympodium. The building also has 10 conference rooms, 4 skills laboratories, 3 student computing laboratories, and a reception hall, all of which are outfitted with the campus SMART room standard. The CHHS building also contains, open student meeting space, student amenities, and faculty offices. The campus provides both a guest and a secure wireless network throughout all buildings.

In the CHHS building, the Department occupies about 20,000 square-feet on the fourth floor and about 10,000 square-feet on the third floor of office, research, and conference room space. Each full-time member of the faculty is provided a private office. Part-time faculty members are assigned office space that is shared with other part-time members of the faculty (schedules are organized so that each part-time faculty member has that space as a private office during the time she/he is present.) These standard faculty offices allow for private advising and counseling of students. Administrative staff also have assigned office and reception space in the fourth floor departmental suite. Seven work-stations earmarked for graduate and undergraduate student activities are distributed among three additional offices.

Many resources are shared among the College in the CHHS building. For example, four rooms (CHHS 352, 363, 364, and 366) are designated for small group study and collaboration. Four conference rooms (CHHS 131, 332, 360 and 436) are in College common space, and also available are conference rooms associated with the other College programs and the Dean's office.

1.7.e A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.

The Department houses a 350 square foot dedicated human electrophysiology data recording and acquisition laboratory including secure data analysis and storage capabilities. The laboratory is equipped with full analog-to-digital conversion and timing capabilities. Equipment

that is available for use includes a 10-channel Grass model 78 polygraph capable of processing a range of physiological signals (EEG, ERP, EMG, ECG, etc), an occlusion valve setup, a spirometer (VIASYS Vmax 20C), an 8-channel signal processor and signal-averager (Cambridge Electronics Design, model 1401), and full software and hardware instrumentation for control of up to eight input/output channels.

1.7.f A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

The University provides each faculty and staff computer with an operating system, virus and spyware detection and removal software, the Microsoft Office Professional productivity package, internet applications and browser, geographic information systems analysis software, SPSS and SAS statistical analysis packages, and extensive electronic library resources. Site licenses have been purchased to cover all users.

CHHS provides faculty and staff with access to specialized research software not provided by the University including EndNote bibliographic software, MPlus, Stata/SE and SUDAAN quantitative statistical analysis packages, NVivo and Atlas Ti qualitative analysis software, Stat/Transfer data conversion software, and the Prism scientific graphing package. The University maintains CISCO IP phone systems for conferencing capability. The University utilizes the Centra system to provide web conferencing resources to faculty for the purposes of research communication or synchronous distance instruction.

Also available to faculty and staff is the CHHS technology workroom (CHHS 365), which is equipped with Apple and Windows workstations and allow faculty to scan documents and images, manipulate these files and print on a large format printer. Resources also are available here for CD/DVD duplication.

CHHS maintains a dedicated student computer laboratory in CHHS 370. This facility houses 51 computer workstations equipped with Microsoft Windows and the campus standard software including SAS, SPSS, and Office 2007. Additionally each workstation has an array of discipline-specific software assigned to and utilized by students and faculty across the College. Three additional computers classrooms (CHHS 342, 384, 386, with capacities for 24, 27, and 23 students, respectively) are prioritized for classroom and instructional use and are outfitted identically with CHHS 370. A bank of six workstations is maintained in CHHS 380 to allow the proctoring of computer based tests for individual students. These computers are configured in the same way as in the student computer laboratory. Four public access computers are available outside of laboratory hours or for visitors in two of the public convening areas in the building. In addition, the entire campus (all buildings/classrooms/offices) is wired for both guest and secure wireless connectivity.

CHHS maintains two audio/visual recording/editing rooms in CHHS 374a and 374b. These sound-proof recording rooms are equipped with high-end, ultra-fast Apple and Windows computers, respectively. Each has audio/video capture, recording, editing, and distribution software. Instructional uses have included providing student presentations on DVD for instructor and peer review.

CHHS has a 105 seat video-teleconferencing classroom supporting our distance education efforts. This classroom is equipped with a Polycom video-teleconferencing system capable of placing and receiving synchronous audio/video and content sharing calls anywhere in the world. Adding to our video-teleconferencing resources are two portable units that enable calls from conference rooms and offices across the College. Each unit has dual flat-panel displays for simultaneous audio, video, and content sharing.

1.7.g A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.

The J. Murrey Atkins Library serves the research needs of all students and faculty at UNC Charlotte. The library has seating capacity for over 3,000 students; in addition, there are 31 group study rooms that allow students to work privately on collaborative projects. The library currently has 558 computers, laptops, and servers in use by faculty, staff, and students. All books and bound periodicals are stored on easily accessible open shelving. Microform materials are in an efficiently organized area adjacent to reader-printers. Copy machines and scanners are conveniently located on the periodical floor. Books in our collection may be requested by students and faculty; student requests are held for pick up at the circulation desk and faculty requests are delivered to their offices via campus mail. Faculty members may also request scanned copies of articles and papers in our print and microform collections.

The library's electronic and physical collection of resources that support the Masters of Public Health program within the College of Health and Human Services are substantial. A catalog search for the Library of Congress Subject Heading "Public Health" shows holdings of 396 journal titles, 169 of which are electronic. Additionally, the library subscribes to a wide range of relevant abstracting and indexing or full-text databases, including multiple nursing, medicine, and health-specific titles such as CINAHL Plus, Medline, Cochrane Library, DARE, EBM Reviews, ScienceDirect, Web of Science, Wiley Interscience, Journals@Ovid Full-Text, PsycInfo, and many more.

All students and faculty have access to electronic resources from off-campus by means of a simple login procedure. If faculty or students need to use a book, journal article, dissertation, or other item which is not owned by J. Murrey Atkins Library, they can request the Library to borrow it from another source via the Library's Interlibrary Loan Service. Students and faculty also have borrowing privileges at all 16 UNC campuses across the state.

A subject librarian for Health and Human Services is available to provide individual or classroom research support and instruction to faculty and students in the College. These services include (but are not limited to) research assistance, assistance with electronic databases and other scientific and technical resources, classroom and one-on-one library instruction, collection development, and literature searching.

1.7.h A concise statement of any other resources not mentioned above, if applicable.

Not applicable

1.7.i. Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years.

In addition to the faculty to student ratios reported in 1.7.b.1 above, the Program assesses these additional resource measures.

Table 1.7.i.1 Resource Performance Measures

Indicator	Target	2010/11	2011/12	2012/13
Administrative staff are timely and responsive	≥ 90% of faculty agree	N/A	Met 100%	Met 100%
Faculty have equipped offices	100% of faculty offices	Met 100%	Met 100%	Met 100%
Faculty computing technology adequate	≥ 90% of faculty agree	Met 100%	Met 100%	Met 100%

1.7.j Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

We currently have an appropriate number and quality of faculty, adequate space and other resources. This assessment incorporates the Provost's commitment to provide two additional faculty lines and her expressed support of our attaining school of public health status.

The Atkins library is increasing its electronic holdings.

Weakness

Coincident with program growth, additional space will be needed. Space is not currently identified to support the projected growth in numbers of graduate students, part-time faculty, and full-time faculty.

Plans

Continue to plan for integrated program growth consistent with available resources.
(Responsibility: Department Chair, Program Coordinators)

1.8 FACULTY AND STAFF DIVERSITY

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

1.8.a A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:

i. Description of the program's under-represented populations, including a rationale for the designation.

In its plan for campus diversity, access, and inclusion [Appendix 1.8.a.1 Campus Diversity Plan], UNC Charlotte defines diversity as “the acknowledgement of the many facets of human difference. Diversity encompasses a variety of characteristics and experiences that include, but are not limited to, ethnicity, race, gender, age, sexual orientation, disability, and religion.” As a growing and dynamic urban center, Charlotte reflects an increasingly diverse population in terms of race/ethnicity, socioeconomic status, and sexual orientation.

The Department and its public health program embrace diversity through the faculty and staff who deliver our academic programs and through the students whom we serve. This commitment is reflected in the Department's and Program's mission and values statements.

The public health program emphasizes enrolling and graduating a racial and ethnically diverse student body that reflects our surrounding community. We also see first generation college students and individuals from low socioeconomic status backgrounds as underrepresented groups essential to our diverse student body. In addition to enrolling a diverse student body, we seek to instill cultural awareness and competence to all of our students. We promote a diverse perspective through our teaching curricula, research emphases, and community service.

ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.

In 2004, UNC Charlotte adopted a specific goal to increase diversity at all levels of the university: “to enhance opportunities for learning in a culturally rich environment.” This goal was the foundation for the University's efforts to promote diversity among students, staff members, faculty, and the curriculum. These efforts culminated in a formal report “Plan for Campus Diversity, Access, and Inclusion” [Appendix 1.8.a.1] with an ongoing evaluative process. The Plan outlines 5 objectives with associated strategies to facilitate creating a more diverse and enriching campus environment. Data to monitor progress are collected and reported annually.

Within the Program, our goal is to serve a student body that is at least 33% non-white and at least 33% low-income.

As reflected in our degree program competencies, our goal is to prepare students who are culturally competent practitioners and/or researchers capable of working and communicating with diverse audiences.

iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.

The public health program follows UNC Charlotte's policies on equal employment opportunity. The following excerpt is from UNC Charlotte Policy Statement #101.5 (formerly #26) available at: <http://legal.uncc.edu/policies/up-101.5> :

"UNC Charlotte recognizes a moral, economic, and legal responsibility to ensure equal employment opportunity for all persons, regardless of race; color; religion; gender, including pregnancy, childbirth, or related medical condition, (except when gender is a bona fide occupational qualification); sexual orientation; age; national origin; physical or mental disability; political affiliation; or protected veteran status. Upon request, the University will make reasonable accommodations for qualified individuals with known disabilities unless doing so would result in an undue hardship for the University.

"This policy is a fundamental necessity for the continued growth and development of the University. Nondiscriminatory consideration shall be afforded applicants and employees in all employment actions including recruiting, hiring, training, promotion, placement, transfer, layoff, leave of absence, and termination. All personnel actions pertaining to either academic or nonacademic positions to include such matters as compensation, benefits, transfers, layoffs, return from layoffs, University-sponsored training, education, tuition assistance, and social and recreational programs shall be administered according to the same principles of equal opportunity. Promotion and advancement decisions shall be made in accordance with the principles of equal opportunity, and the University shall, as a general policy, attempt to fill existing position vacancies from qualified persons already employed by the University. Outside applicants may be considered concurrently at the discretion of the selecting official.

"The University has established reporting and monitoring systems to ensure adherence to the policy of nondiscrimination.

"The University's philosophy concerning equal employment opportunity is affirmed and promoted in the University's Affirmative Action Plan. To facilitate UNC Charlotte's affirmative action efforts on behalf of disabled workers and protected veterans, individuals who qualify and wish to benefit from the Affirmative Action Plan are invited and encouraged to identify themselves. This information is provided voluntarily, and refusal of employees to identify themselves as veterans or disabled persons will not subject them to discharge or disciplinary action. Unless otherwise required by law, the information obtained will be kept confidential, except that supervisors and managers may be informed about restrictions on the work or duties of disabled persons and about necessary accommodations.

"The Associate Vice Chancellor for Human Resources is designated as the University Affirmative Action Officer and is assigned overall responsibility for the administration of and compliance with this policy. Other University administrators with responsibility or authority in the area of personnel relations or decision making share this responsibility and are accountable for compliance in their areas of responsibility.

"Anyone desiring to review the University's Affirmative Action Plan may do so by visiting the Atkins Library Reference Desk or by contacting the University Affirmative Action Office."

iv. Policies that support a climate for working and learning in a diverse setting.

The City of Charlotte and the surrounding areas have shown tremendous growth in recent years. With that growth, the region has become home to a racial and ethnically diverse group of people, including a large and growing Hispanic population. This favorable community profile is an invaluable asset to UNC Charlotte in recruiting and retaining a diverse faculty and student body.

Recognizing the increasing diversity in the region, students trained in our program will be increasingly serving the needs of this population. Thus, the university and our program are committed to creating an environment that supports and promotes diversity.

Led by the Council on University Community, UNC Charlotte has implemented a comprehensive set of initiatives to establish and maintain a multicultural environment that includes programming on racial and ethnic diversity, sexual orientation, ability, religion, and gender. Various resources are provided for faculty and students. The Council's website (<http://diversity.uncc.edu/council-university-community>) keeps the University community informed about diversity related activities. Faculty members can browse this website for information on preparing culturally responsible syllabi and classroom exercises. In addition, the website provides information on upcoming diversity events such as summer institutes on achieving curriculum diversity.

Student activities are led by the Multicultural Resource Center (<http://mrc.uncc.edu>). Their website provides students with information about relevant organizations, scholarships, and programs.

The Office of Disability Services ensures access to campus facilities and programs for all students, staff, and faculty as well as community members visiting the university (<http://ds.uncc.edu>).

The Campus Accessibility Advisory Committee is working to ensure that family style unisex accessible restrooms (FSUAR) are available in all campus buildings for individuals with disabilities, those with small children, and those who are transgendered. The current facilities design specifications manual requires the inclusion of FSUAR in all new campus buildings.

The UNC Charlotte Plan for Campus Diversity, Access, and Inclusion (see Appendix 1.8.a.1 Campus Diversity Plan or <http://diversity.uncc.edu/diversity-plan>) articulates and identifies strategies for achieving campus diversity objectives. Within our College, these processes include each department/school having a faculty member named as Diversity Officer to advise the chair and faculty on diversity issues.

v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

The BSPH and MSPH curricula expose students to issues of health disparities and cultural competence. All core course syllabi include at least one diversity-related learning objective. For example, MSPH students in HLTH 6201 Social and Behavioral Foundations of Public Health receive an intensive exploration of disparities related to age, gender, sexual orientation, race/ethnicity, ability, culture, education, socioeconomic status, and neighborhood. Many courses include written assignments that focus on applications to minority or vulnerable populations. Practical and capstone experiences are designed to expose students to and assess student competence in appropriately and professionally engaging with diverse

communities. All public health curricula are periodically reviewed by their respective program governance committee to ensure competencies remain relevant and are effectively delivered and assessed.

These aims are also embedded in our future doctoral program. The proposed PhD curriculum emphasizes “health determinants related to the prevention and management of disease and disability among diverse and vulnerable populations in the United States.”

vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.

UNC Charlotte is committed to recruiting qualified members of protected groups both for the effective implementation of its equal employment opportunity policy and for achievement of diversity on the basis of race, ethnicity, gender, and disability. According to University policy, the chief administrator in each academic unit serves as the Unit Affirmative Action Officer and is responsible for all efforts within the unit regarding equal opportunity and affirmative action as specified in the University’s Affirmative Action Plan. According to the Academic Personnel Procedures Handbook [<http://provost.uncc.edu/epa/academic-personnel-procedures-handbook>]:

“... these responsibilities include the following: advertising or announcing vacancies where they are likely to be seen by a wide variety of prospective applicants, including minorities and women; requesting assistance of institutions, organizations, and colleagues to identify qualified applicants from protected groups; assisting in the collection of demographic data on applicants; and ensuring that applications are reviewed and decisions are taken in compliance with the University’s commitment to affirmative action, equal opportunity employment, and multicultural diversity”.

Objective 3 of the previously referenced UNC Charlotte Plan for Campus Diversity, Access, and Inclusion states: “Increase the recruitment of underrepresented faculty and advance their progression through the faculty ranks.” An important component to achieve this objective is UNC Charlotte ADVANCE. UNC Charlotte ADVANCE is a university-wide program to recruit, hire, and retain diverse faculty, particularly women in science, technology, engineering, and math (STEM) disciplines. ADVANCE offers a variety of programming to achieve these goals. For example, in CHHS all faculty members who serve on faculty search committees are required to attend ADVANCE faculty recruitment training. This training ensures faculty are able to apply best practices that ensure fair, inclusive and effective faculty search processes and promote diverse hiring.

ADVANCE delivers a series of Leadership seminars for faculty and administrators to promote a diverse and inclusive work environment. All new department chairs are expected to attend the leadership series. Within PHS, 3 primary faculty and the Department Chair recently attended this leadership series (Davis, Racine, Warren-Findlow, and Silverman).

The Department of Public Health Sciences has used a number of resources to successfully recruit a diverse public health faculty. These resources include on-line advertisements on websites such as the Public Health Employment Connection and American Public Health Association, as well as printed advertisements in public health and education publications such as the *Chronicle of Higher Education*, *The Journal of Blacks in Higher Education*, *Epimonitor*, and *Environmental Health Perspectives*. The department also has advertised positions in *Hispanic Outlook in Higher Education* and *IMDiversity* in an attempt to attract diverse faculty members. The department sends letters advertising faculty positions to the chairs of relevant academic departments across the country.

The university tracks its success in recruiting and supporting diverse faculty. The university ensures that faculty searches yield a diverse applicant pool. As part of its affirmative action efforts, the University has set specific goals for the diversity of its faculty in each department based on the diversity of the available doctoral pool for that discipline. For the university as a whole, the goal is to reflect the doctorally trained labor market in the disciplines represented at our university. In 2012, this labor pool was 51.47% female, 21.05% minority and 7.01% Black. In Fall 2012, UNC Charlotte faculty composition was 38.32% female, 26.99% minority and 6.57% Black. For tenure and non-tenure-track faculty in public health sciences, the labor pool target is 66.26% female and 23.85% minorities, with 6.39% Black.

These efforts are evaluated on a yearly basis. The percent of faculty retained is assessed. Newly hired faculty are asked to provide feedback on our recruitment efforts and the Department's climate.

CHHS has set an ambitious diversity goal of attaining a demographic profile comparable to that of all doctoral recipients in the health discipline(s) as reported by the National Science foundation (see Appendix 1.8.a.2 NSF Doctorate Report or <http://www.nsf.gov/statistics/infbrief/nsf12304/>) as the target for faculty applicant pools: roughly 50% female, 20% minorities, of which 6% Black.

Recognizing the close linkage of the Program and its graduates to the needs of the community, the PHPGC has encouraged a target of reflecting the demographic profile of the greater Charlotte region, where nearly one-third are Black and an increasing proportion are Hispanic. Thus, the measurable objectives for diversity presented in Table 1.8.e.1 are a meshing of these targets.

vii. Policies and plans to recruit, develop, promote and retain a diverse staff.

UNC Charlotte and our public health program are committed to a diverse workforce, including our staff. Consistent with the faculty recruitment goals described above, Objective 4, of the UNC Charlotte "Plan for Campus Diversity, Access, and Inclusion," states: Increase the representation of staff from underrepresented groups.

viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.

The University is committed to establishing and maintaining an environment that promotes diversity. The public health program supports the university and college level programs that address this important goal.

In the UNC Charlotte "Plan for Campus Diversity, Access, and Inclusion," Objective 2 states: "Recruit and graduate a diverse student body that reflects community diversity and addresses the state's need to increase access to higher education for historically underrepresented and economically disadvantaged students." To that end, the University has expanded outreach programs to underrepresented students, developed mentoring, and advising initiatives to retain minority and underrepresented students, and increased need-based scholarships. The Graduate School works with individual graduate programs to enhance the presence of minority students.

We include a specific indicator on the MSPH admissions evaluation to assess an applicant's potential contribution to class diversity. This field allows faculty on the admissions committee to factor in a student's background and experiences that might be reflected in their personal statement that would prove valuable to the graduate cohort.

In the last 2 years, the public health program has increased its outreach to historically black colleges and universities (HBCU) as well as smaller institutions in more rural parts of the state to promote our MSPH program. We have solicited racial and ethnic minority applicants from the region with targeted program open house invitations and campus visits. We have visited Johnson C. Smith, NC State, and Wake Forest Universities this past year, and, have reached out to Winston Salem State, and UNC Pembroke, among others. We also have used the GRE minority locator service to solicit applications from minorities across the country expressing an interest in public health and meeting our admissions profile. As a result we have seen an increase in inquiries and applications from those institutions.

In addition to the website that was established to keep the University community informed about diversity related activities (<http://diversity.uncc.edu/>), the University also maintains a Multicultural Resource Center (<http://mrc.uncc.edu/>). The Multicultural Resource Center provides students with on-going educational and training opportunities, services, and promotes a safe campus environment for an increasingly diverse student body. Opportunities include diversity workshops, multicultural leadership conferences, engagement in university-wide student and faculty groups to support LGBTQQ (Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning) individuals, and guest speakers on diversity-related issues.

The Chancellor's Diversity Challenge Fund (<http://diversity.uncc.edu/challenge-fund>) provides grants of up to \$5000 to support demonstration programs and initiatives that support diversity and diverse perspectives. Programs have included performance artists such as the Dancing Wheels Company, speakers (e.g., Anita Hill and Gloria Steinem), and speaker series focusing on communication around LGBTQQ, racial, and health disparities programs, among many others. In 2009/10, the College organized a health disparities and diversity speaker series with funds from the Chancellor's Fund, with each department taking the lead in organizing one seminar. The PHS seminar featured Dr. Thomas LaVeist of Johns Hopkins University discussing the importance of "race, not place" to our understanding of health disparities. Also in 2010, Dr. Crystal Piper conducted Project PACE: Public Health Academic & Career Enrichment Program with funds from the Chancellor's Diversity Challenge and the Crossroads Charlotte Initiative. This program was a partnership between UNC Charlotte and Johnson C. Smith University, a local HBCU, to introduce minority students to the field of public health.

ix. Regular evaluation of the effectiveness of the above-listed measures.

As noted within each subsection above, all plans and objectives are routinely monitored, evaluated, and reported. The university's progress toward its diversity goals are documented and show continued improvement over time. The plans are periodically reviewed and revised, as appropriate.

1.8.b Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.

As indicated above, the University's diversity goals are systematically implemented, reviewed, reported, and updated. These efforts are monitored and progress shared with the University community (Appendix 1.8.b.1 Diversity Progress Report). Likewise, the Department of Public Health Sciences systematically reviews and implements its diversity goals in terms of curriculum, student body, and faculty and staff diversity.

All core course syllabi contain at least one diversity-related objective. Student practicum and capstone assessments include measures of cultural competence, with many set in and/or dealing with issues specific to diversity/vulnerable populations. For example, approximately 1/3 of MSPH capstone projects/theses over the past three years have focused on vulnerable/minority populations, and most internships have occurred in setting that serve diverse/vulnerable populations.

Statistics for the University as a whole (Fall 2012 census) indicate that the undergraduate student body is 38.9% non-white while our undergraduate (BSPH) student body is 51.3% non-White. Among the graduate student body, 40.7% are non-white and our MSPH student body is roughly equivalent at 39.5% non-white. Thus, our student population reflects the racial and ethnic diversity of the campus and of the Charlotte region. Likewise, our student body reflects a sizeable proportion of economically disadvantaged students with 37.2% of MSPH students and 46.3% of BSPH students at or below 200% of the federal poverty level.

Our male:female ratio goal is established at 25%, consistent with the male-to-female ratio among the health professions represented within the College of Health and Human Services. Attaining this goal continues to be challenging.

Our department-level faculty and staff diversity efforts are captured within the campus diversity plan reporting described above.

1.8.c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

The campus Diversity Plan can trace its origins beginning in 1993 with a series of committees and task forces examining issues related to diversity. The Minority Presence Planning Committee, the Instructional Success in Classrooms Planning Committee, the Faculty Recruitment and Retention Planning Committee, and the African and African American Faculty and Staff Caucus all reported on the status of campus diversity, calling attention to specific areas of concern and identifying strategies for improvement. In 2004 the University adopted a goal specific to diversity: to enhance opportunities for learning in a culturally rich environment. To advance progress toward this goal, the Provost appointed the Diversity Plan Committee. This university-wide group convened in 2005-2006 and worked in subcommittees to address diversity in four areas: student body, faculty, staff, and curriculum, producing a draft plan that formed the basis for this current plan.

In his February 2006 installation address, and again in his August 2006 convocation address, UNC Charlotte Chancellor Dubois highlighted the importance of on-campus diversity in terms of both strategic planning and integration. Accordingly, the Chancellor appointed the Council on University Community, comprised of members of his Cabinet and chaired by Provost Lorden. The Council on University Community was given the charge of leading diversity efforts at UNC Charlotte, and advising the Chancellor of means to create and sustain an inclusive environment that values the presence of people with diverse backgrounds, experiences, and ideas. The Council spearheads initiatives that promote deeper understanding of diversity issues and foster a sense of community among faculty, students, and staff

Separately, the Public Health Sciences faculty added a diversity-specific item to the department variant of the University's standardized course evaluation form. This item (added in the 2010-11 academic year) complements the standard bank of questions administered university wide and allows us to systematically assess our ability to create a learning environment that is conducive to sharing diverse viewpoints among diverse students. Every course evaluation in any class delivered by our faculty receives this item: "The instructor facilitated a respectful and inclusive environment for diverse students." The item is rated on a 1 to 5 Likert-type scale (strongly

disagree to strongly agree). Results of this item are used to guide individual faculty assessments and shared with coordinators as necessary to ensure courses are delivering desired cultural competencies.

Also of importance is the role our community advisory board plays in apprising us of changing needs in the community and the practice community's perception of our graduates' competence. The board reflects a diverse mix of stakeholders and disciplines.

1.8.d Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

Discussion of the monitoring of the university level plans and policies are described in the responses above and supported by the appendices cited. The department contributes its data to the CHHS annual Diversity Report Card. The report details racial and ethnic diversity as well as gender for enrolled students, graduating students, faculty, and staff in comparison to local, state, and national statistics. Results are reviewed by the Associate Dean, aggregated with other units in the College, and submitted for review and use at the University level. Internally, it is the responsibility of the Department Chair to monitor teaching performance with respect to student feedback on diversity specific questions and comments.

The Programs use this information to guide recruitment and retention efforts and to identify opportunities for improvement or the deployment of new strategies. These data also are used in the seeking external funding. For example, last year we applied for approximately \$2 million from the U.S. Health Resources and Service Administration (HRSA) Scholarships for Disadvantaged Students initiative. (Our applications scored well, but were not funded.)

1.8.e Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the program's definition of under-represented populations in Criterion 1.8.a.

Our measurable diversity objectives (Table 1.8.e.1) are derived from our program goal and value on preparing a culturally competent public health workforce whose composition reflects the communities which we serve, and that our faculty and staff similarly reflect that diversity. Our objectives target a student and staff body reflective of the larger community we serve and a faculty body reflective of those communities, as constrained by the pool of doctorally prepared candidates from those groups.

Given our relatively small numbers, we also recognize the likely wide variation (in percentage terms) of our measures engendered by changes in single individuals/positions in determining our success.

Table 1.8.e.1: Diversity Outcomes

	Method of Collection	Data Source		2010-2011	2011-2012	2012-2013	2013-2014
			Target	Actual	Actual	Actual	Actual
FACULTY % of faculty who are racially diverse*	Self-report	Human Resources	33%	21%	21%	25%	
STAFF % of staff who are racially diverse	Self-report	Human Resources	33%	50%	50%	50%	
OTHER % of Public Health Advisory Board members who are racially diverse*)	Self-report	Self -report	33%	22.2%	22.2%	22.2%	
FACULTY Male to female ratio	Self-report	Human Resources	25%	50%	42.1%	45%	
STUDENTS-MSPH % of enrolled MSPH students who are racially diverse*	Self-report/ Admissions	University Factbook	33%	29.8%	35.3%	39.5%	
STUDENTS-BSPH % of enrolled BSPH students who are racially diverse*	Self-report/ Admissions	University Factbook	33%	45%	50.5%	51.3%	
STUDENTS-MSPH Male to female MSPH ratio	Self-report/ Admissions	University Factbook	25%	19.1%	13.7%	16.3%	
STUDENTS-BSPH Male to female BSPH ratio	Self-report/ Admissions	University Factbook	25%	10%	21.0%	11.3%	
STUDENTS-MSPH % of MSPH students who are disadvantaged**	Self-report	Admissions, Financial Aid	33%	30.2%	45.0%	37.2%	
STUDENTS-BSPH % of BSPH students who are disadvantaged**	Self-report	Admissions, Financial Aid	33%	34.7%	40.7%	46.3%	

*racial diverse = non-white; **disadvantaged = socioeconomically disadvantaged (income \leq 200% of federal poverty level); shaded cells indicate unmet targets

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

This criterion is met.

Strengths

The Department of Public Health Sciences is home to a competent and diverse faculty and staff. The faculty and staff desire to reflect the communities that our university and its graduates serve. At both the graduate and undergraduate level, our applicant pool and student body reflect the diversity of UNC Charlotte and the Charlotte region.

The Department, the College, and the University provide a supportive and inclusive environment with equal opportunity for all faculty, staff, and students. Recruitment efforts ensure potential qualified applicants from diverse backgrounds are aware of openings and applications are welcomed.

The university provides a mature set of formal policies and procedures and clearly articulated goals that ensure our operations follow consistently high ethical standards, and equity in dealing with our constituents. The University has taken a comprehensive approach to operationalize its commitment to equality of educational opportunity and promotion of diversity. Well established processes are in place detailing faculty responsibilities, academic obligations, hiring, initial appointments, and other professional issues and are documented in accessible and up-to-date faculty handbooks at the university level and college level. Legal and best practice policies, procedures, and guidelines that guide classroom behavior and academic freedom in the classroom are widely disseminated (see. <http://legal.uncc.edu/legal-topics>). This comprehensive documentation of operational practices provides assurance of efficient operations in addition to maintaining fair practices.

Weaknesses

The pool of underrepresented minorities applying for tenure track-positions has not been as rich as desired. This situation is partly due to limited numbers and increased opportunities available to them due to the proliferation of programs and schools of public health.

Plans

Continue to identify avenues for reaching out to qualified minority applicants and encouraging them to consider openings at UNC Charlotte. (Responsibility [faculty & staff]: Dean, Department Chair, Search Committee Chairs; Responsibility [students]: Program Coordinators, program faculty, Department Chair)

We have actively encouraged our qualified master's graduates to feed into the faculty pipeline by encouraging doctoral study. Through early entry and other means, we will encourage more competitive undergraduates to pursue further study. (Responsibility: Program Coordinators, program faculty, Department Chair)

As the hiring climate improves, we will suggest cluster hiring and other innovations to increase opportunities for building a critical mass of successful minority faculty. (Responsibility: Dean, Department Chair, Search Committee Chairs)

Criterion 2. 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.

2.1.a An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelors, masters and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.

The Department of Public Health Sciences presents its Public Health Programs for CEPH accreditation as a Public Health Program. The two professional degree programs currently offer a single concentration in Community Health Practice (that aligns with the social and behavioral health sciences core area) and qualifies graduates to sit for the CHES. Beginning in Fall 2014, the MSPH also will be offered in a dual degree format in partnership with the Charlotte School of Law. We also present our new PhD (academic degree) in Public Health Sciences, which, building on our master's program, also will have an initial concentration in the behavioral sciences.

All three degree programs are structured to allow the addition of concentrations in the future, but are currently offered as single concentrations only in the social and behavioral sciences core area, reflecting the Department's origins in health promotion. The MSPH and PhD degree programs are explicitly structured to add concentrations. The BSPH is structured such that the community health practice focus will be a foundation to any future concentration with the additional concentration content allocated from restructured elective requirements. None of our degree programs are available in a distance-learning or executive format, although a limited selection of courses is delivered online.

We are in the process of formalizing an additional dual degree configuration of the MSPH program with our university's Professional Science Master's (PSM) in Health Informatics. The PSM is itself a joint offering between our college (CHHS) and the College of Computing and Informatics (CCI). Like the dual JD and MSPH, the plan ensures that students complete the requisite core and specialty content expected of any of our MSPH graduates and conform to our Graduate School requirement that –at most – 25% of a program's credits may be double-counted toward both degrees, that is, a student must earn at least 75% of the total credits required if the programs were pursued sequentially. We expect the latter proposal will be approved during 2013-2014, with first enrollment no earlier than Fall 2014.

Table 2.1.a.1 Instructional Matrix – Degrees & Specializations

	Academic	Professional
Bachelor's Degrees		
Specialization/Concentration/Focus Area	Degree	
Specialization: Community Health Practice (social & behavioral health sciences)	BSPH (professional)	
Master's Degrees		
Specialization/Concentration/Focus Area		Degree*
Community Health Practice (social & behavioral health sciences)		MSPH
Doctoral Degrees		
Specialization/Concentration/Focus Area	Degree	
Behavioral Sciences	PhD	
Joint Degrees		
2 nd (non-public health) area		Degree
Law (with the Charlotte School of Law): JD		JD and MSPH

2.1.b The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.

Copies of the current and archival versions of the Graduate and Undergraduate Catalogs are available in PDF and HTML form at <http://catalog.uncc.edu/>. The catalogs are available in a single document or in discrete 'chapters.' Descriptions of our public health degree programs are found within the sections under the College of Health and Human Services and then under Public Health Sciences within the respective undergraduate and graduate catalogs. Resource Appendix 5 Handbooks & Catalogs contains PDFs of the current catalogs and the department proof copy of the 2014-15 graduate catalog that lists, for the first time, the new PhD and dual JD and MSPH programs.

In our dual-degrees, the areas of overlap (double-counting of courses taken outside the public health program) include the electives (6-9 credits, depending on thesis versus project track) and an internship/practicum and/or capstone [project option only] that meets the needs/requirements of both degree programs (ensured through shared oversight of those efforts). Students in these programs complete all core and concentration course requirements as other MSPH students.

2.1.c Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This Criterion is met.

Strengths

The professional MSPH and BSPH Programs curricula are designed to prepare competently trained graduates for both evidence-based professional practice and for further professional and/or graduate education.

The public health degree programs and their curricula are detailed in the University's graduate and undergraduate catalogs, among other venues.

Our professional programs currently have a single focus/concentration designed to prepare students to sit for the CHES credentialing exam. The MSPH program also is designed to prepare students to sit for the CPH credentialing exam. The degree programs are overseen by a dedicated coordinator supported by a faculty and student program committee. The curricula are reviewed and revised/updated on a regular basis.

The PhD program in public health sciences (academic degree) is similarly designed to prepare competently trained graduates for evidence-based practice, albeit with the aim of preparing future academics and leaders. Its initial focus in the behavioral sciences draws upon the strength of the existing MSPH and BSPH programs.

The curriculum design of our public health degree programs facilitate the inclusion of additional concentrations as community need and faculty and other resources permit.

The dual MSPH degrees will meet defined student/workforce needs while ensuring students complete their public health training with competencies and academic experiences comparable to their peers.

Weaknesses

None

Plans

Implement and market the PhD in Public Health Sciences. (Responsibility: PhD Program Director, PhD Program Advisory Committee, PHPGC)

Market the dual MSPH degree options as student interest, faculty, and other resources permit. (Responsibility: MSPH Coordinator, PHPGC, Department Chair, Advisory Board)

Develop and implement additional formalized tracks/concentrations within all programs as student interest, faculty, and other resources permit. (Responsibility: School of Public Health Planning Committee, PHPGC, Department Chair, Advisory Board)

2.2 PROGRAM LENGTH

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

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

The unit of measurement of University work is the semester hour. Semester hours are also referred to as credit hours or credits or hours. At UNC Charlotte, a semester hour ordinarily represents one hour per week of direct faculty instruction for one semester (16 weeks, including finals) and associated preparation time outside of class. Two to three laboratory hours is considered to be equivalent to one lecture hour.

With the start of the 2012-13 Academic Year, the University syllabus template requires a statement attesting to the course workload and the range of assignments. The syllabus template language is presented below.

Course Credit Workload. *{didactic class example}*

This [NUMBER OF CREDIT HOURS FOR COURSE]-credit course requires [NUMBER OF CREDIT HOURS FOR COURSE] hours of classroom or direct faculty instruction and [NUMBER OF CREDIT HOURS FOR COURSE X 2] hours of out-of-class student work each week for approximately 15 weeks. Out-of-class work may include but is not limited to: [REQUIRED READING, LIBRARY RESEARCH, STUDIO WORK, PRACTICA, INTERNSHIPS, WRITTEN ASSIGNMENTS, AND STUDYING FOR QUIZZES AND EXAMS].

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

The curriculum leading to the Master of Science in Public Health (MSPH) degree requires a minimum of 45 semester hours of graduate credit including 21 hours of core courses, an internship experience (3 credit hours), a capstone thesis (6 credit hours) or project (3 credit hours), the completion of a specialty area (minimum of 9 credit hours), and electives (6-9 credit hours). The specific requirements are presented in Criterion 2.1.b.

As described in Criterion 2.1, the dual MSPH offerings retain the requirement of 45 credits being applied to the degree, with the proviso that up to 12 credits can be dually counted toward the partner degree.

2.2.c Information about the number of professional public health masters degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

Not applicable.

2.2.d Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This Criterion is met.

Strengths

The MSPH program requires a minimum of 45 credits, exceeding the minimum standard of 42 credits expected for accreditation.

The University's definition of a credit hour (approximately 16 hours of faculty led instruction) is consistent with its peers.

Weaknesses

None

Plans

None

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.

2.3.a Identification of the means by which the program assures that all graduate professional degree students have a broad understanding of the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. See CEPH Data Template 2.3.1.

The MSPH degree program at UNC Charlotte employs a “common core” approach to ensure students receive a broad understanding of the core disciplines, regardless of area of emphasis or concentration. The core disciplines are presented within the conceptual model around which the program is organized (Figure 2.6.a.1). Given the hybrid research/practice mission of the MSPH program, its conceptual model includes a research and evaluation core not inherent in the CEPH model. This model is provided to students as part of their handbook materials and used when describing the structure and relevance of the core curriculum.

The common core approach ensures that all students have comparable exposure and understanding of core concepts, and that students with diverse backgrounds and interests interact in these core courses. The curricula allows for secondary cores (e.g., tracks, concentrations, emphases) to provide depth in a discipline and/or content area; however, as currently offered, the program offers only one such track (community health practice/social and behavioral sciences). This track, combined with the core, prepares students to sit for the CHES exam. The MSPH program also is designed to prepare students to sit for the CPH exam. Our intent is to roll out additional concentrations as demand, faculty, and other resources permit as we incrementally grow toward becoming a school of public health.

With the support of the Public Health Programs Governance Committee (PHPGC) and periodic reviews, the program coordinators and their program committees ensure that the degree program’s core curricula provide the requisite competencies, and that students are provided a conceptual framework explaining the curriculum, its sequencing, and assessment approaches. This framework also is used to ensure that courses and content are optimally sequenced, that linkages among courses and content are clearly drawn, and that student and program assessments are consistent and appropriate. As described in greater detail elsewhere (see Criterion 2.6), student competence is assessed at the course level and via practical application exercises (within classes, through internships, and through capstone experiences).

The MSPH requirements (45 credits)

HLTH 6201 Social and Behavioral Foundations of Public Health (3)
HLTH 6202 Community Epidemiology (3)
HLTH 6203 Public Health Data Analysis (3)
HLTH 6204 Public Health Research Methods (3)
HLTH 6205 Environmental Health (3)
HLTH 6206 Health Services Administration (3)

HLTH 6207 Community Health Planning and Evaluation (3)
 HLTH 6471 Internship (3)
 HLTH 6900 Research and Thesis in Public Health (6) OR HLTH 6901 Public Health Project (3)
 Specialty Area (9 credits) [choose one]
 Community Health Practice (9 credits)
 HLTH 6220 Health Behavior Change (3)
 HLTH 6221 Community Health (3)
 HLTH 6222 Methods in Community Health (3)
 Electives (6-9 credits)

Table 2.3.a.1 maps our MSPH core curriculum to the CEPH core knowledge domains.

Table 2.3.a. 1 Required MSPH Courses Addressing Public Health Core Knowledge Areas

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	HLTH 6203 Public Health Data Analysis	3
Epidemiology	HLTH 6202 Community Epidemiology	3
Environmental Health Sciences	HLTH 6205 Environmental Health	3
Social & Behavioral Sciences	HLTH 6201 Social and Behavioral Foundations of Public Health	3
Health Services Administration	HLTH 6206 Health Services Administration	3

2.3.b Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This Criterion is met.

Strengths

The explicit conceptual model and supporting competency matrix provides an organizing framework for presenting, sequencing, and assessing the core and overall curriculum.

The MSPH core curriculum provides the requisite exposure to CEPH defined core areas in addition to the expanded research & evaluation focus specific to the UNC Charlotte program.

The MSPH program's practical application and capstone requirements ensure students are prepared to enter professional practice and/or further their education.

Weaknesses

The modular "common core" construction of the MSPH has not been tested beyond its single concentration. The model may need to be revisited as plans for offering additional concentrations advance.

Plans

Continue routine oversight and periodic assessment of core curricula and its integration/coordination across the curricula. (Responsibility: Program Coordinator, Program Committee, PHPGC)

2.4 PRACTICAL SKILLS

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

2.4.a Description of the program's policies and procedures regarding practice placements, including the following: a) selection of sites, b) methods for approving preceptors, c) opportunities for orientation and support for preceptors, d) approaches for faculty supervision of students, e) means of evaluating student performance, f) means of evaluating practice placement sites and preceptor qualifications and g) criteria for waiving or reducing the experience, if applicable.

The MSPH program requires a formal student internship experience. In addition to these internship experiences, we require a capstone experience that obligates students to be engaged in the community (be it a practice community or a research community) and to work closely with mentors from the faculty and/or the community. These experiences, coupled with problem-based exercises and other didactic learning opportunities that involve interaction with the practice community, are considered as part of the total practical learning experience imparted by the Program.

Internships are common requirements across many of the professional programs in the College of Health and Human Services (e.g., nursing, social work, athletic training, and public health). Given the volume of these experiences, the need to assure compliance with a host of university and professional practice/liability concerns (e.g., documenting immunization status, criminal background checks, drug screens, etc.) and the goal of minimizing the burden on faculty and the agencies that often support students across multiple programs, the College utilizes a centralized process for formalizing internship sites. This process is organized through the Associate Dean for Academic Affairs.

Since 2008, the CHHS has had delegated signature authority from the Chancellor and Provost to enter into internship placement agreements. Prior to placing a student at an agency, the College first establishes a formal affiliation agreement. These agreements specify the administrative requirements and procedures for placing a student at the agency for the agency, the college/program, and the student. Provisions typically include professional liability insurance, criminal background check, drug screening, and bloodborne pathogen/HIPAA training.

The college provides an agreement template [Appendix 2.4.a.1 Affiliation Agreement Template] or utilizes an agency provided template. The latter and changes to the former must be vetted by the University's General Counsel Office prior to signature. Unless otherwise specified by the agency, these umbrella agreements are in effect for 5 years. The College currently has over 550 active affiliation agreements.

For international placements, the college procedure outlined above is bypassed and the Program directly coordinates with the University's Education Abroad Office. The Education Abroad Office placement requirements are used in lieu of establishing a formal affiliation agreement.

Within this broad college framework, individual programs tailor their procedures to meet their academic needs. Thus, the Programs or students identify practice sites and preceptors, while the College formalizes the relationship. Separate from the organizational agreement, a specific “preceptor” agreement that acknowledges the relationship between a specific student and a designated preceptor within the organization is needed.

The MSPH program expects students to pursue an internship experience consistent with program policies that furthers their own career development agendas. The MSPH internship is valued at 3 credits. Consistent with this credit value, students are required to spend a minimum of 160 hours engaged in the practicum experience and additional time preparing weekly and summary reports, reflecting on their experiences, and engaging in other preparatory activities for the internship. The MSPH Internship Manual (Resource Appendix 5) details the entire internship process.

Preceptor Approval & Orientation. While the MSPH program provides advice and facilitates networking, the program expects graduate students to take the initiative in identifying the agency and a preceptor at the agency who is appropriate and capable of and qualified to oversee the internship. Students are instructed to provide information on preceptor expectations and requirements with potential preceptors when formulating preliminary goals/objectives/scopes of work with the preceptor.

Preceptors are expected to have, at minimum, a master’s degree in public health or an appropriate related area and hold a position relevant to public health practice. In rare cases, the coordinator may approve bachelor’s prepared individuals who by virtue of training, position, and experience are appropriate to supervise a specific internship. Ideally these bachelor’s prepared individuals have at least 3 years of public health practice experience and hold another credential (e.g., CHES).

As outlined in Appendix A of the MSPH Internship Manual, students submit a preliminary internship proposal to the program coordinator for approval. The coordinator ensures the agency, preceptor, and proposed objectives are consistent with program goals and requirements.

If a broader affiliation agreement with the proposed agency is not in place, the coordinator makes a formal request to the Office of the Dean to initiate one. If an agreement is in place, the Program Administrative Support Specialist advises the student of the administrative requirements for placement at the agency and a permit to register for the Internship course is issued. Once the administrative prerequisites are met, a formal placement letter, signed by the Department Chair, is issued to the preceptor and the student informed of the official start date for the internship experience.

Preceptors are provided a summary of the internship process and of their specific roles. They also are advised of how to access the full student internship manual and course resources, and informed how to reach the program coordinator. If the coordinator had limited interaction with the preceptor during the proposal stage and the preceptor is new to precepting MSPH students, the coordinator communicates with the preceptor to offer insights, guidance, and assistance. For most first time agency placements, the coordinator will conduct an on-site (or teleconference) visit.

Faculty Supervision of Students. The MSPH Coordinator approves each placement and proposed activities in advance, monitors each placement and, where practical, conducts at least one site visit meeting with the preceptor and student (or conference call if not able to visit the site). Such visits typically occur for new sites or upon the request of the preceptor or student. If

held, these site visits typically occur between the 25-50% completion point of the internship. MSPH students submit periodic progress reports (after each ~ 40 hours completed). These reports summarize activities and progress toward specific goals and other insights/observations. The coordinator reviews and comments on these reports. This information is used to determine if a site visit might be warranted.

Means of Evaluating Students and Placement Sites. In accord with the Internship Manual outline, students submit a structured report of their experience, replete with appendices and other information that demonstrate their success in achieving their approved goals and objectives, that their work was at a graduate level, and that they expended at least 160 hours of effort. The coordinator reviews and approves these reports and the assessments (described below). Students typically have to submit 2-3 revisions before the report is accepted and a grade (pass/fail) issued.

Preceptors complete a structured assessment of the student (Appendix D of the Internship Manual). The assessment includes process items (time spent, professionalism, etc), demonstrated competence (aligned with course's competency model), and free-response items about program, student, and internship process strengths, weaknesses, and suggestions for improvement. Preceptors also are asked if the experience was positive for the agency and if they would host interns in the future.

Likewise, students complete a similar assessment of the competence, the preceptor, and the organization. In addition, sections of the structured internship report require student reflections on the preceptor and agency.

The MSPH Coordinator reviews all of this information to determine if the learning objectives for the internship were achieved and to assess the appropriateness of the MSPH curriculum and of retaining that agency and/or preceptor as a placement site.

Waivers. The philosophy of the internship experience in the MSPH program is that the internship is an opportunity to integrate and apply new knowledge and experience. Thus, waivers are not given.

2.4.b Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.

The following sites have hosted MSPH students in the past two years. Preceptors at those sites also are listed (Table 2.4.b.1)

Table 2.4.b.1 MSPH Internship Placements, 2011/12-2012/13

Agency	Preceptor Name & Credentials	Preceptor Position
Adolescent Pregnancy Prevention Campaign of NC	Joy Sotolongo, MS	Evaluation Specialist
Alamance Regional Medical Center	Wanda Smith, MPH, RN, COHN-S	Clinical Director of Occupational Health Services
Arthritis Foundation Mid Atlantic Region	Penny Parker, MEd	State Director of Health and Wellness
Bayada Home Healthcare	Phyllis Buie, RN, MSN	Clinical Manager
C.W. Williams Community Health Center	Anthony Brown, MA	Health Services Director
CareRing	Rebecca Kehrer, MS	Health Policy and Analytics Manager
Carolinas Comprehensive AIDS Resources & Education (CARE) Partnership	Shannon Warren, BA	Program Director
Carolinas HealthCare System	Megan Dean, MPH, RD, LDN Lauren Hatcher, MS, RD, LDN Jonathan Levin, MPH Susan Long-Marin, DVM, MPH Andy McWilliams, MD, MPH Javier Oesterheld, MD Lawrence Raymond, MD, ScM Susan Sparks, MD, PhD Jonathan Studnek, PhD, NREMT-P Jermona Whitney-Birchette, MBA	Fit City For Fit Families Program Coordinator Wellness Specialist Health Promotion Manager Epidemiology Program Manager Associate Director of Research/Director of Evidence Based Medicine Director of Developmental Therapeutics, Levine Children's Hospital Director of Occupational/Environmental Medicine Clinical Geneticist/Pediatrician Director of Pre-hospital Research WIC Nutritionist
Catawba County Dept. of Public Health	Lynne Laws, RN, BSN	Community Health Nurse Manager
Charlotte Community Health Clinic	Denise Howard, DNP-C, MHA, FNP-BC	Family Nurse Practitioner
Duke Clinical Research Institute	Sarah Maichle, MS	Clinical Research Coordinator

Table 2.4.b.1 MSPH Internship Placements, 2011/12-2012/13

Agency	Preceptor Name & Credentials	Preceptor Position
Gaston County Health Department	Leigh-Anne Carpenter, RD, LDN Allyson Cochran, MSPH Curtis Hopper, REHS Abigail Newton, MPH	Nutrition Program Coordinator Public Health Analyst Environmental Health Services Administrator Community Health Education Administrator
Girls on the Run Charlotte	Jessica Otto, MPA	Council Director
Healthstat, Inc.	Jesse Martin, BS Tucker McKay, MSN	Wellness Coordinator Vice President of Clinical Innovation
Iredell Memorial Hospital	John Snow, MBA	Vice President of Ancillary and Support Services
Lupus Foundation of America, Piedmont Chapter	Melicent Miller, MSPH	Patient Services Manager
Mecklenburg County Community Support Services	Marie White, MSW, LCSW	Women's Commission Division Director
Montgomery County Free Clinic	Benita Watson, RN	Executive Director
Novant Health	Julie Denning, MAEd Paul Downey, MS Michealla Muhammad, CCRP	Multidisciplinary Oncology Care Manager Clinical Exercise Physiologist Research Supervisor
OrthoCarolina Research Institute	Susan Odum, PhD	Outcomes & Scientific Studies Manager
Rosedale Infectious Diseases	Dale Pierce, BS Ashley Young, MSPH	Practice Manager/ Ryan White Program Director Director of Operations
Rowan County Health Department	Leonard Wood, MS, MPH	Health Director
Support, Inc.	Shante Vines, LCSW	Outpatient Services Coordinator
UNC Charlotte Student Health Center	Shawnte Elbert, MA, CHES	Health Education Specialist
Wake Forest University School of Medicine	Jorge Calles-Escandon, MD	Professor of Medicine
Western North Carolina AIDS Project	Jeff Bachar, MPH	Executive Director
YMCA of Greater Charlotte	Karen Gipson, BS Jill Moore, BA	Executive Director Association Director of Membership & Quality

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

Not applicable

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

Not applicable

2.4.e Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This Criterion is met.

Strengths

The MSPH program provides a well-structured and well-regulated internship program that allows students the latitude to identify sites and experiences that contribute to the development of their personalized portfolio.

Waivers are not given.

Practical experiences also are integrated into the capstone (thesis/project) and into relevant coursework.

Weaknesses

The administrative burden of organizing and managing internship sites is increasing, draining college and university resources. Competition for internship sites is increasing due to the expansion of related programs in the region and from online providers. Concerns are increasing that risk-averse interpretations of the Fair Labor Standards Act might lead many risk-averse agencies to limit internships to the few (if any) they could offer as paid.

Plans

Work with college officials and practitioners to ensure the administration of the internship process is as simple and low effort as possible for all parties. (Responsibility: Chair, Program Coordinator)

Explore options for standing placements with select agencies. (Responsibility: Program Coordinator)

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.

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

MSPH students are required to complete either a thesis (6 credits) or a scholarly project (3 credits) at or near the end of their course of study. The overarching objective of the capstone manuscript (be it a thesis or a project) is for each student to produce a substantial scholarly product that:

- demonstrates substantive knowledge addressing, at a minimum, the core competencies/disciplines of public health and utilizing an appropriate paradigm/conceptual framework
- requires interpretation and analysis of data in the support of a decision or conclusion
- demonstrates oral and written communication and presentation skills;
- withstands critique by an appropriate audience
- progresses under the supervision and mentorship of faculty
- requires development of and adherence to a schedule/time frame
- demonstrates practical consideration of conducting public health projects or research

It is desirable for the capstone experience process to:

- accommodate the diverse interests, backgrounds, and capabilities of students and faculty
- provide prescriptive guidelines with flexibility to enable creativity
- capitalize on existing course content and materials where at all possible
- ensure that there are sufficient resources available and in place

While the thesis and project are conceptually equivalent, they do involve differential application and differential intensity/depth of skills. The thesis requires the generation of new knowledge through the comprehensive application of the research process. This option is a better choice for students who intend to pursue doctoral study, who see themselves as working in an academic setting, or who desire to gain confidence in their ability to plan, conduct, and write up research. A project is more appropriate for those intending to work in a professional setting where they wish to gain confidence in their ability to critically apply existing knowledge and methods to the solution of a problem.

While we make no clear cut distinctions as to where a project ends and a thesis begins along this continuum, some considerations and generalizations about the differences include:

- A thesis inherently spans the entire range of the research process, while a project may emphasize only a limited segment of the research process.
- The thesis is in the form of a peer-reviewed, publishable manuscript while a project may take other professionally relevant forms (such as a grant proposal, consultancy report, or program implementation plan). Also, technical and procedural differences distinguish

them, as a thesis is more tightly regulated by the Graduate School in terms of format, style, and procedures.

- A thesis is inherently hypothesis-based (or research question-based) while a project usually involves the evidence-based application of theory and empirical evidence to a practical situation/problem.
- Given the inherent complexity of activities and time demands, 6 credit hours of research are required for a thesis. For a project, 3 credit hours of project work are required.

Regardless of the thesis or project framework, all frameworks assess:

- 1) Whether the manuscript and oral defense demonstrate adequate mastery of the core competencies, emphasizing the core discipline base;
- 2) Whether students effectively present themselves orally and in writing through a proposal and final defense; and
- 3) Whether the manuscript and defense demonstrate the correct application of knowledge, skills, and methods to the research question/scope of work at hand.

Detailed procedures, timelines, forms, formats, and assessment tools are provided in the capstone manual provided to all students upon matriculation (Resource Appendix 5).

In brief, the determination as to whether a thesis or project approach best conforms to a student's needs and professional aspirations is addressed in consultation with the student. MSPH students select and develop a topic and identify an appropriate framework in consultation with a faculty member and others. Students are encouraged to build upon the information gained and networks established during their internships as a basis for their capstone experiences where practicable or desirable.

The process is formalized when the student confirms the willingness of a faculty member whose primary appointment is in PHS to serve as Chair of the Thesis/Project Committee. At this point, the student informs the MSPH Coordinator who enters permission to register for the thesis or project credits and begins monitoring student progress toward a final defense.

The student and the Thesis/Project Chair identify two additional faculty members holding graduate appointments at UNC Charlotte to complete the committee. Practitioners possessing at least a master's degree and three years of post-master's work experience are eligible for affiliate graduate appointments to serve on capstone committees. Students pursuing community-based work are encouraged to involve one agency practitioner on their committees. The student works with the committee to prepare and defend a proposal.

The proposal defense is evaluated using the final defense criteria as a guide for its content and the capacity of the student to successfully implement the protocol. This examination is closed. Student presentation/communication skills also are assessed and feedback provided (e.g., a baseline). Completion of the proposal phase is reported to the Graduate School using a "topic approval form" once the IRB approves or exempts the proposal. A final defense culminates the process. The initial presentation (first 20-30 minutes) of the final defense and questioning by the audience is open to the public. The oral examination that follows is closed.

The thesis/project is assessed using framework specific criteria (see capstone manual for details) as are the student's presentation skills. Frameworks include scholarly publication (thesis), community service grant proposals, consultancy reports, and program implementation plans, among others. The remaining scored elements, while parallel in many ways, reflect the specific organization and emphases inherent in the framework. The committee ensures not only that the student has demonstrated minimal proficiency in all required areas but also that the student has appropriately demonstrated any higher standards necessary to complete the project

(e.g., MSPH students might not be expected to perform a confirmatory factor analysis, but a student who proposes one as part of a thesis analysis plan will be expected to do so competently).

Once cleared by the thesis committee, the student must submit and receive final approval from the Graduate School (theses) or from the program coordinator (projects). Bound copies of theses and projects are stored in the Department's waiting area and available for public inspection. Students now are asked to provide an electronic (archival) copy of the final thesis/project for the program's use (Resource Appendix 6 MSPH Capstones) in addition to the bound copy maintained by the Department. As appropriate, students are encouraged to present their findings at conferences and community meetings and via scholarly and lay publications.

2.5.b Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This Criterion is met.

Strengths

The MSPH program has a well-structured and well-documented thesis/project capstone requirement that is integrated within and supportive of the overarching program curriculum.

The MSPH thesis/project structure provides students flexibility to pursue ideas and develop an assortment of experiences conducive to further academic preparation and/or advanced professional practice.

MSPH students engage in close-knit relationships with one or more faculty members in implementing their thesis/projects, further providing practical application skills and professional role models through this interaction.

The structure of the MSPH thesis/project capstone encourages students to build upon the base of their prior internship experience, providing more value to internship sites by addressing problems directly affecting their needs and more effectively demonstrating the link between research and practice espoused by the MSPH program.

Weaknesses

The large number of MSPH students, coupled with planned doctoral students, imposes substantial time commitments on the faculty in serving on students' thesis/project committees as members and chairs.

Plans

Explore revisions to the college workload policy (found in Resource Appendix 5, CHHS Handbook) to address time spent as chair and member of thesis/project committees. Currently this time is not addressed in the workload of tenured and tenure-track faculty (teaching expectation of 4 or 8 courses per academic year for research track and teaching track, respectively) (Responsibility: Dean, Department Chair)

Increase (appropriately) utilization of practitioner affiliate faculty on capstone committees. (Responsibility: Program Coordinator, Program Faculty)

Contemplate alternate approaches to the capstone as appropriate. (Responsibility: Program Coordinator, Program Faculty)

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 programs at all levels (bachelor's, master's and doctoral).

2.6.a Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (eg, one set each for BSPH, MPH and DrPH).

Graduates of the UNC Charlotte MSPH program, irrespective of concentration, are prepared to:

- Solve health-related problems using an ecological framework that addresses financial, socio-cultural, environmental, and political conditions.
- Design, conduct, analyze, and interpret the results of studies, projects, and programs related to the public's health.
- Initiate, plan, manage, monitor, and evaluate interventions in the field of public health.
- Communicate public health messages to diverse audiences.
- Advocate sound public health policies and practices.

The faculty of the Department of Public Health Sciences has developed a conceptual model for the core competencies of the MSPH program (see Figure 2.6.a.1 below). The conceptual model is designed to meet the specific needs of the UNC Charlotte program and draws upon contributions from many sources, chiefly:

- The Department's Public Health Advisory Board, comprised of public health practice community professionals in the region, provided guidance on the pressing need of the practice community for practitioners who possess solid research and evaluation skills and skills for evidence-based practice and organizational accreditation/credentialing.
- The Council on Education and Public Health (CEPH, www.ceph.org), the body that accredits schools and programs in public health, defines the five core areas of public health as epidemiology, biostatistics, environmental health sciences, social and behavioral sciences, and health services administration.
- The Association of Schools of Public Health (ASPH, www.asph.org), through a national Delphi process among faculty and practitioners, has developed a core competency template and a conceptual model for MPH programs.

The ASPH conceptual model was adapted (Figure 2.6.a.1) to organize the delineation and presentation of specific competencies expected of UNC Charlotte MSPH graduates (Table 2.6.a.1). A similar conceptual model (Figure 2.6.a.2) and competency listing (Table 2.6.a.2) were developed for the BSPH Program. These models are provided to students as part of their orientation packet/student manual and used in introductory courses to explain the Program. Core course syllabi also identify their primary contribution to core and/or concentration specific competencies.

Figure 2.6.a.1 Conceptual Model: UNC Charlotte Core MSPH Competencies

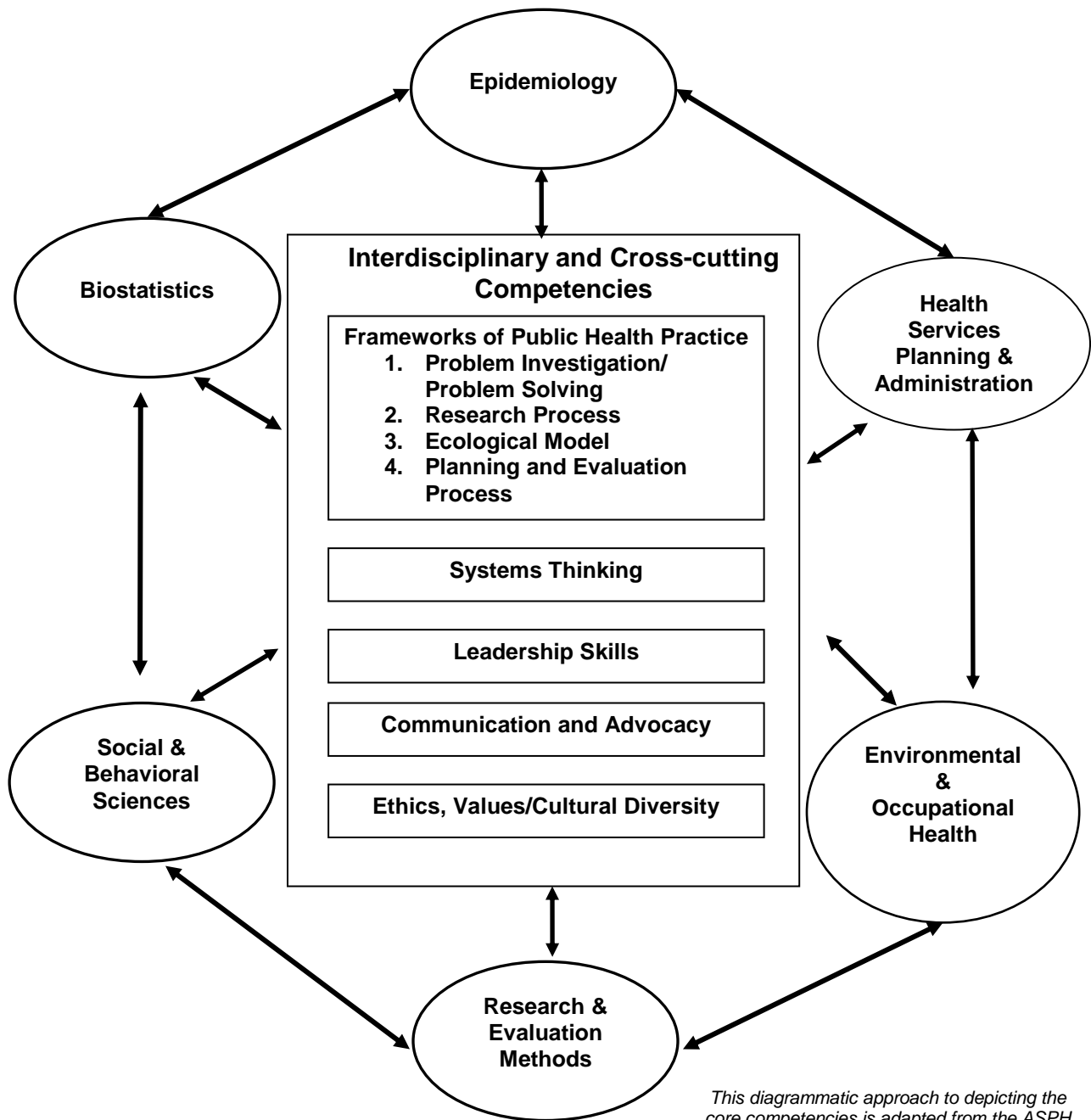
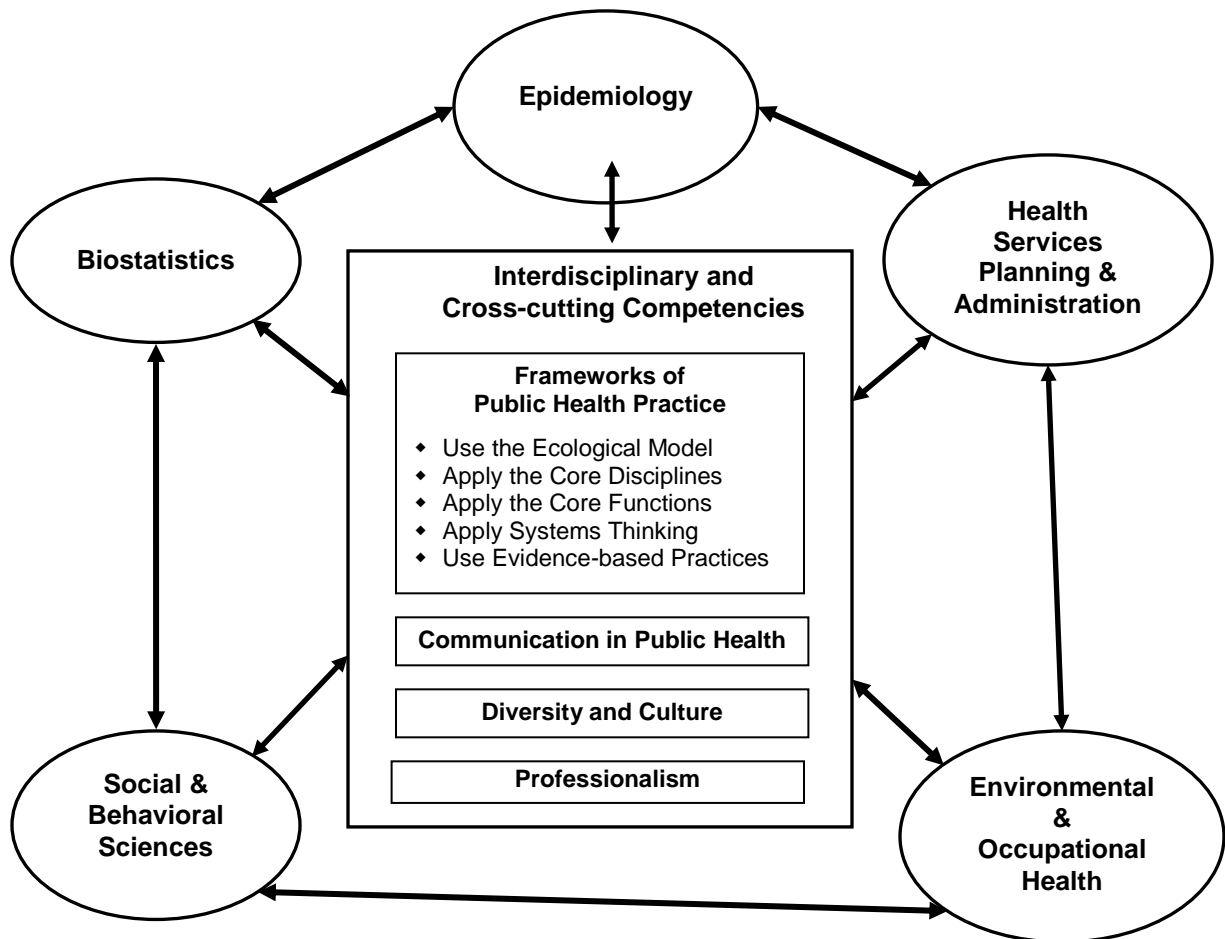


Figure 2.6.a.2 Conceptual Model: UNC Charlotte Core BSPH Competencies



This diagrammatic approach to depicting the core competencies is adapted from the ASPH Core Competency Project, www.asph.org

Table 2.6.a.1 MSPH Core Competency Listing

<i>Core Discipline Competencies</i>
<p>Biostatistics is the development and application of statistical reasoning and methods in addressing, analyzing, and providing interpretation for solving problems in public health, healthcare, and biomedical, clinical, and population-based research. A UNC Charlotte MSPH program graduate will be able to:</p> <ol style="list-style-type: none">1. Describe the role biostatistics serves in the discipline of public health.2. Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.3. Describe basic concepts of probability, random variation, and commonly used statistical probability distributions.4. Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.5. Apply descriptive techniques commonly used to summarize public health data.6. Apply common statistical methods for inference.7. Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.8. Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.9. Interpret results of statistical analyses found in public health studies.10. Develop written and oral presentations based on statistical analyses for both public health professionals and lay audiences.
<p>Epidemiology is the study of patterns of disease and injury in human populations and the application of this study to the control of health problems. A UNC Charlotte MSPH program graduate will be able to:</p> <ol style="list-style-type: none">11. Explain the importance of epidemiology for informing scientific, ethical, economic, and political discussion of health issues.12. Apply the basic terminology and definitions of epidemiology.13. Identify key sources of data for epidemiologic purposes.14. Describe a public health problem in terms of magnitude, person, place, and time.15. Calculate basic epidemiology measures.16. Evaluate the strengths and limitations of epidemiologic reports.17. Draw appropriate inferences from epidemiologic data.18. Identify the principles for and limitations of public health screening programs.19. Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiologic data.20. Communicate epidemiologic information to lay and to professional audiences.
<p>Environmental and Occupational Health Sciences are the study of environmental factors including biological, physical, and chemical factors that affect the health of a community. A UNC Charlotte MSPH program graduate will be able to:</p> <ol style="list-style-type: none">21. Describe the direct and indirect human, ecological, and safety effects of major environmental and occupational agents.22. Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures.23. Describe genetic, physiologic, and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.24. Specify current environmental risk assessment methods.25. Develop a testable model of environmental insult.26. Describe federal regulatory programs, guidelines, and authorities that control environmental health issues.

Table 2.6.a.1 MSPH Core Competency Listing

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27. Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity.
 28. Specify evidence-based approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety including natural and man-made disasters.

Health Services Planning and Administration is a multidisciplinary field of inquiry and practice concerned with the design, delivery, quality, and costs of healthcare for individuals and populations. This definition assumes managerial, planning, health systems analysis, and policy concerns with the structure, process, and outcomes of health services including the costs, financing, organization, outcomes, and accessibility of services. A UNC Charlotte MSPH program graduate will be able to:

29. Identify and analyze the main components and issues of the organization, financing, and delivery of health services and public health systems.
30. Apply principles of strategic and operational planning to public health.
31. Apply the principles of program planning, development, budgeting, management, and evaluation in organizational and community initiatives.
32. Describe the legal and ethical bases for public health and health services.
33. Discuss the policy process for improving the health status of populations.
34. Apply "systems thinking" for resolving organizational problems.
35. Apply quality and performance improvement concepts to address organizational performance issues.
36. Explain methods of ensuring community health, safety, and preparedness.
37. Communicate health policy and management issues using appropriate channels and technologies
38. Demonstrate leadership skills for building partnerships.

The Social and Behavioral Sciences are the behavioral, social, political, and cultural factors related to individual and population health and health disparities over the life course. Research and practice in this area contributes to the development, administration, and evaluation of programs and policies in public health and health services to promote and sustain healthy environments and healthy lives for individuals and populations. A UNC Charlotte MSPH program graduate will be able to:

39. Describe the role of social, cultural, political, and community factors in both the onset and solution of public health problems.
 40. Identify basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice.
 41. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.
 42. Identify the causes of social and behavioral factors that affect the health of individuals and populations.
 43. Identify individual, organizational, and community concerns, assets, resources, and deficits for social and behavioral science interventions.
 44. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.
 45. Identify critical stakeholders for the planning, implementation, and evaluation of public health programs, policies, and interventions.
 46. Apply ethical principles to public health program planning, implementation, and evaluation.
 47. Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions.
 48. Describe the merits of social and behavioral science interventions and policies.
-

Table 2.6.a.1 MSPH Core Competency Listing

Research and Evaluation Methods are processes and techniques necessary to conduct sound inquiries and evaluations to develop and improve public health research and programming. Research and Evaluation Methods provide the methods to create the knowledge base for evidence-based practice. A UNC Charlotte MSPH program graduate will be able to:

49. Describe the research and evaluation processes.
50. Develop research and evaluation questions.
51. Prepare methodologically sound programming and evaluation plans, which target structure, processes, and outcomes.
52. Prepare methodologically sound research proposals.
53. Plan, implement, analyze, and report on research/evaluation projects.
54. Critique the design, analysis, and findings of published studies.
55. Describe and characterize the strengths and weaknesses of alternate study designs.
56. Draw lessons from published studies to inform professional practice.
57. Communicate findings and interpretations to professional and lay audiences.
58. Recommend/advocate policy based on findings/evidence.

Interdisciplinary & Cross-cutting Competencies

Frameworks of Public Health Practice are the various frameworks that underlie public health practice for conceptualizing health and disease, investigating problems, conducting research, and planning, implementing, and evaluating programming. A UNC Charlotte MSPH program graduate will be able to:

59. Analyze determinants of health and disease using an ecological framework.
60. Describe how social, behavioral, environmental, and biological factors contribute to specific individual and community health outcomes.
61. Explain the contribution of logic models in program development, implementation, and evaluation.
62. Differentiate among goals, measurable objectives, related activities, and expected outcomes for a public health program.
63. In collaboration with others, prioritize individual, organizational, and community concerns and resources for public health programs.
64. Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions.
65. Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in public health.

Systems Thinking is the ability to recognize system level properties that result from dynamic interactions among human and social systems and how they affect the relationships among individuals, groups, organizations, communities, and environments (to appreciate the forest while observing the trees). A UNC Charlotte MSPH program graduate will be able to:

66. Identify characteristics of a system.
67. Analyze inter-relationships among different components of systems that influence the quality of life of people in their communities.
68. Provide examples of feedback loops and “stocks and flows” within a public health system.
69. Identify unintended consequences produced by changes made to a public health system.
70. Explain how systems (e.g. individuals, social networks, organizations, and communities) may be viewed as systems within systems in the analysis of public health problems.
71. Explain how the contexts of gender, race, poverty, history, migration, and culture are important in the design of interventions within public health systems.
72. Analyze the effects of political, social, cultural, and economic policies on public health systems at the local, state, national, and international levels.
73. Explain how systems models can be tested and validated.

Table 2.6.a.1 MSPH Core Competency Listing

74. Illustrate how changes in public health systems (including input, processes, and output) can be measured.
75. Analyze the impact of global trends and interdependencies on public health related problems and systems
Leadership in public health is the ability to create and communicate a shared vision for a changed future; to champion solutions for organizational and community challenges; and to energize commitment to goals. A UNC Charlotte MSPH program graduate will be able to:
76. Describe the attributes of leadership in public health.
77. Engage in dialogue and learning from others to advance public health goals.
78. Articulate an achievable mission, set of core values, and vision.
79. Demonstrate team building, negotiation, and conflict management skills.
80. Describe alternative strategies for collaboration and partnership among organizations that focus on public health goals.
81. Demonstrate team building methods for achieving organizational and community health goals.
82. Develop strategies to motivate others for collaborative problem solving, decision-making, and evaluation.
83. Demonstrate transparency, integrity, and honesty in all actions.
84. Apply social justice and human rights principles when addressing community needs.
85. Communicate (oral, written) with diverse audiences.
Communication and Advocacy in public health is the ability to collect, manage, and organize data to produce information and meaning; to gather, process, and present information to different audiences in-person, through information technologies, or through media channels; and to strategically design the information and knowledge exchange process to achieve specific objectives. A UNC Charlotte MSPH program graduate will be able to:
86. Describe how societal, organizational, and individual factors influence and are influenced by public health communications.
87. Describe how the public health information infrastructure is used to collect, process, maintain, and disseminate data.
88. Discuss the influences of social, organizational, and individual factors on the use of information technology by end users.
89. Apply theory and strategy-based communication principles across different settings and audiences.
90. Collaborate with communication and informatics specialists in the process of design, implementation, and evaluation of public health programs.
91. Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.
Ethics, values, and cultural diversity address the ability of public health professionals to interact with diverse individuals and communities, with integrity and shared values, to produce or impact an intended public health outcome. A UNC Charlotte MSPH program graduate will be able to:
92. Apply basic principles of ethical analysis to issues of public health practice and policy.
93. Distinguish between population and individual ethical considerations in relation to the benefits, costs, and burdens of public health programs.
94. Explain how professional ethics and practices relate to equity and accountability in diverse community settings.
95. Analyze the potential impacts of legal and regulatory environments on the conduct of ethical public health research and practice.
96. Differentiate among availability, acceptability, and accessibility of healthcare across diverse populations.

Table 2.6.a.1 MSPH Core Competency Listing

-
97. Describe the roles of history, power, privilege, and structural inequality in producing health disparities.
 98. Differentiate between linguistic competence, cultural competency, and health literacy in public health practice.
 99. Use the basic concepts and skills for culturally-appropriate community engagement and empowerment.
 100. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.
 101. Cite examples of situations where consideration of culture-specific needs resulted in a more effective modification or adaptation of a health intervention.
 102. Apply the principles of community-based participatory research
 103. Promote high standards of personal and organizational integrity, compassion, honesty, and respect for all people.
 104. Discuss the importance and characteristics of a sustainable diverse public health workforce.
-

Table 2.6.a.2 BSPH Core Competency Listing

<i>Core Discipline Competencies</i>
Biostatistics is the development and application of statistical reasoning and methods in addressing, analyzing, and providing interpretation for solving problems in public health, healthcare, and biomedical, clinical and population-based research. A UNC Charlotte BSPH program graduate will be able to:
<ol style="list-style-type: none">1. Describe basic concepts of probability, random variation, and commonly used statistical probability distributions2. Identify and apply basic research methods used in public health3. Determine appropriate uses and limitations of both quantitative and qualitative data4. Apply statistical techniques to health data
Epidemiology is the study of patterns of disease and injury in human populations and the application of this study to the control of health problems. A UNC Charlotte BSPH program graduate will be able to:
<ol style="list-style-type: none">5. Apply the basic terminology and definitions of epidemiology6. Identify relevant and appropriate data and information sources7. Calculate and interpret basic measures of disease frequency and association8. Draw appropriate inferences for how data illuminates ethical, political, scientific, economic, and overall public health issues
Environmental and Occupational Health Sciences are the study of environmental factors including biological, physical, and chemical factors that affect the health of a community. A UNC Charlotte BSPH program graduate will be able to:
<ol style="list-style-type: none">9. Describe the agents and processes related to environmental and occupational disease, illness, and injury10. Describe the significance of monitoring environmental and occupational factors for disease, illness, and injury11. Identify, interpret, and implement public health laws, regulations, and policies related to specific programs12. Identify local, state, and federal regulatory agencies related to environmental and

Table 2.6.a.2 BSPH Core Competency Listing

occupational disease, illness, and injury
Health Services Planning and Administration is a multidisciplinary field of inquiry and practice concerned with the design, delivery, quality, and costs of healthcare for individuals and populations. A UNC Charlotte BSPH program graduate will be able to:
13. Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions
14. Develop and adapt approaches to problems that take into account cultural differences and identify community assets and available resources
15. Describe the management functions of planning, organizing, leading, and controlling
16. Identify, interpret, and implement public health laws, regulations, and policies related to specific programs
Social and Behavioral Sciences are the study of behavioral, social, political, and cultural factors related to individual and population health and health disparities over the life course. A UNC Charlotte BSPH program graduate will be able to:
17. Identify basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice
18. Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions
19. Develop and adapt approaches to problems that take into account cultural differences and identify community assets and available resources
20. Appreciate the importance of working collaboratively with diverse communities and constituencies (e.g. researchers, practitioners, agencies, and organizations)
<i>Interdisciplinary & Cross-cutting Competencies</i>
Frameworks of Public Health Practice are the various frameworks that underlie public health practice for conceptualizing health and disease, investigating problems, conducting research, and planning, implementing, and evaluating programming. A UNC Charlotte BSPH program graduate will be able to:
21. Assess the health status of populations, determinants of health and illness, and factors contributing to health promotion and disease prevention
22. Apply the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental health, and prevention of chronic and infectious diseases and injuries to public health problems and their solutions
23. Apply the core functions of assessment, program and policy development, assurance, and communication in the analysis of public health problems and their solutions
24. Apply "systems thinking," evidence-based principles, and the scientific knowledge base to critical evaluation and decision-making in public health
Communication in Public Health is the ability to collect, manage, and organize data to produce information and meaning, and to gather, process, and present information to different audiences in-person, through information technologies, or through media channels. A UNC Charlotte BSPH program graduate will be able to:
25. Communicate effectively both in writing and orally
26. Effectively present accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences
27. Utilize appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and persons of all ages and lifestyle preferences
Diversity and Culture address the ability of public health professionals to interact with diverse

Table 2.6.a.2 BSPH Core Competency Listing

individuals and communities, with integrity and shared values, to produce or impact an intended public health outcome. A UNC Charlotte BSPH program graduate will be able to:
28. Differentiate among availability, acceptability, and accessibility of health care across diverse populations
29. Utilize appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and persons of all ages and lifestyle preferences
30. Develop and adapt approaches to problems that take into account cultural differences and identify community assets and available resources
31. Appreciate the importance of working collaboratively with diverse communities and constituencies (e.g. researchers, practitioners, agencies, and organizations)
Professionalism is the ability to demonstrate ethical choices, values, and professional practices implicit in public health decisions; consider the effect of choices on community stewardship, equity, social justice, and accountability; and to commit to personal and institutional development. A UNC Charlotte BSPH program graduate will be able to:
32. Embrace a definition of public health that captures the unique characteristics of the field (e.g., population-focused, community-oriented, prevention-motivated, and rooted in social justice) and how these contribute to professional practice
33. Describe the professional responsibilities and ethical obligations for public health and health education practice
34. Apply ethical principles to the collection, maintenance, use, and dissemination of data and information
35. Promote high standards of personal and organizational integrity, compassion, honesty, and respect for all people

2.6.b Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

All of our degree programs are organized to facilitate later inclusion of additional concentrations.

MSPH. The MSPH currently offers a single concentration in Community Health Practice (social and behavioral sciences). The concentration competency listing is presented below in Table 2.6.b.1. Students completing this concentration are eligible to sit for the CHES credentialing exam. This competency matrix also serves for our graduate certificate in community health.

The proposed dual MSPH offerings follow the same competency model (core and community health practice concentration)

Table 2.6.b.1 MSPH: Concentration Specific Competencies

<i>Community Health Practice (social and behavioral sciences)</i>
Community Health Practice is the integration of educational, social, and environmental actions to promote health and well-being within a defined population. A UNC Charlotte MSPH program graduate with a concentration in Community Health will be able to:
1. Apply major concepts related to community health, health education, and health promotion and behavior change.
2. Practice methods utilized in completing a community diagnosis.

Table 2.6.b.1 MSPH: Concentration Specific Competencies

3. Discuss the interaction between public and private healthcare at the local and state levels.
4. Explain the role of experiences in shaping patterns of behavior.
5. Formulate health promotion strategies utilizing educational, organizational, economic, legal, technological, and environmental supports for behaviors and conditions conducive to health.
6. Plan health education strategies, interventions, and programs.
7. Summarize the major categories of resource development in community health programming.
8. Construct research questions applicable to either a qualitative or quantitative methods approach.
9. Apply knowledge of quantitative and qualitative research methods and their appropriate sampling methods, data collection methods and data analysis methods.
10. Successfully sit for the CHES exam.

BSPH. The BSPH is organized in a generalist framework that parallels the MSPH Community Health Practice concentration. Graduates of this program qualify to sit for the CHES credentialing exam.

Given the limited credentials available to undergraduates and other program value considerations, plans for additional concentrations within the BSPH will build on this 'generalist community health practice' model. That is, all BSPH students would complete the current community health practice (social and behavioral sciences) curriculum. Additional concentrations would refocus part of the existing elective opportunities to an organized set of concentration coursework. Consequently, the BSPH competency matrix presented in 2.6.a above reflects the competencies also inherent in the community health practice concentration.

PhD in Public Health Sciences. The planned PhD in Public Health Sciences (academic degree) builds upon the foundation established by the MSPH. This post-master's PhD program expects students to have acquired their graduate core public health knowledge exposure at the master's level. Entering students who did not graduate from a CEPH-accredited master's program must take, or demonstrate prior master's level coursework addressing public health, epidemiology and biostatistics (analogous to our HLTH 6200, HLTH 6202 and HLTH 6203, respectively).

Analogous to the MSPH, the PhD is structured to provide a common core and opportunity for concentration. The initial concentration builds upon the existing MSPH concentration by focusing on behavioral sciences. Its core and concentration competency listing is presented in Tables 2.6.b.2 and 2.6.b.3

Table 2.6.b.2 PhD Core Competencies

Possess Knowledge of the Field*

1. Describe the historical foundations of public health and disciplinary approaches to public health problems
2. Apply major and emerging theories in the discipline within the context of a social ecological framework
3. Describe disciplinary approaches to health disparities
4. Describe the disciplinary research on risk and protective factors associated with the major sources of human morbidity and mortality
5. Discuss the outcomes of major disciplinary interventions
6. Discuss major controversies in public health policy

Think Critically and Theoretically

7. Distinguish conceptual or analytic issues from empirical issues
8. Understand different theoretical perspectives and what each illuminates and obscures

Table 2.6.b.2 PhD Core Competencies

-
9. Read broadly, in other fields, seeking connections that are not at first obvious
 10. Explain problems in the field using theory
 11. Produce a synthesis of the research literature on a topic
 12. Compare different ways of knowing
 13. Compare across research methods and allied philosophical traditions

Frame Significant Questions

14. Demonstrate expert knowledge of the research literature on a topic
15. Identify knowledge gaps of public health significance
16. Identify the inadequacies in existing measurement instruments and procedures that need to be challenged
17. Specify causal processes
18. Formulate clear research questions
19. Formulate a testable hypothesis or hypotheses
20. Identify critical elements of a research problem

Partner with the Community

21. Build trusting relationships with people and groups in the community who work on a health problem and have been affected by it
22. Understand how the profession and its research is viewed in the community
23. Connect one's research to the work of practitioners and community members in the field
24. Collaborate with other disciplines in the community
25. Build upon strengths and resources in the community
26. Ground research questions in practice, reflective of the needs of and priorities of the community, as well as theory
27. Engage communities as partners in the research process
28. Communicate research findings in ways that lay people can understand

Identify Appropriate Methods of Inquiry

29. Identify threats to validity in quantitative and qualitative designs
30. Align researchable problems with appropriate methods of inquiry
31. Identify useful sources of data
32. Identify novel approaches to address research questions
33. Explain the advantages and disadvantages of different sampling strategies
34. Identify independent and dependent variables when appropriate
35. Articulate the strengths and weaknesses of various methods of inquiry, including those selected for use in an investigation

Collect and Analyze Data

36. Develop standardized research protocols for primary data collection in the field using quantitative, qualitative, and mixed methods
37. Assemble secondary data from existing public and private sources to address research questions
38. Understand methods of analyzing both quantitative and qualitative data
39. Develop quantitative measures to assess theoretical constructs
40. Develop psychometrically sound quantitative measurement tools
41. Select statistical tests based on data structure and statistical assumptions
42. Use appropriate analytical methods to clarify associations between variables and to delineate causal inferences
43. Develop proficiency in using various statistical software packages
44. Interpret quantitative and qualitative data

Communicate Research

45. Understand characteristics of different audiences
46. Gain experience with different genres and forms of dissemination (e.g. dissertation, empirical article, conceptual analysis, press release)
47. Write precisely and plainly for technical and general audiences
48. Present oral research effectively in professional and public forums
49. Present findings to community members that are culturally appropriate

Table 2.6.b.2 PhD Core Competencies

Model Professional and Ethical Conduct
50. Demonstrate/understand the parameters of professional practice
51. Apply principles of responsible conduct of research (RCR)
52. Develop research protocols and materials that protect the privacy of individuals and communities involved in health research
53. Demonstrate cultural sensitivity in ethical discourse and analysis
54. Understand issues of individual autonomy versus protection of public welfare in designing and conducting health research
55. Work in collaborative multi disciplinary teams
56. Demonstrate teaching skills and experience
*Several core competencies are delivered via concentration specific courses/further developed in concentration competencies

Table 2.6.b.3 PhD Concentration-specific Competencies

Possess Knowledge of the Field: Behavioral Sciences Concentration
1. Describe the historical foundations of public health, health behavior, social determinants of health and theoretical approaches to public health issues
2. Apply major and emerging theories of health behavior within the context of a social ecological framework
3. Describe how culture and health behaviors influence health disparities
4. Describe the research on risk and protective factors associated with the major sources of human morbidity and mortality
5. Discuss the outcomes of major preventive interventions
6. Discuss major controversies in public health behavioral and social policy
Think Critically and Theoretically: Behavioral Sciences Concentration
8. Understand different theoretical perspectives and what each illuminates and obscures
10. Explain problems in the field using theory

2.6.c A matrix that identifies the learning experiences (eg, specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.

A matrix depicting the linkages among core MSPH competencies, learning opportunities, and assessments is presented in Table 2.6.c.1. Table 2.6.c.2 presents the MSPH concentration specific course-competency matrix, Table 2.6.c.3 presents the BSPH course competency matrix. Table 2.6.c.4 present the PhD in Public Health Sciences competency matrix and Table 2.6.c.5 the PhD concentration specific competencies matrix

Due to space/presentation considerations, the course tile listings are abridged in the tables. A listing of full course titles with numbers and abridged titles follows each table

Table 2.6.c.1 MSPH Core Competencies

	Course Number/Brief Title								
	HLTH 6201 Soc/ Behav	HLTH 6202 Epi	HLTH 6203 Stats	HLTH 6204 Res Mthd	HLTH 6205 Env Hlth	HLH 6206 Admin	HLTH 6207 Plan Eval	HLTH 6471 Intern	HLTH 6900/1 Cap- stone
Biostatistics									
1. Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.			P				R		R
2. Apply common statistical methods for inference.			P	P			R		R
3. Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.			P	P			R		R
4. Apply descriptive techniques commonly used to summarize public health data.			P				R		R
5. Describe basic concepts of probability, random variation, and commonly used statistical probability distributions.			P						R
6. Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.			P	P					R
7. Describe the roles biostatistics serves in the discipline of public health.			P						R
8. Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.			P				R		R
9. Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.			P	P			R		R
10. Interpret results of statistical analyses found in public health studies.			P				R		R
Epidemiology									
11. Explain the importance of epidemiology for informing scientific, ethical, economic, and political discussion of health issues.		P							R
12. Apply the basic terminology and definitions of epidemiology.		P							R

Table 2.6.c.1 MSPH Core Competencies

	Course Number/Brief Title								
	HLTH 6201 Soc/ Behav	HLTH 6202 Epi	HLTH 6203 Stats	HLTH 6204 Res Mthd	HLTH 6205 Env Hlth	HLH 6206 Admin	HLTH 6207 Plan Eval	HLTH 6471 Intern	HLTH 6900/1 Cap- stone
13. Identify key sources of data for epidemiologic purposes.		P							R
14. Calculate basic epidemiology measures.		P					R		R
15. Communicate epidemiologic information to lay and professional audiences.		P					R		R
16. Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiologic data.		P		R			R		R
17. Describe a public health problem in terms of magnitude, person, time, and place.		P		R	R		R		R
18. Draw appropriate inferences from epidemiologic data.		P					R		R
19. Evaluate the strengths and limitations of epidemiologic reports.		P		R	R	R	R		R
20. Explain the importance of epidemiology for informing scientific, ethical, economic, and political discussion of health issues.		P							R
Environmental and Occupational Health Sciences									
21. Describe federal regulatory programs, guidelines, and authorities that control environmental health issues.					P				R
22. Describe genetic, physiologic, and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.					P				R
23. Describe the direct and indirect human, ecological, and safety effects of major environmental and occupational agents.					P				R
24. Develop a testable model of environmental insult.					P				R
25. Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity.					P				R
26. Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures.					P				R

Table 2.6.c.1 MSPH Core Competencies

	Course Number/Brief Title								
	HLTH 6201 Soc/ Behav	HLTH 6202 Epi	HLTH 6203 Stats	HLTH 6204 Res Mthd	HLTH 6205 Env Hlth	HLH 6206 Admin	HLTH 6207 Plan Eval	HLTH 6471 Intern	HLTH 6900/1 Cap- stone
27. Specify current environmental risk assessment methods.					P				R
28. Specify evidence based approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety, including natural and man-made disasters.					P				R
Health Services Planning and Administration									
29. Apply “systems thinking” for resolving organizational problems.						P	R		R
30. Apply principles of strategic and operational planning to public health.						P	R		R
31. Apply quality and performance improvement concepts to address organizational performance.						P	R		R
32. Apply the principles of program planning, development, budgeting, management, and evaluation in organizational and community initiatives.						P	R		R
33. Communicate health policy and management issues using appropriate channels and technologies.						P			R
34. Demonstrate leadership skills for building partnerships.						P	R		R
35. Discuss the policy process for improving the health status of populations.						P			R
36. Describe the legal and ethical bases for public health and health services.				R		P			R
37. Explain methods of ensuring community health safety and preparedness.					R	P			R
38. Identify and analyze the main components and issues of the organization, financing, and delivery of health services and public health systems.						P			R
Social and Behavioral Sciences									
39. Apply ethical principles to public health program planning, implementation, and evaluation.	P			R			P		R

Table 2.6.c.1 MSPH Core Competencies

	Course Number/Brief Title								
	HLTH 6201 Soc/ Behav	HLTH 6202 Epi	HLTH 6203 Stats	HLTH 6204 Res Mthd	HLTH 6205 Env Hlth	HLH 6206 Admin	HLTH 6207 Plan Eval	HLTH 6471 Intern	HLTH 6900/1 Cap- stone
40. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.	P						P		R
41. Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions.	P			R			P		R
42. Describe the merits of social and behavioral science interventions and policies.	P						P		R
43. Describe the role of social, cultural, political, and community factors in both the onset and solution of public health problems.	P						P		R
44. Identify basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice.	P								R
45. Identify critical stakeholders for the planning, implementation, and evaluation of public health programs, policies, and interventions.	P						P		R
46. Identify individual, organizational, and community concerns, assets, resources, and deficits for social and behavioral science interventions.	P						P		R
47. Identify the causes of social and behavioral factors that affect health of individuals and populations.	P						P		R
48. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.	P			R			P		R
Research and Evaluation Methods									
49. Describe research and evaluation processes.		R	R	P			P		R
50. Develop research and evaluation questions.	R	R	R	P	R	R	P		R
51. Prepare methodologically sound programming and evaluation plans, which target structure, processes, and outcomes.		R				R	P		R
52. Prepare methodologically sound research proposals.		R	R	P			P		R
53. Plan, implement, analyze, and report on							P		R

Table 2.6.c.1 MSPH Core Competencies

	Course Number/Brief Title								
	HLTH 6201 Soc/ Behav	HLTH 6202 Epi	HLTH 6203 Stats	HLTH 6204 Res Mthd	HLTH 6205 Env Hlth	HLH 6206 Admin	HLTH 6207 Plan Eval	HLTH 6471 Intern	HLTH 6900/1 Cap- stone
research/evaluation projects.									
54. Critique the design, analysis, and findings of published studies.	R	P	R	P	R	R	R		R
55. Describe and characterize the strengths and weaknesses of alternate study designs.	R	P	R	P	R		P		R
56. Draw lessons from published studies to inform professional practice.		P				R	R		R
57. Communicate findings and interpretations to professional and lay audiences.		P				R	R		R
58. Recommend/advocate policy based on findings/evidence.		P		P		R	P		R
Interdisciplinary and Cross-cutting									
Frameworks of Public Health Practice									
59. Analyze determinants of health and disease using an ecological framework.	P	P			P				R
60. Describe how social, behavioral, environmental, and biological factors contribute to specific individual and community health outcomes.	P	P			P				R
61. Explain the contribution of logic models in program development, implementation, and evaluation.				P		R	P		R
62. Differentiate among goals, measurable objectives, related activities, and expected outcomes for a public health program.						R	P		R
63. In collaboration with others, prioritize individual, organizational, and community concerns and resources for public health programs.						P	P		R
64. Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions.						R	P		R
65. Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in public health.		P		R	R	R	P		R

Table 2.6.c.1 MSPH Core Competencies

	Course Number/Brief Title								
	HLTH 6201 Soc/ Behav	HLTH 6202 Epi	HLTH 6203 Stats	HLTH 6204 Res Mthd	HLTH 6205 Env Hlth	HLH 6206 Admin	HLTH 6207 Plan Eval	HLTH 6471 Intern	HLTH 6900/1 Cap- stone
Systems Thinking									
66. Identify characteristics of a system.	P					P			R
67. Analyze inter-relationships among different components of systems that influence the quality of life of people in their communities.	P					R	P		R
68. Provide examples of feedback loops and “stocks and flows” within a public health system.	P				P	P			R
69. Identify unintended consequences produced by changes made to a public health system.	P				P	P	R		R
70. Explain how systems (e.g. individuals, socials networks, organizations, and communities) may be viewed as systems within systems in the analysis of public health problems.	P					R			R
71. Explain how the contexts of gender, race, poverty, history, migration, and culture are important in the design of interventions within public health systems.	P					R			R
72. Analyze the effects of political, social, cultural, and economic policies on public health systems at the local, state, national, and international levels.	P					R			R
73. Explain how systems models can be tested and validated.	P			P		P	P		R
74. Illustrate how changes in public health systems (including input, processes, and output) can be measured.						R	P		R
75. Analyze the impact of global trends and interdependencies on public health related problems and systems.	P	P			P	R			R
Leadership									
76. Describe the attributes of leadership in public health.						P			R
77. Engage in dialogue and learning from others to advance public health goals.	P					P	P		R
78. Articulate an achievable mission, set of core values, and vision.						P			R

Table 2.6.c.1 MSPH Core Competencies

	Course Number/Brief Title								
	HLTH 6201 Soc/ Behav	HLTH 6202 Epi	HLTH 6203 Stats	HLTH 6204 Res Mthd	HLTH 6205 Env Hlth	HLH 6206 Admin	HLTH 6207 Plan Eval	HLTH 6471 Intern	HLTH 6900/1 Cap- stone
79. Demonstrate team building, negotiation, and conflict management skills.						P	P		R
80. Describe alternative strategies for collaboration and partnership among organizations that focus on public health goals.						P			R
81. Demonstrate team building methods for achieving organizational and community health goals.						P			R
82. Develop strategies to motivate others for collaborative problem solving, decision-making, and evaluation.						P			R
83. Demonstrate transparency, integrity, and honesty in all actions.				P			P		R
84. Apply social justice and human rights principles when addressing community needs.	P						P		R
85. Communicate (oral, written) with diverse audiences.	P	P	P	P	P	P	P	R	R
Communication and Advocacy									
86. Describe how societal, organizational, and individual factors influence and are influenced by public health communications.	P					P			R
87. Describe how the public health information infrastructure is used to collect, process, maintain, and disseminate data.		P	P						R
88. Discuss the influences of social, organizational, and individual factors on the use of information technology by end users.	P	P	P			R	P		R
89. Apply theory and strategy-based communication principles across different settings and audiences.	P					P	P		R
90. Collaborate with communication and informatics specialists to design, implement, and evaluate public health programs.						R	P		R
91. Demonstrate effective written and oral skills for communicating with different audiences in the context	P	P	P	P	P	P	P	R	R

Table 2.6.c.1 MSPH Core Competencies

	Course Number/Brief Title								
	HLTH 6201 Soc/ Behav	HLTH 6202 Epi	HLTH 6203 Stats	HLTH 6204 Res Mthd	HLTH 6205 Env Hlth	HLH 6206 Admin	HLTH 6207 Plan Eval	HLTH 6471 Intern	HLTH 6900/1 Cap- stone
of professional public health activities.									
Ethics, Values, and Cultural Diversity									
92. Apply basic principles of ethical analysis to issues of public health practice and policy.	P	P		P		R	P		R
93. Distinguish between population and individual ethical considerations in relation to the benefits, costs, and burdens of public health programs.	R	R	P	R	R	R	R		R
94. Explain how professional ethics and practices relate to equity and accountability in diverse community settings.			P	R		R	P		R
95. Analyze the potential impacts of legal and regulatory environments on the conduct of ethical public health research and practice.			P	P	P	P	R		R
96. Differentiate among availability, acceptability, and accessibility of healthcare across diverse populations.	P					P			R
97. Describe the roles of history, power, privilege, and structural inequality in producing health disparities.	P								R
98. Differentiate between linguistic competence, cultural competency, and health literacy in public health practice.	P			R		R	P		R
99. Use the basic concepts and skills for culturally-appropriate community engagement and empowerment.						R	P		R
100. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.	P					R	P		R
101. Cite examples of situations where consideration of culture-specific needs resulted in a more effective modification or adaptation of a health intervention.	P						P		R
102. Apply the principles of community-based participatory research.		R		R			P		R
103. Promote high standards of personal and			P	R		P	R		R

Table 2.6.c.1 MSPH Core Competencies

		Course Number/Brief Title								
		HLTH 6201 Soc/ Behav	HLTH 6202 Epi	HLTH 6203 Stats	HLTH 6204 Res Mthd	HLTH 6205 Env Hlth	HLH 6206 Admin	HLTH 6207 Plan Eval	HLTH 6471 Intern	HLTH 6900/1 Cap- stone
organizational integrity, compassion, honesty, and respect for all people										
104.	Discuss the importance and characteristics of a sustainable diverse public health workforce.	P					P			R

Full course titles

HLTH 6201 Soc/Behav	Social and Behavioral Foundations of Public Health
HLTH 6202 Epi	Community Epidemiology
HLTH 6203 Stats	Public Health Data Analysis
HLTH 6204Res Mthd	Public Health Research Methods
HLTH 6205 Env hlth	Environmental Health
HLTH 6206 Admin	Health Services Administration
HLTH 6207 Plan Eval	Community Health Planning and Evaluation
HLTH 6471 Intern	Internship
HLTH 6900/1 Capstone	Research and Thesis in Public Health OR Public Health Project

P = primary coverage of competency; R = Reinforcing coverage of competency

Table 2.6.c.2 MSPH Concentration Specific Competencies

Course Number/Brief Title

	HLTH 6220 Behav Chng	HLTH 6221 Comm Hlth	HLTH 6222 Mthd Comm Hlth	HLTH 6471 Internship	HLTH 6900/1 Capstone
Community Health Practice (social and behavioral sciences)					
1. Apply major concepts related to community health, health education, and health promotion and behavior change.	P	P	P	R	R
2. Practice methods utilized in completing a community diagnosis.		P		R	R
3. Discuss the interaction between public and private healthcare at the local and state levels.		P			R
4. Explain the role of experiences in shaping patterns of behavior.	P			R	R
5. Formulate health promotion strategies utilizing educational, organizational, economic, legal, technological, and environmental supports for behaviors and conditions conducive to health.	P				R
6. Plan health education strategies, interventions, and programs.	P	P	R		R
7. Summarize the major categories of resource development in community health programming.		P			R
8. Construct research questions applicable to either a qualitative or quantitative methods approach.			P		R
9. Apply knowledge of quantitative and qualitative research methods and their appropriate sampling methods, data collection methods and data analysis methods.			P		R
10. Successfully sit for the CHES exam.	P	P	P	R	R

Full course titles

HLTH 6220 Behav Chng

HLTH 6221 Comm Hlth

HLTH 6222 Mthd Comm Hlth

HLTH 6471 Intern

HLTH 6900/1 Capstone

Health Behavior Change

Community Health

Methods in Community Health

Internship

Research and Thesis in Public Health OR Public Health Project

Table 2.6.c.3 BSPH Core Competencies

	Course Number/Brief Title										
	HLTH 3101 Found PH	HLTH 3102 Comp H Sys	HLTH 3103 Behav Chng	HLTH 3104 + Lab Res & Stat	HLTH 3105 PH Educ	HLTH 4102 HC Admin	HLTH 4103 Env Hlth	HLTH 4104 Epi	HLTH 4105 + Lab Plan Eval	HLTH 4400 Intern	HLTH 4600 Cap- stone
Biostatistics											
1. Describe basic concepts of probability, random variation, and commonly used statistical probability distributions.				P							R
2. Identify and apply basic research methods used in public health.				P				R			R
3. Determine appropriate uses and limitations of both quantitative and qualitative data.				P				P	R		R
4. Apply statistical techniques to health data.				P				P	R		R
Epidemiology											
5. Apply the basic terminology and definitions of epidemiology.								P			R
6. Identify relevant and appropriate data and information sources.	P	P			P		P	P	R		R
7. Calculate and interpret basic measures of disease frequency and association.								P			R
8. Draw appropriate inferences for how data illuminate ethical, political, scientific, economic, and overall public health issues.				P				R			R
Environmental and Occupational Health Sciences											
9. Describe the agents and processes related to environmental and occupational disease, illness, and injury.							P	R			R
10. Describe the significance of monitoring environmental and occupational factors for disease, illness, and injury.							P				R

Table 2.6.c.3 BSPH Core Competencies

	Course Number/Brief Title										
	HLTH 3101 Found PH	HLTH 3102 Comp H Sys	HLTH 3103 Behav Chng	HLTH 3104 + Lab Res & Stat	HLTH 3105 PH Educ	HLTH 4102 HC Admin	HLTH 4103 Env Hlth	HLTH 4104 Epi	HLTH 4105 + Lab Plan Eval	HLTH 4400 Intern	HLTH 4600 Cap- stone
11. Identify, interpret, and implement public health laws, regulations, and policies related to specific programs.		P				P	R		R		R
12. Identify local, state, and federal regulatory agencies related to environmental and occupational disease, illness, and injury.		P					P				R
Health Services Planning and Administration											
13. Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions.					P	P			P		R
14. Develop and adapt approaches to problems that take into account cultural differences and identify community assets and available resources.			P		P	R			R		R
15. Describe the management functions of planning, organizing, leading, and controlling.						P			R	R	R
16. Identify, interpret, and implement public health laws, regulations, and policies related to specific programs.		P				P	P		R		R
Social and Behavioral Sciences											
17. Identify basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice.			P						R		R
18. Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions.					P	R			P		R

Table 2.6.c.3 BSPH Core Competencies

	Course Number/Brief Title										
	HLTH 3101 Found PH	HLTH 3102 Comp H Sys	HLTH 3103 Behav Chng	HLTH 3104 + Lab Res & Stat	HLTH 3105 PH Educ	HLTH 4102 HC Admin	HLTH 4103 Env Hlth	HLTH 4104 Epi	HLTH 4105 + Lab Plan Eval	HLTH 4400 Intern	HLTH 4600 Cap-stone
19. Develop and adapt approaches to problems that take into account cultural differences and identify community assets and available resources.			p		P	R			R		R
20. Appreciate the importance of working collaboratively with diverse communities and constituencies (e.g. researchers, practitioners, agencies, and organizations).	P		P		P				R		R
Interdisciplinary and Cross-cutting Core Competencies											
Frameworks of Public Health Practice											
21. Assess the health status of populations, determinants of health and illness, and factors contributing to health promotion and disease prevention.	P	P	P		P		R	P	R	R	R
22. Apply the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental health, and prevention of chronic and infectious diseases and injuries to public health problems and their solutions.	P								P		P
23. Apply the core functions of assessment, program & policy development, assurance, and communication in the analysis of public health problems and their solutions.	P								R		P
24. Apply "systems thinking," evidence-based principles and the scientific	P	P				P			R		R

Table 2.6.c.3 BSPH Core Competencies

	Course Number/Brief Title										
	HLTH 3101 Found PH	HLTH 3102 Comp H Sys	HLTH 3103 Behav Chng	HLTH 3104 + Lab Res & Stat	HLTH 3105 PH Educ	HLTH 4102 HC Admin	HLTH 4103 Env Hlth	HLTH 4104 Epi	HLTH 4105 + Lab Plan Eval	HLTH 4400 Intern	HLTH 4600 Cap- stone
knowledge base to critical evaluation and decision-making in public health.											
Communication											
25. Communicate effectively both in writing and orally.	P									R	R
26. Effectively present accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences.						R		P	R	R	R
27. Utilize appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and persons of all ages and lifestyle preferences.					P				R	R	R
Diversity and Culture											
28. Differentiate among availability, acceptability, and accessibility of health care across diverse populations.		P			P						R
29. Utilize appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and persons of all ages and lifestyle preferences.					P				R	R	R
30. Develop and adapt approaches to problems that take into account			P		P	R			R		R

Table 2.6.c.3 BSPH Core Competencies

	Course Number/Brief Title										
	HLTH 3101 Found PH	HLTH 3102 Comp H Sys	HLTH 3103 Behav Chng	HLTH 3104 + Lab Res & Stat	HLTH 3105 PH Educ	HLTH 4102 HC Admin	HLTH 4103 Env Hlth	HLTH 4104 Epi	HLTH 4105 + Lab Plan Eval	HLTH 4400 Intern	HLTH 4600 Cap- stone
cultural differences and identify community assets and available resources.											
31. Appreciate the importance of working collaboratively with diverse communities and constituencies (e.g. researchers, practitioners, agencies, and organizations).	P		P		P				R		R
Professionalism											
32. Embrace a definition of public health that captures the unique characteristics of the field (e.g., population-focused, community-oriented, prevention-motivated and rooted in social justice) and how these characteristics contribute to professional practice.	P				P					R	R
33. Describe the professional responsibilities and ethical obligations for public health and health education practice.					P					R	R
34. Apply ethical principles to the collection, maintenance, use, and dissemination of data and information.				P		R				R	R
35. Promote high standards of personal and organizational integrity, compassion, honesty, and respect for all people.	P					P					R

Full course titles

HLTH 3101 Found PH
HLTH 3102Comp H Sys

Foundations of Public Health
Comparative Healthcare Systems

HLTH 3103 Behav Chng	Behavior Change Theories & Practice
HLTH 3104 Res & Stat	Research & Statistics in Health (+Lab HLTH 3104L)
HLTH 3105 PH Educ	Public Health Education & Promotion
HLTH 4102 HC Admin	Healthcare Administration
HLTH 4103 Env Hlth	Environmental Health
HLTH 4104 Epi	Epidemiology
HLTH 4105 Plan Eval	Program Planning & Evaluation (+ Lab HLTH 4105L)
HLTH 4400 Intern	Public Health Internship
HLTH 4600 Capstone	Public Health Capstone

P = primary coverage of competency; R = Reinforcing coverage of competency

Table 2.6.c.4 PhD Core Competencies

	Course Number/Brief Title									
	HLTH 8201 Intro Quant Res	HLTH 8281 Meas Scale Dev	HLTH 8282 Hlth Surv Des	HLTH 8270 Appl Bstat: Reg	HLTH 8271 Appl Bstat: Multi	HLTH 8601 Ethics Hlth Prof	HLTH 8602 Comm Dissm Res	HLTH 8603 Teach Port- folio	CONC	HLTH 8901 Dissrt Res
Possess Knowledge of the Field*										
1. Describe the historical foundations of public health and disciplinary approaches to public health problems									P	
2. Apply major and emerging theories in the discipline within the context of a social ecological framework									P	
3. Describe disciplinary approaches to health disparities									P	
4. Describe the disciplinary research on risk and protective factors associated with the major sources of human morbidity and mortality									P	
5. Discuss the outcomes of major disciplinary interventions									P	
6. Discuss major controversies in public health policy									P	
Think Critically and Theoretically										
7. Distinguish conceptual or analytic issues from empirical issues	P								P	R
8. Understand different theoretical perspectives and what each illuminates and obscures	R								P	R
9. Read broadly, in other fields, seeking connections that are not at first obvious	P								P	R
10. Explain problems in the field using theory		R							P	R
11. Produce a synthesis of the research literature on a topic	P								P	R
12. Compare different ways of knowing	P								P	R
13. Compare across research methods and allied philosophical traditions	R	P							P	R
Frame Significant Questions										
14. Demonstrate expert knowledge of the research literature on a topic							P		R	R

Table 2.6.c.4 PhD Core Competencies

	Course Number/Brief Title									
	HLTH 8201 Intro Quant Res	HLTH 8281 Meas Scale Dev	HLTH 8282 Hlth Surv Des	HLTH 8270 Appl Bstat: Reg	HLTH 8271 Appl Bstat: Multi	HLTH 8601 Ethics Hlth Prof	HLTH 8602 Comm Dissm Res	HLTH 8603 Teach Port- folio	CONC	HLTH 8901 Dissrt Res
15. Identify knowledge gaps of public health significance	P						R		R	R
16. Identify the inadequacies in existing measurement instruments and procedures that need to be challenged		R	P						R	R
17. Specify causal processes	P									R
18. Formulate clear research questions	P								R	R
19. Formulate a testable hypothesis or hypotheses	P									R
20. Identify critical elements of a research problem	P								R	R
Partner with the Community										
21. Build trusting relationships with people and groups in the community who work on a health problem and have been affected by it			P							R
22. Understand how the profession and its research is viewed in the community			P			R				R
23. Connect one's research to the work of practitioners and community members in the field			P			R				R
24. Collaborate with other disciplines in the community			P							R
25. Build upon strengths and resources in the community			P							R
26. Ground research questions in practice, reflective of the needs of and priorities of the community, as well as theory	P					R			R	R
27. Engage communities as partners in the research process			P			R				R
28. Communicate research findings in ways that lay people can understand						R	P			R
Identify Appropriate Methods of Inquiry										
29. Identify threats to validity in quantitative and qualitative designs	P								R	R

Table 2.6.c.4 PhD Core Competencies

	Course Number/Brief Title									
	HLTH 8201 Intro Quant Res	HLTH 8281 Meas Scale Dev	HLTH 8282 Hlth Surv Des	HLTH 8270 Appl Bstat: Reg	HLTH 8271 Appl Bstat: Multi	HLTH 8601 Ethics Hlth Prof	HLTH 8602 Comm Dissm Res	HLTH 8603 Teach Port- folio	CONC	HLTH 8901 Dissrt Res
30. Align researchable problems with appropriate methods of inquiry	P								R	R
31. Identify useful sources of data	P								R	R
32. Identify novel approaches to address research questions	P								R	R
33. Explain the advantages and disadvantages of different sampling strategies	P								R	R
34. Identify independent and dependent variables when appropriate	P								R	R
35. Articulate the strengths and weaknesses of various methods of inquiry, including those selected for use in an investigation	R			P	P					R
Collect and Analyze Data										
36. Develop standardized research protocols for primary data collection in the field using quantitative, qualitative, and mixed methods	P		P						R	R
37. Assemble secondary data from existing public and private sources to address research questions							P			R
38. Understand methods of analyzing both quantitative and qualitative data		R		P	P				R	R
39. Develop quantitative measures to assess theoretical constructs		P								R
40. Develop psychometrically sound quantitative measurement tools		P	R							R
41. Select statistical tests based on data structure and statistical assumptions	R			P	P					R
42. Use appropriate analytical methods to clarify associations between variables and to delineate causal inferences	P									R
43. Develop proficiency in using various statistical software packages		R		P	P					R
44. Interpret quantitative and qualitative data		R		P	P					R

Table 2.6.c.4 PhD Core Competencies

	Course Number/Brief Title									
	HLTH 8201 Intro Quant Res	HLTH 8281 Meas Scale Dev	HLTH 8282 Hlth Surv Des	HLTH 8270 Appl Bstat: Reg	HLTH 8271 Appl Bstat: Multi	HLTH 8601 Ethics Hlth Prof	HLTH 8602 Comm Dissm Res	HLTH 8603 Teach Port- folio	CONC	HLTH 8901 Dissrt Res
Communicate Research										
45. Understand characteristics of different audiences						R	P	P		R
46. Gain experience with different genres and forms of dissemination (e.g. dissertation, empirical article, conceptual analysis, press release)						R	P			R
47. Write precisely and plainly for technical and general audiences			R			P	P		R	R
48. Present oral research effectively in professional and public forums						R	P	P		R
49. Present findings to community members that are culturally appropriate						P	P	R		R
Model Professional and Ethical Conduct										
50. Demonstrate/understand the parameters of professional practice	P					P				R
51. Apply principles of responsible conduct of research (RCR)						P				R
52. Develop research protocols and materials that protect the privacy of individuals and communities involved in health research	R		P			P				R
53. Demonstrate cultural sensitivity in ethical discourse and analysis	P					P				R
54. Understand issues of individual autonomy versus protection of public welfare in designing and conducting health research						P				R
55. Work in collaborative multi disciplinary teams			P				P		R	R
56. Demonstrate teaching skills and experience								P		R

Full Course titles

HLTH 8201 Intro Quant Res

HLTH 8281 Meas Scale Dev

Introduction to Quantitative Research Design

Measurement and Scale Development

HLTH 8282 Hltht Surv Des	Health Survey Design and Research
HLTH 8270 Appl Bstat: Reg	Applied Biostatistics: Regression
HLTH 8271 Appl Bstat: Multi	Applied Biostatistics: Multivariate
HLTH 8601 Ethics Hlth Prof	Ethics in the Public Health Profession
HLTH 8602 Comm Dissem Res	Communicating and Disseminating Research
HLTH 8603 Teach Protfolio	Teaching Portfolio
HLTH 8901 Dissert Res	Dissertation Research

2.6.c.5 PhD Concentration-specific Competencies*

	Course Number/Brief Title				
	HLTH 8220 Theory Intervent BS	HLTH 8221 Theory Generate BS	HLTH 8222 Theory Analysis BS	HLTH 8223 Soc Determin Hlth	HLTH 8901 Dissert Res
Possess Knowledge of the Field: Behavioral Sciences Concentration					
1. Describe the historical foundations of public health, health behavior, health promotion, and health education		R		P	R
2. Apply major and emerging theories of health behavior within the context of a social ecological framework	P		R		R
3. Describe how culture and health behaviors influence health disparities [PHS]	P			P	R
4. Describe the research on risk and protective factors associated with the major sources of human morbidity and mortality	R			P	R
5. Discuss the outcomes of major preventive interventions	P				R
6. Discuss major controversies in public health policy		P		P	R
Think Critically and Theoretically					
8. Understand different theoretical perspectives and what each illuminates and obscures	P	R			
10. Explain problems in the field using theory	P		R		

*These competency link to the overarching core competencies presented in 2.6.c.4, but reflect a concentration-specific formulation for the knowledge of the field domain of behavioral sciences.

Full Course titles

HLTH 8220 Theory Intervent BS

HLTH 8221 Theory Generate BS

HLTH 8222 Theory Analysis BS

HLTH 8223 Soc Determin Hlth

HLTH 8901 Dissert Res

Theories and Interventions in Behavioral Science

Theory Generation in Behavioral Sciences

Theory Generation and Analysis in Behavioral Sciences

Social Determinants of Health

Dissertation Research

2.6.d Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

Although reviewed periodically, the MSPH and BSPH curricula have remained substantively unchanged since 2007. Two years ago, we modified our syllabus template to ensure core course syllabi included a listing of the primary core or specialty competencies developed within the course. This step, layered on top of the University and college required elements, reinforced our student manual description of the course competency matrix and facilitated the end of course questions assessing students' perceptions of the competencies delivered.

As described elsewhere, the BSPH Program is realigning slightly its pre-major core requirements and changing the capstone course to fall..

The PhD curriculum was designed from the bottom-up using the competency listing and the mapping of those competencies into the newly developed (and/or revised) courses. While not substantive, the presentation and wording of several competencies and of our concentration presented here reflect updates and revisions from those presented in the proposals submitted to the UNC (system) governance for review two years ago (and included as appendices to this document). These changes reflect the results of our continuous planning and revision efforts in preparation for the launch of the Program in Fall 2014.

2.6.e Description of the manner in which competencies are developed, used and made available to students.

In 2005, a conceptual model and competencies were needed to guide the transformation of the MS in Health Promotion into an accreditable MSPH. The MSPH Program Coordinator began the process of adapting and updating a conceptual model and a competency matrix he had originally helped develop at Johns Hopkins University and later adapted for a program at the American University of Armenia. This activity was supported, in part, by an internal Academic Program Improvement grant from UNC Charlotte. To articulate the model and the initial set of competencies for the new MSPH program, an ad-hoc faculty committee that evolved into the present-day program committee incorporated ideas from the ASPH competency development project, the Council on Linkages, CEPH, and other sources with an assessment of local program needs. This initial competency listing was cross-referenced against the curriculum. Both the listing and the curriculum were reassessed and adjustments made. The resulting draft competency matrix and conceptual model were shared with the Public Health Advisory Board, which endorsed the effort.

Beginning with the orientation of the Fall 2006 cohort, this information was provided to all MSPH students via their student manual. The matrix and course content were modified in response to faculty and student feedback during the 2006-2007 academic year. This review process was formalized as part of a periodic review system with the establishment of the PHPGC in Fall 2007.

The MSPH conceptual model was used as a starting point for the development of the competency matrix for the BSPH program, which was launched in Fall 2007. The model was adapted for the focus and mission of the BSPH program and the level of competence expected of bachelor's degree student graduates. The model and matrix were adjusted throughout the initial BSPH rollout as the expectations and realities of the undergraduate education came into focus and new emphasis was placed on clearly communicating expectations to BSPH students. The model and competencies form an integral part of the BSPH student handbook and are explicitly covered in HLTH 3101 Foundations of Public Health.

Both the MSPH and BSPH programs use the conceptual models and competency matrices as organizing principles to provide a road map for students and others to understand the curriculum, e.g., why certain courses are required, why courses are sequenced as they are, why students are evaluated as they are, and what graduates should be able to do. This process is then linked back to understanding the needs of the practice community and how those needs determine the requisite competencies. The involvement of students in the program committees speeds the process of disseminating information to students, ensuring the information is presented in an understandable way, and also incorporates students' desires/needs. The models are contained in their program student manuals and form the basis for program information sessions and introductory lectures.

Thus, the competency matrices and conceptual models are used to ensure that the MSPH and BSPH curricula delivers what they should when they should, and to ensure students are assessed on appropriate skills and knowledge using appropriate methods. Regular assessments are made to improve/refine the competencies/models, the courses/teaching methods, student assessments/evaluation methods, and program effectiveness/impact assessments.

A similar approach was used in developing the competency model of PhD program.

2.6.f Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

Both the MSPH and BSPH programs are poised for growth whose impetus lies with the practice community. The process is described in detail in a paper that chronicles the strategic transformation initiated in 2003 of the Department of Public Health Sciences and the launch of the public health curricula (Appendix 2.6.f.1 Thompson et al.). The mandate that emerged from a 2003 community roundtable set the course for the MSPH, the BSPH, pursuing CEPH accreditation, the notion of eventually establishing a school of public health, and the establishment of a standing Public Health Advisory Board. Throughout the years since, the process has been supported and guided by the Public Health Advisory Board. The ensuing curricular review drew upon a variety of professional and academic sources to shape the formation of the MSPH and BSPH programs to meet national and professional expectations and standards and the needs of the Charlotte region.

The community engagement process continued with the Fall 2007 establishment of the School of Public Health Strategic Planning Committee. The committee has documented the need, identified stakeholder support, and provided specific guidance to clarify and advance the initiative to evolve from the current MSPH and BSPH programs into a school of public health.

As the rapid evolutionary period for developing the MSPH and BSPH programs ended, the PHPGC and the advisory boards shifted their emphasis to supporting the Chair and program coordinators in ensuring that the needs of the practice community are being addressed by the public health programs. Priority was given for launching a related PhD in Public Health Sciences and planning for additional concentrations within the MSPH and BSPH programs. Concurrent with these efforts, the faculty has routinely monitored the professional and academic literature and received feedback from their colleagues in professional practice to remain abreast of changing requirements and changing trends within the profession. The Advisory board provides constant insights into changing needs and priorities within the practice community. With this support from the academic and practice communities, the public health program is well-positioned and well-prepared to grow toward school of public health status.

2.6.g Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This Criterion is met.

Strengths

The public health degree programs at UNC Charlotte employ well-defined and well integrated course-competency matrices grounded in the needs of the practice community.

These course-competency matrices are effectively used to guide the development and evaluation of the program and to communicate the programs' organizational structure to students

Weakness

None

Plans

Continue to periodically review and evaluate the competency frameworks (Responsibility: Program Coordinators, Program Committees, Advisory Board)

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.

2.7.a Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.

Having designed the public health curricula (the MSPH, BSPH, and PhD) to impart the requisite competencies, course-based assessments are the primary means to monitor and assess student performance. These assessments occur at four levels.

Individual didactic class level. Courses are typically constructed such that students need to demonstrate competence across the breadth of competencies in order to be successful. Course assignments are evaluated using rubrics, a process that facilitates identifying competency shortcomings. We therefore expect most students to achieve a B or better in each core course, with particular emphasis on specific 'benchmark' assignments as described in the outcome measures below.

As part of the program coordinators' monitoring and advising responsibilities, when student expectations are not met the program coordinator, in consultation with the program committee, reviews course goals and student learning outcomes to identify the cause of the shortcoming, be they course-based, assessment tool-based, or student-based (to include student selection criteria). In addition to coordinating student-specific remediation, the program coordinator, in consultation with program faculty, addresses curricular design, student assessment, and student selection issues identified through this process to optimize student selection, retention, and graduation.

Aggregate didactic class level. Student GPAs are monitored each semester. Students failing to meet minimum standards are placed on probation and/or subject to dismissal. At-risk students also receive targeted advising and counseling via mid-term progress reports and follow-up faculty/advisor meetings. The BSPH also formally monitors students' professional development through periodic summative faculty assessments.

Synthesis level [internship, capstone]. These knowledge and skill oriented assessments (above) are supported by assessments of the internship and capstone projects, where basic competence (knowledge and skills) is considered a prerequisite to its application and integration in support of professional practice (synthesis).

The internship is a professional practice simulation where application and integration of knowledge and skills to problem solution are assessed. The internship typically falls between program years 1 and 2, providing a mid-program assessment.

Students and preceptors assess student competence and confidence in performing internship tasks. The program coordinator reviews the internship portfolio and presentation (BSPH) or report (MSPH). The program coordinator uses three assessments (student summative report, preceptor assessment, student self-assessment) to triangulate measures of the student's accomplishment in assessing student competence and the adequacy of the curriculum in

preparing the student. This information also guides future course selection and other steps that ensure student competence and confidence prior to graduation.

The capstone experience provides the final monitoring touchstone. For MSPH students, the capstone involves a proposal defense in front of a committee of three faculty (which can include a practitioner awarded an affiliate appointment). This step ensures students have the adequate knowledge, skills, workplan, and are otherwise prepared to successfully complete the project. This step also allows deficiencies to be identified and corrected. The final defense (in front of the same committee) ensures unqualified students do not graduate until minimal competence has been effectively demonstrated. As detailed in the MSPH thesis and project manual, faculty use the thesis/project as a vehicle to assess students' mastery and demonstrated correct application of core competencies, adherence to framework specific requirements, and demonstration of written and oral presentation skills in the completion of the activity.

For BSPH students, the capstone requires the completion and presentation of a portfolio that synthesizes their coursework and experiences and demonstrates basic professional skills in a format designed to enhance employability. This portfolio, too, is assessed by faculty for evidence of mastery, integration, and application of core knowledge and skills.

Cross-checking. The above methods ensure students exit with the desired competence, but do not address whether it is the program actually imparting those competencies. As evident by the competency matrix presented in Criterion 2.6, the competencies expected within a course/activity are clearly delineated. This matrix is periodically reviewed by the program committees and PHPGC to ensure no gaps or unnecessary duplication of content exist.

In Spring 2008 a set of supplemental questions was added to the course evaluation packets for core public health program courses. These items provide insight into the students' perception of the competencies imparted by a course. Unlike the responses to the university administered evaluations, which are considered personnel evaluation data, responses to these seven items are considered program improvement data and are available to the PHPGC. Using a Likert-type response scale, the seven questions ask students to assess the degree to which core course goals, objectives and assessments are communicated to them, are congruent/internally consistent, and are clearly related to overarching program goals and objectives. Working with the instructional faculty, this information is used to improve the clarity of presentation of course objectives and competencies, the alignment of student assessments with stated course objectives, and the linkages between courses and broad curricular goals. Two years ago, in response to student feedback, we moved to include the course-specific competency listing in each core course syllabus.

The PhD program will utilize a qualifying examination to provide a mid-program assessment and a dissertation as its capstone. The doctoral program also will include an annual student-centered progress review.

For all programs, we have identified student learning outcomes (SLOs) that broadly assess the program's effectiveness in delivering a quality program concurrent with assessing student competence. The SLOs are drawn from rubric-driven synthetic exercises across the curricula, with particular emphasis on the internship and capstone experiences. In total, the assessments reflect a continuum of structure, process, and outcome elements.

2.7.b Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including

bachelor's, master's and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided. See CEPH Outcome Measures Template.

The MSPH and BSPH Programs utilize the internship as a mid-point assessment of student competence and the capstone experience as the final safeguard to ensure student competence prior to graduation. These assessment items are guided by scoring rubrics and criteria that assure consistency of review and assessment independent of the rater.

As part of the internship process, the program coordinator evaluates the student's structured formal report (MSPH) or presentation (BSPH) of the experience. The preceptor completes a competency assessment of the student. The student completes a competency self-assessment. Coordinators triangulate this information to identify and remedy student deficiencies as well as systematic concerns that reflect structural or process concerns with the curriculum or course delivery.

The MSPH program utilizes a thesis/project capstone to comprehensively assess student competence. As detailed in the MSPH thesis/project manual, students complete either a thesis (scholarly article framework) or a project (professionally relevant product framework). A faculty committee (3 faculty, which may include a practitioner holding an affiliate appointment) uses the proposal and final defenses to assess the student's demonstrated mastery, integration, and application of core competencies in the completion of the thesis/project. The faculty committee is explicitly asked to determine if the student has demonstrated minimum competence in applying core competencies, adhered to framework specific requirements, and communicated effectively orally and in writing. If a proposal/product does not explicitly address a core competency, the committee may question a student to demonstrate such competency. Thus, no MSPH student is graduated who is not assessed by the faculty as minimally competent.

The BSPH capstone requires students to assemble and synthesize a portfolio of activities completed through their prior coursework using a competency/domain approach, and to engage in a number of employability skill building activities (e.g., resume writing, responding to job ads, mock interviewing) to prepare themselves to compete for public health jobs. No student is graduated who does not demonstrate sufficient mastery of core competencies.

The PhD program emphasizes student performance on a comprehensive examination as key measures for a mid-course assessment and the dissertation for the final assessment.

Our program outcomes are reported in Tables 1.2.c.1 (MSPH) and 1.2.c.2 (BSPH). CEPH Tables 2.7.1.b.1 MSPH Degree completion, 2.7.b.2 BSPH Degree Completion, 2.7.b.3 MSPH Graduate Destination, and 2.7.b.4 BSPH Graduate Destination follow.

Degree Completion

Per Graduate School policy, the maximum time to graduation for the MSPH is 6 years and 8 years for the PhD. Given the credit requirements, 5 semesters is the expected time to MSPH graduation for a full-time student and 4 years for a part-time student, and 4 years and 7 years, respectively for a PhD student. The MSPH program can be completed in two academic years (counting the intervening summer).

The University does not set a maximum time for completing bachelor's degrees. As the BSPH program is an upper division (junior & senior) major, the program considers 6 years the maximum time to completion once entering the major. Given the credit requirements within the major, two years (counting the intervening summer) is the expected time to graduation for a full-time student and 4 years for a part-time student.

MSPH. Tables 2.7.b.1 (second page below) presents the MSPH progression by academic year cohorts from 2007/8 – 2012/13.

With the exception of the 2007/08 cohort, the MSPH program has met or exceeded the minimum 80% graduation rate for its cohorts. The 2007/08 cohort is at 75% graduation at its MTTG, but 2 students remain active. Each, for different reasons, has had his term of study extended due to intervening leaves of absences. We are cautiously optimistic that one or both will graduate shortly. The large proportion in subsequent cohorts graduating within 2-3 years reflects the increasing proportion of full-time students in the program. Despite repeated faculty efforts to motivate students, an important factor contributing to students failing to complete their degree on time (specifically students in good standing who have completed all but the capstone requirement) is outside employment starting soon after the internship or the incursion of other life events.

BSPH. Table 2.7.b.2 (third page below) presents the BSPH progression by academic year cohorts from 2008/09 (the program's first year) through Fall 2013. The BSPH program has enjoyed an unusually high graduation rate for an undergraduate major on campus (> 90% within 3 years of entering the major, an accomplishment that has drawn praise and attention from the provost.

Job placement

As evident in Table 2.7.b.1, despite the economic downturn, UNC Charlotte MSPH graduates remain successful in finding gainful employment or pursuing advanced training following graduation. The 2012 cohort has the largest number who were still looking for work, but the majority of these graduates moved to other states following graduation. Encouragingly, a majority of our spring 2013 graduates had already found employment within one month of graduation, including two that were direct outgrowths of internships.

Table 2.7.b.1 Students in MSPH Degree, By Cohorts Entering Between 2007-08 and 2012-13

	Cohort of Students	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
2007-08	# Students entered	12					
	# Students withdrew, dropped, etc.	0					
	# Students graduated	0					
	Cumulative graduation rate	0.0%					
2008-09	# Students continuing at beginning of this school year	12	15				
	# Students withdrew, dropped, etc.	0	0				
	# Students graduated	5	0				
	Cumulative graduation rate	41.7%	0.0%				
2009-10	# Students continuing at beginning of this school year	7	15	16			
	# Students withdrew, dropped, etc.	1	0	1			
	# Students graduated	2	8	0			
	Cumulative graduation rate	58.3%	53.3%	0.0%			
2010-11	# Students continuing at beginning of this school year	4	7	15	26		
	# Students withdrew, dropped, etc.	0	0	0	0		
	# Students graduated	1	4	5	1		
	Cumulative graduation rate	66.7%	80.0%	31.3%	3.9%		
2011-12	# Students continuing at beginning of this school year	3	3	10	25	19	
	# Students withdrew, dropped, etc.	0	0	0	0	0	
	# Students graduated	0	1	6	15	0	
	Cumulative graduation rate	66.7%	86.7%	68.8%	61.5%	0.00%	
2012-13	# Students continuing at beginning of this school year	3	2	4	10	19	16
	# Students withdrew, dropped, etc.	0	0	0	0	0	0
	# Students graduated	1	2	2	6	8	0
	Cumulative graduation rate	75.0%	100.0%	81.3%	84.6%	42.1%	0.0%

Table 2.7.b.2 Students in BSPH Degree, By Cohorts Entering Between 2007-08 and 2012-13

	Cohort of Students	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
2007-08	# Students entered	25					
	# Students withdrew, dropped, etc.	0					
	# Students graduated	0					
	Cumulative graduation rate	0.0%					
2008-09	# Students continuing at beginning of this school year	25	36				
	# Students withdrew, dropped, etc.	1	1				
	# Students graduated	20	0				
	Cumulative graduation rate	80.0%	0.0%				
2009-10	# Students continuing at beginning of this school year	4	35	31			
	# Students withdrew, dropped, etc.	0	1	0			
	# Students graduated	4	25	0			
	Cumulative graduation rate	96.0%	69.4%	0.0%			
2010-11	# Students continuing at beginning of this school year		9	31	43		
	# Students withdrew, dropped, etc.		0	0	1		
	# Students graduated		6	25	0		
	Cumulative graduation rate	96.0%	86.1%	80.7%	0.0%		
2011-12	# Students continuing at beginning of this school year		3	6	42	36	
	# Students withdrew, dropped, etc.		0	0	2	0	
	# Students graduated		3	4	37	0	
	Cumulative graduation rate	96.0	94.4%	93.6%	86.1%	0.0%	
2012-13	# Students continuing at beginning of this school year			2	3	36	45
	# Students withdrew, dropped, etc.			0	1	1	1
	# Students graduated			2	2	34	0
	Cumulative graduation rate	96.0	94.4%	100.0%	90.7%	94.4%	0.0%

Table 2.7.b.3 MSPH Graduate Employment Status

MSPH graduates	Calendar 2010	Calendar 2011	Calendar 2012	Spring 2013
Concentration: Community Health Practice				
N (total graduates)	13	14	20	13
N (graduates providing employment info)	13	14	20	13
% with KNOWN employment information	100%	100%	100%	100%
Employed	10	12	14	7
Continued Education	2	1	3	0
Actively Seeking Employment	0	0	2	6
NOT Seeking Employment (N)	1	1	1	0
Unknown	0	0	0	0
% Employed w/in 1 year (/total cohort)	92%	93%	85%	54% (3 month)
% Employed w/in 1 year (/known, seeking cohort)	100%	100%	89%	54% (3 month)

Table 2.7.b.4 BSPH Graduate Employment Status

BSPH graduates	2010-2011	2011-2012	2012-2013
Concentration: Community Health Practice			
N (total graduates)	28	39	31
N (graduates providing employment info)	22	27	18
% with KNOWN employment information	78%	69%	58%
Employed	10	18	9
Continued Education	12	9	9
Actively Seeking Employment	0	0	Inc
NOT Seeking Employment (N)	0	0	Inc
Unknown	6	12	Inc
% Employed w/in 1 year (/total cohort)	78%	69%	58% (3 month)
% Employed w/in 1 year (/known, seeking cohort)	100%	100%	100% (3 month)

2.7.c An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

The Program utilizes a multiplicity of means to capture graduate employment data. The degree program exit survey is the initial means of capturing this information. Items on the survey explicitly solicit this information. This information often is lacking for many graduates who fail to report if they do not have a job.

The Program also asks students not yet employed to inform us of their job situation after they leave the university. Faculty play a key role in collecting these data by keeping in contact with their former advisees and/or serving as employment references. Faculty share this information with the program coordinators for documentation. The Programs also maintain social media sites (Facebook for MSPH and BSPH) where graduates post/share information. Information regarding employment, regardless of source, is updated in our central student database. As the 12 month follow-up draws to a close, the program coordinators contact alumni, directly and through intermediaries to assess their employment status since graduation. Through these means, we consistently have achieved 100% response coverage rates of our graduate students and adequate response rates from our undergraduates. Table 2.7.c.1 below summarizes our success in obtaining MSPH employment information and Table 2.7.c.2 BSPH employment data. The PhD program will not enroll its first student until Fall 2014.

Table 2.7.c.1 MSPH Graduate Employment Information

MSPH graduates	Calendar 2010	Calendar 2011	Calendar 2012	Spring 2013
Concentration: Community Health Practice				
N (total graduates)	13	14	20	13
Exit survey Employment Info (N)	6	4	17	7
Total Employment info – all sources (N)	13	14	20	13
% KNOWN	100%	100%	100%	100%

Table 2.7.c.2 BSPH Graduate Employment Information

BSPH graduates	2010-2011	2011-2012	2012-2013
Concentration: Community Health Practice			
N (total graduates)	28	39	31
Exit survey Employment info (N)	13	6	10
Total Employment Info – all sources (N)	22	27	18
% KNOWN	78%	69%	58%

2.7.d In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program's graduates on these national examinations for each of the last three years.

CHES

MSPH graduates from our Community Health Practice concentration (the only one currently offered) are eligible to sit for the CHES. The Program encourages – but does not require – students to sit for the CHES and our campus serves as a CHES testing site. Two primary faculty are CHES certified (including one MCHES).

The data below are reported annually to us by NCHEC and reflect those sitting for the exam during that calendar year. While new graduates predominate the testers are not necessarily those who graduated during the test year.

Table 2.7.d.1 MSPH performance on CHES, 2010-2012

Year	Testing	Passing	Rate	National Rate
2009	2	2	100%	76.9%
2010	1	1	100%	73.8%
2011	2	2	100%	75.3%
2012	12	12	100%	71.3%

BSPH graduates are eligible to sit for the CHES. The Program encourages – but does not require – students to sit for the CHES and our campus serves as a CHES testing site. Two primary faculty are CHES certified (including one alumna who is MCHES).

The data below are reported annually to us by NCHEC and reflect those sitting for the exam during that calendar year. While new graduates predominate the testers are not necessarily those who graduated during the test year.

Table 2.7.d.2 BSPH performance on CHES 2010-2012

Year	Testing	Passing	Rate	National Rate
2009	3	3	100%	76.9%
2010	20	13	65%	73.8%
2011	5	4	80%	75.3%
2012	0	0	N/A	71.3%

We have received the 2013 testing data which reports an aggregate UNC Charlotte pass rate of 90.9% among the 12 graduates sitting for the exam, exceeding the national 71.6% pass rate. We have not yet received the detailed breakdown by degree program.

As evident from these tables, our graduate students sitting for the exam have consistently passed (100% pass rate) and our undergraduates have generally performed on par with the national pass rate.

CPH

The Program informs students of the CPH and its deadlines. One primary and one other faculty are CPH certified. As of 2010, following our initial CEPH accreditation in July 2009, MSPH graduates also are eligible to sit for the CPH. To date, only one MSPH graduate (from 2007) has sat for the CPH. She did so in 2010 and was successful (pass rate = 100%)

2.7.e Data and analysis regarding the ability of the program's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.

Data Sources

The College of Health and Human Services. CHHS routinely administers one- and three-year post graduation alumni surveys (examples of these reports, which include the survey instrument, covering the past 3 years are provided in Resource Appendix 2). These surveys assess student satisfaction, employment and training, and perception of competencies, among other domains. The Program uses these surveys to assess MSPH and BSPH graduates' confidence in their competence to perform effectively in a practice setting. Unfortunately, the response rates are quite low.

The College also conducts periodic (4 year) employer surveys. The instruments gather feedback from employers on the preparedness of the program's graduates to meet the needs of the work setting. The employers evaluate the graduates based on the competencies of the program. Specific items addressed include: job performance based on roles and responsibilities, interactions with the target population and colleagues, professionalism, leadership skills, communication skills, and satisfaction with the UNC Charlotte graduate's overall performance. The last survey was implemented in 2009.

The Department of Public Health Sciences. The main data sources are those implemented by the Department and include internship preceptors, exit surveys, and our advisory board.

The internship preceptor assessments of students in internship placements assess professional competence across core domains and the appropriateness/completeness of their academic preparation for professional practice. These assessments are supplemented by informal conversations with program coordinators.

Beginning in 2008 the MSPH program instituted an exit survey. This paper-based survey was converted to an online format in 2012 for MSPH students, to coincide with the university's launch of an online course evaluation system. Among its domains, the survey (Resource Appendix 3) gathers feedback on students' perception of the program's preparation of them for professional practice and/or further education.

A similar instrument (paper-based) is administered to BSPH students as they complete their capstone seminar. These exit surveys were developed by the BSPH and MSPH Program Coordinators with input from faculty and students.

Advisory Board. A standing agenda item of the public health advisory board addresses workforce competencies, changing needs, and the preparation of our graduates. The Advisory

Board is able to provide critical feedback on the performance of our students as interns and as new employees. The alumni members (one graduate, one undergraduate) provide especially insightful feedback.

Data and Analysis

Overall, MSPH and BSPH graduates perform well and successfully integrate into the public health workforce. As reflected in the preceptor assessments documented under Criterion 1.2, most students at the internship stage show appropriate professional knowledge, decorum, and skills. Many preceptors express their willingness to hire students, and many have, while others lament fiscal constraints in hiring anyone. Buoyed by positive preceptor feedback, students also utilize their internship network to gain employment elsewhere within the organization where they interned. Employers are increasingly aware of our program and the quality of its graduates; they ensure they inform us of job opportunities to include our graduates in their applicant pools. Communication skills, the value of timeliness, and the appropriate social use of technologies (smart phones, etc) are areas identified for additional emphasis in our preparation of students

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

This Criterion is met.

Strengths

The Program maintains a comprehensive student assessment system that provides timely, critical information to program coordinators and other decision-makers.

The articulation of SACS SLOs into the Program outcome measures improves administrative efficiency while providing a key set of dashboard indicators for effective program monitoring.

Students continue to perform well and to assimilate into the job market or proceed for further training.

While participation is low, those sitting for credentialing exams perform well in comparison to national averages.

Weaknesses

Despite an improving economy, the job market for undergraduates remains challenging.

Participation in college-level alumni and employer surveys remains low, as does sitting for credentialing exams.

Plans

Work with student organizations and College officials to identify ways to increase participation in college-level surveys. (Responsibility: Program Coordinators, Chair)

Modify BSPH capstone course to strengthen job hunting/self-marketing skills (Responsibility: BSPH Coordinator, Program Committee)

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.

2.8.a Identification of all bachelor's-level majors offered by the program. The instructional matrix in Criterion 2.1.a. may be referenced for this purpose.

As described in 2.1.a, the BSPH is the only undergraduate degree program within our unit of accreditation. It is configured to meet requirements to sit for the CHES (e.g., a concentration in community health practice), but is designed like a generalist program in that additional concentrations can be added to this base by restructuring/focusing current elective requirements.

The development of our BSPH program and its related public health minor was featured by the Association for Prevention and Teaching Research (APTR) and Association of American Colleges and Universities (AACU) as one of its 15 select case studies of successful practices in undergraduate public health programs (Appendix 2.8.a.1 AACU Case Study).

2.8.b Description of specific support and resources available in the program for the bachelor's degree programs.

Not applicable.

2.8.c Identification of required and elective public health courses for the bachelor's degree(s). Note: The program must demonstrate in Criterion 2.6.c that courses are connected to identified competencies (ie, required and elective public health courses must be listed in the competency matrix in Criterion 2.6.d).

The core BSPH requirements are fully detailed in response to Criteria 2.1 and 2.6. Our BSPH program requires Culture & Health (6 hours) and Health-Related (12 hours) electives, in addition to the 32 core public health hours, completion of a minor, and completion of the university's general education requirements (to total at least 120 credits) . Culture & Health electives typically focus on a cultural aspect (gender, ethnic/racial, religion, age) and its link to population health. Health-Related electives focus primarily on organizational, structural, and other macro-level contributions to population health.

BSPH majors receive an updated list of approved electives from the BSPH Coordinator each semester. The list includes static electives, which are noted in the university catalog, and recent electives added by other departments and approved by the BSPH subcommittee as possessing appropriate population-health content. This dynamic process increases elective options available to BSPH majors, enhances the double-counting of major electives and minor requirements to the extent practicable, and helps students to minimize tuition outlays while increasing exposure to current and emerging topics in population health.

BSPH majors also can identify upper division electives for inclusion on the approved list. Through an established review process, a BSPH advisor or the Program Coordinator reviews and approves the unlisted elective in advance. The advisor/coordinator must then complete a "Course Substitution/Waiver" form for the approval to be captured by the University's Banner/CAPP degree evaluation system (Curriculum, Advising, and Program Planning). Advisors use the CAPP tool to monitor student progress and guide students toward graduation. The Coordinator completes a formal graduation audit using the CAPP tool prior to recommending a student for graduation to the registrar for a given semester.

BSPH Curriculum Requirements [120-125 credits]

PRE-PUBLIC HEALTH MAJOR COURSES (70-75 credits)

English (3 or 6 hrs). ENGL 1101 & ENGL 1102 OR ENGL 1103

Math (6 hrs). MATH 1100 & STAT 1222

Sciences (7 hrs). Choose from list in the undergraduate catalog

Social Sciences (3 hrs). Choose from list in the undergraduate catalog

Liberal Studies (12 hrs). Choose from list in the undergraduate catalog

Prerequisite Core Courses (9 hrs).

COMM 1101 Public Speaking (3)

HLTH 2101 Healthy Lifestyles (3)

HLTH 3101 Foundations of Public Health (3)

Health-Related Communication (choose 6 hrs from the following)

COMM 2100 Introduction to Communication Theory (3)

COMM 2105 Small Group Communication (3)

COMM 2107 Interpersonal Communication (3)

COMM 3115 Health Communication (3)

COMM 3130 Communication & Public Advocacy (3)

COMM 3135 Leadership, Communication, & Group Dynamics (3)

COMM 3141 Organizational Communication (3)

Declare a Minor (15-26 hrs). Choose any minor on campus *except Public Health*

Electives (as many needed for 70-75 hrs total)

PUBLIC HEALTH MAJOR COURSES (50 credits)

Core Courses (32 hrs)

HLTH 3102 Comparative Healthcare Systems (3)
HLTH 3103 Behavior Change Theories & Practice (3)
HLTH 3104 Research & Statistics in Health (3)
HLTH 3104L Research & Statistics in Health LAB (1)
HLTH 3105 Public Health Education and Promotion (3)
HLTH 4400 Internship (3)
HLTH 4102 Healthcare Administration (3)
HLTH 4103 Environmental Health (3)
HLTH 4104 Epidemiology (3)
HLTH 4105 Program Planning & Evaluation (3)
HLTH 4105L Program Planning & Evaluation LAB (1)
HLTH 4600 Capstone (3)

Culture & Health Courses (choose 6 hrs)

ANTH 3122 Culture, Health, & Disease (3)
NURS/WMST 4191 Women's Health Issues (3)
HLTH/GRNT/WMST 3115 Health & the Aging Process (3)
HLTH/GRNT/WMST 4260 Women: Middle Age & Beyond (3)

Health-Related Electives (choose 12 hrs)

COMM 3115 Health Communication (3)
ECON 3141 Health Economics (3)
EXER 3260 Nutrition & Health Fitness (3)
EXER 4130 Applied Nutrition for Today's Consumer (3)
Any HLTH 3000-level or 4000-level course (3)
POLS 3125 Health Care Policy (3)
PHIL 3228 Healthcare Ethics (3)
SOCY 4130 Sociology of Health & Illness (3)
SOCY 4168 Sociology of Mental Health & Illness (3)
Any upper level health-related study abroad course (3)

2.8.d A description of program policies and procedures regarding the capstone experience.

The BSPH program utilizes an internship (mid-point) and a capstone (end-point) to integrate and assess student skills in practical settings.

BSPH Internship. The BSPH internship is modeled after the MSPH internship (detailed in Criterion 2.4). The major difference is that the BSPH internship is more structured. Reflecting the BSPH program's goal of preparing students for entry level positions and students limited experience/focus in public health, the BSPH Internship Coordinator plays an active role in establishing placements and directing students to specific sites in collaboration with the agency preceptors. BSPH students also participate in a concurrent seminar series where they gather to share experiences and insights as well as receive reinforcement of specific skills. In addition to the report and self and preceptor assessments that mirror those required in the MSPH program, the BSPH internship assessments also include a poster session where students present their accomplishments to the other internship students and their preceptors as well as our faculty.

Table 2.8.d.1 below lists the placement site of our Interns. The BSPH internship syllabus is found in Resource Appendix 4, and examples of BSPH internship reports in Appendix 2.4.

Table 2.8.d.1 BSPH Internship Placements, 2011/12-2012/13

Agency	Preceptor Name and Credentials	Preceptor Position
1,2,3 JUMP Inc.	Wilmenia Gripper, BSME	Founder
Ada Jenkins Center	Kay Newsom	Free Medical Clinic Manager
Adolescent Pregnancy Prevention Campaign of NC	Michelle Reese, MPH	Community Integration Coordinator
American Red Cross-Cabarrus County	Nancy Litton, BSPH	Community Chapter Executive
Anuvia Prevention & Recovery Center	GeoAnna Smith, CSAPC	Prevention Coordinator
Appian International Research	Grier Harris, MD	President
Arthritis Foundation Mid Atlantic Region	Penny Parker, MEd Nick Turkas, MS	State Director of Health and Wellness Senior Vice President of Health and Wellness
Autism Foundation of the Carolinas	Isabel Owen	Board Member
C.W. Williams Community Health Center	Beverly Irby, MEd	Chief Executive Officer
Cabarrus Health Alliance	Betty Braxton Erin Shoe Carly Waller, RN	Human Resources and Community Relations Director Program Coordinator Women's Health Nurse and Wellness Coach
CareRing	Katie Benston, BA	Chief Program Officer
Carolina Refugee Resettlement Agency	Ellen Dubin, BA	Executive Director
Carolinas Comprehensive AIDS Resources & Education (CARE) Partnership	Darrin Johnson Melicent Miller, MSPH Shannon Warren, BA	Community Online Safe Space Project Coordinator Prevention Program Administrative Coordinator Program Director
Carolinas Healthcare System	Jessica Castrodale, RN, MSN Bonnie Felts, BA Brisa Hernandez, BA Delilah McDonald, MSW, LCSWA Jason Rayfield Keith Cradle, MHA, MBA/MSL Priscilla Laula, MEd Jonathan Studnek, PhD, NREMT-P Sharon Washam	Community Outreach Coordinator Patient Satisfaction Specialist Research Analyst, Department of Family Medicine Health Educator Air Quality Supervisor Inmate Program Manager Health Educator Director of Pre-hospital Research Community Relations Manager
CaroMont Health	Debbie Bellenger, MA Amber Cochran, MPH	Wellness Director Health Promotion Manager
Catawba Riverkeeper Foundation	Rick Gaskins, JD Sam Perkins, MS	Executive Director Riverkeeper
Clean Air Carolina	June Blotnick, MEd	Executive Director

Table 2.8.d.1 BSPH Internship Placements, 2011/12-2012/13

Agency	Preceptor Name and Credentials	Preceptor Position
Communities in Schools	Andre Reynolds	Adviser
Gaston County Health Department	Jamie Tyler	Wellness/ Workers' Compensation Coordinator
Girls on the Run/Charlotte	Susan Gray, BA Lisa Keller, BA Jessica Otto, MPA	Volunteer Coordinator Council Development Manager Council Director
I Am My Sister	Lela Blackwell	President
Levine Senior Center	Dahn Jenkins	Executive Director
March of Dimes	Janice Dumsha, BA	Division Director
Mecklenburg County	Ronnie Devine, MA Megan Green	Project Safe Neighborhoods Manager Environmental Specialist
Peak Resources	Denise Watson	
Piedmont Medical Center	Benny Marett, BS	Hospital Educator
Promising Pages	Kristina Cruise, BS	Founder/Executive Director
Regional AIDS Interfaith Network (RAIN)	Nohelia Canales, MS	Director of Minority Outreach
Safe Alliance	Sarah Warburg-Johnson, MA	Victim Advocate
Southminster Retirement Community	Dave Dougherty, MBA	Human Resources and Environmental Services Director
Susan G. Komen Breast Cancer Foundation	Sarah Bailey, MPH, CHES	Community Outreach Director
UNC Charlotte Student Health Center	Shawnte Elbert, MA, CHES	Health Education Specialist
Union County Health Department	Jeff Knight, BS	Environmental Health Director
VA Charlotte Outpatient Clinic	Deborah Sisty	
YMCA of Greater Charlotte	Justina Baker, MS, ACSM-RCEP Linda Barrick Candace Cooper Murray, MHA, RN Lori Crow Melanie Custer Emily Gordon, BA Megan Lynch, BS Kristen Moore, MA Michelle Mosko Chris Orr, BA Richard Reinholz, MS Omar Valera	Health & Wellness Director Community Financial Development Director YMCA Community Health & Global Initiatives Coordinator Health & Wellness Director/ Fitness Specialist Membership Director Staffing Coordinator Financial Development Director Executive Director Director of Volunteers Executive Director Senior Director of Wellness Programs Member Services Director

BSPH Capstone. The BSPH capstone experience focuses on student opportunities to synthesize and integrate student knowledge and understanding of community health issues acquired throughout the BSPH program. For the capstone, students attend a weekly 3-hour seminar course that concentrates on career building activities and complete the BSPH Student Portfolio.

The seminar is interactive and requires students to complete a number of assignments and activities related to either obtaining employment in public health or pursuing advanced education in public health. For example, students use on-line resources to identify a position in public health that they would be interested in applying for. They then “answer” the job advertisement by submitting a cover letter and updated resume to their professor. The students also complete a series of interviews during the course of the semester. They begin the semester by completing a mock interview at the University Career Center and end the semester by completing a mock interview with a local public health professional. Health professionals from local hospitals, health departments, and community agencies have volunteered their time to assist with this endeavor.

Local health professionals also participate in panel discussions throughout the course of the semester so BSPH students learn what it is really like to work in public health. In the past, many of the guest speakers have been graduates of the BSPH or MSPH programs. The guest speakers each talk for approximately 15 minutes about what a “typical” work day is for them. All of the speakers then stay for a panel discussion during which students are invited to ask them questions about their jobs, training, and experiences. Following the panel discussion, the students are invited to network with the guest speakers and approach them on an individual-level. Both the panel discussions and mock interviews with local public health professionals have been successful. Several students have been extended interviews at the agencies that the professionals represent.

In addition to these employment-related activities, students also have a class session related to applying to graduate school. Current students in the MSPH program as well as doctoral programs across the university (e.g. Health Services Research and Health Psychology) speak to the students about their experiences with applying to and attending graduate school. In addition, a member of the MSPH Admissions Committee also provides perspective on what graduate programs consider when reviewing applications. These individuals also participate in a panel discussion during which the BSPH students are invited to ask more specific questions of the guest speakers.

The BSPH Student Portfolios are designed to demonstrate student competence of broad public health skills using the NCHEC defined areas of responsibility for public health educators and the program’s interdisciplinary and cross-cutting competencies as organizing frameworks. Students can modify the presentation to reflect their career aspirations.

Students begin the portfolios during HLTH 3105 (Public Health Education and Promotion) and complete them during the capstone course. The portfolio is a carefully selected and purposeful organization of professionally related academic accomplishments that demonstrates relevant knowledge and skills, and it serves as the repository of evidence for the knowledge and skills learned in the BSPH program. The information gathered and presented in the portfolio includes projects, activities, and assignments from each of the core courses in the BSPH major as well as other relevant courses (e.g. a student’s declared minor). Students are reminded to not simply put graded work into the portfolio but rather to revise their work according to the feedback they received when it was initially graded. Additionally, students provide a one-page introduction to each assignment or activity included in the portfolio that serves to describe the relevant knowledge and skills demonstrated by each. The HLTH 4600 syllabus (Resource

Appendix 4) provides an overview of the course process. Examples of several portfolios are included in Resource Appendix 6, but these portfolios, as currently constructed do not lend themselves to scanning. Several examples will be provided in the resource room during the site visit. The BSPH Program Committee is exploring options for e-portfolios. (see “BSPH Student Portfolios” available in the resource room).

At a program level, course assessments are conducted by faculty at the end of each semester to monitor student progress. The course assessments include: 1) Grade Point Average, 2) Effort, 3) Attendance, 4) Professionalism, and 5) Current Status. BSPH majors, receiving “Needs Improvement,” are required to meet with the BSPH Coordinator to discuss options for improving academic performance and successful matriculation. The university system currently sends a list of students with unsatisfactory midterm grades to program coordinators. These lists are shared with BSPH advisors, as appropriate, to ensure early intervention with underperforming BSPH majors.

In addition to course assessments, the BSPH Coordinator uses the Banner/CAPP degree evaluation system to monitor BSPH and cumulative GPAs. The CAPP degree evaluation lists grades for Pre-Public Health courses, upper division core and elective courses, minor courses, and BSPH and cumulative GPAs. CAPP degree evaluations are conducted every semester to ensure BSPH majors are meeting BSPH graduation requirements which are more stringent than university requirements.

2.8.e Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This Criterion is met.

Strengths

The BSPH program is fully aligned with CEPH expectations for a professional degree program. Its curriculum mirrors the current MSPH with a concentration in Community Health Practice (social and behavioral sciences) and includes required coursework in the 5 core disciplines, a practicum, and an employment-oriented capstone.

The program is led by a coordinator supported by a faculty committee and provided appropriate staff and related resource support.

The practicum and capstone are well-defined, well-documented, and systematically evaluated faculty-organized efforts that develop the skills and experiences needed to successfully enter the public health workforce.

The required curriculum responds to the program’s defined competency-matrix. These competencies are delivered by the program and appropriately assessed at the student and program level.

Weaknesses

Students are increasingly asking for opportunity to specialize beyond the generalist/community health practice approach. Health Administration and Epidemiology are often cited as interest areas, as is Environmental Health.

Plans

Continue to monitor and assess program and student performance. (Responsibility: Coordinator, Program Committee)

Explore opportunities and prioritize options to increase elective offerings en route to offering additional concentrations. (Responsibility: Program Coordinator; Program Committee)

2.9 ACADEMIC DEGREES

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

~Not Applicable~

2.10 DOCTORAL DEGREES

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

2.10.a Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Beginning in Fall 2014, the Department of Public Health Sciences will offer a PhD in Public Health Sciences with an initial concentration in behavioral sciences. This degree is listed in the instructional matrix in Criterion 2.1.a

2.10.b Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.

As described below, our PhD program in public health sciences has adequate administrative, faculty, and financial resources to launch the program. Additional resources are anticipated to ensure the program thrives as it becomes self-sustaining.

Administrative. The PhD program in Public Health Sciences draws upon faculty throughout UNC Charlotte for its success. Thus, the governance structure of the program reflects the range of expected contributions from University faculty. The governance structure is inclusive and representative. This structure will maximize the appropriate distribution of resources to implement a responsive and successful doctoral program in the Department of Public Health Sciences degree portfolio.

The Dean of the Graduate School is responsible for monitoring the quality of graduate programs, the final admission of graduate students, and appointments to the Graduate Faculty. The Graduate Dean acts in collaboration with the Chair of the Department of Public Health Sciences who is administratively responsible for personnel, resource allocation, evaluation, and other issues related to the administration of academic programs within the Department.

Within PHS, the administrative structure of the doctoral program includes 4 key players: the Program Director, the Doctoral Program Advisory Committee, the Program Faculty, and Doctoral Affiliate Faculty. The PhD program is overseen by its Director, who is a 12-month faculty member appointed by and reports to the Chair. Professor L. Michele Issel is the current PhD Program Director.

The Program Director is assisted by the Doctoral Program Advisory Committee. The Doctoral Program Advisory Committee supports the Program Director in ensuring the successful implementation, growth, and evaluation of the degree program. While a departmental governance structure, membership of the program advisory committee will consist of the Director, two representatives from PHS faculty, one at-large representative from the College, one at-large representative from the wider university faculty, an alumni representative (once we have program graduates), and one student representative.

Faculty

The Public Health Sciences doctoral program curriculum will be delivered and administered through its Program Faculty. In launching the PhD program, the Provost committed to allocating

two new faculty lines to the Department in addition to the recently allocated PhD Director line. She has consistently voiced support of our further our growth toward becoming a school of public health.

Program Faculty will assume leadership roles, which may include: chairing dissertation committees; chairing or membership on comprehensive exam committees; advising and mentoring students; being a member of the doctoral program committee; developing and teaching courses; mentoring dissertation committee members in successful dissertation committee membership; etc. Program faculty for the PhD in Public Health Sciences are individuals with a full-time or adjunct appointment in the Department and who are regular members of the Graduate Faculty.

Doctoral Affiliate Faculty may participate as dissertation committee members, teaching faculty in the doctoral program, as comprehensive exam committee members, or as dissertation co-chairs with Program Faculty. Doctoral Affiliate Faculty are regular UNC Charlotte faculty members with a Graduate Faculty appointment, and a full-time appointment outside the Department with an interest in social and behavioral determinants of health. These individuals currently represent the fields of nursing, social work, linguistics, communication, psychology, geography, anthropology, gerontology, and sociology.

The names of the inaugural listing of Program and Doctoral Affiliate Faculty are provided in Appendix 2.10.b.1 Inaugural PhD faculty.

These faculty will be supplemented with Graduate Affiliate Faculty, e.g., those external to the university who possess a doctoral or other terminal degree and will support the program through the teaching of doctoral courses or service on dissertation committees.

Financial

The Office of Academic Affairs provides up to six research assistantships and tuition support grants for new doctoral programs. These assistantships will carry an \$18,000/year stipend (consistent with other doctoral programs in the College) and tuition scholarship. Additional student support will be provided through competitive fellowships awarded by the Graduate School, faculty research grants, and teaching assistantships. Students awarded these additional assistantships and fellowships are then eligible to apply for Graduate Assistant Support Plan (GASP) funding for a tuition waiver through the Graduate School.

A portion of students' tuition (proposed tuition increment) will come directly to the Department to benefit our doctoral students, both directly and indirectly. Twenty-five percent of the tuition increment dollars will be used to provide need-based, student financial assistance. The remaining funds will be used to expand student learning opportunities; student services; provide professional development support and resources for students; support community engagement activities of students, facilitate student research and dissemination of research findings and improve our accreditation processes.

In addition, the PhD Director is expected to lead efforts to increase external support of the PhD program through traineeships and other direct means as well as by collaborating with the Associate Dean for Research and senior faculty in the preparation of external grant proposals that include doctoral student funding.

2.10.c Data on student progression through each of the program's doctoral programs, to include the number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See CEPH Template 2.10.1.

No students are enrolled at this time; our first cohort will begin in Fall 2014. We project five or six students in this first cohort, building to having approximately twenty students in four years (admitting about five students each year into this four-year program.) Recruitment of these students will include exhibiting at the annual APHA meeting and the North Carolina PHA meetings, publicizing the new degree on the university, college and department websites, news releases, and an annual open house.

2.10.d Identification of specific coursework, for each degree, that is aimed at doctoral-level education.

The post-master's curriculum presumes the entering student completed a CEPH-accredited master's. Those entering from other disciplines must demonstrate prior coursework, or take as pre-requisites, master's level courses in the foundations of public health and epidemiology.

All coursework in the degree program, except the specialty area (focused elective) courses, are offered at the doctoral level (8000); that is 36 of 45 didactic credits. Course work covers four major areas of study:

- Core public health methods courses (15 credits) and professional seminars (9 credits);
- Concentration-specific courses (12 credits)
 - currently only the Behavioral Sciences concentration is available;
- Specialty (focused elective) content (9 credits); and
- Dissertation (18 credits).

Required courses in the curriculum include:

Core public health courses: Methods (15 credits)

- HLTH 8201 Introduction to Quantitative Research Design (3)
- HLTH 8281 Measurement and Scale Development (3)
- HLTH 8282 Health Survey Design and Research (3)
- HLTH 8270 Applied Biostatistics: Regression (3)
- HLTH 8271 Applied Biostatistics: Multivariate (3)

Core public health courses: Professional Seminars (9 credits)

- HLTH 8601 Ethics in the Public Health Profession (3)
- HLTH 8602 Communicating and Disseminating Research (3)
- HLTH 8603 Teaching Portfolio (3)

Concentration in Behavioral Sciences (12 credits)

- HLTH 8220 Theories and Interventions in Behavioral Science (3)
- HLTH 8221 Theory Generation in Behavioral Sciences (3)
- HLTH 8222 Theory Generation and Analysis in Behavioral Sciences (3)
- HLTH 8223 Social Determinants of Health (3)

The specialty content focus is a set of electives selected in consultation with the advisor from among the University's graduate offerings (master's and/or doctoral level) that complement the planned course of study. The focus may be developed along content, methodology, population served, or other organizing principle provided it reflects a coherent cluster of courses relevant to the student's stated goals and objectives.

2.10.e Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is partially met.

While plans and resources are in place, this criterion cannot be deemed met until the matriculation of our first students in Fall 2014.

Strengths

The doctoral program is well-designed with a comprehensive curriculum and administrative structure. The program is consistent with the mission of the accreditation unit and the University

The University, College, and Department provide strong support and initial financial investment from the university.

The coursework is theoretically and methodologically cohesive with courses delivered predominantly at the doctoral level. The curricular plan is based on a thorough competency matrix reflecting the stated concentration.

Weaknesses

The modest level of external research funding is a concern for the sustained growth of the program.

Plans

Ensure the PhD Program launches as planned in Fall 2014. (Responsibility: PhD Director, Department Chair)

Strengthen our research activities by forming research teams to pursue larger funding opportunities. (Responsibility: PhD Director, Associate Dean for Research, Department Chair)

Seek funds and support specific to the PhD program. (Responsibility: PhD Director, Chair, Program Faculty College Development Office)

Collaborate with the newly hired Associate Dean of Research to increase our research portfolio. (Responsibility: PhD Director, Program Faculty)

Seek funding from non-traditional sources to support research and practice, including working with community partners. (Responsibility: PhD Director, Program Faculty)

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.

2.11.a Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

An external MOU (Appendix 2.11.a.1 CSL MOU) was signed with the Charlotte School of Law in Summer 2013 for a dual JD & MSPH. This MOU parallels an MOU between our two campuses for a dual JD & MBA. The dual JD & MSPH program will launch in Fall 2014.

We also anticipate finalizing another to also launch during 2013/2014 that adheres to the same curricular design and principles. We anticipate its approval in spring 2014 and will report it to CEPH as a substantive change at that time.

2.11.b A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitution as well as the process for validating that the joint degree program curriculum is equivalent.

Students in our dual degree programs will follow UNC Charlotte requirements for dual degrees in that at most 25% of the credits required for the two degrees (if pursued consecutively) can be doubly counted toward both degrees when completed concurrently. For the JD and MSPH program, this requirement means that -at most- 12 of the MSPH's 45 required credits can come from courses that also fulfill the JD degree requirements. Dual program students will meet all MSPH core and concentration requirements.

The University requires all dual program students to develop a plan of study during their first semester of matriculation. This plan is reviewed and approved by both program coordinators and filed with the Graduate School.

The 12 dually counted credits include the MSPH program's 6 credits of electives (thesis option students) or 9 credits of electives (project options students). The MSPH program permits any nominally health-related (broadly defined) graduate course to count as an elective. As such, students will identify relevant CSL courses to dually count toward their MSPH elective requirements during their initial curriculum planning activity. The MOU (referenced above) includes a listing a likely CSL courses that students would draw upon.

The remaining 3-6 credits of doubly counted coursework can come from allowing a common practical field placement requirement or capstone requirement to substitute for its MSPH analogue (e.g., a law clerkship in a health context or a scholarly legal project focused on public health). These core substitutions require the advance approval of the MSPH Coordinator who will work with his counterpart in the other program to ensure that the experience reflects appropriate public health content and will fulfill MSPH competency and assessment requirements.

JD and MSPH program students will begin MSPH courses following their 2nd year of law school, completing the typical first year MSPH courses. After that, they will complete the remaining MSPH and JD requirements over the next two years through time spent at both institutions. We expect most JD and MSPH students will pursue the project option, combining our project

requirements (HLTH 6901) with a comparable law school scholarly project requirement. Review of the final product will meet both programs' capstone/project requirements and involve faculty from both programs. Likewise, a law school required clerkship related to public health might also count toward the MSPH internship requirement. We submitted a notice of this substantive change to the Council in September 2013.

2.11.c Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This Criterion is met.

Strengths

The approved and proposed dual degree programs with the MSPH, while expected to serve a small number of students, meet defined needs.

The dual degree curricula ensure students complete all core, didactic MSPH coursework and that substituted internship and capstone courses, where approved, fully meet core MSPH competencies and assessment procedures.

We anticipate that the dual programs will enrich the MSPH applicant pool.

Weaknesses

None noted

Plans

Market the program to entering and prospective CSL students (Responsibility: MSPH Coordinator)

Monitor student interest in these dual degree programs; proactively solicit student feedback to identify unexpected challenges in implementing/coordinating the dual curricula once they are implemented. We expect this program will serve a limited number of students - at most 1-2 per year (Responsibility: Program Coordinator, Department Chair, Dean of Graduate School).

Identify other opportunities for dual programs as appropriate. (Responsibility: Program Coordinator, PHPGC, Advisory Board, Department Chair)

2.12 DISTANCE EDUCATION OR EXECUTIVE PROGRAMS

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

~Not Applicable~

Criterion 3. 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.

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

Within the public health programs, the evidence-based practice goals of the MSPH and BSPH degree programs orient them toward research, both basic and applied, as a primary method of enabling student learning and experience. The PhD in public health sciences is explicitly oriented toward developing researchers and professionals with skills essential to address contemporary public health problems at the individual, community and population levels with an emphasis on health determinants related to the prevention and management of disease and disability among diverse and vulnerable populations. Faculty members bring strong research training and experience into the classroom to provide students with in-depth applications of public health principles, activities, methods, and functions related to the research task.

The College of Health and Human Services, through the Dean's Office, operates an Office of Research that supports faculty efforts to obtain external grant funding by providing internal support including publicizing faculty research interests, notifying faculty about funding opportunities, providing statistical and methodological support to faculty developing proposals, assisting in the development of grant budgets, and providing help with grant assembly and submission. Additionally the Office of Research provides post-award support to help faculty manage their funded research projects. The Office of Research also serves as the liaison between faculty and the University's more comprehensive Office of Research Services.

The University's Office of Research Services sponsors workshops for faculty on grant-writing, developing budgets, training on the grants.gov system, managing grants, and all aspects of compliance with both federal and non-federal grants and contracts. UNC Charlotte also sponsors a Faculty Research Grant competition to award faculty money for pilot projects (maximum award \$6000 over an 18 month period). Faculty members receiving such funds must then submit a proposal for external funding based on that project before they can apply for another Faculty Research Grant.

All pre-tenure tenure-track faculty and most tenured faculty within the College of Health and Human Services are on a research track with a standard 2:2 teaching load (two courses in fall and two in spring). Faculty members are expected to divide their responsibilities between research (50%) and teaching (50%). Faculty may modify this proportion through "course buy outs." Research activities are broadly defined to encompass conducting community-based research involving primary data collection and analysis; conducting secondary data analyses; writing for publication in peer-reviewed journals; writing grants to solicit internal or external funding to conduct research; presenting research at appropriate conferences; and other research activities. Post-tenure faculty may opt for a mixed or teaching intensive track that carry commensurately lower research productivity expectations.

Faculty are supported in pursuing their research agenda in several ways. Travel funds are available to attend conferences; faculty (with priority given to junior faculty) are provided with a graduate research assistants, if needed; appropriate software, computers, and equipment to conduct research are available; and online access via the Atkins library to over 45,000 scientific journals is available. In addition, the Dean and the PHS Chair have provided funds for and access to a manuscript editor to aid faculty members in improving their writing and publication productivity. The College also provides forums whereby faculty present their research to their CHHS colleagues and students.

Tenure-track faculty are evaluated annually in their performance review with respect to achieving their research goals. Two primary college-level goals are assessed: (1) a three-year average of 2 new publications per year that includes a significant number of peer-reviewed publications (articles, books and invited book chapters) or other scholarly publications; and (2) progression from internal funding and pilot work to evidence of external grant funding (grant or contract submissions are recognized) that serves to support research activities consistent with rank and years of service. These goals are scaled to the faculty member's time in rank at the university. These criteria are clearly documented in the CHHS Faculty Handbook (Resource Appendix 5) and within the Annual Performance Review form (Appendix 1.2.c.1). In addition, the Programs expect most faculty to contribute to one professional conference presentation and to either have or apply for funding annually. Given its inherent linkage to public health, faculty also are expected to address aspects of diversity within their scholarship.

3.1.b Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

The PHS faculty research portfolio contains a broad spectrum of behavioral health research with a focus on:

- populations spanning the life course (perinatal, children, adolescents, and older adults) and health across the lifespan
- minority populations (Hispanics, immigrants, African Americans)
- health disparity issues (access to care, health outcomes)
- primary and secondary chronic illness prevention and management (asthma, depression, cardiovascular disease, HIV, obesity)
- health behaviors (contraceptive use, child abuse and domestic violence, chronic disease self-care and self-management, perinatal screening)
- methods (epidemiology, qualitative, scale development, secondary analysis of large national datasets, program planning and evaluation, population health analytics)
- the examination of both individual, family, and community level factors in regional, national and international settings

PHS has multiple regional community-based partnerships and research projects that are ongoing with local hospitals, community agencies, and health departments. Core faculty have ongoing collaborative relationships with the Carolinas HealthCare System (CHS), Presbyterian Hospital System, Carolinas Rehabilitation Institute, the Hefner Veterans Administration, private physician practices, and the Mecklenburg County Health Department. Representatives from many of these organizations serve as adjunct faculty members and/or serve on the Public Health Advisory board. Several of our MSPH students are on staff at these organizations. Current and recently completed projects include:

- Charlotte REACH 2010 Qualitative Evaluation (Racine with Chavez)
- Weight Loss Outcomes Expectations with Carolinas HealthCare Systems LiveWell Warriors employee weight loss program (Warren-Findlow and Sasser)
- Study of African American Acculturation and Health Behaviors conducted with the AME Zion churches in the Charlotte area (Warren-Findlow)
- Prevalence study of Diabetes within an Adult Uninsured Population (Thompson with Charlotte Community Health Clinic)
- Project On TRAC, asthma self-management among children utilizing CMC, private physician networks, and the CW Williams Community Health Center, among others (Harver)
- Mecklenburg Families First (Huber and Portwood)
- Cabarrus County – Latino Food and Fun Nutrition Project with the Hispanic Learning Center in Cabarrus County (Racine and Coffman)
- Self-care practices among intergenerational African American families with chronic illness (Warren-Findlow)
- Fertility and Oral Contraceptive Use Study (FOCUS): A prospective cohort study of obesity and oral contraceptive failure (Huber)
- Hypertension Self-Care and Blood Pressure – cross-sectional survey conducted at Elizabeth Family Medicine Clinic (Warren-Findlow)
- Mecklenburg County Community Food Assessment of food deserts - areas with no nutritious food stores, generally in low income neighborhoods (Racine)
- Patient perceptions of patient-centered medical homes and outcomes at low-income clinics including CW Williams, Charlotte Community Health Clinic and Lake Norman Community Health Clinic (Platonova and Warren-Findlow)
- Hospital-based approaches to community and population-based outcomes by licensing of Population Analytics Software to Premier and joint research efforts (Studnick, Fisher)

In addition, several faculty members conduct projects with community-based organizations in other locales. Dr. Thompson provides extensive consultation with international organizations in the Middle East and the emerging former Soviet Socialist Republics. He has conducted several community-based projects with organizations and populations in those regions. Dr. Arif conducts community-based primary care work in his native country of Pakistan assessing the protective effects of breastfeeding on asthma.

Currently the Department has two funded research projects with local organizations. Dr. Racine has a project funded by the Cam Newton Foundation working with Charlotte Mecklenburg County Schools evaluating enrichment activities. Dr. Saunders and Dr. Racine have a project funded by the Carolinas HealthCare System developing a community action plan to address childhood obesity in Cabarrus County.

3.1.c A list of current research activity of all primary and secondary faculty identified in 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. This data must be presented in table format and include at least the following: a) principal investigator and faculty member's role (if not PI), b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template

3.2.2 (funded service) and Template 3.3.1 (funded training/workforce development). See CEPH Data Template 3.1.1.

Table 3.1.c.1 lists the research activities of all primary and other faculty whose primary academic appointments are in our department. The table includes grant funding and other contractual arrangements, such as consulting agreements where the faculty member is the Principal Investigator. The table is organized to first show funded research, then submitted proposals under review, and lastly proposals that were not funded. Within each section, the works of primary public health program faculty are listed first (alphabetically) and then other faculty, with their names underlined.

Two tenured professors with extensive research and funding portfolios (DeHaven, Issel) joined our department in Fall 2013. They are expected to support the faculty in increasing the volume and scope of sponsored research in the unit.

Table 3.1.c.1 Research Activity from 2010/11 to 2012/13, partial 2013/14

Project Name	Campus PI	Funding Source	Funding Period Start/End	Amount Total Award Request	funded	Amount 2011	Amount 2012	Amount 2013	Community -Based Y/N	Student Participatio n Y/N
Funded										
Does exclusive breastfeeding protect against asthma in low-income families? An international perspective	Arif, A	Faculty Research Grant (internal)	1/12-6/13	\$6,000	\$6,000		\$3,000	\$3,000	Y	N
Evaluation of the School Pride Program	Racine, E	Cam Newton Foundation	12/12-8/13	\$7,496	\$7,496			\$7,496	Y	Y
Respiratory Event-Related Potentials in Patients with Spinal Cord Injury: An Evaluation of Somato sensory Afferents	Harver, A	Faculty Research Grant (internal)	1/13-12/14	\$6,000	\$6,000			\$3,625	Y	Y
Keeping RNs to improve and strengthen population health (KRISP)	Issel, LM	UIC (subcontract on HRSA grant)	7/13-6/14	\$46,507	\$46,507				Y	N
Studying the impact of the economic downturn on local health departments' maternal, child, and adolescent health services	Issel, LM	RWJF	7/13-6-14	\$49,600	49,600				Y	N

Table 3.1.c.1 Research Activity from 2010/11 to 2012/13, partial 2013/14

Project Name	Campus PI	Funding Source	Funding Period Start/End	Amount Total Award Request	funded	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
Refining the DASH Diet Scale for Hypertension Self-Care	Warren-Findlow, J	Faculty Research Grant (internal)	1/13-6/14	\$6,000	\$6,000				N	Y
Treatment patterns of non-small cell lung cancer	<u>Studnicki, J</u> <u>Blanchette, C</u>	IMS Health Subcontract - Auxilium	11/12-11/13	\$108,000	\$100,000			\$100,000	N	Y
Health outcomes data warehouse access project for the state of Florida	<u>Studnicki, J</u>	Florida Hospitals	10/11	\$150,000	\$150,000		\$150,000		Y	N
Racial disparity in selected infections due to medical care	<u>Studnicki, J</u>	DHHS OS	4/11 -	\$39,690	\$39,690	\$39,690			N	Y
Total				\$419,293	\$411,293	\$39,690	\$153,000	\$114,121		
Submitted/under review										
Querer es Poder: Health Literacy Enhanced Diabetes Self-Management Education for Latino Adults	Racine, E (PI: Coffman)	NIH R15	4/14-3/17	440,122					Y	Y
CarolinAs AFRI: Peer-led mutual support groups for childhood obesity prevention in	Racine, E	USDA NIFA (subcontract with USC)	9/13	1,023,939					Y	Y

Table 3.1.c.1 Research Activity from 2010/11 to 2012/13, partial 2013/14

Project Name	Campus PI	Funding Source	Funding Period Start/End	Amount Total Award Request	funded	Amount 2011	Amount 2012	Amount 2013	Community -Based Y/N	Student Participatio n Y/N
low-income, food insecure households										
Impacts of Unemployment on Disability and Mortality	<u>Laditka S</u> <u>Laditka J</u>	NIH R03 (AG-13-004)	6/13-6/15	\$74,250						
Unemployment , Loss of Income or Wealth, and Disability in Older Life	<u>Laditka S</u> <u>Laditka J</u>	NIH R01	8/13-8/15	1,102,996						
Population Analytics Software	<u>Studnicki, J</u> <u>Fisher, J</u>	Premier (licensing contract)	7/13 -	Contingen t						
Totals				\$2,641,307						
NOT Funded										
A follow up survey of asthma and health indicators among the oldest old	Arif, A	DHHS R03	4/13	156,838						
Bridges to Baccalaureate	Harver, A	NIH/PAR12 -277	7/13-6/18	1,351,223					Y	Y
Improving data sharing between public health agencies	Issel L.M.	RWJ (subcontrac t w/ Cornell)	9/13-9/14	40,000					Y	N
Designing a sustainable	Piper, C	RWJ	11/11	75,000						

Table 3.1.c.1 Research Activity from 2010/11 to 2012/13, partial 2013/14

Project Name	Campus PI	Funding Source	Funding Period Start/End	Amount Total Award Request	funded	Amount 2011	Amount 2012	Amount 2013	Community -Based Y/N	Student Participatio n Y/N
public reporting system of physician performance for quality improvement in Florida										
Addressing Childhood Obesity through Healthy Eating and SNAP	Racine, E	Resubmissi on NIH R21 (PA-10-028)	4/13	383,396					N	Y
Addressing Childhood Obesity through Healthy Eating and SNAP	Racine, E	NIH R21 (PA-10-028)	7/12-	323,432					N	Y
Farmers' Market Use among WIC Families	Racine, E	USDA/WIC	9/11	299,068					Y	Y
Addressing Child Obesity through Healthy Eating in SNAP	Racine, E	RWJ	9/11	166,020					N	Y
Maximizing Healthy, Local, Eating in Mecklenburg County's Food Deserts	Racine, E	Blue Cross Blue Shield of NC	1/12-12/13	199,166					Y	Y
Mecklenburg County Food Assessment	Racine E.	Mecklenbur g County Health	4/10	\$6,500					Y	Y

Table 3.1.c.1 Research Activity from 2010/11 to 2012/13, partial 2013/14

Project Name	Campus PI	Funding Source	Funding Period Start/End	Amount Total Award Request	funded	Amount 2011	Amount 2012	Amount 2013	Community -Based Y/N	Student Participatio n Y/N
Phase 2		Department								
SDS-MSPH	Thompson , M	HRSA Scholarship s-MSPH	9/12	987,108					N	Y
SDS-MHA	Thompson , M	HRSA Scholarship s-MHA	9/12	1059,048					N	Y
Creating a Living Legacy (CALL): Improving hypertension using health knowledge networks	Warren-Findlow, J	NIH R01	12/12	2,810,768					Y	Y
Health Knowledge Networks among African American Families with Hypertension	Warren-Findlow, J.	NIH DP2	9/11	1,500,000					Y	Y
Comparative effectiveness of treatment for depression among MediCare beneficiaries with COPD	<u>Blanchette , C</u>	NIH/AHRQ	10/12-9/14	\$98,010					N	Y
Promoting Physical Activity through Knowledge of Brain Health	<u>Laditka, J</u>	NIH	7/12	1,155,053					N	Y
The NECKLACE	<u>Laditka, J</u>	NIH	11/10	650,000					N	Y

Table 3.1.c.1 Research Activity from 2010/11 to 2012/13, partial 2013/14

Project Name	Campus PI	Funding Source	Funding Period Start/End	Amount Total Award Request	funded	Amount 2011	Amount 2012	Amount 2013	Community-Based Y/N	Student Participation Y/N
Study: Promoting Physical Activity and Brain Health										
Laditka J/UT-H subcontract	<u>Laditka, J</u>	Subcontract with UT Houston (NIH R01)	7/11	134, 169					N	N
An Agent Based Model for Low Volume Complex Surgical Procedures	<u>Studnicki, J</u>	Resubmission NIH R21	7/12	408, 375					N	Y
Totals				\$11,260,630						

underlined name indicates research activity from 'other faculty'

3.1.d Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (e.g., citation references), extent of research translation (e.g., adoption by policy or statute), dissemination (e.g., publications in peer-reviewed publications, presentations at professional meetings), and other indicators. See CEPH Outcome Measures Template.

Table 3.1.d.1, below, presents our programs' performance against our research measures for the past three academic years. Program performance is evaluated collectively as a department, as all faculty contribute to the Program. The annual productivity details for each of these measures for primary, and for comparison other faculty, is provided in Appendix 3.1.d.1 Research Outcomes.

Table 3.1.d.1 Outcome Measures for Success of Research Activities

Indicator	Target	2010/11	2011/12	2012/13
Tenure-track and tenured faculty will meet/achieve new publication expectations ¹	100% of primary research focus faculty will have a 3-year average of 2 new peer-reviewed publications each year	100	100	100
Tenure-track and tenured faculty will present at professional conferences	At least 70% of primary tenure-track and tenured program faculty will make at least one presentation annually	100	100	100
Research focus faculty have sufficient funding to support their research activities	At least 75% of primary tenure-track and tenured program faculty will have current funding or submit a grant proposal annually	78%	89%	75%
Faculty engage in scholarship related to diversity	20% of tenure track faculty will engage in scholarship activity related to diversity (e.g., race, ethnicity, gender, sexual orientation, age, ability, etc.)	92	73	83

1. A 3-year average is used to account for the normal cycle of fund/research/publish not reflected in an annual productivity measure

3.1.e Description of student involvement in research.

Throughout the course of their program, many MSPH students have the opportunity to work with faculty on sponsored research projects or to engage in independent studies (tutorials). Increasingly, BSPH students are expressing interest in similar opportunities. Table 3.1.e.1 summarizes MSPH student involvement as paid graduate assistants over the past 3 academic years. On average one-third of MSPH students hold assistantships at some point during their MSPH training. This proportion is influenced by the frequency and scope of faculty funded external research and students' outside commitments.

Naturally, a higher level of research engagement will be expected of doctoral students when the PhD program launches in Fall 2014.

Table 3.1.e.1. MSPH Students Holding Assistantships

	Year		
	2010/11	2011/12	2012/13
Held Assistantship (n)	4	8	3
Total Graduation Cohort (n)	13	20	14
Percent Holding Assistantship	30.1%	40.0%	21.4%

In addition, a thesis or scholarly project is required of all MSPH students. As such, MSPH students conduct scholarly and applied research both within their coursework and as part of their theses or applied projects. Several students working on research assistantships used data from those projects for their theses. Multiple students have obtained large public datasets to conduct secondary analyses. Students also have collected their own original data, either qualitative or quantitative, to use in their theses or projects. In many cases, students utilize data obtained from their internship sites. Employed students have applied their new research and evaluation skills within their agencies. Where appropriate, students are encouraged to publish from their theses and/or present at professional conferences and/or share findings with community agencies and groups.

Of note:

- Our MSPH theses are award winners! Chantel Martin (MSPH '09) received the Graduate Schools best master's thesis award in 2009 and Tatreka Polite Middleton (MSPH '11) in 2011. The life sciences category (which includes our college) competes for this award in alternate years, with the winner advancing to the Southern Regional Competition. Elizabeth Radcliff (MSPH '10) was named a APHA MCH fellow for 2010-2012. In August 2013, current MSPH Student Kenesha Smith was named an APHA MCH fellow for 2013-2015.
- Our students progress to doctoral programs. Approximately 10% of each cohort progress to doctoral study following their MSPH program, most in public health, but also in medicine and related health areas.

The following is a listing of MSPH and BSPH graduate publications arising from their theses and/or collaborative work with our faculty (student name underlined, PHS faculty in bold) since July 2009. Copies of these articles are found in Appendix 3.1.e.1 MSPH and BSPH Student Pubs. The listing includes those manuscripts accepted as of September 2013.

MSPH students

- Alexander DS, Brunner Huber LR, Piper C, Tanner AE.** The association between recreational parks, facilities, and childhood obesity: a cross-sectional study of 2007 National Survey of Children's Health. *Journal of Epidemiology and Community Health* 2013; 67:427-31.
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Raja J, Arif A, Warren-Findlow J, Racine Elizabeth. Analysis of the efficacy of the US charity care system. *World Medical & Health Policy* (in press).

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BSPH Students

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In addition to publications, students regularly present their work at local (e.g, NCSOPHE, NCPHA) and national (e.g., APHA) professional conferences and to share with local community agencies.

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

This criterion is met.

Strengths

The primary faculty demonstrate a breadth and depth of public health and public health practice research interests and participate in research and service at the local, regional, national, and international levels.

The faculty collaborate with each other, with other faculty in the University, and with local and regional agency and community partners.

Faculty continue to regularly submit substantive and generally positively-reviewed grant and contract proposals.

Students are engaged, and in some cases funded by, faculty sponsored research.

Our students successfully publish from their master's theses and co-author articles with our faculty and are successful in entering doctoral programs.

The Program is located in a high growth region, surrounded by rural counties, and has a racially and ethnically diverse population.

Weakness

The economic downturn and associated decreases in pay lines, etc., have resulted in declining sponsored research funds.

The addition of a PhD program will increase demands for sponsored research – both a challenge and an opportunity.

Plans

Continue to increase faculty research productivity and expand collaboration within the community. The addition of two new full professors with extensive research and funding portfolios in Fall 2013 is a step toward this objective. (Responsibility: Chair, faculty).

Take advantage of new opportunities generated by the College's recently established Associate Dean for Research. (Responsibility: Chair, faculty)

Explore innovative strategies to free faculty time for research and student mentoring in research (Responsibility: Chair, Associate Dean for Research)

Continue to protect junior faculty time from high academic service and teaching loads in order to devote more time to developing a research agenda that will support the award of tenure. (Responsibility: Chair)

Mentor senior faculty to advance their research agendas toward one that merits promotion to full professor. (Responsibility: Chair, Dean)

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.

3.2.a Description of the program's service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

The Public Health Programs' community service goal is to ensure that the Programs and its faculty will be valuable resources to the public health, healthcare, and academic communities. Important faculty service activities include providing advice, assistance, and expertise that will contribute to improving the efficiency and effectiveness of public health programs and activities.

University

Staff. The University, in accord with North Carolina General Statutes 166A-30-166A-32 and Governor's Executive Order 168, makes Community Service Leave available to staff. Staff may be granted up to 24 hours of paid leave for activities such as

- performing school-approved volunteer work approved by a teacher, school administrator, or program administrator;
- performing a service for a community service organization;
- performing volunteer work for a public university that is approved by a university administrator or other authorized university official;
- performing volunteer work for a community college that is approved by a community college administrator or other authorized community college official; or
- performing volunteer work for a State agency that is approved by the agency head or his/her designee.

This allowance can increase to 36 hours for approved tutoring/mentoring in a school setting.

Faculty. Faculty expectations for teaching, service, and research are broadly set by UNC (system) and UNC Charlotte (campus) governance documents (described in Criterion 1). The University and system expect all faculty to engage in community service (often referred to as scholarly public service) as part of its mission and in fulfillment of promotion and tenure expectations. The recommendations of the UNC Tomorrow initiative (see www.nctomorrow.org) include the following major finding: "UNC should become more directly engaged with and connected to the people of North Carolina, its regions, and our state as a whole." This commitment recently was reaffirmed and strengthened by changes in our governance documents that made these expectations more explicit. The Carnegie Foundation for the Advancement of Teaching recognized the success of our community engagement at the university level when it conferred its prestigious community engagement classification on UNC Charlotte. The designation recognizes institutions that have internalized and sustained their commitment to collaborate with communities through teaching, research, and outreach.

The Provost continues to lead UNC Charlotte's comprehensive campus-wide efforts related to scholarly public service, which will include an examination of how UNC Charlotte can enhance faculty engagement in, and recognition of, scholarly public service. The university maintains a

website dedicated to cataloging and informing the campus and external communities on the topic of engagement (<http://www.uncc.edu/landing/community>).

College. Our Dean recently refocused one of the College's endowed professorships, the Dean Colvard professorships, for a scholar to enhance the College's community engagement and participatory research. Selected for this position (to start in Fall 2013) is Mark DeHaven, recently of the Texas Prevention Institute, who has an extensive record of community engagement at multiple levels. While serving the needs of the College, his academic appointment will be in our Department and he will support our graduate education and faculty development efforts related to community engagement.

Our program proactively engages and supports the public health practice community. We seek to serve all of our stakeholders, with a special emphasis on practitioners actively serving our community via local health departments. This emphasis reinforces our longer-term vision and commitment to developing an academic health department model of collaboration that will better integrate and ground our teaching, research and service efforts within our community and build synergies across the practice and academic communities.

Program Efforts. To ensure our faculty have a common understanding of service, we initiated three efforts specific to the advancement of the public's health: education, goal setting, and reinforcement

- *Education.* The department (led by the Chair) has worked systematically to educate faculty about the different types of service, our emphasis on service in support of the public's health, the expected service load and mix across appointment types and ranks, and the importance of fully capturing this information for purposes beyond their own annual performance appraisal.
- *Goal Setting.* As part of each faculty member's annual review, goals are set for the next year. The college annual reporting form explicitly requires faculty to propose service goals, including public health community service, for the coming year. These goals are reviewed in consultation with the Department Chair to ensure they are consistent with the faculty member's rank, expertise, and our program's goals and needs.
- *Reinforcement.* Reinforcement of service expectations and the balance of efforts was further institutionalized within the Department in Fall 2010. The beginning minutes of departmental faculty meeting were set aside for faculty members to provide brief updates about their research and service accomplishments during the past month and near-term plans, to include professional and community service as well as publications and grants and contracts. This practice was changed in Fall 2012, with research and service expectations discussed at the annual retreat.

Heeding the advice of our Public Health Advisory Board, the Department of Public Health Sciences is focusing its service efforts on three distinct but related constituencies: health departments, community stakeholder organizations, and the larger community. We have prioritized several discrete channels for providing public health service, ranging from professional consultation to collaborative research to community outreach.

Engage Health Departments. To begin building a foundation of trust and experience with health departments, we are capitalizing on our successful internship and capstone experiences. These experiences engage faculty, students, and practitioners in collaborative service to our community. These efforts have led to several increasingly formalized and complex types of service opportunities: professional consultations, external evaluations, project collaboration, and major project development.

- *Professional Consultation.* Local public health departments are increasingly requesting pro bono (discrete, short-term) or contractual (complex, extended) consulting services from our faculty. For example, Dr. Larissa Huber has provided her expertise on reproductive epidemiology to the Families First Steering Committee; Dr. Sharon Portwood, a nationally recognized advocate for children, has provided consultation to the Council for Children's Rights; and Dr. Elizabeth Racine provided methodology guidance for the Healthy Weight Healthy Child Mecklenburg County Initiative.

As part of its longer-term aspiration of developing an academic health department model, the Department is actively engaged with the Mecklenburg County Health Department on a variety of projects.

The Programs and its affiliated student professional organizations regularly host the County Health department's annual community forum and related activities. These events bring up to 200 community stakeholders to our campus and give our students invaluable experience in supporting conference planning and providing networking opportunities with potential employers.

The county health department is in the midst of transitioning from an outsourced model back to a county agency model of operation (July 1, 2013). Drs. Portwood and Thompson have met with County Managers and Senior Health Department Officials about the restructuring effort, offering insights, technical assistance, and other support for the planning, surviving, and thriving after the transition. Partnering for strategic planning is the leading idea and will be discussed further

- *External Evaluation.* One strength found in academia is expertise in research and evaluation methodology. As our capacity is made known to the health departments, our expertise is increasingly solicited by health departments to inform their grant and project proposals and to serve as their external evaluators. For example, Dr. Thompson has served as an external program evaluator for a three-year Union County Health Department project, an elementary school-based food and fitness intervention. Dr. Amanda Tanner (now at UNC Greensboro) collaborated with the Mecklenburg County Health Department in evaluating HIV programs. This effort led to invitations to several faculty and senior graduate students to review community service grant applications for Ryan White monies disbursed by the Mecklenburg County Health Department.

Another example of community service at the department/program level is the Evaluation of the School Pride Program, funded by the Cam Newton Foundation. The School Pride Program provides funds to local middle schools to enhance the lives of youth by addressing their social, physical, educational, and emotional needs. Dr. Racine, supported by MSPH students, evaluates the program throughout the school year. The evaluation includes interviews with school staff, focus groups with students and a review of project goals, objectives, and outcomes. The program provides a service to this non-profit organization while providing students with an opportunity to build their evaluation skills.

- *Project Collaboration.* Increasingly, community challenges are best served by the combined expertise of researchers and the program delivery capacity of community service agencies. For example, Dr. Elizabeth Racine has collaborated with the Mecklenburg County Health Department, the Mecklenburg Food Policy Coalition, and Queen's University to map the availability of healthy food to vulnerable populations in Mecklenburg County. These results captured the public's attention, informed local food and zoning policy, and spurred further investigations. This project was a service to the community that resulted in multiple community presentations to local politicians,

government planning communities, and community organizations as well as extensive local media coverage and ongoing community dialogue.

Dr. Michael Thompson participated in the Mecklenburg County Community Forum that identified and set health priorities for the coming year. Ms. Camina Davis is collaborating with the Mecklenburg County Health Department to provide diabetes prevention “training of trainers” workshops and data entry and evaluation assistance for a faith-based initiative.

Major Project Developer. Many times vexing challenges and needs of the practice community spur the development of innovative solutions that merge research and practice interests. For example, Dr. Jim Studnicki has pioneered work in the emerging area of public health analytics and the use of data warehouses as a resource to inform practitioners and policy makers. The Comprehensive Assessment for Tracking Community Health (CATCH) facilitates collection, analysis, and presentation of secondary data by local health professionals to inform their practice. This initiative has included North Carolina and Florida as well as other select clients. It has drawn the interest of NACCHO, the National Association of County & City Health Officers. Dr. Studnicki is now entering into a licensing agreement with Premier that applies these concepts to hospital quality assurance monitoring and reporting efforts.

Engaging Our Community Stakeholders. We are prioritizing efforts that increase our program’s visibility in the community and provide a greater understanding of our mission and capacities through three primary means: bringing the community to campus, professional service on agency boards, and volunteer professional service

- *Bring the Community to Campus.* Our campus’ location in the ‘distant northern suburbs’ of Charlotte makes the campus seem an inconvenient location to some. Consequently, we seek out opportunities to entice more practitioners to our campus. In Spring 2010, our department and our professional student associations partnered with Mecklenburg County to host its annual community health forum on our campus. This one-day event focused on child health and drew over 250 public health practitioners representing the span of agencies and services organizations from across the region. Our faculty and students contributed to these panel/discussion sessions. The participants were so impressed with our facilities, our hospitality, and the meaningful contributions that our faculty and students made to the program that they have broken with the tradition of changing venues each year. The 2013 event was scaled back (see note on transition above) to focus on a more select population (lactation consultants); the event was not held on campus. However, the change in leadership at the health department accelerated the county’s periodic community assessment to Fall 2013. Dr. Thompson is serving on the planning committee; MSPH and BSPH students are engaged in the effort, and the campus will host the subsequent reporting and priority setting conference in October 2013. We had a similarly large turnout for this year’s forum focusing on community priority setting. Our faculty and students are taking on a larger role in delivering parts of the program, especially on providing the evidence and analysis upon which to make good policy recommendations. In January 2014, we hosted a one-day training of the county’s nearly 180 School Health Nurses and welcomed the new Mecklenburg County Health Director (and former member of our School of Public Health Planning Committee), Marcus Plescia, MD, MPH.
- *Board Service.* Senior (post-tenure) faculty are expected to provide significant service to the community. This service typically takes the form of membership on agency boards or comparable service commitment consistent with their expertise and research

interests. Dr. Andrew Harver serves as President of the Mecklenburg County Asthma Coalition. Dr. Gary Silverman is a member of the board of Clean Air Carolina. Dr. Sharon Portwood has served on numerous boards including the Council for Children's Rights' Research Advisory Committee, the Steering Committee and Outcome & Evaluation Team for the MeckCares, Steering Committee for Charlotte-Mecklenburg Families First, Executive Committee for Alexander Youth Network, Board of Directors for The Charlotte Post Foundation, and Executive Board of the Boy Scouts of America, Mecklenburg County Council. She is now active with the Community Advisory Board of the Nurse Family Partnership in Mecklenburg County.

- *Volunteer Service.* Junior (pre-tenure and lecturers) faculty are expected to link with community agencies aligned with their research interest and to provide technical expertise and general service. For example, Dr. Michael Thompson assisted Charlotte Community Health Clinic in writing the monitoring and evaluation components of service grant proposals and supported their application to become a federally qualified health center (FQHC). This involvement also led to his participation in a regional retreat with 80 health safety-net providers and leaders in conceptualizing an integrated/coordinated safety net system. As noted above, Dr. Thompson is now serving on the county's health assessment planning committee. He, along with Dr. Silverman, serves on the Davidson Design 4 Life Regional Advisory committee, a CDC-funded health impact assessment initiative. Dr. Jan Warren-Findlow served as an "ambassador" mobilizing students and the campus in support of the American Heart Association's (AHA) Power to End Stroke campaign by screening approximately 400 students, faculty, and staff for hypertension and training students to recognize the signs of stroke. More recently Dr. Warren-Findlow organized AHA's "Go Red" campaign on campus to raise awareness about heart disease among women, extending AHA's outreach to students, staff and faculty. The Go Red initiative consisted of a student poster contest, a social media campaign, and a college donor event. Dr. Gary Silverman chairs the Public Health working group for the CONNECT project, a broad collaborative exploring regional futures in the fourteen county area surrounding Charlotte. Dr. Elizabeth Racine serves on the Mecklenburg Fruit and Veggie Coalition and co-chairs the Mecklenburg County Food Assessment Committee. Ms. Camina Davis volunteers with the State Medical Assistance Team II (SMAT II)/Metrolina Trauma Advisory Committee (MTAC). In response to major events, she assists with setting up mobile hospitals. In preparation, she works with medical practitioners and others on deployment exercises in Mecklenburg and surrounding counties. She also serves on the board of Clean Air Carolinas.

Engaging Our Students. We recognize that our students often serve as the Programs' ambassadors to both the professional and larger community. We seek to instill our values through service and in preparing our graduates to be productive contributing members of society. We have prioritized developing a culture of public health community service via our mentorship of our professional student organizations and through community engaged coursework and supporting student volunteerism in public health practice.

- *Professional Student Organizations.* The faculty advisors for our undergraduate and graduate professional student organizations encourage their leadership to engage in constructive service to the University and larger community. This guidance reinforces a university expectation of service, which is a condition of their receipt of operational funding from the University's Student Government Association. The groups' support of National Public Health Week is discussed below. These groups have continued to report a broad array of service activities including education campaigns, fund raising, health fairs, and information sessions.

- *Engaged Coursework.* Faculty in select courses have expanded their focus on community engagement/service learning. These efforts are in addition to the existing internship/capstone service expectations previously documented. At the graduate level the Community Health course requires students to observe and interact with a variety of public health community stakeholders regarding Healthy People 2010 objectives and their impact on their community and professional public health practice. Students also volunteer at a local soup kitchen or homeless shelter. At the undergraduate level, the Behavior Change Theories and Practice course requires students to design, implement, and analyze a real-world, theoretically-grounded, health promotion event for a campus-based program. The latest effort was on “411 Fit,” a web-based program developed by UNC Charlotte faculty to manage overweight and obesity risk factors for the Charlotte Community. As a result of the students’ health promotion events, 411 Fit exceeded its goal of attracting 300 new enrollees. The students provided feedback on components that worked, items that should be revised for future awareness events, and website suggestions for 411 Fit developers. The awareness assignment allows one-third of the course to focus on application of knowledge. These courses provide a pre-internship community engagement experience that acculturates them to a professional public health practice orientation of community engagement.

As noted in Criterion 2.4 and 2.8, the Office of the Dean maintains approximately 500 agreements with external agencies, largely to support student internships among the professional programs housed within the College. These connections often foment collaborations and networking among faculty and the community. Through their internship experiences, our students provide over 10,000 hours (approximately 5 FTE) of professional community service each academic

- *Supporting volunteerism.* In addition to the academic service learning described above, BSPH majors are offered experiential learning experiences with community public health organizations. Approximately 15 short and long-term opportunities with community based organizations are available each semester. These discrete projects vary in length from a day to 80 hours or more in response to specific requests from community agencies for support. Students completing 80 or more hours via this mechanism will have their services notated on their transcript by our Career Center. Recently, we recognized that many of our students, on their own or through their membership in other service organizations, actively engage in public health related community service. We support and encourage students in these outlets.

Engaging the Charlotte Community. We also recognize the importance of engaging and serving the larger Charlotte Community beyond these vested stakeholders. We have prioritized two primary means of serving the community: public health community outreach events and media communication.

- *Community Outreach.* The department continues to expand the community visibility of its National Public Health Week (NPHW) events. A single seminar offered from 2006-2010 has expanded into a week-long series of events that targets students, alumni, practitioners, and the community as a whole. This expansion reflects improved coordination and cooperation with our professional student associations and increased public recognition of the event, which has led to financial support from BlueCross BlueShield of North Carolina (2011, 2012). The 2013 events included linkages with the University’s Levine Scholars Program to bring a distinguished international speaker to campus as the keynote event. These well-attended and well-received events were publicized in the local media and through our network of community stakeholders and received excellent coverage in *The Nation’s Health*.

- *Media Communication.* Following efforts to better educate our university's PR staff and our own faculty of the importance of completing expertise profiles, our faculty are increasingly called upon to provide expert commentary on public health matters of interest to our community. Recent issues addressed include health care reform (Dr. Thompson – TV, radio, print), healthy aging (Drs. James & Sarah Laditka – Print), talking with your physician (Dr. Piper – online column), smoke free families (Dr. Warren-Findlow – online column), food deserts and food policy (Dr. Racine – TV, print), and the flu vaccine (Dr. Warren-Findlow – TV).

Student Service. Service is a key component of the public health degree programs. For graduate students, service is formulated as two related goals:

- Promote collaborations with community partners and stakeholders through faculty and students, helping to lead the development of the public health profession in the Charlotte region.
- Foster participation in local, regional, and national/international organizations that advance the public health profession.

Similarly, for the BSPH program, service is formulated as two related goals:

- Encourage student involvement in public health-related local, regional, and national professional organizations.
- Provide opportunities for student development as a practice professional.

Faculty structured student public health service activities are captured in service learning and capstone courses, while group volunteer service contributions are captured via the student professional associations. One area under development is the capture of individual student volunteer service.

- *Service Learning Courses.* As described above, we have increased the explicit service learning component of several courses. We estimate the contribution of these courses amount to over 900 hours of service annually
- *Capstone courses.* As described above, our students increasingly engage beyond their required internship effort, which annually provides over 10,000 hours (the equivalent of 5 FTE staff)] to our affiliated organizations. In addition, about half of our graduate students build upon their internship for their capstone project and contribute another 600-800 hours of service per year while delivering tangible projects of value to an agency
- *Student Professional Organizations.* The efforts of our professional student associations are documented via an annual (end of academic year) report required of the student government association. The Graduate and Undergraduate Public Health Associations annually contribute more than 300 service hours in efforts such as the 'Faithful to the Call' diabetes prevention awareness walk through the Mecklenburg County Health Department and the American Health Association' Power to End Stroke campaign. They have organized a Fall Festival fundraiser for Relay for Life in partnership with La Petite Academy and raised over \$500 in support of events such as the American Cancer Society's Relay for Life. Appendices 3.2.a.1 Undergraduate Student Service and 3.2.a.2 Graduate Student Service summarize PHA and GPHA events and service activities.
- *Volunteer Service.* We are able to capture some student volunteer service through the organized service opportunities disseminated to students for which transcript notation is available. One area where we are not effectively capturing information relates to independent student volunteer service. Our professional student organizations reported

that one of the limiting factors in their organizational (group) service efforts was that many members actively volunteer their services on their own and/or through other service organizations to which they belong.

See Criterion 3.2.c for additional details.

Faculty Service Expectations. CHHS faculty expectations for service are outlined in the CHHS Faculty Handbook (Resource Appendix 5) and evaluated annually. Service is divided into categories: academic, professional, and professionally related (i.e., public health) community service. Faculty are explicitly expected to provide academic service and have a portfolio of professional and community service consistent with their rank, position, and research/teaching agendas.

CHHS faculty should engage in appropriate professional and community-oriented service activities. Such service includes activities conducted to further the process of peer-reviewed research such as reviewing grants for various funding organizations, reviewing manuscripts for professional journals, reviewing abstracts for scientific conferences, and serving on editorial boards. Additional participation in professional organizations at local, regional, and national (or international) levels is strongly encouraged. Faculty are encouraged to pursue leadership opportunities consistent with their rank and experience. In addition, community service with not-for-profit and non-governmental organizations consistent with individuals' interests and abilities is encouraged.

Service is assessed and valued in faculty annual evaluations: quantitative expectations are stated explicitly for service to the University, while expectations for professional and community service are individually negotiated with Department Chairs in accord with broad parameters (as reflected in review criteria) and in consideration of an individual's rank, experience, and research and teaching agendas..

3.2.b Description of the emphasis given to community and professional service activities in this promotion and tenure process.

Consistent with university principles and requirements, professional and community service is evaluated in the College reappointment and tenure review process. The College faculty handbook states "Consideration should be given to activities external to the University that are based on the professional expertise of the candidate and related to the public and community service objectives of the institution to non-profit and for-profit organizations." Such activities might include service on boards, committees, and task forces and through consulting arrangements. An extract on the evaluation of service from the College faculty Handbook follows:

Contributions to the Administration and Governance of the Academic Unit/College/University

- Consideration should be given to administrative responsibilities. A description of the purpose or function of the responsibilities should be included, as well as terms of service and evidence of effectiveness.
- Recognition should be given to special contributions to the governance of the institution through service on committees at unit, college, and University levels.

Public Service and Community Service to Non-profit and For-profit Organizations

- Consideration should be given to activities external to the University that are based on the professional expertise of the candidate and related to the public and community service objectives of the institution to non-profit and for-profit organizations. Such

activities might include service on boards, committees, and task forces and through consulting arrangements.

Service to the Profession

- Faculty members often provide service to their profession through involvement in professional associations appropriate to their specialization. Contributions might take the form of editorial work or service as a referee for a professional journal; membership on committees; or holding an elective or appointed office.

Provision of Continuing Professional Education

- Teaching continuing professional education and/or other activities based on professional expertise and related to the University's public service objectives.

3.2.c A list of the program's current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activities, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.

A partial listing of PHS faculty professional and community service is presented below in Tables 3.2.c.1 (primary faculty) and 3.2.c.2 (other faculty).

Table 3.2.c.1. Primary Faculty Community Activity/Service

Primary Faculty	Professional Service	Year
Arif, Ahmed	Journal Reviewer (list specific journals)	
	Quality of Life Research	2010-2011
	American Journal of Medicine	2010-2011
	American Journal of Industrial Medicine	2012-2013
	International Journal of Occupational & Environmental Health	2011-2013
	Journal of Primary Care and Community Health	2011-2012
	Occupational and Environmental Medicine	2011-2012
	Journal of Asthma	2011-2012
	American Journal of Industrial Medicine	2011-2012
	International Archives of Occupational and Environmental Health	2011-2012
	Professional Membership	
	American College of Epidemiology	2002-pres.
	American Thoracic Society	2011-2012
	Editorial Board	
	International Journal of Occupational & Environmental Health-Member, Editorial Board	2010-2012
	Grant Reviewer	
	Center for Research on Environmental Disease (CRED) UT M. D. Anderson Cancer Center, Science Park- Research Division	2010-2011
	Media	
	Interviewed by America Now (9/29/2011)	2011
	Interviewed by Fox Charlotte (2/14/2012)	2012
	research was also featured in the January 2012 issue of the UNCC Alumni magazine	2012
Davis, Camina	Professional Membership	
	Clean Air Carolina- Public Health- Board Member	2011-2013
Harver, Andrew	Journal Reviewer (list specific journals)	
	Journal of Asthma	2010-2013
	Medicine & Science in Sports & Exercise	2010-2011
	Chest	2010-2012
	Heart & Lung	2010-2013
	Journal of Asthma and Allergy	2011-2012
	Journal of Asthma & Allergy Educators	2011-2012
	Respiration	2012-2013
	Professional Membership	
	American Thoracic Society-Member	2010-2013
	International Society for the Advancement of Respiratory Psychophysiology-Member	2010-2013
	Professional Review/Committee Membership	
	National Asthma Educator Certification Board	2010-2013
	Nominations Committee, Board of Directors, Marketing & Public Relations Committee, Research Committee	

Table 3.2.c.1. Primary Faculty Community Activity/Service

Primary Faculty	Professional Service	Year
	Public Health Research Institute, Cabarrus Health Alliance, Cabarrus County, NC- Board Member and Vice Chair	2010-2011
	Mecklenburg County Asthma Coalition	2012-2013
	Mecklenburg County, NC- President	
	Editorial Board	
	Scientific World Journal (Pulmonology Section)	2011-2013
	Grant Reviewer	
	NICHD/Health Behavior and Context Special Emphasis Panel	2012-2013
	Media	
	UNCC Health Program Joins National Study. Charlotte Business Journal , November 25, 2011, pg. 10.	2011
Huber, Larissa	Journal Reviewer (list specific journals)	
	Annals of Epidemiology	2010-2011
	Psychology, Health, and Medicine	2010-2011
	Journal of Women's Health	2010-2013
	European Journal of Contraception and Reproductive Health Care	2010-2011
	Maternal and Child Health Journal	2012-2013
	PLoS One	2012-2013
	Human Reproduction	2012-2013
	JAMA	2012-2013
	Preventing Chronic Disease	2012-2013
	Pediatric and Perinatal Epidemiology	2012-2013
	Professional Membership	
	American College of Epidemiology- Member	2010-2013
	Society for Epidemiological Research- Member	2010-2013
	American College of Epidemiology- member of the Education Committee for ACE-chair of the committee for part of 2010	2010-2013
	Abstract Reviewer	
	The Society for Epidemiologic Research-SER	2010-2013
	Grant Reviewer	
	Italian Ministry of Health	2010-2013
Platonova, Elena [Note: switched to 'other' faculty in 2012/13]	Journal Reviewer	
	American Journal of Managed Care	2010-2011
	International Journal of Health Care Quality Assurance	2010-2011
	Journal of Hospitality Marketing and Management	2010-2011
	Journal of Public Health Management and Practice	2010-2011
	Journal of Hospitality Marketing and Management	2010-2011
	Journal of Health Organization and Management	2011-2012
	British Medical Journal (BMJ)	2013
	Health Expectations	2013

Table 3.2.c.1. Primary Faculty Community Activity/Service

Primary Faculty	Professional Service	Year
	Bulletin of the World Health Organization-	2013
	International Journal of Health Care Quality Assurance	2012
	Journal of Public Health Management and Practice	2012-2013
	International Journal of Behavioural and Healthcare Research	2012-2013
	BMC Health Services Research	2012-2013
	Professional Membership	
	Center for Prevention Services (former Substance Abuse Prevention - Board Member	2011-2013
	AcademyHealth - member	2010-2013
	Association of University Programs in Health Administration – member	2011-2013
	Community Presentations	
	Charlotte International House (World Learning, U.S. Agency for International Development): talks on the US health care organization and financing (focusing on current financial, economic, and insurance issues) to groups of health care leaders/managers/officials from abroad	2010-2013
	Journal Reviewer (list specific journals)	
Piper, Crystal	Journal of the National Medical Association	2010-2013
	Journal of the Healthcare for the Poor and Underserved	2010-2012
	African Journal of Reproductive Health Journal	2012-2013
	Ethnicity and Disease Journal	2012-2013
	Professional Membership	
	American Public Health Association- Governing Councilor	2010-2011
	American Public Health Association- Policy Co-Chair	2010-2013
	Mecklenburg County Asthma Coalition- Member	2010-2013
	Healthy Columbia Campaign- Planning Board	2011-2012
	National Institutes of Health; National Office of Minority Health	2012-2013
	Charlotte Chapter of the American Cancer Society- Recruiter	2013-2013
	Journal Reviewer (list specific journals)	
Portwood, Sharon	Journal of the National Medical Association	2010-2013
	Journal of the Healthcare for the Poor and Underserved	2010-2012
	African Journal of Reproductive Health Journal	2012-2013
	Journal Reviewer (list specific journals)	
	<i>Paediatrics Today</i>	2012
	Professional Membership	
	American Public Health Association, 2012 to present	2012-2013
	American Psychological Association;	2010-2013
	Division 7, Developmental Psychology	
	Division 27, Society for Community Research in Action	
	Division 41, American Psychology & Law Society	
	Division 37, Society for Research on Children, Youth, & Families	
	Division 27, Section 1, Section on Child Maltreatment	
	Society for Prevention Research	2010
	Manuscript Reviewer	

Table 3.2.c.1. Primary Faculty Community Activity/Service

Primary Faculty	Professional Service	Year
	Sage Publications (Book proposal)	2010
	Abstract Reviewer	
	American Public Health Association (APHA) Annual Meeting	2013
	American Psychological Association (APA) Annual Meeting	2013
	Ad-hoc Reviewer	
	National Science Foundation, Reviewer for merit review process	2010
	Professional Review/Committee Membership	
	American Psychological Association Division 37, The Society for Child & Family Policy and Practice; President-Elect	2013
	Member, Executive Committee	
	American Psychological Association, Division 37, The Society for Child & Family Policy and Practice;	2011-2013
	Fellows Selection Committee	
	American Psychological Association Committee on Legal Issues (COLI)	2010
	American Public Health Association, Mental Health Section Policy Committee	2012-2013
	National Child Traumatic Stress Network Sustaining Member	2010-2013
	Social Venture Partners Charlotte	2010-2013
	Community Presentations	
	CAROLINAS HEALTHCARE SYSTEM; DICKSON INSTITUTE RESEARCH CONFERENCE SERIES; "Potential community resources to support data sharing"	2012
	ELON HOMES & SCHOOLS FOR CHILDREN; BOARD OF GOVERNORS MEETING;	2010
	"Observations from outcomes evaluation of residential services across North and South Carolina"	
	THOMPSON CHILD & FAMILY FOCUS; PROFESSIONAL DEVELOPMENT SERIES; "The education of children 0-18: Applying research to achieve positive outcomes"	2010
	MECKLENBURG COUNTY HEALTH DEPARTMENT; SCHOOL HEALTH STAFF DEVELOPMENT; "Recognizing the importance of data collection"	2010
	Media	
	American Psychological Association Cadre of Experts on Violence (providing media services through APA)	2010-2013
Racine, Elizabeth	Journal Reviewer	
	Journal of the American Dietetic Association	2011- 2013
	Journal of Urban Health	2011
	Journal of Nutrition Education and Behavior	2012
	Journal of Children and Poverty	2012
	Professional Membership	
	American Society for Nutrition	2010-2013
	International Society for Behavioral Nutrition and Physical Activity	2012, 2013
	Professional Service	
	National Public Health Week Activities Coordinator (campus)	2012
	American Society for Nutrition Annual Meeting abstract Reviews	2011-2012
	Consultation	

Table 3.2.c.1. Primary Faculty Community Activity/Service

Primary Faculty	Professional Service	Year
	University Committee: Blue Cross Blue Shield of NC Presentation	2013
	Professional Review/Committee Membership	
	Mecklenburg Fruit and Veggie Coalition	2010-2013
	Healthy Weight Healthy Child Mecklenburg County Initiative (Co-Chair)	2010/2011
	Mecklenburg County Food Assessment Committee (Co-Chair)	2010/2011
	Charlotte Mecklenburg Food Policy Council (Board Member)	2010-2011
	Charlotte Mecklenburg Food Policy Council (Advisory Board Member)	2012-2013
	United Way of Central Carolina	2010/2011
	Mecklenburg Area Partnership for Primary-Care Research Social Determinants Grant (Advisory Board Member)	2010-2013
	Community Presentations	
	Are Food Deserts a Problem?- Paper presented at the Historic West End Neighborhood Association, Rosa Parks Place- Jan.8, 2011	2011
	Current Events in Public Health- Paper presented at the Project PACE: Public Health Academic & Career Enrichment Program- May 21, 2010	2010
	Food Desert Forum- Paper presented at the Food Club, Davidson College- Nov. 17, 2010	2010
	Mecklenburg County Food Assessment: Result Details- Paper presented at the Mecklenburg County Commissioners, Health and Community Support Services Committee- Sept. 21, 2010	2010
	Results from the Mecklenburg County Food Assessment- Paper presented at the The Hunger Banquet, Johnson & Wales University- Nov. 2, 2010	2010
	Results from the Mecklenburg County Food Assessment- Paper presented at the Mecklenburg County Commissioners- Aug. 3, 2010	2010
	Results from the Mecklenburg County Food Assessment- Paper presented at the City of Charlotte Planning Commission- Nov. 1, 2010	2010
	Results from the Mecklenburg County Food Assessment- Paper presented at the Communittee Cabinet- Oct. 10, 2010	2010
	Results from the Mecklenburg County Food Assessment- Paper presented at the Tuesday Morning Meeting, West Charlotte Recreation Center- Dec. 7, 2010	2010
	Results from the Mecklenburg County Food Assessment- Paper presented at the Charlotte-Mecklenburg County Food Policy Council- July 15, 2010	2010
	Results from the Mecklenburg County Food Assessment, Phase 2- Paper presented at the Charlotte-Mecklenburg County Food Policy Council- March 30, 2011	2011
	The Mecklenburg County Food Assessment- Presented to the Charlotte American Dietetic Association Monthly Meeting- Nov. 8, 2011	2011
	Cultivating Charlotte's Community...One Fork at a Time- UNC Charlotte, Charlotte Action Research Project and WTVI- Feb. 23, 212	2012
	The Mecklenburg County Food Assessment- Presented at the Junior League of Charlotte- March 26, 2012	2012
Thompson, Michael	Journal Reviewer	
	Journal of Healthcare for the Poor & Uninsured	2011-2012
	Journal of Health Population & Nutrition	2010-2012

Table 3.2.c.1. Primary Faculty Community Activity/Service

Primary Faculty	Professional Service	Year
	Women & Health	2010-2011
	International Journal of Medical Education	2010-2011
	Health Policy & Planning	2010-2011
	North Carolina Medical Journal	2012-2013
	PlosOne	2012-2013
	International Journal for Equity in Health	2012-2013
	Manuscript Reviewer	
	European Observatory on Health Systems and Policies- Invited Expert Reviewer, Armenia Health Systems in Transition (book, credited)	2012-2013
	Professional Membership	
	Delta Omega, Alpha Chapter-Lifetime Member	For Life
	Delta Omega, Beta Phi Chapter-Member, Co-founding organizer w/ L. Huber	2010-2013
	Phi Beta Delta, Mu Chapter-Member, Executive Board at large	2010-2013
	NC Public Health Association-Member	2010-2013
	American Public Health Association-Member	2010-2013
	Member, Health Care Justice – Charlotte chapter of Physicians for a National Health Program (formerly Healthcare for All, NC – Charlotte Chapter)	2010-2013
	Professional Review/Committee Membership	
	Trained as CEPH Site Visitor	2012
	Consultation	
	MPH Curriculum Consultant, King Saud University (Riyadh, Saudi Arabia)	2010-2013
	Charlotte Community Health Clinic	2010-2013
	Davidson Design for Life Regional Advisory Committee	2011-2013
	Graduate Public Health Association-Faculty Advisor	2010-2011
	American University of Armenia-MPH Program Evaluation, Adjunct Faculty Advisor	2010-2013
	National Public Health Week Seminar-Lead Organizer (campus)	2010-2011
	Media	
	TV-WBTV Expert commentary	2011
Warren-Findlow, Jan	Journal Reviewer	
	American Journal of Health Behavior	2010-2012
	International Journal of Qualitative Methods	2010-2012
	Qualitative Health Research	2011-2013
	The Gerontologist	2011-2013
	Social Science and Medicine	2011-2012
	Research on Aging	2010-2011
	Journal of Gerontology: Social Sciences	2010-2013
	Professional Membership	
	Center for Professional and Applied Ethics	2012-2013
	American Public Health Association, Aging and Public Health Section	2010-2013
	Gerontological Society of America	2010-2013

Table 3.2.c.1. Primary Faculty Community Activity/Service

Primary Faculty	Professional Service	Year
	Abstract Reviewer	
	American Public Health Association, Aging and Public Health Section	2011-2013
	GSA Abstract Reviewer	2010-2013
	Professional Review/Committee Membership	
	American Heart Association/American Stroke Association-Power to End Stroke Task Force(PTES)	2010-2011
	American Heart Association – Mission Leadership Council	2012-2013
	Editorial Board	
	Journal of Gerontology: Social Sciences- Editorial Board Member; Associate Editor, Qualitative Research	2010-2013
	Grant Reviewer	
	Mecklenburg County Public Health Department-Women and Heart Disease	2011-2012
Zuber, Pilar	Media	
	Q City Metro - Invited columnist	2012-2013
	Professional Membership	
	American College of Health Association	2012
	Academy Health	2012-2013

Table 3.2.c.2. Other Faculty Community Activity/Service

Other Faculty (regular, full-time in PHS)	Professional Service	Year
Laditka, James	Journal Reviewer	
	Health Policy	2010-2013
	Health Promotion International	2010-2013
	Journal of the American Medical Association	2010-2013
	Journal of Gerontology: Social Sciences	2010-2013
	Medical Care	2010-2013
	The Gerontologist	2010-2013
	Professional Leadership	
	Alzheimer's Association, Western North Carolina-Board Member	2010
	Centers for Disease Prevention and Control (CDC) Healthy Aging Program- Expert Panel Member	2010-2011
	National Alzheimer's Association, External Advisory Group member for the Brain Health Champions campaign	2010-2011
	Abstract Reviewer	
	Gerontological Society of America- symposia and poster and paper sessions	2012
	Professional Membership	

Table 3.2.c.2. Other Faculty Community Activity/Service

Other Faculty (regular, full-time in PHS)	Professional Service	Year
	American Public Health Association	2010-2013
	Association of University Programs in Health Administration	2010-2013
	Gerontological Society of America	2010-2013
	Grant Reviewer	
	Alzheimer's Association	2010
	Health Research Council of New Zealand (analogous to NIH)	2012
Laditka, Sarah	Journal Reviewer	
	Ageing and Society	2010-2013
	American Journal of Alzheimer's disease and Other Dementias	2010-2013
	American Journal of Public Health	2010-2013
	Biodemography and Social Biology	2010-2013
	Disaster Medicine and Public Health Preparedness	2010-2013
	Geriatric Nursing	2010-2013
	International Journal of Environmental Research and Public Health	2010-2013
	Journal of Aging and Health	2010-2013
	Journal of Aging and Physical Activity	2010-2013
	Journal of Applied Gerontology	2010-2013
	Journal of Gerontology: Social Sciences	2010-2013
	Journal of Public Health Management & Practice	2010-2013
	Journal of Rural Health	2010-2013
	Medical Care	2010-2013
	Prehospital and Disaster Medicine	2010-2013
	Social Science Journal	2010-2013
	The Gerontologist	2010-2013
	Women and Health	2010-2013
	Professional Leadership	
	Association of University Programs in Health Administration, Member, Corris Boyd Minority	2012-2013
	Scholarship Selection Committee	
	Association of University Programs in Health Administration, Past-Chair, Women in Healthcare	2010
	Management Faculty Network	
	Abstract Reviewer	
	Gerontological Society of America	2012
	Professional Membership	
	American Public Health Association	2010-2013
	Association of University Programs in Health Administration	2010-2013
	Gerontological Society of America	2010-2013
	Consultation	
	Selected by the State University of New York as an external reviewer for the Master of Business Administration in Health Services Administration (MBA-HSA) Program Proposal State University of New York at Oswego	2012-2013
	Editorial Board	

Table 3.2.c.2. Other Faculty Community Activity/Service

Other Faculty (regular, full-time in PHS)	Professional Service	Year
	Journal of Gerontology: Social Sciences	2010
	Grant Reviewer	
	Alzheimer's Association	2010-2013
	South Carolina Rural Health Research Center, University of South Carolina; pre-submission grant reviewer	2012
Silverman, Gary	Journal Reviewer	
	Environmental Health Insights	2013-2013
	Professional Review/Committee Membership	
	University of Colorado, faculty promotion review	2012-2013
	Editorial Board	
	Environmental Practice-Advisory Board	2012-2013
	Other	
	Chair of Public Health Working Group, CONNECT project, Centralina Council of Governments, December 2012	2012-2013
Studnicki, James	Journal Reviewer	
	American Journal of Preventative Medicine	2010-2012
	BMC Research Notes	2011-2012
	Annals of Epidemiology	2010-2011
	Journal of Public Health Management and Practice	2010-2011
	Health Services Research	2010-2012
	Professional Membership	
	Academy Health, Public Health Systems and Service Research-Interest Group Advisory Committee Member	2010-2013
	Quality and Value Research Interest Group- Contributor	2011-2012
	Southern Piedmont Community-Population Health-Member	2010-2011
	Abstract Reviewer	
	Academy Health, Public Health Systems and Service Research-Interest Group	2010-2011
	Professional Review/Committee Membership	
	Care Plan, Beacon Community Project Committee	2010-2011
	Other	
	Academy Health Annual Research Meeting-Panel Presentation	2011-2012
	Academy Health National Webinar	2011-2012

Table 3.2.c.3. Funded Service Activity from 2010 to 2013

Project Name	Principal Investigator	Funding Source	Funding Period Start/End	Amt Total Award	Amt 2010	Amt 2011	Amt 2012	Amt 2013	Community-Based Y/N	Student Participation Y/N
Evaluation of the School Pride Program	Racine, E	Cam Newton Foundation	2012-2013	\$7500			500	7000	Y	Y

3.2.d Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.

Program faculty engage in service activities and participate on boards, panels, committees, and task forces of public and private health and health-related organizations. Information for measuring progress on this objective is obtained from Faculty Annual Review and Planning Reports. PHS supports faculty contribution to service both within the local practice community and within the larger regional, state, national, and international forums, as consistent with the faculty members' individual interests. Encouraging faculty members to develop national and international reputations and networks enhances the viability of our program and having a stable pool of faculty, and contributes to faculty members achieving tenure.

The targets below assess both faculty and student involvement within the Program. For faculty, the percentage engaged in professional service (e.g. journal manuscript reviewers or participating in professional organizations) and in community-based service (conducting projects or evaluations within the community or collaborating with community organizations) are assessed. The measures here for primary program faculty elaborate on the college-wide expectations for service reflected in the outcomes presented in 4.1.d. For students, the percentage of students doing community-based internships and the percentage of students involved in other community service outside the classroom are assessed. The information for these assessments is shown below in Table 3.2.d.1 (the numbers for student service are based on graduated students).

Table 3.2.d.1 Student and Faculty Service

Service Indicators	Target	Academic Year		
		2010/2011	2011/2012	2012/2013
Primary faculty will participate in professional service related activities	100%	100%	100%	100%
Primary faculty will participate in community-based service activities	50%	70%	80%	80%
Graduating professional degree students complete a community-based internship	100%	100%	100%	100%
Graduate Students engage in professional or community-based service activities outside of program requirements	50%	62%	55%	50%

3.2.e Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

Students at both the undergraduate and graduate levels have opportunities to participate in public health-related activities. Undergraduate students are involved in the Public Health

Association (PHA) and graduate students participate in the Graduate Public Health Association (GPHA). These student professional organizations are advised by PHS faculty, ensuring that faculty are aware of student membership and participation in these organizations. As described earlier in response to this criterion, these student professional associations work closely with the Program on a number of organized service activities as well as maintain their own portfolio of service activities. Students may work through the office of career services to identify and participate in 49erships, volunteer experiences that bear a transcript notation. Separate from these formal program and university organized efforts, students often engage in public health related service as an adjunct to their involvement in other social organizations or as self-directed initiatives.

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

This criterion is met.

Strengths

The UNC Charlotte Public Health Programs explicitly values community service.

Service is valued by the University, College, and Department; expectations and policies are codified at the university and college level and are a key element in annual reviews/planning and reappointment, promotion, and tenure considerations.

The faculty, staff, and students of the UNC Charlotte Public Health Programs maintain a robust and active portfolio of community and professional service spanning the local, state, national, and international arenas.

Weakness

Capturing all facets of faculty and student service remains a challenge.

Differentiating among teaching, service, and research in the context of many community engagement projects sometimes feels artificial.

Plans

Explore alternatives for capturing faculty and ad-hoc student service. (Responsibility: Program Coordinators, Student Organizations, Department Chair)

Ensure that faculty, students, and staff remain aware of program policies regarding service and maintain appropriate levels of service consistent with our mission and the needs of the community. (Responsibility: Department Chair, Program Coordinators, Program Faculty).

Continue discussions through annual assessment process of properly valuing community-based activities with regard to teaching service and research ((Responsibility: Department Chair, Program Faculty).

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.

Consistent with our mission and values, we continue to incrementally increase our portfolio of professional development activities, consistent with the needs of the population and the manpower and workforce development needs of the practice community. We assess the needs of the local workforce through formal exercises, through student capstone activities, and through community advisory groups. We respond to these needs through formal certificate and continuing education offerings, and by nurturing the development of an academic public health department.

3.3.a Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

Our primary means of assessing the continuing education and workforce development needs of the community is our advisory board, where the topic is a standing agenda item. The Public Health Advisory Board is composed of active practitioners representing a diversity of stakeholders and alumni drawn from the surrounding community. The Advisory Board meets once per semester.

The Public Health Advisory Board guides curricular development and community engagement efforts. Now quiescent, the School of Public Health Planning and Steering Committee, a separate external advisory board, worked to define the need and strategic direction to grow our program into a School of Public Health. Given the economic downturn, this later committee is inactive with the Public Health Advisory Board guiding our active development efforts (e.g., the new PhD in public health sciences, a white paper on developing a school of public health, launching a new graduate certificate, and other curricular revisions).

Leveraging other resources, we recently assessed the needs of the community workforce through three comprehensive efforts: a required degree planning workforce needs assessment; a student capstone project; and our newly created external planning and steering committee.

Assessment. The UNC Charlotte governance model draws heavily upon iterative top-down/bottom-up strategic planning cycles to set priorities and guide the allocation of resources. This model is further reflected in our department's approach to program development. As detailed in our prior accreditation self-study (October 2008), the decisions to reorient the existing MS in health promotion into a public health degree and to seek CEPH accreditation were largely driven by our community stakeholders participating in a series of community roundtables in 2004. The process generated a short-list of related priorities that subsequently were addressed by our graduate certificate in community health program and other community engagement efforts. These efforts include the launch of an undergraduate public health major and targeted efforts to market our graduate certificate in community health to local practitioners.

In 2009, we re-initiated this community consultation process at the suggestion of our Advisory Board and our faculty to develop a PhD program in public health sciences. The PhD program would build upon our existing community health-focused MSPH offering by initially focusing on

behavioral sciences. Part of the university-required planning exercise includes a workforce needs assessment. Rather than focus solely on doctoral education, we expanded the scope of our assessment to address the broader public health workforce needs. This final report, while focused on doctoral education, summarizes the needs of the existing public health workforce (see Appendix 1.2.b.5). These findings further shaped our interest in establishing an academic health department as an important component of anchoring our programs within a practice-need driven framework. These findings also laid the groundwork to plan a new graduate certificate in public health core concepts that would complement the existing certificate.

MSPH Capstone Project. In parallel, a Summer 2009 MSPH graduate student conducted an academic health department-oriented workforce needs assessment of the Mecklenburg County Health Department for her capstone project (Appendix 3.3.a.2 Beck 2009). This project involved experienced faculty practitioners and a senior health department practitioner on the project committee. The results were presented to the Mecklenburg County Health Director and his leadership team and to the Department of Public Health Sciences leadership, and shared with our Advisory Board. This document has guided and informed subsequent efforts toward developing the framework for an academic health department model of cooperation between the health department and UNC Charlotte.

Action on these recommendations has been deferred as the County Health Department completes its transitions from an ‘outsourced’ operational model (administered by Carolinas HealthCare) to a county-run agency model.

External Planning and Steering Board. In 2010, these assessment and planning efforts were expanded with the establishment of parallel internal and external School of Public Health planning committees. Though now quiescent pending our adoption of a school of public health planning document, this external committee, the School of Public Health Steering Board, was active for several years. As described in Criterion 1.5, the board was composed of more than 25 external stakeholders in public health practice.

A report by the North Carolina Institute for Public Health’s Center for Public Health Preparedness concluded, “consistent with national trends, nearly 50% of the public health workforce in North Carolina is 45 years of age and older.” Forty-three percent (43%) of the public health department was retirement eligible in 2006, and the average age of the public health nurse was 45: public health nurses make up approximately 30% of the public health workforce in North Carolina. These figures prefaced the November 2010 meeting of this external steering board.

As documented in its committee minutes (Resource Appendix 7), the enthusiastic dialogue among the Steering Board members touched on a variety of interrelated topics including:

- preparing leaders who are ready to move into the health reform environment;
- preparing public health administrators to assist in redesigning health care delivery systems;
- training personnel who have the analytic capabilities to examine and use data to define roles and integrate efforts;
- enabling a workforce with multidisciplinary skill sets;
- positioning public health practitioners in private medical practices to focus on disease prevention.

Through these ongoing dialogues with advisory board members and preceptors, as enhanced by ad hoc initiatives (such as new program justification reviews), the Department has systematically and comprehensively assessed the workforce development needs, as well as assets, of the local public health community across all training and education levels. This analysis evolved the Program framework generated in 2009 into a suggested skeleton structure

for an emerging school of public health, replete with priority content areas and a range of programs from certificates to degrees to continuing education that were consistent with the identified manpower and workforce development needs of the region. This analysis has guided subsequent efforts to develop a responsive plan of action for the university.

Response. UNC Charlotte's Public Health Program is committed to responding to the region's workforce development needs. This service is provided through three current and one planned venue: our graduate certificate in community health; our support of CHES testing, our offering of CHES CECH earning continuing education activities, and our ongoing efforts toward developing an academic health department.

Graduate Certificate. Most of our workforce development activity is concentrated in our graduate certificate program. The Graduate Certificate was developed with guidance from the practice community to meet the training needs of active health educators who lacked formal training in the discipline. As reported in our prior self-study, the certificate program experienced a period of no/low enrollment through the middle of the last decade and was facing elimination at its most recent 5-year renewal in 2009. We successfully defended the importance of the program to our mission and noted the small uptick in interest and our efforts to stimulate enrollment as grounds to extend its term through 2014. The program has grown tremendously. We now enroll over a dozen students and awarded more certificates in 2010-11 than the total awarded previously. From 2004-2008 we had had 1 graduate. In 2009-10, we had 3 graduates. In 2010-11 we had 5 graduates, with 11 in 2011-12. In 2012-13, the number declined to 4 while enrollment remained robust.

As described in Criterion 1.2, analysis of the certificate students indicated that many desired eventual entry into a master's program and were testing the waters and/or enhancing their admissions portfolio. Corroborating suggestions made by the two external advisory boards, discussions with these students revealed the need for a second certificate program focused on core public health concepts. The proposal for this new certificate was submitted to the Graduate School in Fall 2013 for Fall 2014 implementation along with minor changes to the existing certificate to ensure the two curricula were complementary.

CHES Testing Site. UNC Charlotte's MSPH and BSPH programs were designed to qualify students to sit for the CHES. Similarly, the graduate certificate in community health qualifies most students (depending on their prior degree coursework) to sit for the CHES. Commencing with the April 2009 exam, UNC Charlotte serves as an official CHES testing site. Attendance at our site, which includes a wider audience than our students, is rapidly growing. In the last two years, sixty-one professionals have sat for the CHES at UNC Charlotte, exceeding our expectations. Prior to becoming a testing site, Greensboro (90 minutes away) was the closest venue to Charlotte. As the proportion of our students sitting for the CHES is low relative to the total attendance, serving as a CHES testing venue provides a valuable service not only to our students, but to other health professionals throughout the Charlotte community.

CHES CECH. In April 2011, we expanded our workforce development efforts beyond our graduate certificate by offering CHES continuing education credits (CECH). Our April 2011 National Public Health Week events (keynote, Delta Omega induction seminar) provided the first opportunity for a UNC Charlotte organized and sponsored NCHCEC CECH recognized continuing education event. More than a dozen of our alumni and health educators from the community availed themselves of the opportunity. The May 2011 priority setting event in collaboration with the Mecklenburg County health department offered the second opportunity. While attendance remains variable, we continue to offer CECH at most publicly advertised events as a service to the practice community.

One of our alumnae, Diana Manee, is the outgoing President of NC-SOPHE. She is a member of our Public Health Advisory board and advises us on how best to develop a targeted CHES CECH program. This information and consultations with colleagues at the local health departments will lead to a formal plan for the selection and delivery of a regular series of continuing education opportunities that meet the workforce development needs of our alumni and practitioners in the community. We also plan to respond to ad-hoc opportunities (such as visiting lecturers or co-sponsored community events) where our offering of CHES CECH credits adds value to programs and more formally engages UNC Charlotte in workforce development efforts.

We feel that our commitment to partnering with other community agencies will greatly expand the reach and impact of this emerging portfolio of activities. We expect this set of activities to grow and to take on increasing importance within the practice community. For the foreseeable future, we will use departmental resources to offset the modest cost of these continuing education opportunities and will provide them free of charge.

Our longer range vision includes adding CPH (Certified in Public Health) continuing education opportunities to these efforts, but the time is not yet ripe given the limited number of CPHs in the area. At present two primary faculty, one of whom is an alumna of the program, and one other faculty have earned CPH designation.

Academic Health Department. We expect that our ongoing discussions with the Mecklenburg County Health Department (described in our response to Criterion 3.2 above) will evolve into a formalized relationship with UNC Charlotte creating an academic health department framework. A specific workforce development component will be central to any evolving cooperative effort. In preparation, one of our recent MSPH graduates completed an internal needs assessment and workforce development plan for the county (referenced above). This project was successfully presented to the County Health Director and senior staff as well as being defended before a faculty committee.

An outgrowth of this student capstone was a plan for UNC Charlotte to offer periodic (about two per semester) seminars or training sessions upon the request of the local health department beginning in 2010. This effort was envisioned as a bridge building exercise and to better balance the service provided by UNC Charlotte to the health department and their service to our programs. These plans were later tabled at the request of the health department leadership given its ongoing fiscal challenges and planning uncertainties. The commitment to support such an effort, using both our faculty and our senior graduate students remains in place.

Our workforce development efforts are focused, important, sustainable, and expanding. We believe that our portfolio of activities provides evidence of our commitment to workforce development.

3.3.b A list of the continuing education programs, other than certificate programs, offered by the program, including number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified. Funded training/continuing education activities may be reported in a separate table. See CEPH Data Template 3.3.1 (ie, optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.1.1 (research) or Template 3.2.2. (funded service), respectively.

Our departmental continuing education events are typically organized around National Public Health Week. Other events are held in conjunction with the Mecklenburg county Health department.

Given the informal and fluid nature of the events, the Department does not keep attendance figures. The public health week keynotes typically attract 100-200 people. The other events attract fewer attendees (< 50), but offered valuable presentation opportunities to community partners, faculty, and alumni.

We do track and report the number of individuals earning CHES CECH at each event, a much smaller subset of the total in attendance. Those events for the past 3 years are listed below.

2011-2013 CHES CECH Speakers

NPHW Keynotes

2011. Dr. Robin Hemphill, MD, Associate Professor & Director of Safety and Quality at Emory University School of Medicine, "Stopping Trauma Before the 911 Call"

2012. Dr. Leandris Liburd, CDC Office of Minority Health and Health Equity, "Prevention: The Great Equalizer"

2013. Dr. Glenn Geelhoed, International Healthcare Provider & Author, "Mission to Health: Gifts from the Poor"

Delta Omega Speakers

2011. Ophelia Garmon-Brown, MD, Vice President for Community Partnerships, "Caring for the poor and uninsured: Now and later"

2012. Nadya Belenky, MSPH, PhD Candidate, UNC Chapel Hill, "Directed Acyclic Graphs: Theory and Application"

2012. Joy Goens Thomas, MSPH (2009), DrPH candidate, Georgia Southern University), "Church leaders relationship with faith-based diabetes prevention programming: A mixed methods evaluation"

2012. Pilar del Castillo Zuber, MSPH (2007), PhD Candidate, UNC Charlotte, "Alcohol use and mental health issues in fifth-year college students"

2013. William Gross, MPH, Gaston County Health Department, "Return on Investment: Relationships, a driving force in community health"

2013. Jan Warren-Findlow, PhD, UNC Charlotte, "ROI: Population-based blood pressure control interventions"

Upsilon Phi Delta Induction Speakers

2013. Melissa Alzate, Melissa Bell, Renee Miller, Samuel Myers, Philip Mullinax; MHA Candidates, "The Cuban health paradox: Achieving good health outcomes with limited resources"

The CHES CECH awarded at these events is presented below in Table 3.3.b.1. As indicated by the declining CHEC CECH numbers for 2012/2013, the energy required to affect the recently completed transition of the Mecklenburg County Health Department back to a functioning county agency from a primarily outsourced entity constrained health department staff participation in our events. This transition also motivated a number of individuals to retire or relocate, which also contributed to the decrease in those seeking CHES CECH. We expect participation, both overall and for CHES CECH to improve in the coming year.

Table 3.3.b.1 CHES CECH Awarded by Academic Year

Programs	Academic Year		
	2010/11	2011/12	2012/13
National Public Health Week seminars	7	6	0
Delta Omega Seminar - Spring	4	4	0
Delta Omega Seminar – Fall	3	0	0
Mecklenburg County Health Department	10	-	-

3.3.c Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

PHS offers a Graduate Certificate Program in Community Health for practitioners and others in health-related fields (nursing, social work, and post-baccalaureate students taking coursework prior to medical school) who may want some introduction and background into the field of public health. The Graduate Certificate Program is overseen by the Graduate Coordinator and the Graduate Program Committee. The Certificate Program is a subset of the MSPH curriculum and it is intended to prepare individuals to take the Certified Health Education Specialist (CHES) exam. It is also used by students contemplating the MSPH program. Effective with the revisions discussed in 1.2 and 3.3.b, the certificate in community health consists of 3 required courses, and 2 unrestricted electives (where a foundation course in public health might be required). For Fall 2013, we have 13 students (5 continuing, 8 new) enrolled in the certificate program. We had 4 students receive the Graduate Certificate in Community Health last academic year and 11 the year before (Table 3.3.c.1).

Table 3.3.c.1 Enrollment: Graduate Certificate in Community Health

	2010/11	2011/12	2012/13
Active Students	11	10	8
Graduated	5	11	4

As described above, beginning with 2014/15 academic year, we will launch a new graduate certificate in public health core concepts. Thus, no enrollment data are available at this time. We do, however, recognize that the launch of this program likely will reduce enrollment in the community health program, but expect total certificate enrollment to maintain or increase.

In addition to the graduate certificate, we offer undergraduate students a minor in public health. Formerly the interdisciplinary health studies minor, the program was revised into the public health minor in 2010. The revised curriculum aligned with national standards for a public health minor (including a core of introduction to public health, epidemiology, and global health) and with our pre-public health major. The minor remains one of the largest on campus. Table 3.3.c.2 details the spring census of active minors and the number of minors awarded for each of the last 3 academic years. In any given year, a number representing approximately one-fourth to one-third of the declared minors graduate with minors.

Table 3.3.c.2 Public Health Minor: Enrollment and graduates

	2010/11	2011/12	2012/13
Active Students*	270	328	401
Graduated	63	89	99

*spring semester

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

The Public Health Program has partnered with the Mecklenburg County Health Department to offer CHES CECH for co-sponsored events held on campus. These relate to the annual community forums and community priority setting events described in Criterion 3.2. We recently began conversations with the local AHEC about our faculty contributing to their continuing education offerings and the possibility of our sponsoring CHES CECH credits for these offerings.

3.3.e Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

The UNC Charlotte Public Health Programs monitor and assess continuing education and workforce needs. The UNC Charlotte Public Health Programs has leveraged other efforts to increase the scope/depth of its workforce needs assessments.

In response to demonstrated workforce need, the Program offers an increasingly popular graduate certificate and plans to launch a second, related certificate in Fall 2014

The Program has a growing cadre of faculty, alumni base, and visibility in the community. Demand for and support of a continuing education program will increase in the coming years.

The Public Health Advisory Board provides key linkages and input for pressing emphases for continuing education.

The Program is expanding its cooperation with and support of the Mecklenburg County Health Department.

The Program serves as a CHES testing site and provides a small portfolio offices CECH opportunities.

The Graduate Public Health (student) Association (GPHA) and the Public Health (undergraduate student) Association (PHA) have taken an increasing leadership role in organizing and planning activities in conjunction with local agencies.

Weaknesses

The department has limited faculty resources and most energy is devoted to delivering core programs.

Outside the certificate programs, no formal workforce development program has been established.

The limited number of graduates sitting for the CHES makes offering an extensive array of continuing education opportunities a lower priority.

Plans

Build on the successful preliminary activities to plan a joint Academic Health department for cross-training of public health department workers and public health academic faculty and students. (Responsibility: Chair, PHPGC, PH Advisory Board, Thompson)

Encourage and support GPHA and PHA to continue their activities. (Responsibility: GPHA & PHA Faculty Advisors)

Increase alumni engagement/involvement in planning and offering CHEC CECH activities. (Responsibility: Program Coordinators, NPHW planning committee)

Criterion 4 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 school's mission, goals and objectives.

4.1.a A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests. See CEPH Data Template 4.1.1.

See Table 4.1.a.1 (following page) for the profile of our primary faculty. Copies of their CVs are found in Resource Appendix 8 Faculty CVs.

4.1.b Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the program. See CEPH Data Template 4.1.2.

See Table 4.1.b.1 (following Table 4.1.a.1) for the profile of our primary faculty. Copies of the CVs of full-time 'other' faculty whose primary appoint is in our department also are found in Resource Appendix 8 Faculty CVs.

Table 4.1.a.1 Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area – Fall 2013*

Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status*	FTE or % Time to Program*	Graduate Degrees Earned	Institution degrees earned	Degree discipline	Teaching Area	Research Interest
Community Health Practice	Arif, Ahmed	Associate Professor	Tenured	100%	Ph.D.	University of Texas , Houston	Epidemiology	Epidemiology; public health data analysis; environmental & occupational health	Epidemiology of asthma & occupational asthma; occupational & environmental epidemiology
					MS	Western Kentucky University	Biology		
					MBBS	Sind Medical College, Karachi, Pakistan	Medicine		
Community Health Practice	Davis, Camina	Lecturer	Contract	100%	MS	UNC Charlotte	Health education and promotion	Social and behavioral science	N/A
Community Health Practice	Harver, Andrew	Professor	Tenured	100%	Ph.D. MS	Ohio University Ohio University	Experimental Psychology	Research methods; statistics; capstone	Asthma; dyspnea, COPD
Community Health Practice	Issel, L. Michele	Professor	Tenured	100%	Ph.D.	University of Washington University of Washington	Public Health Nursing Nursing	Doctoral education, program planning and evaluation, philosophy of science	Community-based perinatal services, Medicaid prenatal case management, program evaluation, public health workforce development, public health nursing, dosage of community interventions
Community Health Practice	Huber, Larissa	Associate Professor	Tenured	100%	Ph.D. MS	Emory University University of Massachusetts	Epidemiology Epidemiology	Epidemiology	Reproductive epidemiology; unintended pregnancy; contraceptives
Community	Piper,	Assistant	Tenure-track	50%	Ph.D.	University of	Health	Health	Aging/gerontology;

Table 4.1.a.1 Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area – Fall 2013*

Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status*	FTE or % Time to Program*	Graduate Degrees Earned	Institution degrees earned	Degree discipline	Teaching Area	Research Interest
Health Practice	Crystal	Professor			MHA MPH	South Carolina Des Moines University Medical Center	services policy & management Health Administration	systems; organizational behavior, human resource management; health education & behavior; health planning & evaluation; research methods; health disparities	asthma, cancer, community/public health; health service utilization; healthcare disparities; HIV/AIDS; maternal and child health; policy analysis; race/ethnicity/culture, rural health
Community Health Practice	Portwood, Sharon	Professor	Tenured	100%	Ph.D. MA JD	University of Virginia University of Virginia University of Texas Law School	Psychology Psychology Law	Research methods;	Child maltreatment; child trauma; community psychology; family violence; health promotion; human development; prevention; program evaluation; psychology and law; public policy; therapeutic jurisprudence; violence prevention; youth development
Community Health Practice	Racine, Elizabeth	Associate Professor	Tenured	100%	DrPH, MPH	Johns Hopkins University Johns Hopkins University	Population and family health Sciences/ health economics	Global health; epidemiology; health economics	Maternal and child health; breastfeeding; nutrition; physical activity measurement; food

Table 4.1.a.1 Current Primary Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area – Fall 2013*

Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status*	FTE or % Time to Program*	Graduate Degrees Earned	Institution degrees earned	Degree discipline	Teaching Area	Research Interest
					MS	California State University, Los Angeles	Nutritional Science		assistance; food security
Community Health Practice	Thompson, Michael	Associate Professor	Tenured	75%	DrPH MS	Johns Hopkins University University of Maryland Baltimore County	Health services research & evaluation Emergency medical services systems / administration, policy & planning	Public health practice; global health; methods in community health; health services research design; comparative health systems	Competency-based education; accreditation; community assessment; program evaluation; health disparities; community-based research; translational research; international/global health; health services research; survey design; quality of care
Community Health Practice	Warren-Findlow, Jan	Associate Professor	Tenured	100%	Ph.D. MBA	University of Illinois at Chicago Lehigh University	Public health / gerontology Business	Social and behavioral sciences; qualitative methods; gerontology	Older adults; African Americans; health disparities; chronic illness; heart disease; women; social and behavioral.
Community Health Practice	Zuber, Pilar	Lecturer**	Contract	50%	Ph.D. MSPH	University of North Carolina, Charlotte University of North Carolina, Charlotte	Health Services Research Community Health Practice	Health education; public health practice	Risk behaviors among college students

* All primary faculty listed above have 100% appointments in PHS. Less than 100% effort was noted for those faculty with responsibilities to support the MHA program or general (undergraduate) education; the graduate faculty will support the new PhD program

** has Graduate Affiliate Faculty standing.

Table 4.1.b.1 Other Faculty Used to Support Teaching Program-Fall 2013 (adjunct, part-time, secondary appointments, etc.)*

Specialty Area	Name	Title/ Academic Rank	Title & Current Employer	FTE or % Time*	Graduate Degrees Earned	Discipline for graduate degrees	Teaching Areas
Community Health Practice	Beete, Deborah		Principle, More Associates, LLC	5%	MPH		Public Health Practice
Community Health Practice	Brandon, William	Adjunct Professor	Metrolina Medical Foundation Distinguished Professor of Public Policy on Health, Department of Political Science UNC Charlotte	5%	Ph.D. MPH MSc	Health policy & administration Politics	Health care policy
Community Health Practice	Laditka, James	Associate Professor	Tenured Associate Professor, Department of Public Health Sciences, UNC Charlotte	5%	Ph.D. DA MPA	Public administration English Public administration	Public health; health services administration
Community Health Practice	Laditka, Sarah	Associate Professor	Tenured Associate Professor, Department of Public Health Sciences, UNC Charlotte	5%	Ph.D. MA MBA	Public administration Economics Finance	Health care systems and delivery
Community Health Practice	Murray, L.	Instructor, Gerontology Program	Part time instructor, Gerontology Program, UNC Charlotte	25%	Ed.D. MA	Educational Leadership Gerontology	Health and aging
Community Health Practice	Platonova, Elena	Associate Professor	Tenured Associate Professor, Department of Public Health Sciences, UNC Charlotte	25%	Ph.D. MHA	Healthcare strategic management Health administration	Healthcare administration

Table 4.1.b.1 Other Faculty Used to Support Teaching Program-Fall 2013 (adjunct, part-time, secondary appointments, etc.)*

Specialty Area	Name	Title/ Academic Rank	Title & Current Employer	FTE or % Time*	Graduate Degrees Earned	Discipline for graduate degrees	Teaching Areas
Community Health Practice	Saunders, William	Assistant Professor**	Tenure-track Assistant Professor, Department of Public Health Sciences, UNC Charlotte	5%	Ph.D MPH	Epidemiology Biostatistics	Health informatics
Community Health Practice	Silverman, Gary	Professor and Chair	Tenured Professor, Department of Public Health Sciences, UNC Charlotte	25%	D.Env. MS	Environmental science & engineering Aquatic ecology	Environmental health
Community Health Practice	Studnek, Jon	-	Quality Improvement Manager, Mecklenburg EMS Agency	5%	Ph.D. MS	Epidemiology Epidemiology	Epidemiology
Community Health Practice	Studnicki, Jim	Irwin Belk Endowed Chair of Health Services Research and Professor, Department of Public Health Sciences	Tenured Professor, Department of Public Health Sciences, UNCC	5%	Ph.D. MPH MBA	Health services research Public health Business	Health services
Community Health Practice	Verma, Neetu	-	-	50%	MBBS MSPH	Medicine Community Health Practice	Epidemiology; global health
Community Health Practice	Wagner, Steve	-	Vice President, Corporate Organizational Development, Carolinas Healthcare System	5%	Ph.D. MS	Business & public affairs Healthcare fiscal management	U.S. healthcare systems

* 25% effort was assigned if teaching a course for BSPH or MSPH students; 5% effort was assigned if teaching a course with HADM designation available as elective to MSPH or students

**joined our regular faculty in Fall 2013; previously engaged as adjunct faculty from the practice community

4.1.c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the school. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The full-time faculty in the Department of Public Health Sciences reflect a mix of academic and professional practice degrees and of academic and professional experience. The practice dimension is further strengthened by affiliate faculty. Practitioners are appointed as Associate Graduate faculty if teaching at the graduate level or serving on thesis or doctoral committees.

Shown on Table 4.1.c.1 is a listing of practitioner involvement as instructors during the 2012-2013 semester, provided as an additional indicator of the regular interaction between our students and practitioners in providing perspectives from the field. Shown are instructors who had primary employment as practitioners and who taught HLTH courses (needed by the MSPH and BSPH students) and HADM courses (available as electives to the MSPH students.). These names listed here may also be reflected in Table 4.1.b 1 above if they are actively teaching for us in Fall 2013.

Table 4.1.c.1 Practitioner Involvement in Public Health Program, AY 2012/13

Practitioner Name	Current Employment	Terminal degree	Contribution to student learning
Blanchette, Chris	Principal & US Retrospective Database Center of Excellence Leader, Health Economics & Outcomes Research, IMS Health	PhD. Epidemiology	Taught HLTH 6203, Public Health Data Analysis HADM 6108 Decision Analysis in Healthcare
Beete, Deborah	Principle, More Associates, LLC	MPH Public Health	Taught HLTH 3101
Dougherty, David	Southminster, Inc. Director of Human Resources	MBA Business	Taught HADM 6128 Human Resources Management
Gross, William	Special Projects Manager, Gaston County Health Department	MPH Health Education	Taught HLTH 6221 Community Health
Sanford, Angela	Assistant Vice-President, Finance, Carolinas Healthcare System	MBA Management & Leadership; MSA Accounting	Taught HADM 6116 Accounting for Healthcare Management
Saunders, William	Managing Director, Saunders Research, LLC	PhD Epidemiology	Taught HADM 6100 Introduction to the US Healthcare System
Studnek, Jon	Quality Improvement Manager, Mecklenburg EMS Agency	PhD Epidemiology	Taught HADM 6104 Health and Disease
Wagner, Steve	Vice President, Professional Services Group, Corporate Organizational Development Carolinas Healthcare System	PhD Business & Public Affairs	Taught HADM 6100 Introduction to the US Healthcare System

Course instructors regularly bring in practitioners to guest lecture. As examples of this practice, shown on Table 4.1.c.2 is a list of practitioners who provided lectures during the 2012-2013 academic year.

Table 4.1.c.2. Practitioners providing lectures in the public health program, AY 201213

Practitioner	Current Employment	Course Guest Lectured
Black, Paula, MSN	Mecklenburg County Health Department	HLTH 6221 Community Health
Brandstetter, Deanne,	VP Nutrition and Wellness, Compass Group, North America	HLTH 4000/6000 Public Health Nutrition
Castrodale, Jessica, RN, MSN,	PHCNS-BC Community Outreach Coordinator, Carolinas HealthCare System	HLTH 4600 Capstone
Chaffin, Coretta, WIC Nutritionist	WIC Nutritionist, Mecklenburg County	HLTH 4000/6000 Public Health Nutrition
Cochran, Allyson MSPH	Health Data Analyst at Gaston County Health Department	HLTH 4600 Capstone
Cradle, Keith, MBA, MHA	Juvenile Programs Director, Mecklenburg County Sheriff's Department, Jail North	HLTH 3000-002 Topics in Public Health: Community Engagement
DeBoer, Tammy	SVP Food Merchandising, Family Dollar	HLTH 4000/6000 Public Health Nutrition
Devine, Ronnie	Project Safe Neighborhoods Manager, Mecklenburg County Community Support Services	HLTH 3000-002 Topics in Public Health: Community Engagement
Donigan, William, DDS	MPH, Gaston Family Health Services	HLTH 6221 Community Health
Edwards, Leigh Ann, MPH, RD	National Program Operations Director, Share Our Strength's Cooking Matters®	HLTH 4000/6000 Public Health Nutrition
Elbert, Shawnte	Health Education Specialist, Wellness Promotion Department, UNC Charlotte	HLTH 2101 Healthy Lifestyles
Feduniec, Veronica, DN	Gaston Family Health Services	HLTH 6221 Community Health
Flanagan, Linda	Mecklenburg County Health Department	HLTH 6221 Community Health
Grissom, Donna	HealthNet Gaston	HLTH 6221 Community Health
Hernandez, Brisa	BUS Project Coordinator, Mecklenburg Area Partnership for Primary Care Research (MAPPR), Department of Family Medicine, Carolinas Medical Center	HLTH 4600 Capstone
Hines, Dionne, PhD	Senior Consultant, IMS Health	HLTH 6203 Public Health Data Analysis
Hopper, Curtis , RS	Gaston County Health Department	HLTH 6221 Community Health
Ivory, Titus	Center Coordinator, Gang of One	HLTH 3000-002 Topics in Public Health: Community Engagement
Levin, Jonathan MPH	Mecklenburg County Health Department	HLTH 6221 Community Health
Long-Marin, Susan,	Epidemiology Manager,	HLTH 4104-002 Epidemiology

Table 4.1.c.2. Practitioners providing lectures in the public health program, AY 201213

Practitioner	Current Employment	Course Guest Lectured
DVM, MPH	Mecklenburg County Health Department	HLTH 6221 Community Health
Partlow, LaVerne, MEd	Gaston County Health Department	HLTH 6221 Community Health
Powers, Katie, MS, RD, LDN	Dietician, UNC Charlotte Student Health Center	HLTH 4000/6000 Public Health Nutrition
Pugh, Mtu	VP Strategy, Family Dollar	HLTH 4000/6000 Public Health Nutrition
Raymond, Lawrence W., MD, SM	Director of Occupational/Environmental Medicine, Department of Family Medicine at Carolinas Medical Center (CMC)	HLTH 6205 Environmental Health
Richards, Rick	Senior Total Life Care, Gastonia	HLTH 6221 Community Health
Sanford, Heather	Owner, Piggery Farm and Restaurant	HLTH 4000/6000 Public Health Nutrition
Simmons, Laura, MS	Social Research Specialist, Urban Institute, UNC Charlotte	HLTH 3000-002 Topics in Public Health: Community Engagement
Sundiata, Adrian	Crossroads Charter School	HLTH 3000-002 Topics in Public Health: Community Engagement
Thorpe, Sharon, M.Ed.	Associate Director, Career Development UNC Charlotte	HLTH 4600 Capstone
Wheeler, Anne, RN	Gaston Family Health Services	HLTH 6221 Community Health
Williams, Janice, MSED	Carolina Healthcare System	HLTH 6221 Community Health

4.1.d. Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the school against those measures for each of the last three years.

Each tenured and tenure-track member of the PHS faculty is expected to participate in teaching, research, and service. Instructors are expected to participate in teaching and service. Performance is evaluated annually as outlined in the relevant university documents, the CHHS Faculty Handbook, and the Annual Planning and Evaluation Form. For faculty, the criteria for Promotion and Tenure are described in the University Faculty Handbook with specific details implementing these policies found within the CHHS Handbook.

Each faculty member completes an annual self-evaluation that details his or her activities in the areas of teaching, research (if applicable), and service, puts these activities within the context of achieving current goals, and specifies goals for the upcoming year. Using data from this self-assessment, the PHS Chair evaluates the faculty member's performance on the basis of the written criteria. The Chair writes a written report which is shared and discussed with the faculty member.

In 2012, our faculty's collective teaching excellence was recognized by the Provost, who awarded our department the 17th Annual Provost's Award for Excellence in Teaching for the

2011-12 Academic Year. In addition, core program faculty member Dr. Larissa Huber received the University's Bonnie Cone Early Career Professor of Teaching award in 2012 and the Harshini de Silva Graduate Mentor Award in 2013.

Specific objectives and performance measures are shown in Table 4.1.d.1. None of our programs' performance measures vary remarkably from those of the College.

Table 4.1.d.1 Faculty performance in meeting performance objectives

Outcome Measure	Target	2010-2011	2011-2012	2012-2013
Students will positively evaluate their course instruction.	100% of the department faculty will be evaluated to score no lower than a mean of 3.0 in response to the following 4 statements in each course on the student course evaluation survey:			
	• Overall I learned a lot in this course	100%	100%	100%
	• Overall this instructor was effective	96%	99%	100%
	• I am free to express and explain my own views in class;	100%	100%	100%
	• The course increased my knowledge of the subject matter	100%	100%	100%
Faculty members will remain current and seek continuous improvement in their pedagogy.	At least 50% of the faculty will incorporate teaching strategies or methods learned from workshops, conferences and other instructional opportunities.	100%	92%	75%

Table 4.1.d.1 Faculty performance in meeting performance objectives

Outcome Measure	Target	2010-2011	2011-2012	2012-2013
The faculty will be active researchers and contribute in important ways to their disciplines.	100% of the department faculty with responsibility for research (which excludes lecturers and part-time faculty) will maintain a three-year average of no fewer than two new publications per year.*	100%	100%	100%
Faculty will engage in scholarship activity related to diversity	No less than 20% of tenure-track and tenured faculty will engage in scholarship activity related to diversity.	92%	73%	83%
Tenured faculty will provide leadership and service to the UNC Charlotte through participating in governance by service on committees at all organizational levels.	All tenured faculty will serve on three or more committees at UNC Charlotte.	100%	100%	100%
Senior faculty will contribute to leadership within their professional communities.	At least 33% of senior faculty will hold named positions in professional organizations at local, state, regional, and national levels	16%	57%	30%
Faculty will make professional contributions to their local communities.	At least 25% of faculty will serve the community on advisory boards or equivalent	33%	43%	67%
Tenured faculty will provide scholarly service to their professional communities.	80% of tenured faculty and 50% of untenured faculty will provide scholarly service (e.g. grant reviewers, abstract reviewers, manuscript reviewers, serve on editorial boards)	100%	100%	100%

*The portfolio should include a significant number of peer-reviewed publications (articles, books and invited book chapters) or other scholarly publications, where significant is generally taken to mean two-thirds

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

This criterion is met.

Strengths

The Department of Public Health Sciences houses a growing faculty of scholars and practitioners committed and prepared to advance the public's health through its teaching, research, and service activities.

The tenured and tenure-track faculty are complemented by a cadre of instructors, adjunct and affiliate faculty practitioners who strengthen the teaching program and ensure curricula meet the needs of the region.

Resources are provided to increase the number and diversity of faculty members as we expand our curricula and presence in the region.

The faculty are competent and productive in the areas of teaching, research, and service.

Weaknesses

In contrast to the last site visit, our faculty complement is now mostly comprised of senior level faculty: we have only two assistant professors in Fall 2012.

Faculty leadership activity in organizations outside the university remains lower than expected.

Plans

Continue efforts to grow a talented and diverse faculty, with special emphasis on targeted areas of teaching and research needs. (Responsibility Chair, Search Committees)

Reconsider the metrics set for our faculty's role in professional leadership activities given the current climate. (Responsibility: Chair)

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.

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

The University Faculty Handbook is provided in Resource Appendix 5. It outlines faculty rules and regulations. This handbook also is available from the web at <http://provost.uncc.edu/handbooks/ft-faculty>.

Also provided in that appendix is the College of Health and Human Services Faculty Handbook. It outlines faculty rules and regulations, and provides additional clarification and elaboration on university rules and regulations with respect to faculty in CHHS.

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

The Department provides full-time faculty funds to support professional development (e.g., conference travel, etc.). In addition, faculty may use funds available from their sponsored research to support development. Ten percent of overhead funds associated with a grant are provided to the Principle Investigator to support professional development. Additionally, if external grants are provided for a “buy out” of teaching, one-third of the funds remaining after meeting instructional needs are made available to that faculty member for professional development. The College may provide additional funds for professional development as resources permit.

The University provides an internal grant and faculty development program to provide seed money for research projects (Faculty Research Grants program) and funds to assist faculty develop or improve courses or curricula (Scholarship of Teaching and Learning Grants). Tenured faculty at the rank of Associate Professor or Professor may be awarded a “reassignment of duties” (effectively a sabbatical) whereby they are released from their normal responsibilities for one semester at full-time salary or one year at half-time salary to complete a specific research, curriculum development, or professional service project. Details of this program are available at: <http://provost.uncc.edu/faculty-resources/reassignment-duties-program>. Faculty also may enroll in one academic course per semester free of charge (as an employee benefit).

All PHS faculty, including part-time faculty, can receive instructional and technical support with office technology and e-learning tools from the College Academic Technology Unit. UNC Charlotte makes a number of university-level resources available to all faculty. Particularly notable is the Center for Teaching and Learning (CTL). This Center strives to improve teaching excellence throughout the institution. Its major priorities include:

- Providing professional development opportunities to ensure constructive and active learning environments
- Leveraging the experience and wisdom of faculty leaders to promote teaching excellence

- Encouraging innovative research and scholarly publication on teaching and learning
- Identifying, developing, and sustaining enterprise level instructional technology systems
- Collaborating with campus constituents to assess programs, tools, and services that support their teaching and learning needs
- Contributing to the development of policies, initiatives, and Campus-wide culture that supports excellence in teaching

The Center operationalizes its work through providing a variety of courses, workshops, and personalized instruction.

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

Faculty competence and performance are evaluated annually. Summative, periodic reviews also occur related to reappointment, promotion, award of tenure, and post-tenure review.

Annual reviews. The permanent faculty is evaluated on an annual basis following College and Departmental guidelines that conform to university standards. Faculty complete an Annual Review and Planning Document detailing their individual activities in teaching, research, and service for the previous year (1 April – 31 March), and specifying goals for the next academic year. The College's workload policy establishes specific benchmarks for faculty performance, including productivity measures such as publications and student evaluation ratings. The Department Chair uses the information in these documents and student course evaluations as the primary data sources to evaluate the faculty member's performance against the written criteria in the CHHS Faculty Handbook.

Accomplishment in the teaching, service, research, and (for full-time administrators) administration domains are evaluated according to the following 5-point scale:

5. Clearly exceeds expectations. Evidence of substantial achievement confirmed through peer-review processes. Especially noteworthy individual accomplishments are public, and typically listed among the unit's annual accomplishments. Reserved for outstanding and exemplary activities.
4. Meets and frequently exceeds expectations. Exceeds adequate performance and demonstrates excellence given the faculty member's rank, years of service, responsibilities, and workload. Consistently engages in activities that contribute significantly to individual success and to unit goals, college goals, and/or university goals.
3. Meets expectations. Adequate performance given the faculty member's rank, years of service, responsibilities, and workload. Demonstrates consistent performance that contributes positively to unit, college, and/or university levels.
2. Partially meets expectations. Demonstrates inconsistent performance with evidence of both adequate and less than adequate performance, given the faculty member's rank, years of service, responsibilities, and workload.
1. Unsatisfactory. Poor performance given the faculty member's rank, years of service, responsibilities, and workload. An action plan will be developed between the faculty member and supervisor to help improve the faculty member's performance in the specified area(s).

The Chair then meets with each faculty member to discuss her or his evaluation and provide the faculty member with a copy of the written evaluation that details the faculty member's efforts and performance in teaching, research, and service for that year.

Teaching. The primary tool used for evaluating teaching is through student evaluation. At the end of each semester, students are encouraged to complete an evaluation using an on-line standardized evaluation survey. As detailed under criterion 4.1 outcome measures, students respond to these questions on a Likert-type scale (1=strongly disagree to 5=strongly agree). Students also are given the opportunity to provide written feedback on the course and/or instructor.

Responses to the first four of the survey statements are reported on the Annual Review and Planning Documents for all classes taught for the annual evaluation period. Specifically, faculty provide their scores (means and standard deviations) for the following items: Overall, I learned a lot in this course; Overall, this instructor was effective; I am free to express and explain my own views in class; and The course increased my knowledge in the subject matter. Faculty members are expected to meet an overall standard of 3.0, and to be within a standard deviation of the department mean. The Department Chair has access to complete survey results, and also considers the student comments and responses to other survey statements.

Additionally, faculty teaching is evaluated by examining a list of other activities including participation in thesis or dissertation committees, supervision of capstone projects, and any developmental teaching activities/workshops attended. Annually, pre-tenure faculty members receive a written peer-review of their teaching, which is submitted to the Department Chair. Collectively, this information is used to evaluate the faculty member's teaching using a 5-point scale.

Service. The college workload policy specifies that faculty members are expected to engage in unit, College, and University service appropriate to their rank. In addition, faculty are expected to engage in professional and community service relevant to their rank. For example, tenure-track and tenured faculty should provide evidence of scholarly service in addition to unit, College, and University service (e.g. grant reviewer, abstract reviewer, manuscript reviewer, service on editorial boards, study sections). Tenured faculty are encouraged to seek leadership positions in professional organizations at local, state, regional, or national levels; and are expected to seek opportunities to serve on community advisory boards, especially those related to their professional expertise. Service information is included in the Annual Review and Planning Documents provided by each member of the faculty, and used by the Department Chair to evaluate the faculty member's service using the 5-point scale.

Research. Faculty research competence and performance is primarily evaluated on the basis of peer reviews publications, professional presentations, and proposals for research funding (including proposals submitted but not funded in addition to funded grants). Tenure-track and tenured faculty are expected to publish a three-year average of no less than two peer-reviewed, indexed publications annually. Information on research proposals, publications, presentations, and other research-related activities is documented by each faculty member in her or his Annual Review and Planning Document. Based on the information provided in this document, the Department Chair evaluates each faculty member's research contributions using the 5-point scale.

Summative Reviews. The process for reappointments, promotion, and award of tenure is detailed in the CHHS Faculty Handbook, again conforming to University standards. Candidates prepare a dossier documenting their performance spanning the required reporting period. External reviews are obtained for those candidates seeking promotion or tenure. The Department's Review Committee, consisting of tenured faculty, assesses credentials based on performance in research (if applicable), teaching, and service. That committee provides a recommendation to the Department Chair. The Chair provides her or his own assessment, and provides a recommendation to the College Review Committee. The College Review

Committee, consisting of tenured professors, then provides its assessment and recommendation to the College Dean. The Dean, in turn, evaluates the materials and provides her or his recommendation to the Provost. Finally, the Provost makes the determination regarding the reappointment, promotion, or tenure. These decisions are then confirmed by the Board of Trustees.

Tenured faculty members are reviewed every five years following a structured post-tenure procedure. These faculty members submit a file containing a copy of their last five annual review letters from the Department Chair, current curriculum vitae, and an optional statement describing professional accomplishments in teaching, research, and service. These materials are evaluated by the Department's Review Committee, and its assessment is provided to the Department Chair. The Chair then provides her or his assessment, and provides a recommendation to the Dean. If the Dean's assessment and recommendation differs from the Chair's recommendation, the faculty member's review materials are provided to the College Review Committee for an advisory review. Finally, the assessment is transmitted to the Provost. If the Chair and the Dean agree that the faculty member's performance is seriously deficient, the Chair will require that the faculty member have a written developmental plan.

Part-time Instructors. Part-time instructors are appointed on a course-by-course basis. Teaching evaluations are conducted primarily using the standardized evaluation survey described above for permanent faculty. The Department Chair reviews survey results, course syllabi and any other pertinent course information, providing feedback and mentoring as appropriate, especially for first time hires. The Department Chair also uses these performance data in selecting faculty to teach subsequent courses.

4.2.d Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

UNC Charlotte policies require that all students be afforded the opportunity to complete a course evaluation at the conclusion of each of their courses. This process is accomplished using a web-based resource. The survey is completed outside of the classroom. Course evaluations consist of a standardized portion that asks students to evaluate the course, course content, and effectiveness of the instructor using a 5-point Likert-type scale (1=strongly disagree to 5=strongly agree). Students also have the option of providing written feedback on the course and/or instructor. Results are posted anonymously, with aggregate results available to the instructor and the Department Chair. Also provided for each survey statement are mean scores for all sections of that course, the department, and college.

In addition to the instructional effectiveness processes for tenured and tenure track faculty described in 4.2.c above, non-tenure track faculty members also receive information on teaching effectiveness through peer teaching observations. These observations are conducted at least once a year by tenured faculty members. After the observation, faculty members are provided with feedback on their teaching style and effectiveness. All of this feedback is then used to revise and enhance teaching strategies. This information also is used to complement the student evaluation data.

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

This criterion is met.

Strengths

The University publishes (and follows) explicit policies and procedures for the recruitment, assessment, promotion, reappointment, and tenure of its faculty. Documentation is provided at the university and college levels.

Opportunities and resources are available for faculty to improve their teaching and research effectiveness.

A mature and standardized system is in place for faculty evaluation and instructional effectiveness. This system provides a mechanism for evaluation that leverages collegial support for continuous improvement.

Faculty members in the Department have been assessed as effective and are regularly engaged in providing community and professional service.

Weaknesses

The current college workload policy does not adequately reflect the demand of student mentoring/advising (e.g., chair and serving on thesis and dissertation committees).

The current promotion criteria for full professor provide teaching intensive and research intensive pathways, but not a service intensive pathway.

Plans

Continue to promote faculty professional development. (Responsibility: Chair)

Leverage the teaching practicum for doctoral students (planned PhD) as a means for emphasizing and discussing instructional effectiveness among the faculty. (Responsibility: Chair, PhD Director)

Work with Dean and Faculty Governance to revise workload and promotion policies. (Responsibility: Chair, DRC)

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.

4.3.a Description of the program's recruitment policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

The Public Health Programs uses a number of methods to successfully recruit a diverse, qualified student body.

Overall. The department website (<http://publichealth.uncc.edu/>) provides students with information on available degree programs, admission requirements, degree requirements, faculty listings, and other relevant materials important to both current and prospective students. The Public Health Programs advertises its offerings via the academic institutions section of APHA's Public Health Buyer's Guide (<http://publichealthbuyersguide.com/>) and via participation in a variety of conferences and career fairs (mostly local/regional conferences such as NCPHA, NCSOPHE). In addition, program brochures are sent to the state and all local health departments, and to other campuses in the UNC system that have health-related undergraduate degree programs. Fall 2013 marks our first time hosting a booth at the APHA annual conference.

Undergraduate. For the BSPH program, announcements are sent electronically to students enrolled in minor courses, those declaring pre-public health as major, and to those declaring health-related pre-majors. Representatives of the BSPH program also attend a number of on-campus sessions, including Student Orientation, Advising and Registration (<http://www.soar.uncc.edu/>) Explore Open House (<http://www.uncc.edu/admissions/visit/openhous.asp>), and Majors Day, which is sponsored by the University Career Center (www.career.uncc.edu), to inform prospective and current undergraduates about the public health degree programs. The Department, in conjunction with the College's Office of Student Services, also offers two information sessions during the Fall semester which provide detailed information regarding the application requirements and process.

Graduate. The graduate programs recruit from health-related majors on campus (in addition to the BSPH) and via the pre-health/pre-med student organization. The Graduate School hosts regular (general) open houses for prospective graduate students and supports program-specific open houses. The program hosts at least one such open house per year. The program also utilizes the GRE locator service to stimulate interest in our programs. Beginning in 2012, we now visit a number of HCBUs and other feeder programs in the region to promote our programs and recruit students. In 2013, the imminent launch of the PhD program led to hosting an informational and recruitment booth at the Boston APHA meeting and targeted advertising of the program to master's alumni and key stakeholders.

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

As described below, while similar, the admissions process varies by degree program.

MSPH Policies and Procedures

Admission Cycle Calendars and Deadlines

Applications to the MSPH degree program for fall admission are due by February 15th for full consideration. Applications received after this time and prior to the university application deadline of May 1st will be periodically reviewed, subject to space limitations. Applications to the MSPH program for spring admission are due by September 15th for full consideration.

Applications received after this time and prior to the university application deadline of October 1st will be periodically reviewed, subject to space limitations. The MSPH curriculum is optimally sequenced for full-time study beginning in the fall semester. Part-time applicants and those entering with advanced standing/prior graduate coursework may choose to begin in either the fall or the spring. However, those individuals interested in pursuing a fulltime course of study are advised to apply for fall admission.

Our admissions requirements follow those outlined by the Graduate School.

Admission Requirements

The applicant must possess at least a bachelor's degree, or its US equivalent, from a regionally accredited college or university, and must have attained an overall grade point average of at least 3.0 (based on a 4.0 scale) on all of the applicant's previous work beyond high school. If an applicant has earned or attempted a post-baccalaureate degree (i.e., a master's, doctoral, or other), grades in that program will also be taken into consideration. Applicants must also be in good academic standing at the last institution of higher education attended.

Applications generally consist of the items listed below, most of which are submitted online. Any materials submitted in support of an application for admission to graduate study become the property of the University and cannot be returned to the applicant.

1. The application form must be submitted online through the [Graduate School's application system](#). Submission of the application form requires payment of an application fee, which is paid online by credit card; the fee is neither deductible nor refundable.
2. A Statement of Purpose (essay) must be submitted online as part of the application submission process. Applicants must upload the Statement of Purpose into their application record. The Statement of Purpose describes the applicant's experience and objectives for undertaking graduate study. [Note: Some graduate programs request specific items to be included in the Statement of Purpose. Applicants should check the department's website or contact the department directly for further clarification on specific requirements related to the Statement of Purpose.]
3. At least three recommendation forms from persons familiar with the applicant's personal, academic and/or professional qualifications. The recommendation forms must be submitted via the online application system; letters of recommendation in support of an individual's admission may also be uploaded directly to the online recommendation form. Recommendations sent to the Graduate School in any other format, including surface mail and email, will not be processed.

4. Official (officially certified) transcripts / mark sheets / degree certificates of all academic work attempted beyond high (secondary) school are required of all students offered admission who enroll at UNC Charlotte. For the application and admission processes, unofficial transcripts of each academic institution of higher education ever attended must be submitted (and should be uploaded directly to the online application); transfer credit posted on the records of other institutions is unacceptable and transcripts of these credits must be supplied.
5. Official agency reports of satisfactory test scores as specified in the section on graduate programs in this Catalog. GRE/GMAT scores are reportable from ETS for a period of five years from the date of the exam. Likewise, the Graduate School accepts GRE/GMAT scores which are up to five years old as part of the application process. GRE/GMAT scores older than five years old are therefore not acceptable since the scores cannot be officially reported. Likewise, MAT scores more than five years old are not accepted. MCAT scores are accepted by some graduate programs and should be no older than five years. For additional information regarding test score requirements, please see the [“Test Information” section](#) of the Catalog.
6. Official scores on the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS), if English is not the applicant’s native language and he or she has not earned a post-secondary degree from a U.S. institution or graduated from an institution in an English-speaking country. Required is either a minimum score of 83 on the Internet-based TOEFL, a minimum score of 220 on the computer-based TOEFL, a minimum score of 557 on the paper-based TOEFL, or a minimum overall band score of 6.5 on the IELTS.

Review Process

The Graduate School electronically refers completed applications to the MSPH Program Coordinator for recommendation. The MSPH Committee, a subcommittee of the PHPC, is comprised of the MSPH Program Coordinator and two or more tenure-track faculty in the Department of Public Health Sciences involved in the MSPH program. At least 3 members of the MSPH Committee independently evaluate each student using a common evaluation sheet (Appendix 4.3.b.1 MSPH App Review). Specifically, each applicant is rated on official transcripts, GRE scores, personal statement, preparation, and experience in the field of public health, letters of reference, and potential contribution to class diversity. Applications are considered in their totality; however, we desire candidates with GRE scores whose quantitative and verbal percentile scores sum to at least 90 and have an undergraduate GPA of no lower than 3.0. Deficits in one area may be offset by excellence or other unique qualities. Recommendations for admission in such cases require documented justification as part of the recommendation. After the committee agrees on a recommendation, the Graduate School is informed for its review and approval. The applicant is subsequently notified of his or her admissions determination.

PhD Policies and Procedures

The process for admissions into the PhD. Program is similar to that used for admission into the Master’s Program, following procedures established by the Graduate School, with students applying online. Applications are due by 1 January for full consideration.

The minimum admission requirements for the PhD program are as follows:

- a) Master’s degree in public health or a related field with a minimum GPA of 3.5 (A=4.0) in all graduate work.

- b) A competitive GRE, no more than five years old
- c) Minimum score of 83 (Internet based), 220 (computer-based test) or 557 (paper-based test) on the TOEFL if the previous degree was from a country where English is not the official language.
- d) A statement of purpose in which the applicant details why she/he wants to pursue a Ph.D. in Public Health with a concentration in *Behavioral Sciences* at UNC Charlotte.
- e) Three letters of recommendation; at least two letters from former professors familiar with the applicant's graduate work.
- f) Students who have not completed a CEPH accredited Master's degree in public health may be required to take additional courses as determined by the Doctoral Program Advisory Committee. Such courses will be specified at the time of admission into the program.

BSPH Policies and Procedures

Admission Cycle Calendars and Deadlines

Similar to most of the College's professional programs, students enter the BSPH program as "upper division" students (e.g., having attained "junior" standing and completed many general education requirements and the pre-requisites to apply for the BSPH), following a period as a declared "pre-major" or applying from another major. Due to the sequencing of the curriculum and other considerations, applications for the BSPH program are only accepted for fall admission. To receive full consideration, complete applications are due to the Department of Public Health Sciences by March 1 of each year (or as otherwise announced).

Admission Requirements

1. Application in writing submitted to the Department of Public Health Sciences.
2. Completion of at least 60 credit hours prior to beginning the Public Health major in the fall semester, including specified pre-requisites
3. A minimum cumulative GPA of 2.5 (3.0 or better preferred).
4. Unofficial transcripts from all colleges and/or universities attended.
5. Statement of interest detailing the applicant's future career goals in public health and identified academic strengths and weaknesses.

Review Process

Completed applications are reviewed by the BSPH Committee, a subcommittee of the PHPC. It is comprised of the BSPH Program Coordinator and two or more faculty in the Department of Public Health Sciences involved in the BSPH program. Applicants are rated on their academic achievement (as demonstrated by completed coursework and transcripts) and likelihood of substantially contributing to the field of public health (as indicated in the statement of interest). Once a consensus has been reached, applicants are notified by the BSPH Coordinator of the admission decision in writing. A copy of the student admissions evaluation sheet is provided as Appendix 4.3.b.2 BSPH App Review.

4.3.c Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

The faculty and staff actively market the Public Health Programs using the brochures, the Department website (<http://publichealth.uncc.edu/>), alumni referrals, and word of mouth.

Current and archival university catalogs are found at <http://catalog.uncc.edu/> in both web and PDF format. Separate graduate and undergraduate catalogs are produced each academic year. These catalogs include university policies addressing grading and the portfolio of courses offered and formal degree requirements.

The College supports the production and distribution of program specific recruitment brochures. These brochures are stocked in college and department informational displays, used at admissions fairs and the like, and distributed to other venues. Electronic (PDF) versions of the brochures are posted to our departmental website and included as Appendix 4.3.c.1 MSPH Brochure and Appendix 4.3.c.2 BSPH Brochure.

Each degree program provides students a program manual (usually electronically and also posted on the website) that expands upon university policies and procedures as applied to the program, to include listing degree requirements. Copies of the MSPH and BSPH program manuals are provided as Resource Appendix 5 and are accessible via the student resources tab of the departmental homepage and via links on the program summary pages.

The Registrar produces the official academic calendars. An interactive site (<http://registrar.uncc.edu/calendar>) contains current and archival listings of key events including start/end dates, exam periods, add/drop dates, and other important academic deadlines.

4.3.d Quantitative information on the number of applicants, acceptances and enrollment, by specialty area, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.

Table 4.3.d.1 presents information on the number of applicants, acceptances, and enrollments for the MSPH and BSPH programs. The MSPH admits fall or spring, with most starting in fall. The BSPH only admits for fall. The MSPH applicant pool fluctuates around 50 applicants for the 20-25 MSPH slots available each cohort. The BSPH applicant pool is growing proportionate to the increase in pre-major and minor enrollment while the cohort size has remained fixed, increasing the competitiveness for admission into the major. The size and quality of the applicant pool could soon support expansion of the cohort size (e.g., offering multiple sections of core courses) and/or the offering of additional concentrations.

Table 4.3.d.1. Quantitative information on program applicants, AY 2010/11–2012/13 (fall new enrollment only)

		Academic Year 2010/2011	Academic Year 2011/2012	Academic Year 2012/2013
MSPH				
Community Health Practice/ Health Promotion	Applied	51	65	40
	Accepted	35	40	27
	Enrolled	26	19	16
BSPH				
Community Health Practice/ Health Promotion	Applied	84	84	115
	Accepted	47	45	49
	Enrolled	43	36	45

4.3.e Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a FTE conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any program or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.

Table 4.3.e.1 displays the number and FTEs of students enrolled in the MSPH and BSPH programs since 2010/2011. MSPH enrollment fluctuates around 43 FTEs (reflecting two cohorts of 20-25 students each). BSPH enrollment now centers around 75 FTEs, en route to approximately 85 FTEs with the expansion of cohorts from approximately 35 students to approximately 45 students.

Table 4.3.e.1 Program Student Enrollment Headcount, AY 2010/11–2012/13

	Academic Year 2010/2011		Academic Year 2011/2012		Academic Year 2012/2013	
	HC	FTE*	HC	FTE	HC	FTE
MSPH						
Community Health Practice/ Health Promotion	47	43	51	47.25	43	38
BSPH						
Community Health Practice/ Health Promotion	60	57	81	76.75	80	75.25

As in Criterion 1.7, FTEs for Graduate students are based on 9 hours = full time; for undergraduates 12 hours = full-time

4.3.f Identification of measureable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Outcome Measures Template.

Table 4.3.f.1 displays information on the outcome measures used to assess the qualifications of students accepted and enrolled in the MSPH and BSPH programs.

By comparing the quality of our enrolled cohort to our accepted pool, we can assess our success in enrolling a competitive, diverse group of students.

During the last three academic years, the MSPH program met or exceeded its targets with the exception of the total GRE score profile for the 2012/13 cohort. This cohort reflects applicants primarily reporting revised GRE scores. The target of quantitative and verbal percentile scores summing to at least 90 was based on the comparable percentiles for old-scoring GRE scores that summed to 1000. The shift to a percentile based target was intended to simplify comparison across old and revised scoring (and a hedge against any future revisions).

Our experience, and anecdotal evidence from colleagues in other programs on campus and in the region, is that scores on the revised GRE are depressed compared to the old version, and the minority applicants seem to have a greater disconnect between GRE scores and other academic measures (GPA, etc). Our admissions committee is making far more 'exceptions' to our target GRE scores in the face of other offsetting indicators of academic potential than in the

past. We are exploring reasons for this disconnect and alternate formulations of a target. We will closely monitor the performance of the 12/13 and 13/14 cohorts to understand the issue.

In light of an increasingly large and competitive applicant pool, the BSPH student profile has consistently met or exceeded its targets.

Table 4.3. f.1 Summary, Admissions Outcome Measures

		Target	2010/2011	2011/12	2012/13
MSPH					
% of students who enter with a GPA of ≥ 3.0 (out of 4.0)	Enrolled	70%	80.1%	89.5%	75.0%
	Accepted	70%	86.8%	86.6%	80.0%
% of students with combined GRE $\geq 1000^*$	Enrolled	50%	76.0%	73.7%	40.0%
	Accepted	50%	75.0%	81.8%	51.7%
% of students with one GRE score ≥ 50 th percentile	Enrolled	50%	76.0%	84.2%	53.3%
	Accepted	50%	75.0%	90.9%	62.2%
BSPH					
% of students who enter with an overall GPA of ≥ 2.5 (out of 4.0)	Enrolled	80%	100%	100%	100%
	Accepted	80%	100%	100%	100%
% of students with GPA ≥ 3.0 on pre-PH core courses	Enrolled	80%	97%	91%	100%
	Accepted	80%	96%	91%	100%
% of students with GPA ≥ 3.0 on PH core courses upon graduation	Graduates	70%	97%	95%	82%

**For the revised GRE scoring, the expectation is that the combined quantitative and verbal percentile scores will sum to at least 90*

4.3.g Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is met.

Strengths

Both the MSPH and BSPH programs have well established and well documented admissions policies and procedures.

Information addressing university-wide and program specific expectations, requirements, and processes are disseminated and widely available in print and electronic format.

The program coordinators utilize members of their respective program committees to assist in the evaluation of applicants for admission.

The quality and diversity of the applicant pool is good.

The program coordinators, supported by program faculty and the College's Office of Student Services, recruit, advise, and mentor applicants and students of the programs.

Weaknesses

The size of the MSPH applicant pool has not grown as much as anticipated.

The revised GRE score pattern appears lower and to have disproportionately affected minority applicants.

Plans

Continue to reassess procedures and standards in light of experience, with particular emphasis on the launch of the planned PhD in 2014. (Responsibility: PhD Director, PHPGC)

Solicit student feedback regarding the clarity and medium of program materials. (Responsibility: Program Coordinators)

Consider ways to expand program visibility and recruitment opportunities. (Responsibility: Program Coordinators, PHPGC)

Reassess the GRE targets in light of the revised test score concerns. (Responsibility: Program Coordinator, Program Committee)

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.

4.4.a Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

MSPH Program. New MSPH students have an advising hold placed on their registration, meaning that they are not permitted to register until they have contacted the Coordinator. The MSPH Program Coordinator, in conjunction with the Department Chair and other faculty members, holds an orientation session for all incoming MSPH students at the beginning of the academic year. During orientation, with the MSPH Program Coordinator provides students with an overview of the program including course scheduling, thesis process, and internship requirements. Students are informed of their academic advisor assignments at this time. Additionally, students meet program faculty and staff and receive electronic copies of program handbooks (student, internship, thesis/project) on flash drives [Resource Appendix 5]. In addition to receiving handbooks at orientation, students have access to all program handbooks on the Department website; hard copies are available in the Department's resource room.

Prior to the registration period for upcoming semesters, the MSPH Coordinator sends an advisory e-mail to MSPH students on course selections and logistical considerations. Again, an advising hold is placed on the students' registrations until they meet with their faculty advisor. MSPH students meet with their academic advisor each semester to plan their course of study and theses/projects. They meet with the MSPH Program Coordinator and their academic advisor to finalize plans for their internships initially developed with their advisors. They meet with their capstone theses/project chair to organize their theses/projects. The MSPH Coordinator serves as the liaison should the academic advisor or thesis/project chair become unavailable.

Once students select a thesis advisor, they are encouraged to work closely with that person to plan their (elective) course of study and discuss their future goals. Internship preceptors also are valuable resources for students in terms of discussing career options.

Faculty (academic) advisors are drawn from the members of the program committee. As such, they are steeped in program requirements and policies and actively involved in admissions, and related activities. Thesis/project chairs must have a primary appointment in the Department, or have significant involvement in and knowledge of the Public Health Programs and its policies and procedures. The program coordinator or other experienced capstone chair typically serves on the capstone committees with a first-time chair to mentor the new chair through the process.

The Graduate Public Health Association (GPHA) maintains a listserv that provides the MSPH graduate students with a forum to communicate with each other, and allows faculty members to post information about employment opportunities, internships, summer programs, and continuing education opportunities.

PhD Program. The Program Director serves as each student's faculty advisor until the student is matched with a member of the Program Faculty who will serve in this role. Faculty advisors

should be identified no later than the end of the student's first year in the program. The faculty advisor must be a member of the PHS Doctoral Program Faculty.

During the first year of full-time study or two years of part-time study, students are expected to begin to narrow the focus of their research interest to an area of proposed dissertation study. Each student will typically identify a Dissertation Committee Chair during the second year of full-time study. Once the Dissertation Committee Chair is selected, she or he becomes the student's faculty advisor for the remainder of the program. The Dissertation Chair will advise the student in her or his area of specialization, and guide the student in recommending additional courses relevant to the planned dissertation. The Dissertation Chair also will guide the student in the selection of additional dissertation committee members.

BSPH Program. The College's Advising Center provides academic advisement to all Pre-Public Health Major and Public Health Minor students. However, once students are accepted into the Public Health Major, they are assigned a faculty advisor from the Department of Public Health Sciences drawn from the program committee members. This advisor is responsible for providing both academic and career advice to their assigned BSPH students. As a member of the BSPH program committee, the advisors are steeped in program requirements and policies as well as university general education requirements.

The BSPH program is served by a Program Coordinator, who also serves as the Internship Coordinator. The BSPH Program Coordinator is available to students for advising and discussing any and all issues related to the BSPH program. The BSPH Internship Coordinator is responsible for facilitating internship experiences for the BSPH students.

Reflecting the lock-step sequencing of the major, the BSPH program utilizes general (group) advising sessions. Standard sessions include orientation to the program (new students) and planning for the internship (first year students) and preparing to graduate (second year students). During the orientation session, the program handbook (Appendix 4.4.a.2) is distributed electronically and discussed. The handbook also is available via the student resources tab of the Department website. Students also meet individually with their faculty advisor at least once per semester.

4.4.b Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.

The University's Career Center (<http://career.uncc.edu/>) provides a number of career advising and career counseling services. For example, the Career Center periodically offers workshops on resume writing and interviewing. They also offer individual sessions in which current students and alumni (up to three years post graduation) can have their resumes critiqued or participate in mock interviews. The Career Center also offers on-line resources on effective interviewing and resume and cover letter writing.

In addition, career development services are built into program activities. For example, the BSPH capstone course focuses on career-building by developing professional skills, practicing job interviews, and preparing resumes and portfolios. The MSPH program incorporates some career insights into the health services administration course and through faculty dialogues with their advisees.

As the internship often serves as a (unplanned) springboard to a job, the program/internship coordinators coach students on how to approach internships with that possibility in mind. Both programs also maintain listservs where job and training opportunities are shared with students and alumni. The degree programs coordinate with the student professional organizations to

offer career advising and development activities that bring potential employers and successful alumni to campus. Faculty provide recommendations and references for students and often network students with potential employers.

Both the MSPH and BSPH program operate listservs and maintain social media presences for their students and alumni. Program updates, networking and development opportunities, and job openings are disseminated through these venues

4.4.c Information about student satisfaction with advising and career counseling services.

Several mechanisms are used to assess student satisfaction with advising and career counseling services. MSPH and BSPH students are asked to evaluate their internship experiences. The formal program exit surveys assess satisfaction with advising and career counseling, among other domains. These surveys complement periodic university-wide advising satisfaction surveys (see <http://career.uncc.edu/ucc-information/unc-charlotte-post-graduation-survey-results>). The MSPH Program Coordinator also conducts informal small group discussions with students at least once each semester to assess their perceptions of the program's strengths and weaknesses.

In addition, the College of Health and Human Services conducts annual, one-year post-graduation, and three-year post-graduation advising surveys among both undergraduate and graduate students (See Resource Appendix 2). The post-graduation surveys also assess career placement service satisfaction. While the response rate to the college and university-wide surveys are quite low, responding students are generally satisfied with career advising. They would, however, like more opportunities for networking.

With the economic downturn, BSPH students reported more difficulty finding employment in health-related agencies which created increased demand for/expectations from career services. Students are retaining pre-graduation employment until a public health opportunity is available.

4.4.d Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

Students in the Program are subject to superseding policies and procedures enacted at the university- and college-levels as well as to program-specific policies and procedures. The specific nature of the grievance (e.g., academic integrity, grading, or sexual harassment) determines which policies and entities have responsibility for addressing the matter. In general, students are expected to first attempt to resolve any issues directly with a faculty member. Failing that, students are expected to contact the Program Coordinator (e.g., for academic or program issues) or the Department Chair (e.g., for personnel or behavior issues). Consistent with university policies, decisions made by coordinators and/or committees may be appealed to the Department Chair, then to the College Dean, and then to an appropriate university-level body.

A student is required to have knowledge of and observe all regulations pertaining to campus life and student behavior. The University has enacted two codes of student responsibility --The UNC Charlotte Code of Student Academic Integrity and The UNC Charlotte Code of Student Responsibility. They are summarized in this University Catalog and available in full online as Chapters 406 and 407 of the University Policies at <http://legal.uncc.edu/chapter-400>. The

University policy statement regarding student appeals and grievances is Chapter 403 at the aforementioned website.

As students willingly accept the benefits of membership in the UNC Charlotte academic community, they acquire obligations to observe and uphold the principles and standards that define the terms of UNC Charlotte community cooperation and make those benefits possible.

Because students may not be aware of the appropriate courses of action for various grievances, the Office of the Dean of Students serves as a resource center for those students seeking information regarding grievance and appeal procedures.

Undergraduate students may appeal an academic suspension by submitting a written statement online to the Office of the Registrar at www.registrar.uncc.edu/students/susp.htm. Other grievances relating to academic status are to be addressed by the College where the grievance arises or, if no particular college is appropriate, by the University Registrar. Additional information on “Student Grievance Procedures” is available in college-level student handbooks and in program specific handbooks.

Processes that guide the admission, suspension, termination, and appeals for graduate students are well articulated in the Graduate Catalog (current and archival copies accessible here in HTML and PDF format: <http://catalog.uncc.edu/graduate-catalogs>).

The Department of Public Health Sciences also has a number of ways students can express concerns. For example, graduate students interested in public health are invited to participate in the Graduate Public Health Association (GPHA) (see <http://www.sco.uncc.edu/gpha/>). The GPHA fosters an environment that contributes to the enhancement of the academic and professional concerns, goals, and careers of the Department’s graduate students. Students are active in this organization and have routine meetings where they discuss not only upcoming events and activities, but also programmatic concerns. The executive board of GPHA appoints a student representative to the MSPH Program Committee. At those meetings, the student representative gives a report of the status of GPHA, relays student concerns, and offers a student’s perspective on program initiatives as necessary. While students are free to raise concerns at any time, the MSPH Program Coordinator formally meets with GPHA at least once each semester.

Similarly, undergraduate students may participate in the Public Health Association (<http://www.sco.uncc.edu/pha/>). This association has the same purposes as the Graduate Public Health Association, but serves undergraduates. It, too, appoints a member to the Program Committee.

In addition, the Public Health Programs Governance Committee (PHPGC) provides students with a venue to communicate concerns through the program committee student members. The student representatives discuss issues with their peers and then relay these concerns to the program committees, where the students are directed to the appropriate body to hear their concern if it is not within the committee’s purview.

Information on grievance procedures is included in university and program orientations, posted on line and in university publications. Faculty are reminded annually to advise students unsure of their rights or the proper procedure to contact their academic advisor, their program coordinator, or the Dean of Students who can direct them to the appropriate resources.

No students in our degree programs have filed a grievance at the department, college, or university level in the past three years.

4.4.e Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This Criterion is met

Strengths

The University, College, and Program have well defined and documented advising and career counseling programs and materials that are made available to students via a variety of media.

The Program augments university efforts to provide an appropriate portfolio of services and activities that enhance and facilitate the graduation and employability of our graduates.

Program faculty are available to both undergraduate and graduate students in terms of advising and counseling.

Students are generally satisfied with the advising and career counseling services they receive and provide constructive feedback for improving our efforts.

The Program Committees and the Public Health Governance Committee provide a formal mechanism by which students can express program concerns and needs in a safe and confidential setting.

The Graduate Public Health Association and Public Health Association (undergraduate) provide students with an opportunity to become involved with public health events. In addition, they foster an environment where students can discuss programmatic concerns with each other. Program Coordinator meetings with the professional associations enhance opportunities for dialogue regarding concerns.

The graduate student listserv provides students with a forum to communicate with each other and to learn more about employment opportunities, internships, summer programs, and continuing education opportunities.

The new early entry program into the MSPH program will afford accomplished BSPH students a shorter time to a graduate degree.

Weaknesses

The economic downturn has increased the challenges for BSPH graduates to find meaningful employment in the public health sector. Many are reluctant to relocate and opt to retain their pre-graduation employment while waiting for opportunities in the public health sector.

Plans

Consider means to strengthen the BSPH capstone and related activities to increase student employability and awareness of opportunities outside the immediate area. (Responsibility: Program Coordinator, Program Committee)

Continue to monitor and assess student satisfaction and changing needs/expectations related to advising. (Responsibility: Program Coordinators, Chair, Dean)

