REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT THE

UNIVERSITY OF NORTH CAROLINA, CHARLOTTE

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
        September 27-28, 2021

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CRITERIA:
        Accreditation Criteria for Schools of Public Health & Public
        Health Programs, amended October 2016

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INTRODUCTION

The University of North Carolina, Charlotte (UNCC) was established in 1965 as the fourth campus in the statewide university system. UNCC has seven colleges and four schools within those colleges. As of fall 2020, the university offered 75 undergraduate degrees, 65 master's degrees, and 24 doctoral degrees. The public health program is in the Department of Public Health Sciences (PHS) under the College of Health and Human Services (CHHS). UNCC employs 3,700 faculty, administrators, and staff with just over 30,000 students (24,000 undergraduate and 6,000 graduate). The university is the second largest system among the 17 UNC institutions. UNCC is accredited by the Southern Association of Colleges and Schools Commission on Colleges. Within the college, degrees in the School of Nursing, School of Social Work, and Department of Kinesiology are all accredited by their respective accrediting bodies. In addition to the CEPH-accredited public health program, the department offers an MHA degree that is accredited by the Commission on Accreditation of Healthcare Management Education.

The Department of Public Health Sciences was established in 2002 as the Department of Health Behavior and Administration. In 2003, based on stakeholder feedback and programmatic realignment efforts, the department created a vision to transform the unit to a CEPH-accredited public health program and, eventually, an accredited school of public health. The public health program's MSPH in community health was first accredited in 2009; the program changed the degree to an MPH in 2016. In 2007, the program added the BSPH degree, and in 2014 launched its first PhD in public health sciences. In 2018, the program added MPH degrees in epidemiology and population health analytics; in 2019, the program added an MPH concentration in physical activity and nutrition and an existing PhD in health services research was moved into the DPHS from a different department. As of fall 2021, 88 students were enrolled in the MPH degree program: 36 in community health practice; 36 in epidemiology; 10 in physical activity and nutrition; and six in population health analytics. There were 37 students enrolled in the two PhD programs: 23 in public health/behavioral sciences and 14 in health services research. Finally, the program had 108 students in the BSPH degree program. All degree programs are only offered in a campus-based format.

The program was first accredited in 2009, with reaccreditation in 2014. The program submitted two interim reports since its last review regarding academic advising and career counseling (in 2015) and MPH foundational competencies (in 2020). The Council accepted the program's interim reports as evidence of compliance in these areas.

Instructional Matrix - Degrees and Concentrations				
Bachelor's Degrees			Campus based	Distance based
Community Health		BS	X	
Master's Degrees	Academic	Professional		
Community Health Practice		MPH	X	
Epidemiology		MPH	X	
Physical Activity and Nutrition		MPH	X	
Population Health Analytics		MPH	X	
Doctoral Degrees	Academic	Professional		
Public Health Sciences: Behavioral Sciences	PhD		X	
Health Services Research	PhD		X	
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)	Academic	Professional		
2nd Degree Area	**Public Health Concentration**			
Health Informatics	Community Health Practice, Epidemiology, or Physical Activity and Nutrition		MPH-MS	X
Anthropology	Community Health Practice or Epidemiology		MPH-MA	X

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Designates appropriate committees or individuals for decision making, and implementation		The program's organization and administrative processes are effective and sufficient. Faculty, students, administrators, alumni, and community stakeholders are all engaged in committees and provide input to the program.	Click here to enter text.	
Faculty have opportunities for input in all of the following: • degree requirements • curriculum design • student assessment policies & processes • admissions policies & decisions • faculty recruitment & promotion • research & service activities		The program sits within the Department of Public Health Sciences (PHS) in the College of Health and Human Services (CHHS). There are three program directors: one for each degree level. The program has four standing degree-specific committees: Undergraduate Public Health Programs Committee; MPH Program Committee; PHS PhD Program Committee; and HSR PhD Program Committee. Committees are led by the program directors, who all report to the department chair. Committees are composed of three to six faculty and one or more student representatives.		
Ensures all faculty regularly interact with colleagues & are engaged in ways that benefit the instructional program		The Continuous Quality Improvement (CQI) Committee integrates program improvement, assessment, and accreditation reporting for all programs. The committee is composed of four faculty and one staff member. The department chair and associate chair are ex-officio members. At the department level, the Public Health Programs Governance Committee also serves as the department's Curriculum Committee. All appointed program directors		

| | | are committee members, and the department chair leads the committee. The charge of the Public Health Programs Governance Committee is to provide academic guidance to the department's academic and professional programs in public health; support the program administration in articulating principles and developing policies to ensure the effectiveness of the programs in meeting program, department, university, and accrediting body requirements; and report on these charges to the relevant governance and administrative bodies.

In addition, the CEPH Self-Study Committee is an ad hoc committee that oversees and conducts the self-study process. The committee is composed of the chair, program directors, and other faculty members.

Degree program committees determine degree requirements; curriculum design; student assessment policies and processes; and admissions policies. The CEPH accreditation liaison also reviews curricula for consistency with accreditation standards. The degree requirements, curriculum, and policies are then reviewed by the Public Health Programs Governance Committee and approved by the departmental faculty and the chair. The college and university level committees must then approve.

The department chair is responsible for recruiting faculty, starting with appointing a search committee composed of at least three departmental faculty. The Department Review Committee advises the department chair on faculty candidates for reappointment, promotion, and tenure; this committee is composed of five tenured faculty and one lecturer. | | |

| | | The department chair monitors and promotes research, scholarly activities, and service goals.

Program faculty are expected to serve on departmental, college, and/or university-level committees. Examples include two faculty serving on the college's Faculty Organization Committee and faculty serving on the university's Graduate Student Funding Task Force; Admission Advisory Committee; and Chancellor's Substance Abuse and Suicide Prevention Committee.

Part-time/adjunct faculty attend department meetings and may attend retreats and other committee meetings. They are included in the departmental listserv for meeting notices.

Site visitors reviewed meeting minutes that demonstrate participation from faculty and students. Meetings are well documented and reflect monitoring and decisions made by attendees. During the site visit, faculty and students confirmed active participation in meetings and robust discussion about program issues. | | |

A2. MULTI-PARTNER SCHOOLS & PROGRAMS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

A3. STUDENT ENGAGEMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have formal methods to participate in policy making & decision making		Students have ample opportunity to participate in program policy and decision making through formal and informal mechanisms. Opportunities include course and annual surveys, student association groups, and program director listening sessions.	Click here to enter text.	
Students engaged as members on decision-making bodies, where appropriate		Student representatives attend degree program committee meetings. The graduate assistant to the MPH program director (an MPH student) also attends meetings. The BSPH and PhD programs have public health student association groups that allow students to provide feedback to program directors who serve as advisors to their respective groups. The Graduate Public Health Student Association (GPHA) holds events for graduate students and is also a forum for both doctoral and master's students to voice concerns.

Site visitors reviewed meeting minutes that verified attendance and input from students in committee meetings. During site visit interviews, students at all levels said that they have an active voice through formal and informal routes, including reaching out to faculty and being able to offer feedback at committee meetings. | | |

A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

B1. GUIDING STATEMENTS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines a vision, mission statement, goals, statement of values		The program's vision is "healthy communities partnered with responsive population health systems." The mission is to "advance health equity and well-being in an urbanizing world." The program also lists values of collaboration, community engagement, diversity, innovation, professionalism, health equity, and social justice. The program's instructional goal is to develop leaders to promote health equity; the research goal is to engage	Click here to enter text.	
Taken as a whole, guiding statements address instruction, scholarship, service				
Taken as a whole, guiding statements define plans to 1) advance the field of public health & 2) promote student success				

Guiding statements reflect aspirations & respond to needs of intended service area(s)		scholarship to strengthen the public health evidence base; and the service goal is to advance population well-being.		
Guiding statements sufficiently specific to rationally allocate resources & guide evaluation of outcomes		The guiding statements address instruction, scholarship, and service with an emphasis on advancing health equity. These statements are sufficient to guide the program and meet the needs of its intended service area. Site visit interviews with faculty, students, alumni, and community stakeholders confirmed the program's engagement in reaching these populations through projects, instruction, and research; stakeholders were aware of the program's focus on advancing health equity and well-being in an urbanizing world.		

B2. GRADUATION RATES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Collects, analyzes & accurately presents graduation rate data for each public health degree offered		The program reports MPH, BSPH, and PhD graduation rates that exceed the threshold. MPH students have a maximum of seven years to complete the degree, with most graduating in three to four years. The program sets the maximum time to graduation for BSPH students as five years, starting with the first semester in upper-division coursework. PhD students have a maximum of nine years to complete the degree, regardless of full- or part-time enrollment.

The cohort of MPH students that entered in 2013 reports a 71% graduation rate. The subsequent cohorts from 2014 to 2018 have graduation rates of 85%, 83%, 91%, 96%, and | Click here to enter text. | |
| Achieves graduation rates of at least 70% for bachelor's & master's degrees, 60% for doctoral degrees | | | | |

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<td>95%, respectively. These rates represent starting cohorts between 21 to 25 students.

The program also reports high graduation rates of BSPH students with rates of 90%, 91%, 97%, 96%, 96%, and 95% from 2013 to 2018. These rates represent cohorts between 37 to 48 students.

The program did not combine all PhD data, but for the PhD in public health sciences, the program reports graduation rates of 67% for the 2014 and 2015 cohorts. Both cohorts had three students. The remaining cohorts do not have graduates, but have not reached the maximum time to graduation. For the PhD in health services research, the first cohort started in 2018, with one graduate after three years. The remaining two cohorts did not have any graduates at the time of the site visit.

The program reports that the graduation rates for MPH cohorts improved drastically after implementing the capstone course and phasing out the thesis option in 2019. The program reports that the COVID-19 pandemic interfered with some PhD students' ability to complete their research due to challenges with accessing resources and collecting data. The program also noted that low enrollment in the PhD in health services research has impacted its ability to deliver required courses to successfully progress through the program of study. The program is currently reviewing the health services research curriculum to address these challenges.</td>
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Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Collects, analyzes & presents data on graduates' employment or enrollment in further education post-graduation for each public health degree offered		Overall, the program reports post-graduation outcomes that exceed this criterion's threshold, with one exception. The BSPH cohorts from 2017 to 2019 report positive post-graduation outcomes with 80%, 82%, and 76% of graduates either employed or in continuing education/training. These cohorts have unknown rates of 20%, 16%, and 8%.

MPH post-graduation outcomes from 2017 to 2019 include 82%, 83%, and 96% of graduates either employed or in continuing education/training by one-year post-graduation. The program reports unknown rates of 18%, 17%, and 4%.

When asked during the site visit, program faculty acknowledged that while they maintain strong contact with most students, there are still more unknown outcomes than desired. Program faculty noted that they could do a better job of explaining to students why it is important to respond to program surveys and maintain contact post-graduation. Other faculty noted that some cohorts are better are maintaining contact and joining program groups. The program has created LinkedIn groups for each degree program, which it hopes will decrease the number of unknowns and allow for increased contact with graduates. | Click here to enter text. | |
| Chooses methods explicitly designed to minimize number of students with unknown outcomes | | | | |
| Achieves rates of at least 80% employment or enrollment in further education for each public health degree | | | | |

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
		The PhD in public health sciences has two years of post-graduation data from 2018 and 2019 with 100% of graduates employed one year after graduation. The program reports no unknown outcomes for these two years. The program uses an exit survey to collect post-graduation data. The survey is distributed to alumni 12 months after graduation. The program supplements these data with methods such as LinkedIn and personal contacts by email. The program reports that the one BSPH cohort that did not meet the 80% threshold was due to the bleak job market and overall increase in U.S. unemployment from the COVID-19 pandemic. To improve post-graduation outcomes, the program has added earlier career advising with local partners and alumni to help students find employment or continuing education opportunities.		

B4. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines qualitative &/or quantitative methods designed to provide meaningful, useful information on alumni perceptions		The program collects data regarding alumni perceptions of competency attainment for the MPH and BSPH degree through an online alumni survey that is administered every two years. The most recent survey was sent in summer 2020, and the next survey will be sent in summer 2022. The survey asks alumni closed- and open-ended questions regarding their confidence in competency attainment and competency relevance to current position. There is also a college-level survey of alumni three years post-	Click here to enter text.	
Documents & regularly examines its methodology & outcomes to ensure useful data				
Data address alumni perceptions of success in achieving competencies				

| Data address alumni perceptions of usefulness of defined competencies in post-graduation placements | | graduation, but the program reports that these response rates have been very low.

The program asks MPH alumni about 16 competencies that are grouped into four categories: methodologic and data analytic skills; community health skills; advocacy, policy, and leadership; and communication skills, interprofessional collaboration, and systems thinking. The self-study reports data from the 2020 cohort, which was the first year that the survey was sent. The response rate was relatively low with 56 students completing the survey (30% response rate). Respondents reported high levels of confidence in the area of planning and management to promote health with 95%, 90%, 75%, and 85% confidence in competencies related to this grouping.

MPH alumni reported slightly lower confidence in their ability to analyze quantitative and qualitative data using biostatistics, informatics, and computer-based programming, with 65% confidence. The program notes that based on informal and qualitative student feedback, the MPH curriculum may need more emphasis on preparing students to work with data. The program reports that it is building in more reinforcement of data analytic skills. It has also changed the sequence of some concentration courses to provide reinforcement for quantitative methods following the introductory methods class. The capstone course now also includes an assignment in which students perform an Excel analysis to reinforce basic analytic skills.

The program presents data for the 2018-19 BSPH graduates, with 39 responses. The program asks BSPH alumni about 18 competencies grouped into six overall | | |

categories including overview of public health; identifying and addressing population health challenges; determinants of health; overview of the health system; health policy, law, ethics, and economics; and health communications. Overall, 2018-19 graduates reported high levels of confidence across all competencies with a range of 79-97% confidence in each competency. BSPH alumni reported the highest confidence related to the determinants of health and lower confidence in describing the economic dimensions of healthcare and public health policy, with a 79% confidence rating.

While the BSPH alumni survey asks two open-ended questions regarding professional development needs, the program does not ask specific open-ended questions regarding competency attainment. During the site visit, program faculty reported that there are many opportunities to obtain qualitative data regarding alumni perceptions of competency attainment due to the strong linkages between program faculty and graduates. As the sole advisor for BSPH students, the BSPH program director reported having a good grasp on what graduates think worked well and not as well while in the program and after graduation.

The program did not formally survey PhD students in 2020; however, some PhD graduates were part of an extensive 10-year review of the PhD in health services research. As part of this review, alumni participated in surveys and focus groups regarding usefulness of courses and curriculum revision. The program noted that many of the concerns and suggestions brought up by alumni during the review have been incorporated into the curriculum revision that was implemented in fall 2019. For example,

		PhD graduates reported that they wanted more focus on program evaluation and grant writing. From this feedback the program is adding a grant writing course in spring 2022 and is in discussion about moving the program evaluation course from an elective to be a required course. The self-study notes that there are only four graduates total from both PhD programs; therefore, the data collected may not be definitive. During the site visit, program faculty reported that they plan on sending PhD graduates an alumni survey that will be administered every two years.		

B5. DEFINING EVALUATION PRACTICES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Defines sufficiently specific & appropriate evaluation measures. Measures & data allow reviewers to track progress in achieving goals & to assess progress in advancing the field of public health & promoting student success		The program has developed an evaluation plan that aligns with its mission and goals and has mostly achieved its benchmark targets. Various data sources contribute to the evidence that committees review and then integrate feedback and data into relevant areas. For each goal, the program defines metrics, data sources, and individuals or committees responsible for review. For example, one metric associated with the goal to develop leaders to promote health equity is that 80% of MPH students will be rated as meets or exceeds expectations on two health equity items from internship preceptor evaluation surveys. The metric is assessed by pulling data from the MPH preceptor evaluation survey; the MPH Program Committee and CEPH accreditation liaison review the data annually, as do the CQI Committee and Public Health Advisory Board.	We will identify 1-2 standard items that are assessed as part of student online course evaluations to enhance our Instructional Goal measures. This activity will be complete by May 2022.	The Council appreciates the program's response regarding its plans to enhance its measures related to the instruction goal.
Defines plan that is ongoing, systematic & well-documented. Plan defines sufficiently specific & appropriate methods, from data collection through review. Processes have clearly defined responsible parties & cycles for review				

| | | The instruction goal includes measures that track health equity events, percent of courses that have diversity objectives, MPH and BSPH student ratings on health equity items from internship preceptors, and faculty publications focusing on vulnerable populations.

The research/scholarship goal includes measures for meeting departmental criteria for publication, doctoral student publication and presentations, and peer-review process engagement.

The service goal includes measures that track the percent of faculty who collaborate with public health community partners, faculty who publish or present with a community partner, faculty who include a community partner in teaching, and percent of MPH and BSPH students who volunteer with community-based groups.

The program collects data from faculty annual evaluation summaries, doctoral student evaluations, student yearly surveys, and BSPH/MPH internship preceptor evaluations. The CEPH accreditation liaison collects and analyzes faculty data and individual program directors collect, analyze, and evaluate student data. The program also uses qualitative data. All outcomes are discussed by the CQI Committee and at department meetings. According to 2018-2020 evaluation metric data, the program has met many of its internal targets.

The commentary relates to the singular focus on health equity within the measures that support the goal for instruction, which does not reflect how the program evaluates curricular effectiveness overall. Site visitors confirmed that the program reviews course survey data | | |

		and analyzes competency attainment; including these elements in the evaluation plan would better ensure that they are documented as part of the systematic process to evaluate instruction.		

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Engages in regular, substantive review of all evaluation findings, including strategic discussions.		The program uses its evaluation findings to inform program improvement, as documented in committee meeting minutes and the self-study. Faculty, administrators, and alumni contribute to the evaluation process.	Click here to enter text.	
Translates evaluation findings into programmatic plans & changes. Provides specific examples of changes based on evaluation findings (including those in B2-B5, E3-E5, F1, G1, H1-H2, etc.)		The self-study provides examples that demonstrate the use of formal and informal processes to carefully examine the program and to make substantive improvements. For example, based on data gathered on goal 2 (research) on the percentage of doctoral students who were publishing and presenting their research, the PhD program director assigned students to research mentors and implemented a contract of research expectations.		
		During the site visit, faculty provided additional examples of programmatic changes made through informal and formal means. For example, based on discussions in committee meetings about program data on student demographics, graduate assistantships were offered to prospective Latinx applicants; although this offer did not		

		yield more students, the committee will be reassessing and discussing further strategies. Another example was based on wanting to increase accessibility for priority populations; the program waived the GRE requirement. Alumni who met with site visitors stated that when they were students, their feedback contributed to the expansion of concentration tracks.		

C1. FISCAL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Financial resources currently adequate to fulfill stated mission & goals & sustain degree offerings Financial support appears sufficiently stable at time of site visit		The self-study presents budget data and narrative information that indicate solid and stable financial resources. State appropriations and university funds are the program's main sources of revenue. UNCC uses a hybrid budget process: university allocations to academic units are a mix of zero-based budgeting and incremental budget models. The department operates within an established budget process in which state allocations to the university are based on enrollment, activity, and performance. Allocations to schools and departments are determined through a centralized process in which units present priorities for new resource allocations for the subsequent fiscal year in the spring through a budget request and justification submitted to the dean. Most state funding allocations are managed in a zero-based budget model in which unspent funds are returned at the end of each fiscal year.	Click here to enter text.	

| | | The program's budget is part of the overall college's budget. When the college budget is distributed, the dean reviews and allocates funds to each department. The PHS department has an annual operating budget of approximately $4 million, not including the market value of endowment investments. Approximately 77% of the departmental operating budget is allocated to faculty salaries and fringe benefits; salaries for program faculty (as distinguished from salaries for faculty not affiliated with the unit of accreditation) comprise approximately 80% of total departmental faculty salaries.

Site visitors determined that the current financial support is adequate and stable to sustain the program. Faculty salaries for 12-month administrative faculty, nine-month tenure-track faculty, and nine-month lecturers are fully guaranteed. Faculty salaries for non-tenure-track clinical faculty are supported through extramural funds at 100%. Salaries for part-time instructors are covered by the Office of Academic Affairs. The program has processes in place to support requests for new resources (faculty/staff positions and capital improvements) that yield success in receiving more than sufficient funding levels.

Site visitors learned from university leaders that the university continues to operate using the State of North Carolina budget amounts previously confirmed from 2019. Although operating in constraints, university leaders plan to review foundational information focused on growth, needs, and maintaining existing faculty to determine advancement of new programs that will increase funding.

UNCC does not directly disburse student tuition and fees to academic units. Program-enrolled students pay a | | |

program-specific fee, and these funds are used to assist students. For example, the funds are used to cover registration and travel to APHA and other conferences, such as the American College of Epidemiology conference and a graduate assistantship. Additionally, PhD student fees are used to provide students with travel and research-related funds, as well as to cover enrichment activities and program operations.

Funding sources for faculty depend on faculty appointment type. New tenure-track faculty typically receive start-up funds of approximately $8,000 over their first two years through the unit's operating budget; allocations from return of facilities and administrative (F&A) costs from grants and contracts; and/or one of the unit's endowments. Faculty appointed in endowed positions receive a larger commitment of start-up funds and a commitment for recurring allocations of discretionary funding to support research related to the endowments' purposes. For other faculty, funding for professional development and/or research dissemination that is not supported by grants, contracts, etc. is provided through the department's operating budget and F&A allocation.

The university distributes 10% of F&A (indirect) costs associated with contracts and grants directly to academic units. Beginning with the 2017 fiscal year, the university returns an additional 10% of these costs to principal investigators in the form of discretionary funds, up to $20,000 per year. These funds can be used by the individual researcher to fund any activity related to research.

C2. FACULTY RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
School employs at least 21 PIF; or program employs at least 3 PIF		The program has strong resources to support its degree offerings. The program has 21 PIF and 13 non-PIF for the four MPH concentrations, one BSPH concentration, and two PhD concentrations, which surpasses this criterion's minimum requirements. The program has the appropriate number of faculty per concentration and degree level.

The program calculates FTE based on faculty appointment (lecturer, tenured, or non-tenured), in addition to teaching load, leadership, committee membership, mentorship, and service on doctoral dissertation committees. For non-PIF faculty, UNCC tenured faculty can teach a maximum of five classes. Adjunct faculty can teach up to eight classes per year. The FTE for non-PIF is calculated by the total number of classes taught over AY 2018-19 and 2019-20 divided by either 10 or 16 (the maximum number of classes they could teach in AY 2018-19 or 2019-20), based on the type of faculty appointment. For example, a tenured part-time faculty member taught one course from AY 2018-19 to 2019-20. The FTE for this part-time faculty member was one divided by 10 to get 0.10 FTE. | Click here to enter text. | |
3 faculty members per concentration area for all concentrations; at least 2 are PIF; double-counting of PIF is appropriate, if applicable				
Additional PIF for each additional degree level in concentration; double-counting of PIF is appropriate, if applicable				
Ratios for general advising & career counseling are appropriate for degree level & type				
Ratios for MPH ILE are appropriate for degree level & nature of assignment				
Ratios for bachelor's cumulative or experiential activity are appropriate, if applicable				

Ratios for mentoring on doctoral students' integrative project are appropriate, if applicable	■	For MPH general advising and career counseling, the program director advises all MPH students for the first semester and then students are distributed to faculty based on concentration. Faculty advise, on average, 12 MPH students with a minimum of eight and a maximum of 21. For the MPH ILE, faculty advise, on average, seven students, with a minimum of two and a maximum of 10. For BSPH general advising and career counseling, the program director performs all advising. Therefore, the average, minimum, and maximum for BSPH advising is 92 students to one faculty member. During the site visit, program faculty explained that the BSPH program director was only supposed to perform initial advising; however, since the system worked well, it has remained in place. The program notes it has plans to redistribute the workload, but nothing was in place at the time of the site visit. The BSPH program director commented that the advising workload has been realistic thus far, and the director appreciates having a general understanding of how all students are doing. The faculty member reported that they send emails with general advising notes; advising is not required for all students, but faculty are there to help, as needed. Program faculty who met with site visitors also noted that the BSPH program is upper division, so students may not require some of the same time-intensive advising needs as lower-division students. For the cumulative or experiential activity, the instructor for the capstone course advises, on average, 35 students. Students in both PhD concentrations have the program director for initial advising and are then distributed to individual research mentors beginning in year two of the program. For PhD advising and career counseling, faculty		
Students' perceptions of class size & its relation to quality of learning are positive (note: evidence may be collected intentionally or received as a byproduct of other activities)	■			
Students are satisfied with faculty availability (note: evidence may be collected intentionally or received as a byproduct of other activities)	■			

| | | have, on average, two students, with a minimum of one and a maximum of nine. For thesis and dissertation advising, faculty average two students, with a minimum of one and a maximum of four.

The program provided qualitative data on MPH students' perceptions of faculty resources from a 2020 focus group. The program reports that students praised the availability and accessibility of faculty, with 100% of focus group members (n=7) reporting that faculty and the program director met their expectations. MPH students also commented on the quickness of faculty responding to emails and scheduling appointments. Students did not note any concerns related to class size or faculty availability. During the site visit, the program reported that it has plans to hold more MPH focus groups and to set up additional opportunities to obtain consistent student feedback.

The self-study notes the lack of responsiveness by BSPH students to participate in focus groups despite repeated invitations from the program. During the site visit, program faculty reported that they plan to obtain additional qualitative data from PHA and GPHA student representatives who can pass on students' perspectives to share at program committee meetings.

The program reports that it has requested additional resources to support MPH enrollment growth; however, at the time of the site visit, the AY 2021-22 budget had not been finalized, so program leaders did not know whether additional faculty lines would be added. As a contingency plan, PhD students have been used as instructors. | | |

		Students who met with site visitors reported satisfaction with class sizes at all degree levels. Students stated that they feel they can reach out to faculty whenever they need, and faculty are always both responsive and understanding. University leaders who met with site visitors assured appropriate resource allocations and support to maintain enrollment and address faculty workload through re-assessment.		

C3. STAFF AND OTHER PERSONNEL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Staff & other personnel are currently adequate to fulfill the stated mission & goals Staff & other personnel resources appear sufficiently stable		Staff and other personnel exist in sufficient numbers to fulfill the program's current needs. The program employs three full-time staff: the administrative support associate; administrative support specialist; and university program specialist. The program also employs two part-time staff members: another university program specialist (0.75 FTE) and the university program associate (0.5 FTE). All staff contribute to the program to varying degrees. Full-time staff are responsible for budget tracking, expenditures, travel and reimbursement, course scheduling, processing internship agreements, event planning, marketing, etc. One part-time staff person assists with establishing data systems and data analysis, and the other part-time staff member supports student recruitment and event planning. The program also draws on three graduate assistants (20 hours per week) who support each program director.	Click here to enter text.	

		The graduate assistants perform tasks related to program communications such as making website updates and event flyers, attending committee meetings and taking minutes, and creating newsletter content and social media posts; giving campus tours; and connecting prospective students with resources on campus.		
		Students who met with site visitors reported satisfaction with staff resources. Staff were described as readily available and knowledgeable.		
		The self-study notes that based on current program size, staff support is minimally sufficient.		

C4. PHYSICAL RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Physical resources adequate to fulfill mission & goals & support degree programs		The program has sufficient physical resources to fulfill its mission and to support its three degree programs. CHHS, in which the program resides, is located on the main UNCC campus. CHHS occupies a 138,000 square foot, state-of-the-art building that includes 23 classrooms, three computer labs, four skills laboratories, five research labs, 10 conference rooms, and approximately 100 offices, with guest and secure wireless connectivity.	Click here to enter text.	
Physical resources appear sufficiently stable		The program has offices on the third and fourth floors of CHHS with 26 offices. The undergraduate program has its own suite on the third floor. All full-time faculty and full- and part-time staff have individual office space. Part-time faculty, doctoral students, and graduate/research/		

teaching assistants are housed in multiple shared spaces based on a "hoteling" model, with access to lockers for personal belongings.

Public health courses are primarily delivered in classrooms in the CHHS building, with select classes at the Dubois Center at UNCC Center City. The classrooms range in capacity from 20 to 255 students. All are equipped with computers, projection equipment, microphones, document cameras, and LAN internet connectivity. The college has several specialty classrooms including a teleconferencing classroom and multiple lab spaces. In addition, each of the four floors within CHHS have one or more student common areas for group collaboration.

Students and most faculty who met with site visitors reported satisfaction with the physical resources of the program. Some faculty members shared minimal satisfaction with the physical classroom spaces due to their limited functionality for collaboration and group work purposes.

C5. INFORMATION AND TECHNOLOGY RESOURCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Adequate library resources, including personnel, for students & faculty		Information and technology resources are adequate for faculty, students, and staff. The J. Murrey Atkins Library offers over 3.8 million volumes, including 1.2 million	Click here to enter text.	

Adequate IT resources, including tech assistance for students & faculty		e-books, over 650 databases, and approximately 222,000 journals, the vast majority available electronically, including from off campus via a VPN. The library is part of the UNC System network and has extensive interlibrary loan capacity. The 11-story building has 285,000 square feet with 1,928 seats and 324 computers available for student use.	
Library & IT resources appear sufficiently stable			

e-books, over 650 databases, and approximately 222,000 journals, the vast majority available electronically, including from off campus via a VPN. The library is part of the UNC System network and has extensive interlibrary loan capacity. The 11-story building has 285,000 square feet with 1,928 seats and 324 computers available for student use.

The space includes 57 reservable study rooms and specialized technology integration rooms that include a visualization lab, a gaming lab, and a production studio. The Atkins library provides academic (in class) support as well as one-on-one assistance. Atkins has a designated health collections librarian who is versed in health resources to support the program and who consults faculty on procurement priorities.

Atkins provides student access to hardware and software. Since fall 2019, all public health students are required to have their own laptops that are sufficient to run statistical software. Instruction Technology Services (ITS) provides students with a variety of services, including software for installation on personal equipment. Specialized software and class-specific datasets are sometimes provisioned through cloud solutions such as the Citrix server and Apporto.

All classrooms are wi-fi enabled (guest and secure networks) to facilitate student use of technology, including accessing the learning management system and testing software. All students must use dual factor authentication. Students access most university systems and their Google for Education Suite applications via the university portal.

		The college maintains a dedicated student computer laboratory that includes 51 computer workstations equipped with Microsoft Windows and the campus standard software including SAS, SPSS, and Office 365. Three additional computer classrooms are prioritized for classroom instructional use. Students are also able to rent laptops through the Atkins library. Students interviewed during the site visit reported satisfaction with information and technology resources including laptop usage, access to statistical software, Citrix, and handheld recorder devices.		

D1. MPH & DRPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Ensures grounding in foundational public health knowledge through appropriate methods (see worksheet for detail)		All MPH students are grounded in foundational public health knowledge. The program maps the 12 knowledge areas to one course, HLTH 6200: Case Studies in Public Health. Students take this course during the first year in the program, and most (80%) take it in their first semester. Through review of the course syllabus and discussion during the site visit, the team was able to verify didactic coverage of the 12 learning objectives, as shown in the D1 worksheet.	Click here to enter text.	

D1 Worksheet

Foundational Knowledge	Yes/CNV
1. Explain public health history, philosophy & values	Yes
2. Identify the core functions of public health & the 10 Essential Services	Yes

3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population's health	Yes
4. List major causes & trends of morbidity & mortality in the US or other community relevant to the school or program	Yes
5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc.	Yes
6. Explain the critical importance of evidence in advancing public health knowledge	Yes
7. Explain effects of environmental factors on a population's health	Yes
8. Explain biological & genetic factors that affect a population's health	Yes
9. Explain behavioral & psychological factors that affect a population's health	Yes
10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities	Yes
11. Explain how globalization affects global burdens of disease	Yes
12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (e.g., One Health)	Yes

D2. MPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Assesses all MPH students, at least once, on their abilities to demonstrate each foundational competency (see worksheet for detail)		The program ensures coverage and assessment of the 22 foundational competencies in five required courses for all MPH students and one concentration-specific capstone course. Reviewers were able to verify didactic coverage and assessment opportunities for all but one competency, as shown in the D2 worksheet.

Dual degree students complete all required foundational and concentration classes. Credit sharing occurs in elective credits, which can be met with courses from their second degree.

Discussions during the site visit clarified how the program provides didactic coverage for competency 21. For example, due to the COVID-19 pandemic, the program had to pivot its in-person interprofessional event to a video on interprofessional workings. In the video, students watch an | Competency #17 is covered in HLTH 6213 Policy and Leadership. This course has been revised as of the Spring 2022 semester to include a series of required leadership case studies consisting of brief scenarios that students respond to using specific strategies. One will deal with negotiation and the other with mediation. | The Council reviewed the program's response to the site visit team's report and concluded that the program has addressed the identified concern. Therefore, the Council acted to change the team's finding of partially met to a finding of met. |

interprofessional team and reflect on how the team could work together better. Students then answer a series of questions on communication strategies of how to be a more effective team. The video includes professionals from education, public health, health education, business, and even architecture. The video was developed specifically for interprofessional education. During the site visit, program faculty told site visitors that they are in a college-wide discussion about whether to keep the video format or move back to in-person. Program faculty and students noted the quality of the video, as well as its convenience.

The concern relates to the assessment of foundational competency 17. In the course that is mapped to the competency, HLTH 6213: Policy and Leadership, students read five case studies and then discuss how they would solve the problem in each case study. The course is mapped to the competency that covers negotiation and mediation skills; however, these skills are not discussed in the course syllabus or assignment description. When asked during the site visit, the course instructor explained that students often refer to negotiation and mediation skills as ways to handle these issues; however, these skills are not required of all students.

D2 Worksheet

MPH Foundational Competencies	Yes/CNV
1. Apply epidemiological methods to the breadth of settings & situations in public health practice	Yes
2. Select quantitative & qualitative data collection methods appropriate for a given public health context	Yes
3. Analyze quantitative & qualitative data using biostatistics, informatics, computer-based programming & software, as appropriate	Yes
4. Interpret results of data analysis for public health research, policy or practice	Yes
5. Compare the organization, structure & function of health care, public health & regulatory systems across national & international settings	Yes

6. Discuss the means by which structural bias, social inequities & racism undermine health & create challenges to achieving health equity at organizational, community & societal levels	Yes
7. Assess population needs, assets & capacities that affect communities' health	Yes
8. Apply awareness of cultural values & practices to the design or implementation of public health policies or programs	Yes
9. Design a population-based policy, program, project or intervention	Yes
10. Explain basic principles & tools of budget & resource management	Yes
11. Select methods to evaluate public health programs	Yes
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics & evidence	Yes
13. Propose strategies to identify stakeholders & build coalitions & partnerships for influencing public health outcomes	Yes
14. Advocate for political, social or economic policies & programs that will improve health in diverse populations	Yes
15. Evaluate policies for their impact on public health & health equity	Yes
16. Apply principles of leadership, governance & management, which include creating a vision, empowering others, fostering collaboration & guiding decision making	Yes
17. Apply negotiation & mediation skills to address organizational or community challenges	Yes
18. Select communication strategies for different audiences & sectors	Yes
19. Communicate audience-appropriate public health content, both in writing & through oral presentation	Yes
20. Describe the importance of cultural competence in communicating public health content	Yes
21. Perform effectively on interprofessional teams	Yes
22. Apply systems thinking tools to a public health issue	Yes

D3. DRPH FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D4. MPH CONCENTRATION COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines at least five distinct competencies for each concentration or generalist degree in MPH. Competencies articulate an appropriate depth or enhancement beyond foundational competencies	🟩	The program defines at least five distinct competencies for its four MPH concentrations in community health practice; epidemiology; physical activity and nutrition; and population health analytics. The team's assessment of each competency statement and student's opportunity to learn and demonstrate each competency is presented in the D4 worksheet. Reviewers were able to validate coverage and assessment of all but one concentration competency.

The program ensures didactic coverage and assessment through five required courses for its MPH in community health practice and MPH in physical activity and nutrition; six courses for the MPH in epidemiology; and four courses for the MPH in population health analytics.

Additional documentation and site visit discussion clarified questions that reviewers had regarding population health analytics competency 1, which is "apply best practices in the design of new and/or critique of existing population health data sources." During the site visit, the course instructor explained that students complete a two-part health data source project. In the first part, students design a hospital EMR system that uses a number of different data sources. In the second part, they implement and evaluate these data sources. Students typically come up with 10 tables and relations and are responsible for designing and implementing these data sources. | HLTH 6227 Program Planning and Evaluation has been revised for the Spring 2022 implementation. The major project in this course is now a Program Manual of Operations for implementing a specific intervention program. Included in this MOP is a description of what strategies would be implemented in the event of a 15% budget cut and how this would affect program activities. | The Council reviewed the self-study, the site visit team's report, and the program's response and concluded that the program has addressed the identified concern. Therefore, the Council acted to change the team's finding of partially met to a finding of met. |
| Assesses all students at least once on their ability to demonstrate each concentration competency | 🟩 | | | |
| If applicable, covers & assesses defined competencies for a specific credential (e.g., CHES, MCHES) | N/A | | | |

		The concern relates to community health practice concentration competency 5. Reviewers could not validate that students are assessed on administering and managing a health promotion program. When asked during the site visit, the instructor stated that a new assignment will be added in spring 2022 to address this competency; however, the assignment was not yet implemented at the time of the site visit.		

D4 Worksheet

MPH Community Health Practice Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Synthesize the evidence-based literature on theory-driven interventions	Yes	Yes
2. Plan health education/promotion	Yes	Yes
3. Implement health education/promotion	Yes	Yes
4. Conduct evaluation and research related to health education/promotion	Yes	Yes
5. Administer and manage health education/promotion	Yes	Yes
6. Serve as a health education/promotion resource person	Yes	Yes
7. Advocate for health promotion programs, providing a balanced assessment of the available evidence	Yes	Yes

MPH Epidemiology Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1.Critically evaluate epidemiology literature.	Yes	Yes
2. Assess the distribution and determinants of a disease for a given population using meaningful epidemiological measures	Yes	Yes
3. Identify important sources of epidemiologic bias and their impact on study results	Yes	Yes
4. Demonstrate an ability to formulate a research question and apply appropriate methods to analyze, interpret, and present epidemiologic data	Yes	Yes
5. Manage, clean, describe, and display data	Yes	Yes
6. Apply appropriate statistical methods to manipulate and analyze public health data	Yes	Yes
7. Synthesize and apply available epidemiologic methods based on disease transmission, causation and outcomes	Yes	Yes
8. Design and conduct field epidemiologic activities such as outbreak investigations and surveillance activities	Yes	Yes

MPH Physical Activity and Nutrition Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Select appropriate physical activity assessment tools based on age and health status	Yes	Yes
2. Synthesize the evidence-based literature on theory-driven interventions related to PA and/or nutrition	Yes	Yes
3. Critique state and national policies related to nutrition and physical activity	Yes	Yes
4. Debate the pros and cons of a specific physical activity or nutritional intervention to try and slow down/stop the aging process for a particular physiological system	Yes	Yes
5. Synthesize and identify relevant nutritional epidemiologic methods	Yes	Yes

MPH Population Health Analytics Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Apply best practices in the design of new and/or critique of existing population health data sources	Yes	Yes
2. Analyze the impact of changes in technology on health care systems	Yes	Yes
3. W rite programming code (SAS, R, SPSS, Stata, Python, or similar analytic programming language) to analyze a dataset of any size	Yes	Yes
4. Apply advanced statistical techniques and hypothesis testing methods in drawing evidence-based conclusions from data analyses	Yes	Yes
5. Use data visualization tools to enhance presentations to stakeholders	Yes	Yes

D5. MPH APPLIED PRACTICE EXPERIENCES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
All MPH students produce at least two work products that are meaningful to an organization in appropriate applied practice settings		The program has clear processes to ensure that all students complete the supervised applied practice experience (APE) and use skills learned in the classroom in an appropriate public health setting. MPH students complete 160 hours of supervised experiential learning in the form of an internship. To be eligible for the APE, students must complete 18 credits of MPH coursework. Students are responsible for selecting sites that meet their individual interests and are encouraged to consider several parameters related to public health in the decision making.	Click here to enter text.	
Qualified individuals assess each work product & determine whether it demonstrates attainment of competencies				
All students demonstrate at least five competencies, at least three of which are foundational		The APE is typically completed in the first year and is based on application of foundational skills. All students must demonstrate the same five foundational competencies: 13, 14, 18, 21, and 22 throughout their internships. The program selected these competencies for the level of integration and the need for students to have a broad sense of how their APE agency, focus, and internship tasks are related to the larger field of public health. During the site visit, faculty reported that the APE was updated in summer 2020 to ensure that students address the five competencies listed above in addition to mapping two additional competencies, either foundational or concentration-specific, to their two deliverables.		

| | | All students have access to internship planning materials on Canvas at the beginning of their first semester in the program, including all needed forms, documents, and the MPH internship manual. Students select their own internship sites but can refer to the Canvas site that includes a list of previous internship locations. Students can reach out on their own or consult with their advisors or internship coordinator before making contact. Each student then works with the site preceptor to form a tentative agreement with goals and objectives for working at the site. Students complete two deliverables that contribute to the agency's mission or service delivery. All deliverables are compiled into the student's APE portfolio that is shared with the agency preceptor.

Dual MPH-HIAN students complete one internship that meets the expectations of this criterion; MPH-MA in anthropology students complete a two-semester, six-credit combined APE and thesis project that meets the expectations of this criterion.

The APE portfolio consists of a professional report, including a description of the public health problem addressed by the internship; the objectives and the deliverables produced to meet the stated objectives; and a reflection section. Student deliverables, as required for this criterion, are included at the end of the report as appendices.

The final APE portfolio is graded by the internship instructor, who is generally the MPH program director, using a standardized rubric. | | |

| | | Students have completed the APE at sites such as United Way, Girls on The Run, Academy of Population Health Innovation, and with an organization working with mental health professionals. Examples of deliverables include developing and creating digital posts; conducting data analyses; developing and implementing research plans; preparing literature reviews; developing a virtual training presentation; and developing a tobacco free workplace protocol.

Interviewed students conveyed their satisfaction with the range of APE opportunities and said that academic advisors provided them with customized APEs that aligned with their interests. For example, students reported participating in remote internships with federal government agencies such as the National Institutes of Health and with local health departments. | | |

D6. DRPH APPLIED PRACTICE EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D7. MPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Students complete project explicitly designed to demonstrate synthesis		The integrative learning experience (ILE) is a required three-credit capstone course. There are concentration-	In the Epidemiology capstone course (HLTH 6280) and the	The Council appreciates the program's response. The updated

		specific capstone courses for the epidemiology and population health analytics concentrations. Community health practice and physical activity and nutrition students take the same capstone course, HLTH 6230: Community Health Practice Capstone. Students take this course in the final semester of the program, after the internship, although some dual degree students take the capstone course in the next to the last semester.	Population Health Analytics capstone course (HCIP 6250), we have implemented an essay final exam to determine students' individual written competency levels. These exams will be implemented in Spring 2022.	information indicates that the program has addressed the concern identified in the team's report related to the MPH in epidemiology but not the MPH in public health analytics. Specifically, the Council could not verify that the final exam in HCIP 6250 requires students to synthesize competencies through a high-quality written product based on the information provided in the syllabus.
of foundational & concentration competencies	🟩			
Project occurs at or near end of program of study	🟩			
Students produce a high-quality written product	🟩			
Faculty reviews student project & validates demonstration & synthesis of specific competencies	🟥	Students must complete three elements: a written product that integrates competencies; an oral presentation to stakeholders; and professional development activities in which students integrate training and skills into frameworks that would be familiar to employers. Community health practice and physical activity and nutrition students synthesize the same three foundational competencies (8, 19, 21) and two concentration competencies. The expected product is a community-based grant proposal. Epidemiology students synthesize foundational competencies 13, 19, and 21 and two concentration competencies. The expected products are a case study and field team report. Population health analytics students synthesize foundational competencies 4, 19, and 21 and two concentration competencies. The final products are a case study and field team report. Students in the epidemiology and population health analytics concentrations complete team projects that are graded as a group. Faculty assess the written product and poster/oral presentation. Site visitors validated the use of rubrics to grade these components. For the poster portion, students are assessed on the use of graphics, organization, content, oral communication, mechanics, layout, and design. The		

final paper is graded on the background, methods, results, discussion, conclusion, and abstract sections. In addition, both faculty and students complete a checklist sheet on each student's use of the foundational competencies. This assessment is provided as formative feedback and not as a part of the capstone grade.

The program provided final product examples from each of the concentrations.
- The community health practice concentration folders contained grant examples from recent years.
- The 2019 and 2020 epidemiology case study examples were based on work performed by teams.
- The public health analytics 2020 examples were from two teams: one product was a literature review/narrative synthesis, and the other was a secondary analysis of data from the Centers for Medicaid and Medicare Services and area health resources files.
- There were no examples from the physical activity and nutrition concentration since no students had advanced far enough to take the capstone course at the time of the site visit.

The samples of student work available to reviewers provided evidence that students carry out high-quality work in their projects.

The concern relates to the lack of individual assessment of students in the epidemiology and public health analytics concentrations. When site visitors asked program faculty, they reported that students complete a group assignment and are graded as a group; therefore, there is no

		demonstration of the synthesis of foundational and concentration-specific competencies as individuals.		

D8. DRPH INTEGRATIVE LEARNING EXPERIENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D9. PUBLIC HEALTH BACHELOR'S DEGREE GENERAL CURRICULUM

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students introduced to all domains:		The program offers a 120-credit BSPH degree. To earn the degree, students must complete 40-44 credit hours of general education courses, 21 credit hours of public health prerequisite courses, 33 credit hours of BSPH coursework, and unrestricted electives to meet the 120-credit total. The program expects students completing the BSPH degree to pursue complementary coursework to public health through a minor or second major. The self-study notes that starting in fall 2022, the university will no longer allow undergraduate programs to require students to complete a minor or second major. For the foundations of scientific knowledge domain, the program requires BIOL 1110: Principles of Biology I or 1115: Principles of Biology II and HLTH 4104: Epidemiology. Statistics is covered in STAT 1222:	Click here to enter text.	
1. Foundations of scientific knowledge, including biological & life sciences & concepts of health & disease				
2. Foundations of social & behavioral sciences				
3. Basic statistics				
4. Humanities / fine arts				

| | | Introduction to Statistics, which is required for BSPH students before admission to the major.

Foundations of social and behavioral sciences are covered in at least one required general education course such as introduction to anthropology; economics of social issues; principles of economics- macro; principles of economics- micro; the location of human activity (geography); American politics; or introduction to sociology.

The humanities and fine arts domain is covered in at least one of the Arts and Society courses (LBST 1101 series) in dance, film, music, theatre, or visual arts. | | |

D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Curriculum ensures that all elements of all domains are covered at least once (see worksheet for detail)		Students take 13 required core courses across a variety of areas including global health, statistics, healthcare administration, program planning and evaluation, and public health.	Click here to enter text.	
If curriculum intends to prepare students for a specific credential (e.g., CHES), curriculum addresses the areas of instruction required for credential eligibility		Reviewers were able to validate the coverage of all domains through information provided in the syllabi, additional materials, and on-site discussions. For example, students are introduced to an overview of public health on numerous occasions including in the foundations of public health and foundations of global health courses. The D10 worksheet presents reviewers' findings.		

D10 Worksheet

Public Health Domains	Yes
1. History & philosophy of public health as well as its core values, concepts & functions across the globe & in society	Yes
2. Basic concepts, methods & tools of public health data collection, use & analysis & why evidence-based approaches are an essential part of public health practice	Yes
3. Concepts of population health, & the basic processes, approaches & interventions that identify & address the major health-related needs & concerns of populations	Yes
4. Underlying science of human health & disease, including opportunities for promoting & protecting health across the life course	Yes
5. Socioeconomic, behavioral, biological, environmental & other factors that impact human health & contribute to health disparities	Yes
6. Fundamental concepts & features of project implementation, including planning, assessment & evaluation	Yes
7. Fundamental characteristics & organizational structures of the US health system as well as the differences between systems in other countries	Yes
8. Basic concepts of legal, ethical, economic & regulatory dimensions of health care & public health policy & the roles, influences & responsibilities of the different agencies & branches of government	Yes
9. Basic concepts of public health-specific communication, including technical & professional writing & the use of mass media & electronic technology	Yes

D11. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students demonstrate & are assessed on each competency & all its elements:		Students are assessed on the undergraduate foundational competencies through various assignments in required courses. The curriculum provides multiple opportunities in which each competency is taught and evaluated. The D11 worksheet summarizes reviewers' findings. The competency related to oral communication is assessed in three courses. Assignments include an oral presentation of a community-based project proposal; an oral presentation on Healthy People 2020 or a WHO-based topic covering relevant statistics and issues related to the	Click here to enter text.	
1. ability to communicate public health information, in both oral & written forms, through a variety of media & to diverse audiences				
2. ability to locate, use, evaluate & synthesize public health information				

topic; and a poster presentation based on students' internship experience.

Students demonstrate communication through a variety of media through a visual campaign in which they use a variety of media to address an unhealthy behavior for a social marketing behavior change project. Students also create an e-portfolio that presents their academic accomplishments in a professional context. The e-portfolio allows students to integrate various forms of multimedia.

The ability to locate, use, evaluate, and synthesize public health information is assessed through work done across two courses, HLTH 4104/4105L: Program Planning and Evaluation/Lab. Students first complete a lab assignment focused on data collection for a needs assessment. Next, students incorporate the data into a needs assessment presentation. Then, students choose a community to plan an intervention for. Finally, students develop a complete intervention program proposal.

D11 Worksheet

Competency Elements	Yes/CNV
Public Health Communication	
Oral communication	Yes
Written communication	Yes
Communicate with diverse audiences	Yes
Communicate through variety of media	Yes
Information Literacy	
Locate information	Yes
Use information	Yes
Evaluation information	Yes
Synthesize information	Yes

D12. PUBLIC HEALTH BACHELOR'S DEGREE CUMULATIVE AND EXPERIENTIAL ACTIVITIES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students complete cumulative & experiential activities		The self-study identifies five courses that present opportunities for applied learning and integration. In the first course, HLTH 3105: Public Health Education and Promotion, students complete a health perspectives assignment in which they write a one-page health philosophy. They then conduct interviews with two people whose age, culture, and/or lifestyles are different from their own. The second assignment in HLTH 3105 is a photovoice project, which is a community needs assessment project to identify strengths, weaknesses, and overall health of a community. Students photograph their community or neighborhood and reflect on the images. Students then caption each photo on the factors that contribute to public health implications or what needs to change. In the second course, HLTH 3400: Public Health Internship Preparation, students conduct an informational interview with a public health practitioner in the Charlotte area. Students develop a set of questions, conduct the interview, and submit a reflection identifying key themes in current and past public health concepts. The next course is HLTH 4105: Program Planning and Evaluation in which students conduct a community needs assessment project. Students identify needs and develop proposals for	Click here to enter text.	
Activities require students to integrate, synthesize & apply knowledge & program encourages exposure to local-level professionals & agencies				

community-based programs that address health concerns related to target populations in North Carolina.

In HLTH 4400, the internship course, BSPH students complete 120 hours of on-site work experience in a public health setting that complements students' academic and professional goals. At the end of the semester, students present their experiences in a written report. In the final course, HLTH 4600: Public Health Capstone, students complete an internship poster presentation and capstone e-portfolio. The e-portfolio contains academic accomplishments that represent the knowledge and skills developed throughout the BSPH program.

Site visitors reviewed and discussed samples from all five courses and validated the applied nature of the experiences.

This combination of activities requires students to integrate, synthesize, and apply knowledge from the course of study. For example, students prepare personal health philosophies, assess a community's health, participate in an internship, and develop a capstone portfolio.

Students complete the public health internship course to gain public health practice experience. Throughout the course, students submit weekly reflection activities; logs of daily journal entries (one entry per each day worked, entries are submitted every 30-40 hours); a midterm evaluation; revisions of prerequisite assignments (activities and objectives form, CV/resume, career development plan); and begin to draft sections of the internship report. The student and agency preceptor each

| | | complete a final evaluation of the internship experience. A revised final internship report and signed compendium of hours is submitted at the end of the semester. Students are graded on a letter grade scale. Completion of a minimum of 120 hours is required to pass the course.

Students who met with site visitors reported satisfaction with exposure to public health agencies, through internships, guest lecturers, and other public health professionals. | | |

<u>D13. PUBLIC HEALTH BACHELOR'S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES</u>

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Program ensures opportunities available in all cross-cutting areas (see worksheet for detail)		BSPH students are introduced to each of the cross-cutting concepts and experiences through 14 of the required classes; reviewers' findings are presented in the D13 worksheet.

The program provides cross-cutting concepts and experiences through the BSPH curriculum. For example, in HLTH 3105: Public Health Education and Promotion, students learn about advocating for community health needs and some cultural contexts, such as the need to understand health literacy.

Students also do an internship, HTLH 4400, in which they gain practice experience in a public health agency, learn leadership and communication skills, and practice working as part of a team. | Click here to enter text. | |

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D13 Worksheet

Cross-cutting Concepts & Experiences	Yes/CNV
1. Advocacy for protection & promotion of the public's health at all levels of society	Yes
2. Community dynamics	Yes
3. Critical thinking & creativity	Yes
4. Cultural contexts in which public health professionals work	Yes
5. Ethical decision making as related to self & society	Yes
6. Independent work & a personal work ethic	Yes
7. Networking	Yes
8. Organizational dynamics	Yes
9. Professionalism	Yes
10. Research methods	Yes
11. Systems thinking	Yes
12. Teamwork & leadership	Yes

D14. MPH PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
MPH requires at least 42 semester credits or equivalent		MPH students must successfully complete a minimum of 45 credit hours to earn the degree. One credit equals 50 minutes of instruction per week and 100 minutes of out-of-class work per week for 15 weeks. All MPH didactic courses in the degree program are three credits.	Click here to enter text.	

D15. DRPH PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D16. BACHELOR'S DEGREE PROGRAM LENGTH

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Required credit hours commensurate with other similar degrees in institution

Clear, public policies on coursework taken elsewhere, including at community colleges | | Bachelor's degree students must successfully complete at least 120 credit hours, including all university general education requirements and major requirements. The definition of a credit hour is described in Criterion D14.

The Office of Undergraduate Admissions evaluates transfer students' transcripts, and results are provided to the major department/college. The department chair or program director then determines the applicability of transferred credits to major or program requirements.

The BSPH degree has the same 120-credit-hour requirement as the BS in health systems management and the BS in exercise science, which are also offered by the College of Health and Human Services. | Click here to enter text. | |

D17. ACADEMIC PUBLIC HEALTH MASTER'S DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D18. ACADEMIC PUBLIC HEALTH DOCTORAL DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines specific assessment activity for each of the foundational public health learning objectives (see worksheet for detail)		The program has two PhD degrees in health services research and public health sciences. Students in the PhD in health services research must complete 61 credit hours. Students in the PhD in public health sciences must complete 63 credit hours. Both PhD credit requirements include 18 credit hours of dissertation research.

All required courses are at the doctoral level, while electives may be at either the master's or doctoral level, with prior approval from the PhD program director.

The program ensures didactic preparation and assessment of all 12 learning objectives through a three-credit course, HLTH 6200: Case Studies in Public Health. PhD students who do not enter the program with a CEPH-accredited MPH degree are required to take this class in the first year of enrollment. Students complete quizzes, discussions, case studies, and case study activities associated with each learning objective. The site visit team validated didactic coverage and assessment through a review of the syllabus | Click here to enter text. | |
Depth of instruction in 12 learning objectives is equivalent to 3-semester-credit course				
Defines competencies for each concentration. Competencies articulate an appropriate depth of knowledge & skill for degree level				
Assesses all students at least once on their ability to demonstrate each concentration competency				
Curriculum addresses scientific & analytic approaches to discovery & translation of public health knowledge in the context of a population health framework				

Instruction in scientific & analytic approaches is at least equivalent to a 3-semester-credit course		and discussions during the site visit, as shown on the D18-1 worksheet.		
Students produce an appropriately advanced research project at or near end of program		The PhD in health services research has five concentration competencies. The PhD in public health sciences has 16 concentration competencies. Reviewers validated that each concentration has a defined set of skills that is appropriate for the degree and area of study, as shown in the D18-2 worksheet.		
Students have opportunities to engage in research at appropriate level				
Curriculum includes doctoral-level, advanced coursework that distinguishes program from master's-level study		During the site visit, reviewers asked about assessments in both concentrations. Faculty members explained the assessments in greater detail and confirmed didactic preparation for each concentration competency. For example, site visitors had questions about the public health sciences concentration competency 9, which is "design rigorous qualitative and quantitative research studies in ways that answer the research question." Program faculty explained that students complete two projects, a qualitative proposal with a methods section write-up and a quantitative dissertation proposal. Students must design a primary study, focus on qualitative sampling, and complete a survey data analysis.

Related to concentration competency 10 for public health sciences ("justify selection of sampling strategy, design method, and measurement tools for conducting rigorous, culturally appropriate public health research"), program faculty explained that students survey community members, code and analyze the data, and present the findings in a poster presentation. During the presentation, students provide a justification for their sampling strategy, design methods, and measurement tools. | | |

D18-1 Worksheet

Foundational Knowledge	Yes/CNV
1. Explain public health history, philosophy & values	Yes
2. Identify the core functions of public health & the 10 Essential Services	Yes
3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population's health	Yes
4. List major causes & trends of morbidity & mortality in the US or other community relevant to the school or program	Yes
5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc.	Yes
6. Explain the critical importance of evidence in advancing public health knowledge	Yes
7. Explain effects of environmental factors on a population's health	Yes
8. Explain biological & genetic factors that affect a population's health	Yes
9. Explain behavioral & psychological factors that affect a population's health	Yes
10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities	Yes
11. Explain how globalization affects global burdens of disease	Yes
12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (e.g., One Health)	Yes

D18-2 Worksheet

PhD in Health Services Research Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Demonstrate mastery of core knowledge and theoretical frameworks related to health services research and the larger health and healthcare delivery systems	Yes	Yes
2. Formulate and defend problem/case statements in health services research	Yes	Yes
3. Design theory grounded, contextually and culturally relevant, and ethically appropriate research studies that address pressing health services research needs	Yes	Yes
4. Effectively manage and implement a health services research study protocol and interpret its findings	Yes	Yes
5. Communicate and disseminate research findings tailored to professional and lay audiences and advocate for practice and policy changes consistent with those findings	Yes	Yes

PhD in Public Health Sciences Concentration Competencies	Comp statement acceptable as written? Yes/No	Comp taught and assessed? Yes/CNV
1. Relate the historical foundations of public health, health behavior, health promotion, and health education to current major public health behavioral and social problems and controversies	Yes	Yes
2. Synthesize research on risk and protective factors associated with the major sources of human morbidity and mortality	Yes	Yes
3. Design theory-based public health interventions that take into account social ecological, cultural, and life span factors	Yes	Yes
4. Analyze health and well-being outcomes of major public health prevention interventions	Yes	Yes
5. Develop psychometrically sound, culturally appropriate quantitative measurement tools	Yes	Yes
6. Generate theoretical explanations for public health problems as the basis for public health or behavioral science interventions	Yes	Yes
7. Create an analytic synthesis of the research literature that substantiates a public health practice or an etiology of a public health problem	Yes	Yes
8. Organize existing knowledge gaps into testable causal processes, hypotheses, and research questions about public health problems	Yes	Yes
9. Design rigorous qualitative and quantitative research studies in ways that answer the research question	Yes	Yes
10. Justify selection of sampling strategy, design method, and measurement tools for conducting rigorous, culturally appropriate public health research	Yes	Yes
11. Plan standardized research protocols for primary data collection using quantitative, qualitative, or mixed methods	Yes	Yes
12. Select and utilize statistical or analytic software to execute appropriate quantitative and qualitative data analysis	Yes	Yes
13. Explain results from either qualitative or quantitative data analysis in relationship to generating new knowledge or revising existing theories	Yes	Yes
14. Tailor presentation of research findings as needed to communicate effectively with diverse audiences	Yes	Yes
15. Apply principles of responsible conduct of research (RCR) to research involving individuals, families, and communities	Yes	Yes
16. Apply principles of teaching scholarship across diverse student bodies and situations	Yes	Yes

D19. ALL REMAINING DEGREES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

D20. DISTANCE EDUCATION

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Not Applicable			

E1. FACULTY ALIGNMENT WITH DEGREES OFFERED

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Faculty teach & supervise students in areas of knowledge with which they are thoroughly familiar & qualified by the totality of their education & experience		Both PIF and non-PIF teach courses, and their training and expertise are consistent with the topic areas that they teach. All but one faculty member have doctoral degrees. Disciplines include epidemiology; community health; public health; social work; gerontology; entomology; clinical psychology; health promotion and education; health informatics; statistics and decision sciences; experimental psychology; maternal and child health; healthcare strategic management; health economics; and library and information sciences. Of the program's 22 PIF, nine have an MPH and/or doctoral degree in public health.	Click here to enter text.	
Faculty education & experience is appropriate for the degree level (e.g., bachelor's, master's) & nature of program (e.g., research, practice)		All 11 non-PIF are adjuncts or associate professors. All but two adjunct faculty have doctoral degrees. Disciplines include nursing; epidemiology; international health; health services research; instructional design and technology; sociology; public health; gerontology; and education in exercise physiology.		

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Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Employs faculty who have professional experience in settings outside of academia & have demonstrated competence in public health practice		The program has strong faculty linkages to public health practice. The program has six full-time faculty and four part-time instructors with professional practice experience in public health.	Click here to enter text.	
Encourages faculty to maintain ongoing practice links with public health agencies, especially at state & local levels		A number of primary faculty have career experience in public health practice outside of academia. For example, one PIF worked on community-based projects including conducting assessments, evaluations, programming, grant writing, and funding management. Much of the work focused on HIV/AIDS projection and detection services. Another PIF has five years of experience as a WIC nutritionist, two years of experience as a social science analyst at the USDA, and four years of experience as a research manager at Westat managing NIH-initiated research projects. Part-time faculty members have employment experience in health education; local hospital systems; research and quality improvements for county 911 service; and as research scientists at the Atrium Health Musculoskeletal Institute.		
Regularly involves practitioners in instruction through variety of methods & types of affiliation				
		Primary faculty also maintain practice linkages in the community. For example, one faculty member is working on a project titled "Mental Health Services Enhancement and Needs Assessment for North Carolina Residents Impacted by COVID-19." The project includes a PhD student who led needs assessment data collection and cleaning and co-authored dissemination materials.		

| | | Another faculty member is implementing a skills-based podcast series with MPH students for collegiate athletes coping with mental health challenges during the COVID-19 pandemic.

Faculty who met with site visitors appeared to value practice-based connections that complement and integrate perspectives from the field of practice. This focus is also emphasized with new and prospective faculty members.

The program also invites practitioners to serve as guest lecturers in professional seminar series and courses. In the BSPH and MPH capstone courses, public health practitioners conduct mock interviews, provide job seeking advice, and assess and provide feedback on student poster presentations. In the MPH policy and leadership course, a public health advocate spoke with students about communicating public health messages to policy decision makers. In 2020, two-thirds of faculty included a community partner as a guest speaker in one or more of their courses. | | |

<u>E3. FACULTY INSTRUCTIONAL EFFECTIVENESS</u>

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Systems in place to document that all faculty are current in areas of instructional responsibility		The program has systems in place to ensure that faculty are current and expert in their teaching. The college's reappointment, promotion, and tenure handbook	Click here to enter text.	

Systems in place to document that all faculty are current in pedagogical methods		describes faculty responsibilities, appointments, promotion, and evaluation/review procedures.
Establishes & consistently applies procedures for evaluating faculty competence & performance in instruction		University policies to ensure faculty effectiveness include course evaluations, which are a part of the faculty annual performance review, and peer teaching observations. Results are available for both faculty and department chair review. Both part- and full-time faculty are required to have peer teaching observations.
Supports professional development & advancement in instructional effectiveness for all faculty		The department chair reviews faculty annually. Faculty submit an annual report the includes their activities, course reviews, and peer-observation results, if applicable. Faculty in the department are reviewed with the expectations of about 50% teaching, 40% scholarship, and 10% service. Faculty are reviewed on university, professional, and community service.
		Both PIF and non-PIF are invited to participate in faculty development, which includes training in enterprise-level instructional technologies. The UNCC Center for Teaching and Learning is a resource for improving faculty practice. The UNCC Graduate School offers mentor training to graduate faculty who want to improve their mentorship in research to students. Other supportive programming from the Center for Teaching and Learning includes the active learning academy; UNCC system digital learning initiative: designing effective online courses; new faculty teaching academy; UNCC academy affairs: communication across the curriculum; Quality Matters training; and a grant competition for interdisciplinary teaching and learning initiatives.

| | | The program monitors instructional effectiveness through several measures: annual review of faculty productivity, relation of scholarship to instruction; participation in professional development related to instruction; peer evaluation of teaching; and conducted peer teaching evaluation. The program has established measurable targets and met these targets for three of the measures including participation in professional development (90% with a target of 75%); peer evaluation of teaching (75% with a target of 75%); and conducting peer teaching evaluation (85% with a target of 75%). Most recently, the program has reached 78% of the 100% goal of annual review of faculty productivity.

Faculty were familiar with performance evaluation procedures and have participated in professional development activities. Students said that they appreciated faculty for their instruction and accessibility; they also mentioned faculty members' ability to deliver a quality curriculum in an inclusive environment. | | |

E4. FACULTY SCHOLARSHIP

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Policies & practices in place to support faculty involvement in scholarly activities		Participation in research and scholarship serves as a required basis for faculty evaluation for promotion. In general, about 40% of the department's faculty time is dedicated to research.	Click here to enter text.	
Faculty are involved in research & scholarly activity, whether funded or unfunded				

Type & extent of faculty research aligns with mission & types of degrees offered		The university prioritizes research and has a goal to achieve Carnegie classification R1 status in the next decade. Existing initiatives to support research include the department's quick start new faculty orientation; services from the Research and Administrative Office; faculty research grants; Ignite planning grants; Hanover research consulting; Catalyst proposal development summer program; and program faculty mentoring.		
Faculty integrate their own experiences with scholarly activities into instructional activities				
Students have opportunities for involvement in faculty research & scholarly activities		Program faculty integrate research into their instruction. For example, faculty developed a grant-funded course for undergraduates and master's students about interprofessional collaboration focused on the topic of suicide. The course taught students how to conduct suicide prevention work through interdisciplinary student teams and how to use research data to inform the design of education materials.

Faculty also provide opportunities for student involvement in research. For example, a PhD student worked with two faculty members to examine urban and rural COVID-19 spread using spatial time series analysis. Another faculty project involved two PhD students, two MPH students, and one nursing student to collect and analyze data on blood pressure self-care activities.

The program uses four indicators to measure faculty research and scholarly activities: at least two publications per year (three-year average); percent of tenure/tenure-track faculty presenting at professional conferences; percent of faculty mentoring bachelor's, master's, or doctoral students in research; and faculty publishing on vulnerable populations/health disparities. The program | | |

| | | has achieved three of its four goals and is trending toward the 100% publication target.

During site visit interviews, students discussed their involvement in faculty research. Students reported becoming aware of opportunities through emails from the program director and by speaking with faculty about their research. One student recently started on a National Institutes of Health project. Students noted that the program provides ample opportunities to engage in faculty research. | | |

E5. FACULTY EXTRAMURAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines expectations for faculty extramural service Faculty are actively engaged with the community through communication, consultation, provision of technical assistance & other means		Extramural service is valued and supported at many levels throughout the university. The university is designated as a Carnegie Foundation for the Advancement of Teaching community-engaged institution. Within the department, there is the Academy for Research on Community Health, Engagement, and Services (ARCHES) and the Academy for Public Health Innovation (APHI). Both are led by faculty members, and APHI is a contractual partnership between the university and the Mecklenburg County Health Department. Faculty who met with site visitors reported satisfaction with faculty extramural service and an appropriate level of faculty involvement with the community through sharing their professional knowledge and skills.	Click here to enter text.	

The university offers extramural service opportunities at both the university and department level. The UNC System encourages faculty and staff to engage in 24 hours of paid community service each year and identifies community volunteer needs. Every year the university presents the Bonnie E. Cone Professorship in Civic Engagement award to a faculty member who has shown a commitment to community engagement. At the department level, program faculty and Mecklenburg County Public Health Department employees collaborate through APHI to work on projects, write grants, and discuss data analysis strategies. All program faculty are encouraged to participate. Faculty extramural service activities are also highlighted on the department website and program newsletters.

The self-study provides detailed examples of the faculty service activities that include student involvement. For example, one faculty member volunteers with the Carolina Youth Coalition as a college mentor. This faculty member brought high school students from this group to audit his course. As a result, one BSPH student decided to intern for the organization. Another faculty member is the co-chair of the WIC Learning Collaborative, a network of researchers. This faculty member pulled in a PhD student to assist with collaborative communication logistics; as a result, the student is using USDA WIC data in her dissertation.

The program began tracking service data in 2020 to measure the program's progress against the following indicators: percent of PIF participating in extramural service activities; percent of faculty engaged in community-based service; and public/private or cross-

| | | sector partnerships for engagement and service. The self-study provides three years of data related to percent of PIF participating in extramural service activities but only one year of data for the other two indicators. When asked during the site visit, faculty explained that the data for the other two indicators was tracked for the first time in 2020 and will now be captured annually. The program has met the outcome measure related to percent of PIF participating in extramural service activities in 2020. The target is 100%, and the program reached 100% in 2020, with 95% in 2019 and 84% in 2018. For percent of faculty engaged in community-based service, the program set a target of 75% and reached 58% in 2020. For public/private or cross-sector partnerships for engagement and service, the program set a goal of 10 and in 2020 reached 4. | | |

F1. COMMUNITY INVOLVEMENT IN SCHOOL/PROGRAM EVALUATION & ASSESSMENT

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Engages with community stakeholders, alumni, employers & other relevant community partners. Does not exclusively use data from supervisors of student practice experiences		The program uses its Advisory Board as a formal structure for constituent input. The board comprises invited members from local health departments, state and county governments, local hospital systems, the university, business/industry, non-profit organizations, and alumni from each degree program. The Advisory Board meets semesterly and addresses all major curricular changes and considers the direction of academic, service, and research efforts to meet current and future public health needs of the Charlotte region and beyond. The board also provides a linkage between the	Click here to enter text.	
Ensures that constituents provide regular feedback on all of these: • student outcomes • curriculum • overall planning processes • self-study process				

		program and the practice settings in which students and graduates work.		
Defines methods designed to provide useful information & regularly examines methods				
Regularly reviews findings from constituent feedback		The Advisory Board is involved in assessing the adequacy of the curriculum and co-curricular training to meet the needs of the public health field, making recommendations to the program related to content and/or delivery format, and in identifying opportunities to expand the program. For example, at the March 2021 meeting, board members discussed the need for graduates to be flexible in the work setting, regardless of what they were specifically hired for. This was due to the pandemic, which required people from every aspect of public health to come together for testing, contact tracing, and mass vaccinations. A focus on flexibility was added in the capstone course; faculty now talk with students at the beginning of the course about the need to be adaptable and willing to fill needs within an organization. The idea of flexibility is also emphasized during the internship orientation. When developing the program's vision, mission, values, goals, and evaluation measures, the program sought input from the Advisory Board. In April 2018, the program shared its initial statements with board members who expressed that the statements were not proactive enough and were not sufficiently inclusive of the surrounding rural areas. Based on this feedback, the program created briefer and more concrete statements that incorporated a larger area. To assess the preparation of BSPH and MPH students, the program sent a community/employer survey in summer 2020 to BSPH and MPH internship preceptors, board members, and employers of alumni. While this was the		

first time the survey was sent, program faculty explained during the site visit that it will continue to be sent every other year. The objective of the survey is to assess the competence and skills of graduates from employers' perspectives; graduates' abilities to perform competencies in an employment setting; as well as professional development needs.

Results presented in the self-study indicate that community partners and employers who responded (n=39) reported that most BSPH and MPH graduates met or exceeded expectations (89% for BSPH and 93% for MPH). Employers are also asked to identify which skills would better prepare graduates in the field. Results indicate that employers would like increased training on quantitative methods/research; professionalism; and community experience. When asked about the skills that were important for newly hired public health employees, respondents highlighted the ability to work on interdisciplinary teams; collect/analyze data; and advocate for policy change. While the survey was only sent to MPH and BSPH employers, program faculty reported that they plan to include employers of PhD students in the future, although they will have to adjust the survey to make it appropriate for the employers of PhD graduates.

Data from the employer survey was shared with the program directors and program committees. Based on employer feedback, the program changed the sequencing of two courses to provide greater reinforcement of primary data collection and analysis skills prior to the internship. The program currently introduces teamwork

		skills in the first semester but plans to include these skills consistently across courses through group projects.		
		Employers and Advisory Board members who participated in the site visit commented on the continuous improvement of the program and the strength of students' skills coming out of the program. One employer and board member noted that the quality of graduates from the program has gotten better and better.		
		Advisory Board members who met with site visitors discussed the strong communication and positive relationship between the board and program. Board members said that they feel heard by the program and that their feedback is incorporated back into the program.		

F2. STUDENT INVOLVEMENT IN COMMUNITY & PROFESSIONAL SERVICE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Makes community & professional service opportunities available to all students		Students in the program are introduced to service, community engagement, and professional development activities through orientation, student organizations, and coursework. During orientation, students are introduced to community service, when current students describe various community service opportunities that are available throughout the program.	Click here to enter text.	
Opportunities expose students to contexts in which public health work is performed outside of an academic setting &/or the importance of learning & contributing to professional advancement of the field		All MPH students are encouraged to join the Graduate Public Health Association (GPHA). Members are required to complete a minimum number of service hours as part of their membership. BSPH students can join the		

undergraduate Public Health Association (PHA); however, there is no service requirement to maintain membership. The purpose of the PHA is to promote awareness of career and academic issues and to serve the student community by creating an educational, cultural, and social environment related to the field of public health. The GPHA is meant to enhance the academic and professional concerns, goals, and careers of graduate students and others interested in the profession of public health.

In addition, many concepts of community service and professional involvement are reinforced in coursework. For example, in HLTH 6212: Health Promotion Program Management, first-year MPH students apply for funding to attend APHA and interview campus stakeholders to collect data for a needs assessment project on college student health. For BSPH students, in HTLH 3103 and HLTH 3105, students conduct an informational interview with a public health leader and a photovoice project in their community.

In spring 2021 end-of-year surveys, 61% of BSPH respondents (n=65), 61% of MPH students (n=44), and 40% of doctoral students reported that they volunteered in the community through a student campus organization, non-profit agency, or church/other venue.

The GPHA and PHA meet monthly. Students who met with site visitors noted that the GPHA regularly sends emails about events that they are putting on and are very active within the department. Through GPHA, students have volunteered with organizations such as Beds for Kids, Burke United Ministries, Camino Community Center Food Pantry, and the Foundation for Suicide Prevention. In

	addition, each year the GPHA organizes events to promote wellness in the campus community. In 2021, the GPHA hosted a series of events that aligned with National Public Health Week, which included a walk-a-thon, yoga course, meditation, a social justice movie watch party, and public health trivia that were mainly for students, but some events were open to the public. The PHA also hosts and assists at various events such as blood drives, tabling at events, and handing out flyers. Additionally, in 2019, department faculty and staff created the Community Action, Service, and Engagement (CASE) Committee to deepen community involvement among faculty, staff, and students. The committee aims to create short- and long-term volunteer opportunities within the community to create relationships and a positive impact. During the 2019 National Public Health Week, students and faculty helped Habitat for Humanity build a house for a Charlotte family in need. In another project, a faculty member partnered with the Mecklenburg County Health Department to assist in the evaluation of tobacco-free parks policies. The faculty member included students in the partnership (two graduate students and six undergraduate students) to survey park-goers and assess signage in over 80 parks to help the health department with data collection and evaluation. The program is also involved with ARCHES, a group of researchers from different backgrounds and specialties dedicated to improving health. The self-study notes that the program is working to have greater involvement with ARCHES for additional community engagement efforts.		

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Periodically assesses, formally and/or informally, the professional development needs of individuals in priority community or communities		The program's professional community of interest includes the public health system of Charlotte and the state of North Carolina. The program chose this community of interest due to the program's strong community ties to the city and state and the program's academic focus on social determinants of health, health systems, community-based practices, and research. The program draws on national, state, and local resources to assess the professional development needs of its priority community. Nationally, the program uses the CDC's Public Health Workforce Development Action Plan, which outlines priorities for capacity building within the public health workforce. At the state level, the program references the state report, "Driving the Future: Assessment of the North Carolina Local Public Health Workforce," which includes feedback from local health departments across the state. At the local level, the program conducts a bi-annual survey of community partners and alumni as part of its community partner survey. Data from the 2020 survey indicated that leadership training, cultural competency, and public health policy/law were the top professional development needs. In addition, the university and the Mecklenburg County Health Department are partners in the APHI, as discussed in previous criteria. The mission of the partnership is to		

| | | develop solutions to address Charlotte's most pressing community health needs and priorities through training programs, professional education, research, and data analysis.

The self-study notes that feedback from community members and alumni indicate the need for online delivery of workforce training, micro credentials, and formal continuing education credits. The CQI Committee plans to review professional development data to make recommendations on topics and delivery format moving forward, but at the time of the site visit they did not have a timeline. | | |

F4. DELIVERY OF PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR THE WORKFORCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Provides activities that address professional development needs & are based on assessment results described in Criterion F3		The program has multiple methods for developing and implementing the professional development opportunities referenced in Criterion F3. Program faculty provide professional development activities throughout the academic year; most opportunities are provided in partnership with APHI. These opportunities include Lunch and Learn series open to students, faculty, and public health department employees; a speaker series two times a year; and APHI Nexus, an annual meeting for professional development and networking.

Based on professional development needs of the health care industry related to data-driven decision making, the program also offers a graduate certificate program. The | Click here to enter text. | |

| | | 15-credit graduate certificate is in health informatics and analytics in conjunction with the School of Data Science.

As part of the Informatics Research Seminar Series, one program faculty member hosted a training on "clinical data quality for secondary use in the learning healthcare system" in October 2019. At the 2019 annual LGBTQ Symposium for Healthcare Professionals, another faculty member served as a moderator for the sexual health panel. This faculty member also presented on Gender Identity-Pronouns 101 and effective communication. There were 22 attendees at the presentation who received continuing education credits. Finally, as part of the APHI partnership, program faculty helped host a webinar on "Exploring Racism and Anti-Racism in Education, Health, and Human Services." The webinar was held in February 2021 with 172 participants.

The self-study notes that the program does not have many faculty who hold the CHES credential. This limits the program's ability to develop programming with approved CHES CEUs. The program plans to continue its work with APHI and involve CHES-credentialed faculty to provide additional CEUs for professional development needs.

Members of the professional community reported high satisfaction with the responsiveness and trainings provided by the program for their professional needs. Community members commented on the strong personal connections between the community and the program. One participant provided an example in which program faculty came into her workplace to do a training on diversity. This community member noted that she is | | |

		thankful to have access to the program that provides so many great resources to her workplace.		

G1. DIVERSITY & CULTURAL COMPETENCE

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Defines appropriate priority population(s)		The program defines its student priority population as those who are economically disadvantaged, defined as those students seeking Pell grants or based on FAFSA unmet need; most of these students are people of color and/or are first-generation college students. This priority population was chosen based on the program wanting to align with the needs of the community. The faculty priority population is Latinx/Hispanic and faculty members who were first-generation college students themselves. This population was chosen because the program wants faculty to align with and reflect the student population.	Our goal with respect to increasing faculty representation in our priority populations is to reflect the surrounding geographic community and our students. Currently, 14% of the surrounding community is Latinx; our faculty representation is 2 of 21 named PIF or 9.5%. This is larger than the student body proportion but less than the surrounding area.	The Council appreciates the program's response and looks forward to reviewing documentation that demonstrates the program's efforts to recruit and retain diverse faculty
Identifies goals to advance diversity & cultural competence, as well as strategies to achieve goals				
Learning environment prepares students with broad competencies regarding diversity & cultural competence				
Identifies strategies and actions that create and maintain a culturally competent environment				
Practices support recruitment, retention, promotion of faculty (and staff, if applicable), with attention to priority population(s)		The program does not specify goals for increasing representation in the priority populations, although faculty have discussed strategies to increase accessibility for economically disadvantaged students. The university supports first-generation students through its Center for First-Generation Student Success, since many economically disadvantaged students are first-generation college students. The First Generation Niners is a university organization that supports student persistence. Activities include assistance with navigating academic processes,	In terms of first generation faculty, the Dept. is at 30%, while the University student first generation population is at 37%, and likely increasing.

We understand the concern that we have no formal recruitment strategies outside of where we place advertisements (e.g. Hispanic | |
| Practices support recruitment, retention, graduation of diverse students, with attention to priority population(s) | | | | |
| Regularly collects & reviews quantitative & qualitative data & | | | | |

uses data to inform & adjust strategies		raising awareness among students of faculty and staff who were first-generation college students themselves, and funding opportunities. The program is shifting away from the GRE requirement to encourage disadvantaged students to apply.	Outlook), the diversity statement on job postings, and other presentations of department values and foci that suggest a welcoming environment. The need for more explicit strategies will be discussed during our Spring Department meeting.
Perceptions of climate regarding diversity & cultural competence are positive		The program does not have specific recruitment strategies to increase first-generation faculty; however, there is a mentor program for all incoming faculty to promote retention. University leaders who met with site visitors stated that they have offices at the university and provost level for diversity, with a focus on recruitment and retention.	We do have several retention strategies in place around mentoring (multiple levels within the department and in the larger university at individual and group levels); the University Ombuds Office to provide confidential advice to faculty who are navigating the academic environment; and the Faculty Affairs and the Diversity Office (FADO), which trains units on equitable processes during faculty searches and RPT.
		The department offers faculty training on cultural awareness and sensitivity. For example, activities include SafeZone training, racial equity initiative trainings, and reading groups with books such as *White Fragility*. The program reports that 80% of the faculty have attended a health equity workshop, and faculty are assessed on whether they publish on vulnerable populations.	
		From a curricular perspective, the MPH program requires a diversity objective in all courses, and most courses in the MPH degree include a project in which students examine a health disparity issue.	We have implemented broader and more inclusive criteria regarding dissemination of research – recognizing public impact and pedagogical scholarship and dissemination, which may be more relevant for first generation and/or community-engaged scholars.
		The program collects quantitative data on its priority populations through tracking college census data on Pell grants and financial aid data. The program has tracked Latinx faculty for the last three years and has one year of data for economically disadvantaged students and first-generation faculty. The chair reviews these data with the CQI Committee. For economically disadvantaged students,	

| | | | the program reports 54% for the BSPH program, 70% for the MPH program, and 25% for the public health sciences PhD program (0% for health services research—this is a mostly part-time program); the program reports 30% departmental faculty with first-generation backgrounds, and two faculty identify as Latinx/Hispanic.

The program surveys students on the cultural and learning environment each spring. The survey shows increasing trends to about 80% and higher of BSPH and MPH students agreeing that the department promotes diversity and inclusion of marginalized populations and supports a learning environment that is conducive to diverse students with different needs. In 2021, 78% of health services research doctoral students agreed that the department promotes diversity and inclusion of marginalized populations, and 67% of public health sciences doctoral degree students agreed with this statement. A 2018-19 employee climate survey showed departmental faculty and staff mostly agreed with statements (averages ranged from 3.46 to 4.25) for statements on the climate, faculty/staff diversity, student diversity, supervisor/colleague understanding of diversity, and fairness in hiring and admissions. The lowest-rated responses related to perceptions that the unit tends to marginalize some employees or students.

During the site visit, students indicated that the climate is welcoming and inclusive. Faculty agreed, but they also thought that the climate could be improved, especially for non-tenured faculty. University leaders shared their commitment to increasing diversity, specifically Latinx faculty; however, they stated that there is not a large pool | We will examine additional strategies for retention in Spring 2022. | |

| | | locally, and they have initiated collaborations with institutions that could provide applicants.

The concern relates to the lack of focus on faculty recruitment and retention. Although the program provides strategies, the strategies listed relate to increasing faculty engagement in cultural competence and trainings to be more sensitive to student concerns. When asked during the site visit, program faculty noted faculty diversity and equity trainings, as well as pedagogical training on Quality Matters; however, these trainings are more related to incorporating diversity and equity into coursework, rather than for recruiting and retaining faculty priority populations. | | |

H1. ACADEMIC ADVISING

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have ready access to advisors from the time of enrollment		The program manages academic advising in different ways for undergraduate and graduate students. BSPH faculty and the BSPH program director are responsible for academic advising, and the BSPH program director is the primary academic advisor. Students are responsible for communicating with their advisor at the beginning of each semester. All undergraduate academic advisors are trained by the college's Advising Office. The MPH program director oversees academic advising for all MPH students in the first semester. Full-time students are then assigned a concentration-specific academic advisor, while part-time students receive	Click here to enter text.	
Advisors are actively engaged & knowledgeable about the curricula & about specific courses & programs of study				
Qualified individuals monitor student progress & identify and support those who may experience difficulty				
Orientation, including written guidance, is provided to all entering students				

| | | academic advising from the program director for the duration of their degree. The MPH program director provides group advising in the fall and spring, including during the APE, as well as one-on-one, if requested. Academic advising information is listed in the MPH student handbook.

Students are advised on appropriate courses, course sequencing, the internship, and career objectives. Students are expected to meet with their advisor prior to registering for classes each semester. Faculty are oriented to the role and responsibilities of student advising in MPH program committee meetings. Each advisor is also provided an advising checklist and suggested timeline of advising tasks.

PhD students are advised by the PhD program director for the first year. Students receive a PhD student handbook as a guide and reference. During the second year of the program, the professor who has been acting as the student's research mentor also becomes the student's academic advisor. The PhD program director shares advising documents with research mentors/academic advisors through a shared Dropbox folder. The folder contains suggested course sequences, registration checklists, and course registration sheets. The PhD program director communicates each semester to provide updates on registration dates and information. The PhD program director reviews and approves all course registration ensuring timely degree progression.

Each of the three program directors starts as each student's academic advisor since they know the program details and have experience working with internship | | |

		preceptors and public health employers. Additional faculty advisors are oriented to their roles by the respective program director.		
		Each spring, students complete an end-of-year survey to assess their satisfaction with academic advising. All responses are anonymous, and Excel is used for analysis. Survey data show that 73% of BSPH students over the last three years say their advisor is available and/or responds to their needs, and 91% reported that their academic advisor is knowledgeable about the curriculum and program requirements. MPH and PhD students report similar trends with 85% of MPH and 95% of PhD students reporting that their academic advisors are available, and 77% of MPH and 92% of PhD students reporting that their advisors are knowledgeable about the curriculum and program requirements.		
		Students who met with site visitors echoed the end-of-year survey results with high satisfaction regarding academic advising.		

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students have access to qualified advisors who are actively engaged & knowledgeable about the workforce & can provide career placement advice		The university provides comprehensive career advising services to enrolled students and alumni. The university's Career Center provides networking opportunities, career advice, and resources (e.g., professional headshots for social network pages). The program director of each degree shares alumni updates, job announcements, and other professional opportunities with both alumni and enrolled students.

BSPH students receive career advising during the capstone course, which encompasses completion of career building activities, mock written responses to job advertisements, and mock interviewing for career building.

For MPH students, career advising is integrated into the curriculum during the internship/APE and capstone/ILE course experiences and through tailored career advice for graduating students. For example, students can participate in mock interviews, receive feedback on resumes and cover letters, and attend alumni job panels.

The PhD program uses the Center for Graduate Life to provide a broad array of professional development activities, workshops, career fairs, and courses on leadership, research, and teaching. PhD students are assigned mentors aligned with their interests. Students complete mandatory annual progress reports focused on | Click here to enter text. | |
| Variety of resources & services are available to current students | | | | |
| Variety of resources & services are available to alumni | | | | |

career goals; upon submission and review, annual letters of progress are provided by program director to students. Academic advising is also conducted informally through individual meetings, interviews, alumni networking, and the use of university services such as the Graduate Life and Learning Office and Career Advising Center.

The self-study includes multiple examples of career advising provided by the program. Students receive feedback on their personal statements and interview presentations, resumes, and career expectations.

Data about student satisfaction with career advising is collected annually in the spring. The self-study provides three years of data for each degree program. For BSPH students, 54% reported feeling satisfied with career advising while in the program, and 44% agreed that career resources and employment opportunities are made available to help them post-graduation. For MPH and PhD students, 52% of MPH and 75% of PhD students reported feeling satisfied with career advising while in the program, and 48% of MPH and 69% of PhD students agreed that career resources are available after graduation.

When site visitors asked about the low satisfaction rates, program faculty reported that they make career advising services available; however, it is up to each student to use them. Program faculty acknowledged the need to be more proactive about making students aware of career advising services both while in the program and after graduation. Students and alumni who met with site visitors reported high satisfaction with career advising services. Students were aware of how to get help and provided examples of in-class career advising that they

| | | had done. Site visitors considered feedback from surveys and information learned on site and determined that the program does in fact meet the expectations of this criterion.

The program notes that much of its career advising is informal and ad hoc. The program acknowledges that this can result in students not getting the help they need to transition to careers post-graduation. Plans include additional opportunities for students to get to know faculty and alumni networking events. During the site visit, program faculty reported the need to conduct career advising earlier and more formally, as well as better managing student expectations. | | |

H3. STUDENT COMPLAINT PROCEDURES

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defined set of policies & procedures govern formal student complaints & grievances		The program has a defined set of policies and procedures that govern formal student complaints and grievances. These policies are found and outlined in the degree program student manual. The Office of the Dean of Students serves as a resource center for those students seeking information regarding grievance and appeal procedures. Students enrolled in courses at UNCC in need of filing a complaint can refer to the University Policy: 411 UNCC Student Grievance Procedure. Upon request from any student, the Office of the Dean of Students will	Click here to enter text.	
Procedures are clearly articulated & communicated to students				
Depending on the nature & level of each complaint, students are encouraged to voice concerns to unit officials or other appropriate personnel				

Designated administrators are charged with reviewing & resolving formal complaints		provide guidance about the appropriate system for redress of a particular complaint.		
All complaints are processed & documented		To resolve course disputes, students are encouraged to first discuss the issue with the course instructor. If the issue cannot be resolved, it should be brought to the program director, who is best qualified to advise students about issues with the curriculum or course instructors. If a student does not feel comfortable speaking with the program director, they can bring concerns to the Program Committee by speaking to a student representative. If the issue is still not resolved, the student can request a formal resolution with the department chair. If a student wants to appeal, they can submit a written appeal to the department chair. The appeal will be reviewed and a judgment made by the faculty of the department. There have been two student grievances submitted in the last three years. The first was a formal complaint by a BSPH student for requested accommodation, which was resolved after meeting with the instructor. The second was the termination of a student from the public health sciences PhD program due to obtaining an "unsatisfactory" in one of the required courses. Receiving an "unsatisfactory" grade triggers automatic dismissal from the graduate school. The student attempted to readmit to the program, but due to other work, grades, and comments from the student, the Admission Advisory Committee did not recommend her to be reinstated. Students participating in the site visit were not aware of the official policies and procedures to initiate a student complaint but did feel comfortable going to course instructors and following the chain of command. While		

		the program has clear policies and procedures in place, it may be helpful to more explicitly share how students can find this information.		

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Implements recruitment policies designed to locate qualified individuals capable of taking advantage of program of study & developing competence for public health careers		The program primarily uses the department website to recruit qualified individuals. The self-study also notes that the program is present on the ASPPH degree program finder site. The MPH and PhD programs participate in the joint recruitment efforts led by ASPPH: career eco virtual graduate school fairs and This is Public Health virtual fair, as well as both on- and off-campus networking.	Click here to enter text.	
Implements admissions policies designed to select & enroll qualified individuals capable of taking advantage of program of study & developing competence for public health careers		The MPH program conducts a mass recruitment mailing to all public and private colleges and universities in North Carolina that have relevant undergraduate feeder programs each fall.

The PhD program director emails an introductory letter and flyer to program directors from relevant feeder programs across the Southeast region.

Prospective BSPH students must apply by February for the following fall semester and must have a minimum GPA of 2.5. Eligible students must have completed 60 hours before matriculation into the BSPH major. The program director reviews applications for basic eligibility (GPA and credit hours). Program committee members then review | | |

| | | de-identified personal statements without GPA to determine admission. The MPH degree requires a minimum GPA of 3.0, GRE scores (currently waived), transcripts, three letters of recommendation, and a personal statement identifying the chosen concentration. The MPH Program Committee and two faculty review student applications and provide a recommendation to admit or deny each student. The PhD in public health sciences requires all applicants to complete an online application to the Graduate School. Applications are reviewed by the PHS Program Committee using a holistic review process that includes "fit" within the program and with a potential mentor's area of research. The program presents data on several outcome measures that relate to the ability to recruit and enroll qualified students. While the program lists three indicators, it only has a target for one of the three. The program aims to have 45% of newly matriculating BSPH from economically disadvantaged backgrounds and presented two years of data (40% and 43%). For MPH students, the target is 35%, and the two years of data achieved rates of 33% and 32%. For the PhD degree, the target is 50%, and the program met this percentage in 2020-21. During the site visit, reviewers questioned the lack of targets for the program's other two selected measures: quantitative scores for new students (e.g., GPA and GRE) and percentage of designated group (racial/ethnic minorities) accepting offer of admission. The program acknowledged that not having targets makes it difficult for the program to have direction regarding recruitment and | | |

		admissions. Program faculty reported that they plan to add targets for the other two measures. Despite these limitations, site visitors determined that the program has been successful in recruiting and enrolling qualified students who can succeed through the program of study.		

H5. PUBLICATION OF EDUCATIONAL OFFERINGS

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Catalogs & bulletins used to describe educational offerings are publicly available		All of the catalogs and bulletins used to describe the program's educational offerings are publicly available on a number of different websites. The program's policies, standards, and requirements are accurately described on the program's website. All advertising, promotional, and recruitment materials include accurate information.	Click here to enter text.	
Catalogs & bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards & degree completion requirements				
Advertising, promotional & recruitment materials contain accurate information				

Sunday, September 26, 2021

5:00 pm   **Site Visit Team Executive Session 1**

Monday, September 27, 2021

8:00 am   **Site Visit Team Hotel Pickup: Transport to Campus**

8:20 am   **Team Setup on Campus in PHS Suite, Room 426 (workroom)**

8:30 am   **Program Evaluation, CHHS 332**

Participants	Topics on which participants are prepared to answer team questions
Jan Warren-Findlow, PhD, Professor & interim Chair, CEPH Liaison *Pilar Zuber, PhD, MCHES, CPH, Senior Lecturer & BSPH Program Director* *Lorenzo Hopper, PhD, Assistant Professor & MPH Program Director* *Larissa Huber, PhD, Professor & HSR/PHS Program Director* *Michael Thompson, DrPH, Associate Chair*	*Guiding statements – process of development and review?*
Michael Thompson, DrPH, Associate Chair	*Evaluation processes – how does program collect and use input/data?*
Jan Warren-Findlow, PhD, Professor, CEPH Liaison	*Resources (personnel, physical, IT) – who determines sufficiency? Acts when additional resources are needed?*
Jan Warren-Findlow, PhD, Professor & interim Chair, CEPH Liaison	*Budget – who develops and makes decisions?*
Total participants: 5	

9:30 am   **Break**

9:45 am   **Curriculum 1, CHHS 332**

Participants	Topics on which participants are prepared to answer team questions
Alicia Dahl, PhD, Assistant Professor *Andrew Harver, PhD, Professor* *Jan Warren-Findlow, PhD, Professor, CEPH Liaison* *Pilar Zuber, PhD, MCHES, CPH, Senior Lecturer & BSPH Program Director*	*Foundational knowledge*
Alicia Dahl, PhD, Assistant Professor *Andrew Harver, PhD, Professor* *Elizabeth Racine, DrPH, Professor* *Meagan Zarwell, PhD, Assistant Professor*	*Foundational competencies – didactic coverage and assessment*
Lorenzo Hopper, PhD, Assistant Professor & MPH Program Director *Ahmed Arif, PhD, Professor* *Shi Chen, PhD, Assistant Professor* *Larissa Huber, PhD, Professor* *Laura Gunn, PhD, Associate Professor- via telephone* *Albert Park, PhD, Associate Professor- via telephone*	*Concentration competencies – development, didactic coverage, and assessment*
Total participants: 12	

11:00 am   **Break**

11:15 am   **Curriculum 2, CHHS 332**

Participants	Topics on which participants are prepared to answer team questions
Jan Warren-Findlow, PhD, Professor, CEPH Liaison *Pilar Zuber, PhD, MCHES, CPH, Senior Lecturer & BSPH Program Director* *Lorenzo Hopper, PhD, Assistant Professor & MPH Program Director* *Julie Howell, Administrative Support Specialist* *Deborah Beete, MPH, Lecturer*	*Applied practice experiences*
Jan Warren-Findlow, PhD, Professor, CEPH Liaison *Pilar Zuber, PhD, MCHES, CPH, Senior Lecturer & BSPH Program Director* *Lorenzo Hopper, PhD, Assistant Professor & MPH Program Director*	*Integrative learning experiences*
Deborah Beete, MPH, Lecturer *Alicia Dahl, PhD, Assistant Professor* *Andrew Harver, PhD, Professor* *Pilar Zuber, PhD, Senior Lecturer & BSPH Program Director*	*Public health bachelor's degrees*

Participants	Topics on which participants are prepared to answer team questions
Jessamyn Bowling, PhD, Assistant Professor *Larissa Huber, PhD, Professor & HSR/PHS Program Director* *Rajib Paul, PhD, Associate Professor* *Michael Thompson, DrPH, Associate Professor & Associate Chair* *Jan Warren-Findlow, PhD, Professor, CEPH Liaison*	*Academic public health degrees*
Total participants: 12	

12:15 pm   **Break & Lunch in Executive Session, PHS 426**

1:00 pm   **Instructional Effectiveness, CHHS 332**

Participants	Topics on which participants are prepared to answer team questions
Devrim Ozdemir, PhD, CHHS Director of Student Success & Assessment *Ahmed Arif, PhD, Professor and Chair of Department Review Committee* *Katherine Hall-Hertel, Associate Dean Graduate Academic and Student Affairs* *Heather McCullough, PhD., Associate Director, Center for Teaching and Learning* *Lorenzo Hopper, PhD, Assistant Professor and MPH Program Director* *Michael Thompson, DrPH, Associate Professor and Associate Director, Academy of Population Health Innovation* *Jan Warren-Findlow, PhD, Professor and Interim Chair, CEPH Liaison* *Pilar Zuber, PhD, Senior Lecturer & BSPH Program Director*	*Currency in areas of instruction & pedagogical methods* *Scholarship and integration in instruction* *Extramural service and integration in instruction* *Integration of practice perspectives* *Professional development of community*
Total participants: 8	

2:00 pm   **Break**

2:15 pm   **Transport to Hotel**

3:00 pm   **Students – meeting via Zoom**

Participants	Topics on which participants are prepared to answer team questions
Brianna Boggan, 2nd year MPH-EPID student *Christin Wolf, 3rd year MA-MPH-CHPR student (dual degree)*	*Student engagement in program operations* *Curriculum*

Tasha Gill, 4th year PHS PhD student *Andrea Kaniuka, 3rd year PHS PhD student* *Shanika Butts, 1st year PHS PhD student and MPH alumna* *Farida Yada, 3rd year HSR PhD student and MSPH alumna* *Precious Ikejiaku, 1st yr BSPH student* *Merel Devaney, 2nd yr BSPH student*	Resources (physical, faculty/staff, IT) Involvement in scholarship and service Academic and career advising Diversity and cultural competence Complaint procedures
Total participants: 8	

4:00 pm   **Break**

4:15 pm   **Stakeholder/ Alumni Feedback & Input – meeting via Zoom**

Participants	**Topics on which participants are prepared to answer team questions**
Patricia Dowbiggin, MPH-CHPR, Clinical Improvement Supervisor, *Mecklenburg EMS Agency* *Julia Stullken, MPH-EPID, CSTE Fellow at Colorado Dept. of Public Health* *[tentative]* *Prince Bonsu, MPH-PHAN, Research Public Health Analyst at RTI* *International* *Erin Vinoski Thomas, PhD, Asst. Research Professor, Georgia State Univ.* *Yhenneko Taylor, PhD, CORE, Atrium Health [tentative]* *Mike Kennedy, MPH, Mecklenburg Public Health [tentative]* *Sierra Sledge, MPH-CHPR, Director of Education, Hemophilia of Georgia* *Betty Foh, QI Program Manager, Cabarrus Health Alliance* *Victoria Jercich, MPH-CHPR, Mecklenburg County Air Quality Specialist* *Betria Stinson, MPH, former Assoc. Director, Center for Wellness Promotion*	*Involvement in program evaluation & assessment*
	Perceptions of current students & program graduates
	Perceptions of curricular effectiveness
	Applied practice experiences
	Integration of practice perspectives
	Program delivery of professional development opportunities
Total participants: 10	

5:15 pm   **Site Visit Team Executive Session 3**

6:00 pm   **Adjourn**

Tuesday, September 28, 2021

8:30 am   **University Leaders– meeting via Zoom**

Participants	**Topics on which participants are prepared to answer team questions**
Chancellor Sharon Gaber, PhD *Provost Joan Lorden, PhD*	*Program's position within larger institution*
CHHS Dean Catrine Tudor-Locke, PhD *Chancellor Sharon Gaber, PhD* *Provost Joan Lorden, PhD*	*Provision of program-level resources*
Chancellor Sharon Gaber, PhD *Provost Joan Lorden, PhD*	*Institutional priorities*
Total participants: 3	

9:00 am   **Break**

9:30 am   **Site Visit Team Hotel Pickup: Transport to Campus**

10:00 am   **Site Visit Team Executive Session 4**

12:00 pm   **Site Visit Team Working Lunch**

1:00 pm   **Exit Briefing, CHHS 131**

1:45 pm   **Team Departs**