

**Council on Education for Public Health  
Adopted on March 13, 2020**

REVIEW FOR ACCREDITATION  
OF THE  
PUBLIC HEALTH PROGRAM  
AT  
EAST CAROLINA UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

September 12-13, 2019

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CRITERIA:

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

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## **INTRODUCTION**

East Carolina University (ECU) was established in 1907 as a four-year university. The university is located in Greenville, North Carolina and serves a largely rural population in the coastal region of the state. The university is one of 17 constituent institutions in the University of North Carolina System. ECU has 11 degree granting colleges and schools, which offer 84 baccalaureate degree programs, 761 master's degree programs, five professional practice doctoral programs, 13 research/scholarship doctoral programs, 84 certificates, and two specialist degree programs. At the time of the site visit, the university enrolled approximately 29,000 students and employed approximately 2,000 faculty and 4,000 staff.

ECU is regionally accredited by the Southern Association of Colleges and Schools Commission on Colleges. The university has been accredited since 1927 and was reaffirmed in 2013 for a ten-year period. The university also holds specialized accreditation in medicine, counseling, nutrition and dietetics, physical therapy, engineering, social work, education, and many other areas.

The public health program is housed in the ECU Division of Health Sciences. The Division of Health Sciences encompasses the Brody School of Medicine, the College of Allied Health Sciences, the College of Nursing, and the School of Dental Medicine. The public health program originated in 2003 with an MPH in the department of family medicine in the Brody School of Medicine. In 2008, the department of public health was formed as one of the basic science departments in the Brody School of Medicine. The program now offers the MPH degree in three concentrations: epidemiology (EPI); health policy, administration, and leadership (HPAL); and community health and health behavior (CHHB). The program also offers the DrPH degree in two concentrations, health policy, administration, and leadership and environmental and occupational health (EOH). All degrees are offered both in-person and online and are offered to full- and part-time students. At the time of the site visit, the program had 93 master's level students across the concentrations (26 in EPI, 44 in HPAL, 23 in CHHB) and 22 doctoral-level students (12 in EOH and 10 in HPAL).

The program was initially accredited by CEPH in 2007 and was granted reaccreditation in 2012 for a seven-year term with interim reporting. The interim reporting related to competencies and outcome measures for faculty and staff diversity. The Council accepted the interim report in fall 2013.

Instructional Matrix - Degrees and Concentrations					
			Campus based	Executive	Distance based
<b>Master's Degrees</b>		<b>Academic</b>	<b>Professional</b>		
Epidemiology			MPH	MPH	MPH
Health Policy, Administration, and Leadership			MPH	MPH	MPH
Community Health and Health Behavior			MPH	MPH	MPH
<b>Doctoral Degrees</b>		<b>Academic</b>	<b>Professional</b>		
Environmental and Occupational Health			DrPH	DrPH	DrPH
Health Policy, Administration, and Leadership			DrPH	DrPH	DrPH
<b>Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)</b>					
<b>2nd Degree Area</b>	<b>Public Health Concentration</b>				
Medicine	Any MPH concentration		MD/MPH	MD/MPH	

**A1. ORGANIZATION & ADMINISTRATIVE PROCESSES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Designates appropriate committees or individuals for decision making, implementation		The program has an adequate organizational structure with 10 committees: Admissions, Community Advisory, Concentrations, Continuing Education/Grand Rounds, Curriculum, Graduation, Personnel, Promotion and Tenure, Public Health Organization Executive, Research, and the Craig Souza Endowed Scholarship/Harold Bate Rural Health Scholarship committees. The two ad hoc committees are the School of Public Health Implementation and Faculty/Staff Search committees. All committees include faculty members, and the Community Advisory Board includes representatives from different sectors and is chaired by a faculty member.	As can be seen from the recently implemented climate survey (Criterion G1), communication in the Department has been a long-standing challenge among faculty, staff and students. This issue has been complicated by issues related to the upcoming launch of the ECU School of Rural Public Health. The Department Chair acknowledges this concern and will work to address this issues as much as possible in the future. It is recognized that a number of efforts have been taken to enhance communication in the Department, including a revamped website and social media page, and e-newsletter and coordination between the MPH student organization and the Department Chair. The faculty will discuss these issues at the February 3, 2020 Faculty meeting and will also use these data and data from the alumni survey in a planning retreat to address issues identified in both surveys.	The Council appreciates the information provided in the response to the team's report regarding efforts to enhance communication at the program level.
Faculty have opportunities for input in all of the following: <ul style="list-style-type: none"> <li>• degree requirements</li> <li>• curriculum design</li> <li>• student assessment policies &amp; processes</li> <li>• admissions policies &amp; decisions</li> <li>• faculty recruitment &amp; promotion</li> <li>• research &amp; service activities</li> </ul>		The Curriculum Committee makes decisions on program requirements and curricular design. Faculty vote on these decisions, and any significant changes are logged into the university Curriculog system and sent through the university approval process. The program follows Graduate School policies regarding student assessment policies and procedures; however, the Curriculum Committee also provides input for program-specific assessments.		
Ensures all faculty regularly interact with colleagues & are engaged in ways that benefit the instructional program		Interested students submit applications to the graduate school. The program's Admissions Committee then reviews the application and conduct electronic review and voting.		

		<p>The ECU faculty manual guides faculty recruitment and promotion. The chair of the department appoints an ad-hoc search committee chair and identifies committee members. When a new faculty member is hired, initial recommendations for tenure are made by the Promotion and Tenure Committee. The department chair largely guides research and service, as he meets on a regular basis with faculty to discuss ongoing research and service activities. The department chair also conducts an annual evaluation of the faculty in the spring to assess the alignment of research and service activities with the faculty member's professional contract. The Promotion and Tenure Committee reviews these assessments.</p> <p>Faculty are members of 14 university-level committees, including Graduate Admissions and Retention, Graduate Council, Research, and Diversity committees.</p> <p>Primary instructional faculty and non-primary instructional faculty interact and are encouraged to participate in departmental activities such as departmental committees, grand rounds lectures, and professional, social, and service activities. Because of the proximity, public health faculty can collaborate with colleagues in the other Health Sciences Division colleges and schools and the Vidant Medical Center. Faculty noted that while adjunct faculty members are invited to faculty meetings, they rarely attend, and noted that faculty meetings are rare occurrences. During the site visit, full-time faculty also noted that faculty meetings are rare and occurred only one- or two-times last year. Faculty also stated a concern with the lack of communication that is present.</p>		
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		The commentary relates to the infrequent faculty meetings. Faculty who serve on program committees interact regularly, and the committee structure is sufficient for decision making and operations, but more regular faculty meetings would enhance the communication between faculty.		
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**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 participate in the program through the Public Health Organization, which is a student organization. The Public Health Organization (PHO) provides feedback on issues students are facing in the program, and the president and/or vice president of the organization is invited to attend faculty meetings and Executive Leadership Council meetings to provide updates and input on relevant matters. They also participate in the Community Advisory Board to provide information on student activities. The student organization provides funds to support student travel to professional public health meetings and participates in the new student orientation.	Click here to enter text.	
Students engaged as members on decision-making bodies, where appropriate				



		<p>A member of the PHO participates in the Graduation Committee.</p> <p>During the visit, students confirmed that they had ample opportunity to provide feedback and influence decision-making in the program. They felt comfortable speaking to their advisors and faculty. Students in the PHO stated that they have been invited to a variety of program meetings in the past to provide reports and feedback. Students seemed satisfied with their ability to provide feedback and influence change in the program, especially on the curriculum.</p>		
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**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 defines a mission statement with four goals and a single values statement. These statements sufficiently guide the program, especially with its focus on rural populations.	The ECU Department of Public Health agreed to adopt the Vision Statement approved by the Implementation Committee of the ECU School of Rural Public Health (SRPH):	The Council has reviewed the self-study document, the draft team report, and the program's response to the team report. Based on the updated information in the program's response, the Council found that the program has adopted a vision statement, which constitutes compliance with this criterion. Therefore, the Council changed the site visit team's finding for this criterion from partially met to met.
Taken as a whole, guiding statements address instruction, scholarship, service		The mission statement for the program is as follows:		
Taken as a whole, guiding statements define plans to 1) advance the field of public health & 2) promote student success		To educate, provide service, and advocate for improved community health emphasizing rural and disadvantaged regions as well as research.	<i>"To be a national model for engaging with communities to address regional needs and rural health disparities"</i>	
Guiding statements reflect aspirations & respond to needs of intended service area(s)		The MPH program attains its mission by reaching four goals related to instruction, research, and service. The program's goals are as follows:	The faculty unanimously voted in favor of adopting this Vision Statement in October 2019.	
Guiding statements sufficiently specific to rationally allocate resources & guide evaluation of outcomes		<ol style="list-style-type: none"> <li>1. Provide an educational program for current and future public health professionals responsive to meeting needs in a changing environment, including skills to work in rural and disadvantaged communities</li> <li>2. Educate individuals to apply a collaborative approach of evidence-based prevention to address public health issues and manage programs in various settings</li> <li>3. Increase the quality and quantity of funded public health related research, including translational</li> </ol>	It should be noted that the current plan is for the ECU Department of Public Health to reorganize in the near future to become part of the three departments coming together to create the ECU SRPH in 2021. For reference, we have included the proposal approved by the University of North Carolina Board of Governors for the SRPH, which	

		<p>research projects that address established regional priorities</p> <p>4. Advance the health of communities, particularly in eastern North Carolina, through community engagement, leadership, advocacy and collaborative efforts with public health agencies and other entities</p> <p>The program identified nine values unique to its academic role in public health, including excellence, service, collaborative partnership, ethics, equity, scholarship, diversity, leadership, and rurality.</p> <p>These statements guide the program in its education, research, and service objectives. It is clear that a focus of the program is to improve the health of the underserved and rural populations in North Carolina. Students stated that they chose the program based on its emphasis on rural populations.</p> <p>The concern relates to the lack of a vision statement. When asked during the site visit, program leaders noted that they have not developed a vision statement for the program and have not prioritized new guiding statements, since the program is actively planning a major organizational change through the development of a school of rural public health, which will necessitate the revision of all guiding statements and strategic discussions.</p>	<p>includes the Vision Statement listed above.</p>	
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**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 a seven-year maximum time to graduation for the MPH degree and a six-year maximum time to graduate for the DrPH degree. The program reports MPH graduation rates that exceed the 70% threshold for all cohorts for academic years 2012-13 through 2018-19. The lowest reported graduation rate is 75% for MPH students entering in 2010. The DrPH program began in 2018 and therefore has no graduates to report on.	Click here to enter text.	
Achieves graduation rates of at least 70% for bachelor's & master's degrees, 60% for doctoral degrees				

**B3. POST-GRADUATION OUTCOMES**

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		The program presented data in template B3-1 that represents positive post-graduation outcome rates of 76%, 95%, and 88% for MPH students graduating in the last three years. The program has used personal contacts with graduating students to determine placement. The program is able to identify outcomes for a vast majority of graduates, reporting no unknowns for the last two academic years.	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		As noted in B2, no DrPH students have graduated yet, therefore the program has no placement rates to report.		
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**B4. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Defines qualitative &/or quantitative methods designed to provide meaningful, useful information on alumni perceptions		The program used an alumni survey to gather information on alumni perceptions of curricular effectiveness. The program administered the survey in January 2019 to all MPH graduates from the program for whom contact information was available. The survey yielded a 20% response rate (57/286). The program used an advance email sent prior to the survey and four reminder emails sent after the survey. Additionally, the program posted announcements about the survey on the department and student organization social media pages.	In collaboration with the ECU Office of Institutional Planning, Assessment and Research (IPAR), the Department has developed a protocol for the regular administration of the alumni perception survey. The protocol (document included) was developed by Department faculty member Dr. Ann Rafferty and will be coordinated with the Department Alumni Coordinator, Archana Kaur. The protocol includes the administration of the survey one year and three years after graduation. The protocol also includes administration of a survey to DrPH alumni at the point where we have DrPH graduates from the program. The protocol also includes a strategy for obtaining updated contact information for graduates.	The Council appreciates the program's response to the team report. Based on the totality of the evidence, including the self-study document, the team's draft report, and the program's response, the Council has determined that the program has developed thoughtful and routine data collection methods; this addresses the second concern identified by the site visit team. The team's first concern remains.
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		<p>There is no evidence that the survey administration is a routine occurrence, as it was only sent once to all MPH graduates in January 2019. Faculty noted that the last alumni survey was sent in 2012, in preparation for the previous CEPH site visit. The department chair noted that he would like to see the survey go out annually; however, there are no current plans in place.</p> <p>Eighty-one percent of respondents are currently working in a field related to their concentrations, and a majority report that they achieved the defined competencies. Forty-seven percent of respondents noted additional</p>		

		<p>areas that should be addressed through coursework, such as grant writing, human resource policy, research methods, data analysis and management, budgeting/accounting, informatics, public health law, and environmental health. Preceptors, alumni, and CAB members reiterated these needs.</p> <p>The first concern relates to the fact that the chosen data collection methods did not produce useful data. The program used a survey with multiple touchpoints; however, the 20% response rate makes it difficult to draw conclusions from the results. Additionally, the program's data collection (and respondents) cross many different graduation years. Presumably, the curriculum and program experience has changed since many of the respondents graduated; this further limits the program's ability to use the data collected.</p> <p>The second concern relates to the regular examination of methodology and outcomes to ensure useful data. The two alumni surveys in the past seven years have coincided with CEPH accreditation site visit years. There is no evidence to suggest that data collection and review is a routine occurrence.</p>	<p>The MPH survey was initially conducted in January – March 2019 and re-administered in October 2019 to increase the yield rate. We were able to attain a total of 87 survey responses (30% response rate). The Alumni Coordinator shared the survey results with DPH faculty, who were pleased that approximately 60% of respondents reported that within 6 months after graduation they had obtained employment in the public health field and that they would recommend the program to others. Faculty were also pleased that over 80% of respondents felt that they have achieved most of the competencies of the MPH program. Data from the alumni survey will be initially presented to the Department faculty at our February meeting, and will be discussed more at length at a planning retreat in June 2020 to address issues with curriculum effectiveness and employment outcomes for graduates.</p> <p>The Department has also partnered with the IPAR Office to obtain Graduate Student Exit Survey data from our MPH graduates. These data are provided for the past three</p>	
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			academic years and will be used for curriculum planning.	
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**B5. DEFINING EVALUATION PRACTICES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
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		While the program identified four goals relating to instruction, scholarship, and service, as noted in section B1, the program has only identified evaluation measures to measure the first goal related to instruction. There are no evaluation measures for the remaining three goals related to scholarship and service.	The Department has identified Scholarship and Service evaluation measures consistent with our Departmental goal statements. These measures are based on discussions from a 2016 Departmental Retreat, and the Department's Promotion and Tenure Guidelines. Data for the past three academic years are provided for each measure. Extramural research funding data are collected routinely by ECU through the Office of Sponsored Programs. Other faculty scholarship and service activities are self-reported annually from the Faculty180 system.	The Council appreciates the program's response to the team report. Based on the totality of the evidence, including the self-study document, the team's draft report, and the program's response, the Council has determined that although the program has defined metrics for service and research and presented data on these metrics, the Council cannot validate how these measures fit into an overall evaluation plan to guide the program's progress against its specifically-defined mission and goals. Additionally, the program has not yet produced evidence of a sustained and comprehensive plan for data collection, review, and deliberation.
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		<p>The programs evaluation measures are as follows, to recruit and train students from the target region; to train students who intend to practice in the target region; to provide the highest quality education experience for students; and to ensure that students are adequately prepared to practice after graduation.</p> <p>The program has defined data sources for each of these measures; for example, the program tracks the number of students it recruits and plans to practice in its target region, measures student satisfaction on instruction, and surveys graduates on how prepared they feel through a new student survey, a Graduate School exit survey, and a program exit survey. The summary reports are reviewed by the department chair and by the program faculty, and the program provided data for site visitors' review. The</p>		

		<p>program director and evaluation coordinator confirmed that they reviewed the results and discuss action at meetings.</p> <p>The first concern relates to the lack of measures that relate to the program's goals related to scholarship and service. Due to the lack of measures related to these goals, the program is unable to track progress toward meeting those goals.</p> <p>The second concern relates to the lack of a systematic plan for data evaluation. Currently, the program has a means of informally addressing issues and concerns as they are brought forward, however there is no evidence of a systematic way to identify issues and concerns through evaluation of the overall program.</p>		
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**B6. USE OF EVALUATION DATA**

<b>Criterion Elements</b>	<b>Compliance Finding</b>	<b>Team's Evidence for Compliance Finding</b>	<b>School/Program Response</b>	<b>Council Comments</b>
	Met with Commentary			
Engages in regular, substantive review of all evaluation findings, including strategic discussions.		<p>The program cites several examples of changes based on student feedback, including course revisions, the addition of a fully online curriculum, and modifications to course assignments. In addition, concentration names have been updated, and the professional paper format was changed to a poster session with invitations to external stakeholders. Students provide this type of feedback both formally and informally.</p> <p>Faculty and students provided additional examples during the site visit of changes based on student feedback. For</p>		<p>Upon reviewing the totality of evidence, including the self-study and the team's draft report, the Council has decided to change the site visit team's finding from met to met with commentary.</p> <p>The commentary relates to the limited evidence of an appropriate evaluation plan that ensures regular</p>
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.)				



		<p>example, student and alumni survey information led to the insertion of instruction on technical writing into the curriculum and more help with biostatistics. Faculty confirmed meeting about modifying the research methods course to be offered by each track.</p> <p>While these changes are not directly tied to an evaluation plan in place by the program, reviewers did note that the program is able to use what little information it has to make changes as issues arise. Once the program has defined an appropriate evaluation plan, as discussed in Criterion B5, it should be used to inform additional areas of needed change within the program's operations.</p>		<p>review of information needed to make changes.</p>
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**C1. FISCAL RESOURCES**

<b>Criterion Elements</b>	<b>Compliance Finding</b>	<b>Team's Evidence for Compliance Finding</b>	<b>School/Program Response</b>	<b>Council Comments</b>
	Met			
Financial resources currently adequate to fulfill stated mission & goals & sustain degree offerings		<p>The program reports that overall financial resources are both adequate and sufficiently stable to fulfill its stated mission and goals and to sustain degree offerings. The self-study reflects a steady increase in the program's overall budget since the 2014-2015 academic year. There is clear support from the vice chancellor for health sciences as well as the vice chancellor for Research, Economic Development and Engagement to ensure the financial viability of the program for the foreseeable future. During the visit, faculty provided updates about recent grant funding opportunities that will support new and innovative research projects. This funding will allow additional students to be supported as graduate</p>	<p>Click here to enter text.</p>	
Financial support appears sufficiently stable at time of site visit				

		<p>assistants; the program considers student support a critical incentive for successful recruitment efforts.</p> <p>The UNC System Office provides funds for faculty and staff positions. Enrollment growth and research/instructional priorities drive faculty lines. The university receives new positions from the overall University of North Carolina System based on teaching hours. The provost and vice chancellor for health sciences make decision on the distribution of new positions. The program chair is able to negotiate with the vice chancellor by submitting a proposal for the requested positions. A justification for the position(s) is that is consistent with the availability of resources and goals for the program that align with those of the Division of Health Sciences.</p> <p>The program's operating budget refers to funds provided by the Division of Health Sciences through the allocation from the UNC System office. Operational funds pay for overhead expenditures, such as supplies, travel, administrative needs, telecommunications, and other needs; this funding vice chancellor for health sciences is directly related to the number of positions received each year.</p> <p>A number of sources, including graduate and teaching assistantships provide student support. In addition, the PHO requests funds to support student conference travel and community service activities from the ECU Office of Student Affairs. The program provides additional funding for students to attend regional, state and/or national conferences from operating funds or from funded grants. Site reviewers heard from faculty, students, and alumni</p>		
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		<p>who all described these funding opportunities made available to support students.</p> <p>Operational funds, grants, and contracts provide funding for faculty development.</p> <p>The program reports that student tuition and fees are paid to the university and do not directly contribute to the department's operating budget. The ECU policy for indirect cost distribution is as follows: 70% is allocated to the university; 10% is allocated to the school or college, 10% is allocated to the department; and 10% is allocated to the principal investigator. For funds allocated to the department and the principal investigator, funds must be used for research purposes.</p>		
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**C2. FACULTY RESOURCES**

<b>Criterion Elements</b>	<b>Compliance Finding</b>	<b>Team's Evidence for Compliance Finding</b>	<b>School/Program Response</b>	<b>Council Comments</b>
	Partially Met			
School employs at least 21 PIF; or program employs at least 3 PIF		The self-study lists 13 primary instructional faculty and nine non-primary instructional faculty who support the concentrations and degrees offered. For the CHHB and EPI concentrations, the self-study lists three PIF. For the EOH and HPAL concentrations, four PIF are listed, as these concentrations offer an MPH and a DrPH.	The Department has consulted the ECU IPAR Office to provide the definition of a Faculty FTE, full-time and part-time faculty and the definition used to determine whether a faculty member is a PIF or non-PIF. A new matrix with explanation is provided as evidence.	The Council appreciates the program's response to the team report. Based on the totality of the evidence, including the self-study document, the team's draft report, and the program's response, the Council has determined that the program has adequately documented faculty resources and addressed the second concern identified in the site visit team's
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		The unit could not document its chosen method for calculating faculty members' FTE to the program. The program states that its structure is not conducive to		

Ratios for general advising & career counseling are appropriate for degree level & type		adequately describe the distribution of effort of faculty in the MPH and DrPH programs.		report. The team's first concern remains.
Ratios for MPH ILE are appropriate for degree level & nature of assignment		Reviewers noted that FTE data presented in the self-study do not appear to be accurate. For instance, some faculty members are listed in the self-study table as contributing 1.0 FTE to the program, however, the self-study narrative states that they have joint appointments and corresponding teaching responsibilities in other departments across campus, making a full 1.0 allocation to the program impossible.		
Ratios for bachelor's cumulative or experiential activity are appropriate, if applicable	N/A			
Ratios for mentoring on doctoral students' integrative project are appropriate, if applicable		Discussions during the visit were unable to clarify the issue. Thus, reviewers were unable to validate and appropriately interpret the self-study's faculty resource data.		
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)		During the visit, faculty reported feeling stretched and noted that the program would benefit from additional faculty members. The epidemiology and HPAL concentrations both had hired new faculty members in the month before the site visit in an effort to ensure compliance with this criterion's minimum requirements. These new faculty members were not teaching at the time of the site visit, due to an allowance of start-up release time, which leaves few instructors in each concentration to teach the courses, as faculty noted during the visit.		
Students are satisfied with faculty availability (note: evidence may be collected intentionally or received as a byproduct of other activities)		Ratios for general advising and career counseling at both the master's and doctoral levels are adequate. The program reports a minimum advising load of zero, maximum of 23, and average of eight at the master's level, and a minimum of zero and maximum of six at the doctoral		

		<p>level. Given each degree type, reviewers found these ratios to be adequate.</p> <p>For advising in the MPH ILE, the program reports a minimum of zero, a maximum of eight, and an average of three students advised per PIF. Reviewers also found this ratio to be adequate.</p> <p>The program has not had any DrPH students reach the ILE in their academic trajectory, so there are no ratios to report.</p> <p>The program uses student exit surveys, administered to newly graduated MPH students one month after graduation, to gather student perceptions of class size and faculty availability. MPH students reported satisfaction with class sizes, noting that small class sizes enabled students to get to know their classmates and professors better, allowed more opportunity for questions to be answered, facilitated class conversations, and increased attention given to students.</p> <p>The first concern relates to the need to solicit feedback about class size from DrPH students. Given the newness of this degree offering, there had not yet been time to collect this feedback at the time of the site visit. However, the program must ensure that student perceptions are regularly collected and reviewed to inform the program's assessment of the adequacy of faculty resources.</p> <p>MPH students also reported general satisfaction with faculty availability; however, 17% of students from academic year 2017-2018 and 14% of students from academic year 2018-19 reported being somewhat or very</p>		
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		<p>dissatisfied with faculty availability. Qualitative data shows that students reported that advisors never answered emails or calls, some faculty did not respond to emails for over a week, and faculty would not be available during scheduled meetings or office hours. The program has not identified any plans to address the lack of satisfaction with faculty availability. During the site visit, faculty members discussed differences in generational expectations relating to email response times as a possible factor in the feedback. Students who met with site visitors noted that they were able to reach most faculty members when needed. The program has not solicited feedback about faculty availability from DrPH students.</p> <p>The second concern relates to the program's inability to document adequate faculty resources. First, reviewers could not verify that the program has an appropriate number of faculty to meet the second part of this criterion's three-part requirement, which focuses on the number of PIF available for each concentration. As discussed above, the program's lack of a transparent method for calculating faculty allocation to the program and the conflict between data and narrative in the self-study prevented reviewers from validating compliance. In addition, on-site discussions suggest that even if the program meets the second part of this criterion's test, it may not meet the third part, which examines multiple data sources for a holistic picture of resource adequacy. Student and faculty discussions with site visitors, as well as quantitative and qualitative data from student surveys, suggest that the program's faculty complement may not be sufficient to meet current needs.</p>		
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**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		<p>The program employs eight staff members totaling 7.75 FTE. The positions include business services coordinator, administrative support associate, grants manager, administrative support specialist, three social clinical research specialists, and an alumni and internship coordinator. The program reports there are no outstanding staff positions to be filled.</p> <p>Reviewers heard from students that the administrative support specialist is a great asset to the program. They reported feeling as though they can go to her for any question they have in the program and that she supports them.</p>	Click here to enter text.	
Staff & other personnel resources appear sufficiently stable				

**C4. PHYSICAL RESOURCES**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Physical resources adequate to fulfill mission & goals & support degree programs		<p>The program currently resides in the East Carolina Heart Institute, which is a recent change; the program was housed for years in temporary trailers on campus. The new dean advocated for the program to be moved to more suitable offices. All public health faculty are now located in the new office space, with the exception of one.</p>	<p>We acknowledge that conversations have been underway with Brody School of Medicine and Health Sciences leadership regarding space needs of the Department of Public Health. We have received an additional office space since the site visit to support research activities</p>	<p>The Council appreciates the information provided in the response to the team report regarding available space for faculty and students.</p>
Physical resources appear sufficiently stable				

		<p>With regards to classrooms, there is one space available in the Heart Institute, a 20-seat computer lab that is used primarily for courses focused on quantitative instruction. The institute has two small meeting rooms that are used for program committee meetings and for other departmental meetings with fewer than 10 people. The auditorium is used for grand round lectures and other large department-sponsored events.</p> <p>All other MPH courses are taught in other buildings on the health sciences campus. In addition, the program offers dedicated, shared student space comprising four cubicle spaces available to MPH and DrPH students, with priority for students working as graduate assistants. PHO general body and Executive Committee meetings are held in various buildings on the health science campus.</p> <p>During the luncheon session, students described some of the challenges with having access to additional and shared space and expressed concerns about the lack privacy for confidential conversations as well as a secured space to store their belongings.</p> <p>The commentary relates to the lack of dedicated program space for faculty and students. Through conversations, reviewers found that with the hiring of a new faculty member, another staff person was displaced. Additionally, graduate assistants noted the need for more space to ensure privacy for research projects. Finally, university leaders noted that meeting space in the current building is not dedicated for the program, and program faculty have had difficulty finding meeting space.</p>	<p>for our faculty. Discussions are also underway for consideration for housing the ECU School of Rural Public Health.</p>	
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**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		The program has access to the university library and the health sciences library, as well as numerous digital collections, free e-textbooks, study spaces, rental equipment, and librarians. The program has a designated staff person from the health sciences library to assist students and faculty with research and ILE projects, grants, and manuscripts.  The program also has its own dedicated information and technology staff person, as well as numerous campus-wide resources. Reviewers found the IT resources to be adequate to support the program.	Click here to enter text.	
Adequate IT resources, including tech assistance for students & faculty				
Library & IT resources appear sufficiently stable				

**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)		MPH students in the HPAL, CHHB, and EPI concentrations achieve foundational public health knowledge through required courses. The program requires seven courses of all MPH students:  <ol style="list-style-type: none"> <li>1. public health practice</li> <li>2. fundamentals of environmental health</li> <li>3. introduction to epidemiology</li> <li>4. behavioral sciences and health</li> </ol>	Click here to enter text.	

		<p>5. interdisciplinary rural public health 6. introduction to biostatistics 7. ethics in law and public health</p> <p>The self-study maps the foundational learning objectives to the first five of these seven required classes. The self-study also maps a number of learning objectives to the required practice experience, but reviewers did not consider the practice experience in its validation.</p> <p>Site visitors reviewed the syllabi during the site visit to check for inclusion of the foundational knowledge in the didactic materials.</p> <p>Students entering the DrPH program must either have a CEPH-accredited MPH degree or must take the 24-credits of required MPH courses.</p>		
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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 (eg, One Health)	Yes

**D2. MPH FOUNDATIONAL COMPETENCIES**

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Assesses all MPH students, at least once, on their abilities to demonstrate each foundational competency (see worksheet for detail)		<p>The program maps 20 of the 22 foundational competencies to the seven required classes listed in Criterion D1. For the other two foundational competencies, the program maps to a different course for each concentration, the designated methods course. The self-study presents the methods requirement as part of the “core” required of all MPH students, despite the fact that each concentration has its own distinct, required course that also maps to concentration-specific competencies, as discussed in Criterion D4.</p> <p>The concern relates to the lack of appropriate assessment methods for several foundational competencies. Reviewers were unable to validate the assessment of competencies 3, 10, 12, 13, 14, 16, 17, and 21. While reviewers could validate the didactic preparation for all of the competencies, when reviewing syllabi, assignments, and through conversations during the site visit, reviewers still could not validate assessments.</p> <p>For example, in competency 3, reviewers could not validate how students in the epidemiology concentration analyzed qualitative data. When asked during the visit, faculty noted that students in that concentration do not analyze qualitative data.</p>	Appropriate assessment methods have been identified and described for foundational competencies 3, 10, 12, 13, 14, 16, 17 and 21 in core courses for the MPH program. Specific assignments and student artifacts have been described and syllabi for courses have been included as evidence.	<p>The Council appreciates the program’s response to the team report. Based on the totality of the evidence, including the self-study document, the team’s draft report, and the program’s response, the Council has determined that the program has documented appropriate assessment methods for nearly all of the foundational competencies.</p> <p>The remaining concern relates to foundational competency 21. The program’s response does not appear to address the team’s concern that students are not interacting with professions outside of other public health students.</p>

		<p>Another example is competency 14. Reviewers were unable to see how students are advocating. When faculty were asked, they described the didactic preparation, but reviewers were still unable to verify an assessment method.</p> <p>Additionally, for competency 21, students work on a case study assignment in teams, with representatives from at least two concentrations. When asked on-site, faculty noted that there were no outside professions represented in the groups, only the different concentrations.</p> <p>Reviewers' findings are summarized in the D2 worksheet.</p>		
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## D2 Worksheet

<b>MPH Foundational Competencies</b>	<b>Yes/CNV</b>
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	CNV
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
	Partially Met			
Assesses all DrPH students, at least once, on their ability to demonstrate each foundational competency (see worksheet for detail)		<p>At the time of the site visit, the program had not yet developed a process for mapping and evaluating a majority of the foundational competencies. The available mapping focused on one course. Faculty noted that they were developing the program as students proceed through it, and therefore, they had not yet completed mapping to assessments.</p> <p>During the site visit, faculty were able to produce one DrPH syllabus that was mapped to eight of the 20 foundational competencies. Upon review of the syllabus and assignments, reviewers were unable to validate any of the assessments. All eight competencies were mapped to two case studies and a midterm and final exam. Reviewers did not have access to the exams. The two case study assignments consisted of a list of questions based on the case study and a discussion of challenges facing the health department in the case study. Reviewers could not validate that the discussion questions posed in the assignment appropriately assess the listed competencies. Reviewers findings are summarized in the D3 worksheet.</p> <p>The concern relates to the lack of coverage and assessment of the DrPH foundational competencies.</p>	<p>Since the site visit, faculty have developed a process for mapping and evaluating the foundational competencies. Clear comprehensive description of assessments has been added to course matrix and syllabi as evidence.</p> <p>Faculty also discussed and approved revision to curriculum to ensure 36 hours of doctoral coursework outside ILE and APE. This included for the EOH concentration moving existing courses PUBH 8110 – Emerging Issues in Environmental /Occupational Health, and PUBH 8245 – Health Policy Analysis into the concentration core. Faculty unanimously approved changes to ensure compliance. The Program Directors held separate meetings with doctoral students Fall 2019. Students unanimously agreed to curriculum changes and understand the total hours for degree aren't changing but the changes are</p>	<p>The Council appreciates the program's response to the team report. Based on the totality of the evidence, including the self-study document, the team's draft report, and the program's response, the Council has determined that the program has adequately documented appropriate assessment methods for some, but not all, foundational competencies. Please refer to the D3 worksheet for additional information.</p>

			<p>necessary for accreditation approval. Curriculum changes are currently in process in ECU curriculum committees with expected approval Spring 2020.</p> <p>The HPAL Program Director met with HPAL teaching Faculty from both the Department of Public Health and Health Services Information Management Fall 2019. Competency mapping to foundational courses was discussed, as well as detail regarding appropriate assessment descriptions. Substantial revision occurred during and after this meeting to competency course mapping with assessment descriptions revised with robust faculty input.</p>	
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D3 Worksheet

<b>DrPH Foundational Competency</b>	<b>HPAL Yes/CNV</b>	<b>EOH Yes/CNV</b>
1. Explain qualitative, quantitative, mixed methods & policy analysis research & evaluation methods to address health issues at multiple (individual, group, organization, community & population) levels	Yes	CNV
2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue	Yes	Yes
3. Explain the use & limitations of surveillance systems & national surveys in assessing, monitoring & evaluating policies & programs & to address a population's health	Yes	Yes
4. Propose strategies for health improvement & elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders & other partners	Yes	Yes
5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior & policies	CNV	CNV
6. Integrate knowledge, approaches, methods, values & potential contributions from multiple professions & systems in addressing public health problems	CNV	CNV
7. Create a strategic plan	Yes	CNV
8. Facilitate shared decision making through negotiation & consensus-building methods	Yes	CNV
9. Create organizational change strategies	Yes	Yes
10. Propose strategies to promote inclusion & equity within public health programs, policies & systems	CNV	CNV
11. Assess one's own strengths & weaknesses in leadership capacities, including cultural proficiency	CNV	CNV
12. Propose human, fiscal & other resources to achieve a strategic goal	Yes	Yes
13. Cultivate new resources & revenue streams to achieve a strategic goal	Yes	Yes
14. Design a system-level intervention to address a public health issue	CNV	Yes
15. Integrate knowledge of cultural values & practices in the design of public health policies & programs	CNV	CNV
16. Integrate scientific information, legal & regulatory approaches, ethical frameworks & varied stakeholder interests in policy development & analysis	Yes	Yes
17. Propose interprofessional team approaches to improving public health	Yes	CNV
18. Assess an audience's knowledge & learning needs	CNV	CNV
19. Deliver training or educational experiences that promote learning in academic, organizational or community settings	CNV	CNV
20. Use best practice modalities in pedagogical practices	CNV	CNV



**D4. MPH & DRPH CONCENTRATION COMPETENCIES**

<b>Criterion Elements</b>	<b>Compliance Finding</b>	<b>Team’s Evidence for Compliance Finding</b>	<b>School/Program Response</b>	<b>Council Comments</b>
	Partially Met			
Defines at least five distinct competencies for each concentration or generalist degree in MPH & DrPH. Competencies articulate an appropriate depth or enhancement beyond foundational competencies		<p>The program defines five distinct competencies for each of the three MPH concentrations and the two DrPH concentrations offered. Each MPH concentration has a set of three or four required concentration-specific courses.</p> <p>The epidemiology concentration requires Biostatistics for Health Professionals II, Introduction to Public Health Data Analysis, and Epidemiology Methods. The CHHB concentration requires Planning Public Health Programs, Evaluating Public Health Programs, and Applied Mixed Methods Research. The HPAL concentration requires Strategic and Financial Management of Healthcare Organizations, Human Resource Management and Leadership for Health Administration, Health Policy and Politics, and Research Methods.</p>	<p>To address the first area of concern with the MPH program, which was a lack of degree-appropriate skills and overlap with foundational competencies, faculty modified several of the concentration competencies. For the MPH - HPAL concentration competency 3 was modified; MPH – Epi concentration competencies 2, 3, 4 and 5 were modified; and for MPH – CHHB competencies 3 and 5 were modified. For the Epi concentration only three competencies are mapped to one course, and all core courses are mapped to concentration competencies. CHHB competency mapping has been modified to address imbalance.</p>	<p>The Council appreciates the program’s response to the team report. Based on the program’s response, the Council has determined that the program has defined an appropriate competency set for all concentrations. The Council found that the program has documented appropriate assessment methods for some, but not all, concentration competencies.</p>
Assesses all students at least once on their ability to demonstrate each concentration competency		<p>The first concern relates to the lack of degree-appropriate skills and overlap with foundational competencies, identified in both master’s and doctoral level concentrations. For example, CHHB competency 4 requires students to formulate a collaborative evaluation plan with a community partner to achieve common public health goals, which is similar to foundational competency 13. Additionally, the HPAL competency 3, cultivate leadership skills in strategic planning and management with a focus on reducing disparities in disadvantaged populations, is similar to foundational competency 16.</p>	<p>To address the second area of concern with the MPH program, faculty identified assessment for all concentration competencies that could not be validated. Assignment descriptions and syllabi have been included as evidence.</p>	
If applicable, covers & assesses defined competencies for a specific credential (eg, CHES, MCHES)	N/A			

		<p>Additionally, reviewers noted that four of the five epidemiology competencies are mapped to a single course, with two of the three concentration-required courses not represented in the mapping. In the CHHB concentration, four of the five competencies are mapped to the same intervention mapping project in one course. Reviewers expect that all elements of the required curriculum develop competencies, so the absence of required courses from the concentration competency mapping suggests an imbalance and/or a need for curricular revision.</p> <p>Reviewers found that some DrPH competencies did not represent doctoral-level skills. For instance, students in the EOH concentration are required to describe the theory of organizational structure and its relation to professional practice. "Describe" typically constitutes an expected competency at the undergraduate level.</p> <p>The second concern relates to the lack of appropriate assessment methods for some MPH concentration competencies. Reviewers found that some MPH concentration competencies were mapped to courses that were not listed as required; for instance, MPH 6700, Health Economics was mapped to HPAL competencies 1 and 2, but this course is not required, so there is no guarantee that all students will attain or be assessed on these competencies. Epidemiology competency 4 requires students to design surveillance for a public health problem, but the mapped assessment has students apply an existing surveillance method.</p>	<p>The DrPH faculty have developed a process for mapping and evaluating the concentration competencies. The HPAL concentration has 5 competencies. The Program Director met with HPAL teaching Faculty from both the Department of Public Health and Health Services Information Management Fall 2019. Competency mapping to concentration courses was discussed, detail regarding appropriate assessment description. Substantial revision occurred during and after this meeting to competency course mapping with assessment descriptions revised with robust faculty input. Clear comprehensive description of assessments has been added to course matrix and syllabi as evidence.</p> <p>In Fall 2019, the EOH Program Director met with Environmental Health faculty in the College of Health and Human Performance to develop and map 8 concentration competencies that engage and develop doctoral-level skills. The reviewers noted use of the word "describes" did not represent doctoral level skills. That</p>	
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		<p>The third concern relates to the lack of developed DrPH curricular mapping. As noted in Criterion D3, the program has not developed or attempted to complete curricular mapping for its DrPH degree offerings. The program has yet to formulate a process for mapping and evaluating DrPH competencies, so there was no documentation for reviewers to validate DrPH concentration-specific competencies.</p> <p>The D4 worksheet summarizes reviewers' findings.</p>	<p>competency has been replaced. The eight competencies have been appropriately integrated into course syllabi.</p>	
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D4 Worksheet

<b>MPH in Health Policy, Administration, and Leadership Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Address inequities in the prevalence of chronic diseases in rural and minority populations using system thinking approach	Yes	Yes
2. Examine and interpret the impact of health cost, access, and quality policies on disadvantaged populations	Yes	Yes
3. Cultivate leadership skills in strategic planning/management with a focus on reducing disparities in disadvantaged populations	Yes	Yes
4. Perform financial analyses	Yes	Yes
5. Develop and apply human resources management skills inclusive of diversity and disadvantaged populations	Yes	Yes

<b>MPH in Epidemiology Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp taught and assessed? Yes/CNV</b>
1. Critically evaluate epidemiologic literature by applying methods of epidemiology to interpret research results and findings	Yes	Yes
2. Identify and implement appropriate study design, recruitment, data collection, and analysis methods to address an identified public health problem.	Yes	Yes
3. Identify and apply statistical methods to calculate appropriate epidemiologic measures of association, including identification of confounders and effect modifiers and their use in multivariable analyses.	Yes	Yes
4. Perform data management, analysis, visualization, and report generation of existing public health data using SAS to inform public health decisions.	Yes	Yes
5. Explain epidemiologic results in terms of magnitude, precision, validity, and limitations and identify their relevance to public health guidance.	Yes	Yes

<b>MPH in Community Health and Health Behavior Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp assessed? Yes/CNV</b>
1. Design a logic model to guide intervention development and data collection for program evaluation	Yes	Yes
2. Develop an evaluation plan for health promotion and disease prevention interventions that address the multiple levels of the socioecological framework	Yes	Yes
3. Apply qualitative and quantitative data analyses to assess programming needs, evaluation, or public health issues.	Yes	Yes
4. Formulate a collaborative evaluation plan with a community partner to achieve common public health goals	Yes	Yes
5. Design a public health project that includes a detailed itemized budget, timeline, and staff training plan for data collection.	Yes	Yes

<b>DrPH in Environmental and Occupational Health Concentration Competencies</b> <b>**Note: only 5 appropriately-defined and mapped competencies are required</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp assessed? Yes/CNV</b>
1. Apply the components and functions of conventional and advanced wastewater systems and stormwater treatment technologies, and agriculture best management practices.	Yes	Yes
2. Apply the "One Health" approach of recognizing the interconnection between animals, humans, and their shared environment.	Yes	Yes
3. Apply the appropriateness of exposure assessment methods for different occupational health hazards	Yes	Yes
4. Apply a system-wide or transdisciplinary approach for preventing and controlling microbial hazards of water and food.	Yes	Yes
5. Apply an intervention to an environmental or occupational hazard and design method to reduce potential harm associated with identified hazard.	Yes	Yes
6. Apply basic principles of toxicology to the context of environmental and occupational public health	Yes	Yes
7. Interpret results of data analysis for public health research and policy	No	NA
8. Synthesize and evaluate research on an environmental/occupational public health topic conducted by others.	Yes	Yes

<b>DrPH in Health Policy, Administration, and Leadership Concentration Competencies</b>	<b>Comp statement acceptable as written? Yes/No</b>	<b>Comp assessed? Yes/CNV</b>
1.Design decision making processes in healthcare setting utilizing health systems frameworks	Yes	Yes
2.Assess the vitality of a public health organization's human and fiscal resources	Yes	Yes
3.Evaluate an organization's commitment to workforce diversity and assess its employee's cultural competency	Yes	Yes
4.Assess and enhance leadership skills (such as negotiation, mediation, and collaboration) that empower organizations/communities to address challenging issues	Yes	CNV
5.Create and assess programs that facilitate improvements in rural health and to reduce health disparities	Yes	CNV

**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 2 work products that are meaningful to an organization in appropriate applied practice settings		The program offers an applied learning experience (ALE) for MPH students as an internship which is completed in one semester as MPH 6903 or in two semesters, as the one-hour course MPH 6904 and MPH 6905. The chair and vice chair of the department serve as the internship directors, with the vice chair working with HPAL students interested in focusing on long-term care. Students in that concentration complete the administrator in training (AIT) program, which prepares them to seek employment as administrators in long-term care facilities. During the site visit, students were effusive about their experiences and credited their faculty advisors, as well as the internship directors who leveraged their respective networks to ensure that the students had rich and fulfilling practical experiences in the field.	Revisions have been made to the APE Program Manual and course syllabi to accommodate these recommendations.	The Council appreciates the program's response to the team report. Based on the totality of the evidence, including the self-study document, the team's draft report, and the program's response, the Council has determined that the program has adequately documented updated requirements for the applied practice experience that align with this criterion's requirements. The Council changed the site visit team's finding for this criterion from partially met to met.
Qualified individuals assess each work product & determine whether it demonstrates attainment of competencies				
All students demonstrate at least 5 competencies, at least 3 of which are foundational		<p>Students completing the internship must demonstrate their ability to achieve at least three CEPH foundational competencies and two concentration competencies. Students and preceptors identify these competencies at the outset of the internship.</p> <p>Preceptors evaluate students on achievement of identified competencies. An evaluation form developed by the internship directors is provided to the preceptors and is required to be completed and returned to the internship director at the end of their internship experience. The</p>		

		<p>internship directors review the evaluation forms to ensure that the students have adequately addressed all five competencies. Students present their experiences in a poster session at the end of the internship experience and provide an online portfolio which includes their posters, presentations to their internship agency, and any relevant products developed during the internship.</p> <p>The program has developed a positive reputation with community stakeholders by exposing students to real-world experiences while earning their MPH degree. It was apparent to site reviewers that the program has tapped into vast array of networks to provide these experiences to support the internships, which have resulted in several permanent employment opportunities for students. The program hosts an event each spring and fall to invite sites to learn about the program and to meet potential interns. The students spoke highly of the internship fairs.</p> <p>Students described having very rich experiences at their placement sites, many of which are located in the local region. Examples of sites include Atrium Health, West Greenville Health Council, Vidant Medical Center, Roanoke Chowan Community Health Center, and the North Carolina Agromedicine Institute. The program maintains a robust database that catalogues the various sites where students complete their internships.</p> <p>The first concern relates to the lack of required practice products. The only requirement of the APE is for students to develop a poster presentation, which is not representative of two work products as requested by the practice partner. The program did not provide clear</p>		
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		<p>examples of the work products required to fulfill this criterion.</p> <p>The second concern relates to the lack of qualified assessors reviewing competency attainment in the APE. Since preceptors are tasked with assessment of students' experiences and competencies, the assessment is a more generalized measure of satisfaction with student performance, rather than a specific assessment of whether students can document products as evidence of competency attainment.</p>		
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**D6. DRPH APPLIED PRACTICE EXPERIENCE**

<b>Criterion Elements</b>	<b>Compliance Finding</b>	<b>Team's Evidence for Compliance Finding</b>	<b>School/Program Response</b>	<b>Council Comments</b>
	Partially Met			
Students complete at least one applied project that is meaningful for an organization & to advanced public health practice		<p>The program requires a field practicum course for six credit hours, which entails spending 400 hours and completing a real-world public health project at an agency. Students can take the course after all interdisciplinary courses, concentration courses, and electives have been taken.</p> <p>Students are required to select five competencies, three of which are foundational and two of which are from the concentration. One of the chosen competencies must be a leadership competency. Monthly reflections are required, and the faculty instructor reviews the reflections. At the end of the practicum, students are required to develop a written paper that outlines the project and explains the contribution to the field of public health. Students also must include a reflective component that expresses how</p>	<p>A comprehensive DrPH Student Handbook has been developed for both the EOH and HPAL concentrations that includes detailed policies, guidelines and procedures for the entire program including (but not limited to) an; a) APE agency agreement approval forms for student collaboration with practitioners. Prior to APE, students are required to identify 5 competencies (including 1 Leadership). Students must submit a monthly reflection paper on the 5<sup>th</sup></p>	<p>The Council appreciates the program's response to the team report. Based on the totality of the evidence, including the self-study document, the team's draft report, and the program's response, the Council has determined that the program has implemented a practice experience requirement for the EOH concentration.</p> <p>The minimal documentation available to reviewers, however, does not demonstrate how the program ensures that students create a project that is meaningful to</p>
Project(s) allow for advanced-level collaboration with practitioners				
Project(s) include reflective component				
Qualified individuals assess each work product & determine whether it demonstrates attainment of competencies				
Processes in place to ensure that project(s) demonstrate at least 5				



<p>competencies, including at least 1 related to leadership</p>		<p>the APE demonstrated mastery of the five selected competencies. Finally, students prepare a poster and give a 25-30-minute presentation on their practicum.</p> <p>Reviewers received the HPAL field practicum description and were told during interviews that the EOH description has yet to be created. Reviewers learned that there is currently one student in the EOH field practicum, although there is no document to guide the student through the APE or outline specific expectations and requirements. This student noted during the visit that she does not know the course expectations.</p> <p>No student products or perspectives are available since no student has completed the field practicum course.</p> <p>The first concern relates to the lack of defined APE requirements for the environmental and occupational health concentration.</p> <p>The second concern relates to the lack of evidence that students create a project that is meaningful to the organization and to advancing public health. Reviewers were not able to review any student papers and therefore could not determine that the projects were useful to an organization and the field of public health.</p>	<p>day of each month to express mastery of competencies; b) meaningful organization project that advances public health - product deliverables including a written paper and oral presentation are required by the student at the conclusion of the APE. Qualified preceptors and EOH faculty assess the student to determine if competences were met. During the APE, students at both the mid-term and final evaluation will complete a leadership self- assessment. The preceptor and instructor will also complete their assessment of leadership. This feedback will be shared with students and discussed at both the midterm and final evaluation.</p>	<p>the organization and to advancing public health. Guidance language provided to students and/or examples of acceptable products would be helpful in documenting compliance with this aspect of the criterion. Therefore, the second concern identified by the site visit team remains relevant.</p>
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**D7. MPH INTEGRATIVE LEARNING EXPERIENCE**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Students complete project explicitly designed to demonstrate synthesis of foundational & concentration competencies		The integrative learning experience (ILE) in the MPH is the professional paper, which is completed during the final year. The student takes a series of courses, each of which develops a component of the professional paper. The final course in the series comprises the completion of the final paper and the presentation of the research in the form of a poster presentation at the end of the semester, which is separate from the poster presentation at the end of the APE. Students identify a faculty member to serve as their primary professor and may also work with another faculty member or a professional at another institution to serve as their content advisor.	Click here to enter text.	
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		<p>As part of the professional paper experience, students must work with the primary professor and content advisor to identify at least four CEPH foundational competencies and at least one concentration competency on which they will focus. Students must complete an ILE agreement and concept form and sign the form along with their advisors prior to beginning their professional paper experience. The concept form includes the identified competencies, and the agreement form outlines the professional arrangement, including IRB submission and close-out, publishing and presenting the research, and data ownership.</p> <p>Faculty advisors provide an assessment of the success of the students in achieving four CEPH competencies and</p>		

		<p>grade each student based on performance in various sections of the professional paper and their poster presentation.</p> <p>The self-study includes a crosswalk of the evaluation measures, data collection methods, and the person responsible for conducting the review. The program reports that the initial evaluations of the first cohort that completed the ILE did not reach the benchmarks set for any of the four competencies identified. Faculty provided examples of corrective measures that have been adopted as a result of this finding. This included offering more support for a technical writing course as well as additional quantitative tutoring support, which came from feedback received from the exit interview conducted in one class.</p> <p>Despite the concerns identified by faculty, it was clear to site reviewers that preceptors and community partners found MPH students to be very well prepared as interns and as new hires.</p> <p>Site visitors reviewed examples of student work, which covered a range of topics that reflect the diversity of backgrounds and perspectives. Topics included self-perceptions of the risk of HIV infection, tabletop water filters and diarrhea prevalence, access and barriers to healthcare among seasonal Head Start-eligible seasonal farm workers, and injury-related emergency department visits after Hurricane Matthew in eastern North Carolina.</p>		
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**D8. DRPH INTEGRATIVE LEARNING EXPERIENCE**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met with Commentary			
Students generate field-based products consistent with advanced practice designed to influence programs, policies or systems		The program has not developed an integrative learning experience for the DrPH.	A comprehensive DrPH Student Handbook has been developed that includes detailed policies, guidelines and procedures for the entire program including (but not limited to), ILE guidance consistent with CEPH language that requires students to generate field-based products, that includes completing a written dissertation and an oral defense. The concentration directors and faculty have worked collaboratively to develop and approve the ILE policies and processes in addition to supporting assessment materials that assure competency mastery of selected foundational and concentration competencies. The APE has been integrated into the HPAL program manual provided in our CEPH response.	The Council appreciates the program's response to the team report. The Council has reviewed the totality of the evidence, including the self-study document, the team's draft report, and the program's response. The evidence indicates that the program has implemented a requirement for an integrative learning experience for all DrPH students that, as described, aligns with this criterion's requirements. Therefore, the Council changed the site visit team's finding from partially met to met with commentary.
Products allow students to demonstrate synthesis of foundational & concentration competencies		Just prior to the site visit, the program provided a document entitled Doctor of Public Health (DrPH) Program Requirements: Comprehensive Examination & Candidacy Guidelines. It describes eligibility, format, and content of the comprehensive exam. There is no description of an advanced practice project designed to influence programs, policies, or systems. During interviews, faculty stated that there are not students who have reached this point, and the experience will be designed when needed.		
Qualified individuals assess student performance & ensure that competencies are addressed		The concern relates to the lack of policies, procedures, or evidence to document compliance with this criterion.		The commentary relates to the need for the program to be attentive in the coming years as students enter the dissertation process and to monitor the process to ensure that it is operating as intended.

**D9. PUBLIC HEALTH BACHELOR'S DEGREE GENERAL CURRICULUM**

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

**D10. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS**

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

**D11. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL COMPETENCIES**

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

**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
	Not Applicable			

**D13. PUBLIC HEALTH BACHELOR'S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES**

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

**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		<p>The program requires students to complete 45 semester credit hours. The program defines a credit hour as one hour of classroom or direct faculty instruction and a minimum of two hours out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time.</p> <p>No degrees have been awarded for fewer than 45 semester credits.</p>	Click here to enter text.	

**D15. DRPH PROGRAM LENGTH**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
DrPH requires at least 36 semester-credits of post-master's coursework or equivalent		The DrPH program is a 74-credit hour program. Students with an accredited MPH degree use their 24 credits to satisfy the foundational courses and therefore have 50-hours of post-graduate requirements.	The DrPH Program Directors made revisions to the curriculum requirements for both concentrations to align with these criteria. These changes are currently in the ECU approval process and will be included in the Fall 2020 catalog.	The Council appreciates the program's response to the team report. The Council looks forward to reviewing evidence of the revised curriculum after it is approved at the university level.
Defines credits appropriately—eg, credit for thesis writing or independent internship hours not included in 36		The program requires 21 hours of dissertation and field experience work, which leaves 29 credit hours for unique, didactic doctoral level coursework. This falls below the requirement of 36-credit hours of didactic coursework at the doctoral level.		

		<p>Reviewers verified the breakdown of credit-hours during the visit with faculty members. Faculty noted that there may be an opportunity to decrease the credit hours for the dissertation and add coursework.</p> <p>The concern relates to the program offering less than the required 36 credit-hours of didactic coursework at the doctoral level.</p>		
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**D16. BACHELOR'S DEGREE PROGRAM LENGTH**

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

**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
	Not Applicable			

**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
	Met			
Instructional methods support regular & substantive interaction between & among students & the instructor		<p>All three MPH concentrations and both DrPH concentrations are offered fully online, as of fall 2019. Students will have the option to take courses face-to-face, online, or both.</p> <p>The program uses Blackboard and Mediasite for online course delivery. Technical assistance is provided by the university's Information Technology and Computing services, ECU Online (student support services), and the Graduate School.</p> <p>Each distance education program has a program director who monitors course evaluations each semester. Online students are evaluated similarly to face-to-face students. Data are provided separately for online and face-to-face students.</p>	Click here to enter text.	
Curriculum is guided by clearly articulated learning outcomes that are rigorously evaluated				
Curriculum is subject to the same quality control processes as other degree programs in the university				
Curriculum includes planned & evaluated learning experiences that are responsive to the needs of online learners				
Provides necessary administrative, information technology & student/faculty support services				



Ongoing effort to evaluate academic effectiveness & make program improvements		For student verification, online students receive PirateID usernames and ID numbers from the admissions office. New students log in to the auto-registration system to activate accounts, create passphrases and set up authentication questions. ECU uses a multi-factor authentication system to verify that the students registered in online courses are the same person who take the course. A paper student card and an ECU 1 card are issued to online students; these cards allow access to computer labs and libraries. Faculty may opt to use the University of North Carolina (UNC) Online Proctoring Network to proctor exams. Students must log onto Blackboard and pre-register for exams.		
Processes in place to confirm student identity & to notify students of privacy rights and of any projected charges associated with identity verification		During the visit, reviewers interviewed students who took both on-campus and online courses. Students expressed satisfaction with the technical support.		

**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		The program has 13 primary instructional faculty. All have doctoral degrees, and most have degrees consistent with their designated concentration areas. For faculty who do not have degrees directly related to their concentrations, their research focus areas provide expertise for teaching in the concentration. Six primary instructional faculty are tenured, and six faculty are tenure-track; one is fixed term. Two faculty are professors, four are associate professors, six are assistant professors, and one is a teaching associate professor. Three faculty have	<a href="#">Click here to enter text.</a>	
Faculty education & experience is appropriate for the degree level (eg, bachelor's, master's) & nature of program (eg, research, practice)				

		<p>professional public health graduate degrees (MPH or DrPH).</p> <p>There are 22 non-primary instructional faculty. Four have an MPH, and two have an MSPH. Many of them come from different ECU departments, such as the Department of Family Medicine, Biostatistics, and Health Services and Information Management. Eleven of the faculty have appointments in the Department of Public Health. All faculty, including adjuncts, are faculty at ECU, except for two faculty who teach required courses.</p> <p>Examination of CVs shows a well-qualified faculty. In addition, faculty represent diverse disciplines.</p> <p>Students and alumni state that they are largely satisfied with teaching and praised faculty for their accessibility and dedication. They cited several examples of faculty assisting with field placements, some of which led to careers.</p>		
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**E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE**

<b>Criterion Elements</b>	<b>Compliance Finding</b>	<b>Team's Evidence for Compliance Finding</b>	<b>School/Program Response</b>	<b>Council Comments</b>
	Met			
Employs faculty who have professional experience in settings outside of academia & have demonstrated competence in public health practice		The program uses several means to ensure that students are exposed to a variety of practice-based experiences, including guest lectures, adjunct faculty appointments, fixed-term faculty appointments, representation on the CAB, and guest lectures in the PHO general body	<a href="#">Click here to enter text.</a>	

Encourages faculty to maintain ongoing practice links with public health agencies, especially at state & local levels		meetings. The program engages with local leaders from the North Carolina Community Health Center Association, North Carolina Department of Health and Human Services, and the North Carolina Office of Rural Health.		
Regularly involves practitioners in instruction through variety of methods & types of affiliation		<p>In addition, students interact with members of the CAB and faculty who serve on a number of community-based advisory boards and task forces, such as the North Carolina Public Health Association, the North Carolina Diabetes Advisory Council, the North Carolina Healthy 2030 Task Force, the North Carolina Board of Examiners for Nursing Home Administrators, the Nutrition and Obesity Policy Research and Evaluation Network, and the North Carolina Office of Minority Health and Health Disparities.</p> <p>Stakeholders reported that they felt that they had ready access to program faculty, staff, and students. Activities included interactions via email, newsletters, opportunities to serve as preceptors, participation on the CAB, and attending program events. Stakeholders also noted that they are dedicated to maintaining relationships with the program as they find them to be invaluable ties to the community.</p>		

**E3. FACULTY INSTRUCTIONAL EFFECTIVENESS**

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 provides funding for faculty to support travel to local, regional, state, and national conferences. The program encourages faculty to participate in workshops	The Department has selected four indicators to track and assess	The Council has reviewed the self-study document, the draft team report, and the program's response

Systems in place to document that all faculty are current in pedagogical methods		offered by the ECU Office of Faculty Excellence and the Eastern Area Health Education Center. The university also supports professional development through the Office for Faculty Excellence. For example, faculty participated in a workshop on the university Design for Learning model and learned of resources to support online instruction. During the visit, the program chair stated that faculty receive support for conferences and are encouraged to attend public health conferences and meetings. Many of the faculty are involved in state public health association activities.	progress in instructional effectiveness:	to the team report. Based on the totality of the evidence, particularly the updated information in the program's response, the Council found that the response constitutes compliance with this criterion. The Council changed the site visit team's finding for this criterion from partially met to met.
Establishes & consistently applies procedures for evaluating faculty competence & performance in instruction		Faculty are evaluated by students and participate in peer evaluation. The department chair evaluates faculty annually on research, teaching, and service, using a report generated from the university's Faculty180 system, and this evaluation is also approved by the vice chancellor for health sciences. Tenure-track faculty also receive an annual progress to tenure letter, which indicates what they need to do to be granted tenure. Tenured faculty receive a five-year performance review based on goals established with the department chair. Faculty stated that they are familiar with this process.	Faculty currency: Internal review of syllabi/curricula for currency readings, methods, etc. Evidence for this is the 2016 – 2019 curriculum change proposals submitted to the ECU Graduate Curriculum Committee. These proposals include new courses, course revisions and program changes.	
Supports professional development & advancement in instructional effectiveness for all faculty		The program evaluates instructional quality from students through the departmental exit survey using a question on the quality of instruction and narrative comments. The survey also includes a question on faculty availability and asks about student perceptions of the quality and relevance of class.  The program has not regularly tracked or documented instructional quality, due to a lack of available data. During the site visit, reviewers requested information on	Faculty Instructional Technique: Evidence for this is the data from the annual Graduate Student Exit Survey (2016 – 2019).  School or Program Level Outcomes: Any other measure that tracks pedagogical techniques and is meaningful to the program. Evidence for this is faculty participating in training for DE teaching delivery (faculty roster and DE training modules 2016 – 2019). ECU policy requires that faculty teaching DE courses take annual trainings and report in their annual evaluations. The Department will systematically monitor faculty participation in this area.	

		the program's approach and progress over the last three years for each of the indicators chosen, but the program chair noted that information had only been gathered in the last year. Therefore, reviewers were unable to evaluate the progress of instructional effectiveness over the last three years.		
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**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		Promotion and tenure guidelines define departmental faculty research expectations. Faculty in the program receive an exception to the Brody School of Medicine research criteria so that they do not have to have a continuous leadership role on extramural funding from a national agency. The program's guidelines state that faculty are expected to have a sustained research program, significant to their fields of interest. Criteria for promotion are defined by the number of publications and other scholarly activities. University, school, and departmental resources such as the departmental research committee, Public Health, Oral Health and Health Disparities (POD) Research Administration Hub, Brody School of Medicine Office of Research and Graduate Studies, and the university Division of Research, Economic Development and Engagement support faculty research endeavors.  Faculty are involved in research that is pertinent to the program's mission. An example is a Robert Wood Johnson Foundation/National Institutes of Health-funded	As noted in Section B5, goals for faculty scholarship, related to faculty extramural funding and peer-reviewed publications. These outcomes will be assessed on an annual basis. Also, the Implementation Committee for the ECU School of Rural Public Health established a Research Vision Committee, we developed a mission and vision for research activities for the new School.	The Council has reviewed the self-study document, the draft team report, and the program's response to the team report. Based on the totality of the evidence, the Council found that the response constitutes compliance with this criterion. The Council changed the site visit team's finding for this criterion from partially met to met.
Faculty are involved in research & scholarly activity, whether funded or unfunded				
Type & extent of faculty research aligns with mission & types of degrees offered				
Faculty integrate their own experiences with scholarly activities into instructional activities				
Students have opportunities for involvement in faculty research & scholarly activities				

		<p>assessment of the impact of legislation to provide infrastructure support to small retailers to enhance capacity to store and sell fresh fruits and vegetables. Additionally, faculty are researching reducing environmental triggers that contribute to excess hospitalization for pediatric asthma. Students are involved in data collection and analysis. These research experiences have also been incorporated into the classroom.</p> <p>During interviews, faculty state that many of them are working with students on research projects. Many of the students interviewed noted that they have graduate assistantships in which they assist faculty with research. The program director states that, at a minimum, about 10 students have graduate assistantships per year. Students also described other research projects in which they have participated.</p> <p>The program tracks indicators such as publications in peer-reviewed journals, research grants submitted (total funding), and presentations at state or national meetings. Over recent years, publications seem to be on an increasing trend (38, 44, and 40 over the last three years); grants decreased (from \$1,195,516 to \$554,493 for the most recent years); and presentations grew by about 100% across two years from 26 to 51, although they do not seem to be growing on the same trajectory for this current year (currently at 15).</p> <p>There is a lack of collective research strategy or aspirations at the program level. As noted in criterion B5, the program has not developed an evaluation plan as it relates to scholarship, so there are no program-wide goals</p>		
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		or expectations to which faculty can aspire. The result of this can be seen in the variation of presentations and grant funding over the last three years. During the site visit, faculty noted it is difficult to set targets due to the variability of research each year.		
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**E5. FACULTY EXTRAMURAL SERVICE**

<b>Criterion Elements</b>	<b>Compliance Finding</b>	<b>Team's Evidence for Compliance Finding</b>	<b>School/Program Response</b>	<b>Council Comments</b>
	Met			
Defines expectations for faculty extramural service		The departmental promotion and tenure guidelines define minimum faculty expectations for service only in terms of intramural service on university, school, or departmental committees. Other service criteria that may be considered include professional activities, such as participating in professional organizations, serving as a reviewer for peer-reviewed journals or grant panel, and involvement in a community-based or policy-making body. The department generally expects 20% FTE should be dedicated to departmental, university, and/or professional service.	As noted in Section B5, the Department has identified specific goals for faculty service activities related to local, regional, state and national participation in research and policy-making agencies and participation in research publications through peer review of manuscripts and service on editorial boards.	The Council has reviewed the self-study document, the draft team report, and the program's response to the team report. Based on the totality of the evidence, the Council found that the response constitutes compliance with this criterion. The Council changed the site visit team's finding for this criterion from partially met to met.
Faculty are actively engaged with the community through communication, consultation, provision of technical assistance & other means		<p>The university provides support through the Office of Community Engagement and Research, the Public Services Fellows Program, Engaged Scholarship Workshops, Engaged and Outreach Scholars Academy, and Community Engaged Scholarship Resources Database.</p> <p>Examples of faculty service include being chair of the North Carolina Diabetes Advisory Council and being on the North Carolina Board of Examiners for Nursing Home</p>		

		<p>Administrators. Students have been able to attend an educational conference of the North Carolina Public Health Association based on faculty leadership of the association; students have identified research and internship opportunities through faculty involvement with the North Carolina Office of Minority Health and Health Disparities and through the North Carolina American Indian Health Board.</p> <p>Students state they have regular opportunities to engage in service activities through the PHO. One instructor incorporates service activities in a class.</p>		
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**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 has an active and engaged Community Advisory Board (CAB) that comprises leaders of local health departments, representatives from the Veteran's Administration, state department of health officials, federally qualified health centers, hospitals, state legislators, long-term care facilities, non-profit agencies, and alumni.	Click here to enter text.	
Ensures that constituents provide regular feedback on all of these: <ul style="list-style-type: none"> <li>• student outcomes</li> <li>• curriculum</li> <li>• overall planning processes</li> <li>• self-study process</li> </ul>	The program is also in the midst of developing an alumni association. With the addition of an alumni coordinator, the program is working with the ECU Medical and Health Sciences Foundation, as well as the ECU university-level			



<p>Defines methods designed to provide useful information &amp; regularly examines methods</p>		<p>Alumni Association to develop the program-specific alumni association. The program intends to launch this in spring 2020.</p>		
<p>Regularly reviews findings from constituent feedback</p>		<p>The program also uses input from program preceptors that interact with students through the APE. Preceptors complete two evaluations, which provide the program with useful information on how the students work in real-world settings.</p> <p>CAB members are engaged through teaching, providing expert content lectures in MPH courses, speaking on career development, serving as preceptors for MPH students in the APE, and serving as advisors for program development.</p> <p>Reviewers learned during the visit that the CAB members have two annual meetings. One of these meetings is dedicated to reviewing the curriculum and competency mapping. Reviewers heard of this feedback mechanism from both faculty members and CAB members. CAB members noted ample opportunities to provide feedback about the curriculum and other aspects of the program.</p> <p>Many of the CAB members are current employers of graduates. Additionally, many faculty members have strong ties to community members that employ graduates. These community members expressed satisfaction that faculty were easily accessible to provide feedback about the program and graduates' ability to perform work duties.</p>		

**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 are introduced to community and professional service opportunities through coursework, the student organization, the departmental website, program-wide emails, and social media pages.	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		The PHO provides professional development opportunities for students, as well as service partnerships with local organizations. During general PHO meetings, MPH alumni, who currently serve in the local workforce, come to share their experiences in the field. The PHO also offers numerous service partnerships with local agencies such as the West Greenville Health Council, the McConnell Raab Hope Lodge, Pirates vs. Cancer, the Susan G. Komen Foundation, the Down East Chapter of the American Heart Association, and the Southern Regional Assisted Care Facility. The PHO also organizes service events during National Public Health Week. Many students participate in these activities, as verified by students during conversations on site.		

**F3. ASSESSMENT OF THE COMMUNITY’S PROFESSIONAL DEVELOPMENT NEEDS**

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines a professional community or communities of interest & the rationale for this choice		<p>The program has defined its priority population as the geographic region of Eastern North Carolina (ENC). This comprises a 70-county region on the eastern side of Interstate 95 and north of Interstate 40. The program has chosen this population as it is part of the Stroke Belt, the Diabetes Belt, and the Colorectal Cancer “Hot Spot.” Additionally, 15 of the 25 counties in the lowest quartile for health outcomes in North Carolina are located in ENC.</p>	<p><a href="#">Click here to enter text.</a></p>	
Periodically assesses the professional development needs of individuals in priority community or communities		<p>The program uses the CAB and personal connections to determine workforce needs. The members of the CAB shared with reviewers that they are very comfortable giving feedback and identifying needs, both through their annual meetings and through personal conversations during the year. The CAB has identified additional needs for the program, such as a long-term care certificate and the addition of the DrPH degree. Given the location and context of the region, the program strives to advance the current workforce and provide education and training needs to combat the vast health disparities in the region.</p>		

**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		<p>The program has used needs identified in the community and priority populations to develop symposiums, grand rounds, and summits. The program has also developed sustainable partnership with other organizations to co-sponsor trainings to maximize efficiency.</p> <p>The program has developed and offered two grand rounds per year, which cover salient topics related to regional health crises and are delivered to ECU faculty and students, as well as public health professionals in the region.</p> <p>Additionally, the program has co-sponsored a symposium that focuses on different health disparities each year. In 2018, the symposium focused on obesity and diabetes. In 2019, it focused on healthy lifestyles and was held at a local African American church. Attendance for these events ranged from 150-250 participants from the community.</p>	Click here to enter text.	

**G1. DIVERSITY & CULTURAL COMPETENCE**

Criterion Elements	Compliance Finding	Team's Evidence for Compliance Finding	School/Program Response	Council Comments
	Met			
Defines appropriate priority population(s)		The program defines its priority populations as rural, underserved populations (including African American and	In December 2019, the Department of Public Health, in collaboration	The Council has reviewed the self-study document, the draft team

Identifies goals to advance diversity & cultural competence, as well as strategies to achieve goals		American Indian students), first-generation college students, and active duty military and veterans. This designation is based on the region's demographics and proximity to five major military bases.	with the ECU Office of Institutional Planning, Assessment and Research (IPAR) conducted a climate survey that was administered via Qualtrix to faculty and staff and (separately) to MPH and DrPH students. The response rate to the survey was very good for faculty and staff (78%), but somewhat disappointing for students (29%) likely due to the survey being administered around the holidays and final exams. It is our intention to administer the survey again in the future pending the status of our transition to the School of Rural Public Health.	report, and the program's response to the team report. Based on the totality of the evidence, particularly the updated information in the program's response, the Council found that the response constitutes compliance with this criterion and changed the site visit team's finding for this criterion from partially met to met.
Learning environment prepares students with broad competencies regarding diversity & cultural competence		The program has initiated actions to advance diversity through establishing an MOU with the University of North Carolina at Pembroke, which has a significant American Indian student population. The departmental chair has contacted three Historically Black Colleges and Universities in the region, since many of the program's African American MPH students received undergraduate degrees at these universities. The program also offers an Ethnic and Rural Health Disparities Certificate Program, which focuses on minority and rural health disparities.		
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)				
Practices support recruitment, retention, graduation of diverse students, with attention to priority population(s)		The program exposes students to diversity through various mechanisms, including through their applied learning experience and service activities through the student organization. The program offers courses on rural health and health disparities. The ECU Center for Health Disparities provides graduate assistantships and provides educational programming. The curriculum includes a required rural public health course.	Perceptions of the DPH climate on diversity and cultural competence are positive. Eighty-five percent of faculty and staff strongly agreed or agreed that DPH values having a diverse student body, and the same proportion strongly agreed or agreed that DPH values having a diverse faculty and staff. Over half of DPH faculty and staff strongly agreed or agreed that DPH has made creating a diverse and inclusive community a priority. Similarly, students also strongly agreed or agreed that DPH values having a diverse student body (72%), that DPH values having	
Regularly collects & reviews quantitative & qualitative data & uses data to inform & adjust strategies				
Perceptions of climate regarding diversity & cultural competence are positive		The ECU Office of Diversity and Equity provides resources to faculty and staff on cultural competency. All ECU faculty and staff are required to complete diversity training through the university's cornerstone online training center.  The program asserts that the student body and faculty are diverse, noting that the student body is about one-third minority, mostly African American, and some are American		

		<p>Indian. Many students are first-generation and live in the underserved communities of Eastern North Carolina. In addition, faculty are more diverse than other departments. The department chair is American Indian, eight of 13 primary faculty are female, two of the eight female faculty are African American, five are international, and three faculty are native to Eastern North Carolina.</p> <p>During interviews, students stated that they felt welcomed and that the program faculty and staff were attentive to their feedback. Faculty stated that they thought the climate was diverse and appreciated the different backgrounds of their colleagues and students.</p> <p>The concern relates to the program's inability to document perceptions of climate regarding diversity &amp; cultural competence.</p>	<p>diverse faculty and staff (75%), and that DPH has made creating a diverse and inclusive community a priority (60%). In addition, 84% of students reported that they felt welcome in DPH, 84% also felt respected in DPH, and 81% felt that DPH provides an environment that allows free and open expression of ideas, opinions, and beliefs. The vast majority (over 90%) of faculty and staff report interacting with students sometimes or often whose race-ethnicity, cultural background, and/or social/economic background is different from their own. Students also report sometimes or often knowingly interacted with other students of a different race-ethnicity than their own (92%), and backgrounds different from their own (cultural 86%, social/economic 77%). Results of the DPH Climate Survey also revealed certain issues that the department can act upon to further improve our environment. For example, both students and faculty/staff reported that they had heard both faculty/staff and students make negative, inappropriate, or stereotypical statements related to other persons characteristics, especially race-ethnicity.</p>	
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			A brief summary of these results from the 2019 DPH Climate Survey will be presented at the next DPH Department meeting on February 3, 2020. In depth discussions will follow at the March and April 2020 DPH Department meetings to further improve the DPH climate of diversity and cultural competence.	
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**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		Academic advising for MPH students is provided by faculty. If needed, the student services coordinator is available to assist with questions pertaining to enrolling in courses or identifying appropriate resources. Faculty advise students at their initial enrollment in the program regarding a plan of study, then meet with them during the course registration period for each semester to ensure that students are enrolling in the courses that align with their plan of study. The academic advisor and the advisor for the ILE do not necessarily have to be the same faculty member.  As students enroll in the program, the student services coordinator creates a spreadsheet by concentration. The spreadsheet is provided to the concentration coordinators, who then equitably assign advisees to each faculty member. If possible, students are assigned to faculty for advising purposes based on professional goals.	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				

		<p>Students may formally request a change in their advisor by completing a change in academic advisor form, which is then approved by the program chair.</p> <p>The program has a standard orientation process. At the beginning of the fall and spring semesters, an orientation session is held with newly admitted MPH and DrPH students. The PHO also provides an “MPH Guide to Success,” which is a compilation of campus and community resources to assist students with their transition to the area and the program.</p> <p>Student satisfaction with advising has increased over the last three years, with ‘excellent’ ratings growing from approximately 30% to 60%. Students also commented on the student services coordinator and how she is the best asset to them as they move through the program. Students reported feeling satisfied with advising.</p>		
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**H2. CAREER ADVISING**

Criterion Elements	Compliance Finding	Team’s Evidence for Compliance Finding	School/Program Response	Council Comments
	Partially Met			
Students have access to qualified advisors who are actively engaged & knowledgeable about the workforce & can provide career placement advice		The ECU Office of Student Affairs provides robust career counseling services for the MPH students. This includes educational sessions and individual counseling sessions for a variety of topics including how to develop resumes and cover letters, job searching, preparing for interviews, information on career fairs and related resources. Career advising begins in the MPH and DrPH program at the outset of student admission, as noted previously. Faculty advisors also serve in a career counseling capacity, advising students in developing their career interests	Click here to enter text.	Upon reviewing the totality of evidence, including the self-study, the team’s draft report, and the program’s response, the Council changed the site visit team’s finding from met to partially met.  The concern relates to the program’s inability to document that its career counseling is
Variety of resources & services are available to current students				
Variety of resources & services are available to alumni				



		<p>post-graduation. Faculty regularly communicate job announcements to students and alumni via email, the departmental website, and social media pages. Faculty regularly write letters of recommendation for students and alumni for job position consideration.</p> <p>There are several strategies adopted by the program to provide career counseling to students. The CAB is composed of public health leaders representing the diverse aspects of public health. These individuals are selected based on their experience and leadership position in their specific field of public health. CAB members provide career advising to MPH students through their service as preceptors for student field experiences, as speakers at student events sponsored by PHO, through informal discussions at ILE poster presentations, and as collaborative partners for research.</p> <p>The program has provided limited career advising examples beyond mentorship through coursework. Several the examples provided related to students receiving employment opportunities through their internships or concentration-specific coursework but did not reflect career advising or mentoring from faculty or dedicated career specialists.</p> <p>In addition, the program does not solicit feedback from students on satisfaction on career advising. As a result, the program has limited ability to evaluate the success of its strategies around career advising for students.</p>		<p>responsive to student needs. During the review, site visitors noted that the program has not collected such data, and few robust examples were available to site visitors.</p>
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### 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		<p>The university encourages students to try to resolve grievances informally before resorting to the formal grievance process. Students are directed to discuss the problem or concern with the person(s) whose actions or decisions are being challenged. Students are told to document their attempts to address the issue in case additional steps are needed. If this approach does not lead to a successful or satisfactory outcome, the student can bring the complaint to the department chair. The student must provide all documentation to the chair and schedule a time to meet. Upon meeting with the chair, students should be able to describe the specific action or behavior resulting in the concern, the date, time, and location and a listing of any and all individuals who witnessed any part of the incident and their attempts to rectify the issue themselves.</p>	<p><a href="#">Click here to enter text.</a></p>	
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				
All complaints are processed & documented				
		<p>If a student is unable to informally resolve his or her issue, or resolve the issue within the department, a formal grievance must be presented in writing to the associate vice chancellor and dean of students. Upon receipt of the formal grievance, the associate vice chancellor assigns an appointee to investigate the grievance. Depending on the grievance, pertinent data is collected and presented to the department for resolution. If a complaint cannot be resolved using the formal grievance process, students are able to file a complaint with the University of North</p>		

		<p>Carolina University System or the regional accrediting agency.</p> <p>No formal grievances have been submitted in the last three years.</p>		
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**H4. STUDENT RECRUITMENT & ADMISSIONS**

<b>Criterion Elements</b>	<b>Compliance Finding</b>	<b>Team’s Evidence for Compliance Finding</b>	<b>School/Program Response</b>	<b>Council Comments</b>
	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 uses a variety of mechanisms to recruit potential applicants into the program. These include formal presentations to undergraduate public health and health professions programs and regional institutions including North Carolina State University, Campbell University, UNC Wilmington, and UNC Pembroke. The program has a formal memorandum of understanding agreement with ECU and provides opportunities for staff to participate as exhibitors at state conferences.	The Department of Public Health has agreed to include academic metrics in addition to the 50% yield rate for applicants. These metrics include: Undergraduate GPA (average of at least 3.0); Average verbal GRE score (at least 150); Average quantitative GRE score (at least 150); Average writing score (at least 3.5). As can be seen in the accompanying documents, recruitment and enrollment from 2016 to the present indicates that the program is at or near its goals for all indicators.	Upon reviewing the totality of evidence, including the self-study, team’s draft report, and response, the Council determined that the program demonstrated compliance with this criterion. The Council changed the site visit team’s finding of partially met to met.
Implements admissions policies designed to select & enroll qualified individuals capable of taking advantage of program of study & developing competence for public health careers		The program has chosen to measure maintaining a high ratio of admitted to enrolled students, with a target of 50%. The program reports reaching the target in 2016 but failing to meet the target with 33% and 44% in years 2017 and 2018.		
Tracks at least one measure that is meaningful and demonstrates success in enrolling a qualified student body		The program noted that the increasing number of accredited MPH programs in the region may be a contributing factor to fewer students accepting admission offers.		

**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		The program maintains a departmental website that includes program manuals, curricular requirements, links to the Graduate School, academic calendars, and policies and procedures.	The Department faculty met to review the listing of MPH course offerings in the Graduate School catalog and on the website. We were able to identify the courses in the curriculum that are no longer being offered. Dr. Bell went through the formal process of "banking" these courses in the ECU Curriculum system to be removed from the Graduate School catalog, but to be retained in the event that the courses will be offered in the future.	Based on the updated information in the program's response, the Council found that the response constitutes compliance with this criterion. The Council changed the site visit team's finding from partially met to met.
Catalogs & bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards & degree completion requirements		The concern relates to inaccuracies in course offerings on the program's website. The website currently lists nutritional epidemiology and cancer epidemiology as elective offerings, however, during the site visit faculty noted that these courses are no longer offered.	These courses have been removed from the ECU Department of Public Health website ( <a href="https://public-health.ecu.edu/">https://public-health.ecu.edu/</a> ) and from the MPH Program Manual. The website has also been updated to better provide information for the DrPH program.	
Advertising, promotional & recruitment materials contain accurate information				

## AGENDA

**Wednesday, September 11, 2019**

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

**Thursday, September 12, 2019**

8:30 am            **Site Visit Team Request for Additional Documents**  
 Dr. Ronny Bell, Chair and Program Director  
 Ms. Kristin Wooten, Administrative Assistant

8:45 am            **Site Visit Team Executive Session 2**

9:00 am            **Break**

9:15 am            **Program Evaluation**

Participants	Topics on which participants are prepared to answer team questions
<i>Dr. Ronny Bell, Chair and Program Director</i>	<i>Guiding statements – process of development and review?</i>
<i>Dr. Ronny Bell, Chair and Program Director            Dr. Suzanne Lea, Associate Professor and Chair, Curriculum Committee            Dr. Nancy Winterbauer, Associate Professor and Dr. Ann Rafferty, Teaching Associate Professor, Evaluation Coordinators</i>	<i>Evaluation processes – how does program collect and use input/data?</i>
<i>Dr. Ronny Bell, Chair and Program Director            Ms. Wanda Strickland, Business Services Coordinator</i>	<i>Resources (personnel, physical, IT) – who determines sufficiency? Acts when additional resources are needed?</i>
<i>Dr. Ronny Bell, Chair and Program Director            Ms. Wanda Strickland, Business Services Coordinator</i>	<i>Budget – who develops and makes decisions?</i>
Total Participants: 6	

10:15 am            **Break**

10:30 am            **Curriculum 1**

Participants	Topics on which participants are prepared to answer team questions
<i>Dr. Ronny Bell, Chair and Program Director            Dr. Ruth Little, Assistant Professor, Vice Chair and HPAL DrPH Program Director            Dr. Greg Kearney, Associate Professor and EOH DrPH Program Director</i>	<i>Foundational knowledge</i>

<i>Dr. Ronny Bell, Chair and Program Director</i> <i>Dr. Ruth Little, Assistant Professor, Vice Chair and HPAL DrPH Program Director</i> <i>Dr. Greg Kearney, Associate Professor and EOH DrPH Program Director</i>	<i>Foundational competencies – didactic coverage and assessment</i>
<i>Dr. Ronny Bell, Chair and Program Director</i> <i>Dr. Ruth Little, Vice Chair and HPAL DrPH Program Director</i> <i>Dr. Greg Kearney, Associate Professor, EOH DrPH Program Director</i> <i>Dr. Stephanie Pitts, Professor and CHHB Concentration Coordinator</i> <i>Dr. Suzanne Lea, Associate Professor and Epi Concentration Coordinator</i> <i>Dr. Huabin Luo, Assistant Professor and HPAL Concentration Coordinator</i>	<i>Concentration competencies – development, didactic coverage, and assessment</i>
<b>Total Participants: 6</b>	

11:45 pm      **Break & Lunch Set-up**

12:00 pm      **Students**

<b>Participants</b>	<b>Topics on which participants are prepared to answer team questions</b>
<i>MPH and DrPH Students</i> <ul style="list-style-type: none"> <li>- <i>Sara Stevens, Epidemiology, F2018</i></li> <li>- <i>Casey Kelley, Health Behavior, F2018</i></li> <li>- <i>Constantine Unanka, Epidemiology, F2017</i></li> <li>- <i>Shavette Campbell, Health Behavior, F2018</i></li> <li>- <i>Marla Allen, Epidemiology, F2018</i></li> <li>- <i>Shelby Johnson, Health Administration, SP2018</i></li> <li>- <i>Tori Edwards, Health Behavior, F2018</i></li> <li>- <i>Avian White, DrPH</i></li> <li>- <i>Alice Schenall, DrPH</i></li> </ul>	<i>Student engagement in program operations</i> <i>Curriculum</i> <i>Resources (physical, faculty/staff, IT)</i> <i>Involvement in scholarship and service</i> <i>Academic and career advising</i> <i>Diversity and cultural competence</i> <i>Complaint procedures</i>
<b>Total Participants: 10</b>	

1:15 pm      **Break**

1:30 pm      **Curriculum 2**

<b>Participants</b>	<b>Topics on which participants are prepared to answer team questions</b>
<i>Dr. Ronny Bell, Chair and Program Director</i> <i>Dr. Ruth Little, Assistant Professor, Vice-Chair and HPAL DrPH Program Director</i> <i>Dr. Greg Kearney, Associate Professor and EOH DrPH Program Director</i>	<i>Applied practice experiences</i>

Archana Kaur, APE and Alumni Coordinator	
<i>Dr. Ann Rafferty, Teaching Associate Professor, ILE Coordinator</i>	<i>Integrative learning experiences</i>
Dr. Marla Hall, Assistant Professor, MPH Online Program Coordinator	<i>Distance education</i>
Total Participants: 5	

2:30 pm      **Break**

2:45 pm      **Instructional Effectiveness**

<b>Participants</b>	<b>Topics on which participants are prepared to answer team questions</b>
<i>Dr. Ronny Bell, Chair and Program Director</i>	<i>Currency in areas of instruction &amp; pedagogical methods</i>
<i>Dr. Stephanie Pitts, Professor and CHHB Concentration Coordinator</i>	<i>Scholarship and integration in instruction</i>
<i>Dr. Nancy Winterbauer, Associate Professor</i>	<i>Extramural service and integration in instruction</i>
<i>Dr. Ruth Little, Assistant Professor, Vice Chair and HPAL DrPH Program Director</i>	<i>Integration of practice perspectives</i>
<i>Dr. Ronny Bell, Chair and Program Director</i> <i>Dr. Nancy Winterbauer, Associate Professor and Chair of Continuing Education Committee</i>	<i>Professional development of community</i>
Total Participants: 5	

3:45 pm      **Break**

4:00 pm      **Stakeholder Feedback/Input**

<b>Participants</b>	<b>Topics on which participants are prepared to answer team questions</b>
<i>Community Advisory Board Members</i>	<i>Involvement in program evaluation &amp; assessment</i>
- <i>Scott Harrelson</i>	<i>Perceptions of current students &amp; program graduates</i>
- <i>Battle Betts</i>	<i>Perceptions of curricular effectiveness</i>
- <i>Jim Madson</i>	<i>Applied practice experiences</i>
- <i>Catherine Nelson</i>	<i>Integration of practice perspectives</i>
- <i>Karen LaChapelle</i>	<i>Program delivery of professional development opportunities</i>
- <i>Ben Money</i>	
- <i>John Rouse</i>	
<i>Internship Preceptors</i>	
- <i>Shakira Henderson</i>	
- <i>Kathy Dail</i>	
- <i>Skip Cummings</i>	
- <i>Amy Hattem</i>	

<ul style="list-style-type: none"> <li>- <i>Tish Singletary</i></li> </ul> <b>MPH Alumni</b> <ul style="list-style-type: none"> <li>- <i>Archana Kaur</i></li> <li>- <i>Caroline Collier</i></li> <li>- <i>Leigh Saner</i></li> <li>- <i>Dolapo Busuyi</i></li> <li>- <i>Kelli Russell</i></li> <li>- <i>Blair Savoca</i></li> <li>- <i>Julia Land Batts</i></li> <li>- <i>Ashley Berkner</i></li> </ul>	
<i>Total Participants: 15</i>	

5:00 pm      **Site Visit Team Executive Session 3**

5:45 pm      **Adjourn**

**Friday, September 13, 2019**

8:00 am      **University Leaders**

<b>Participants</b>	<b>Topics on which participants are prepared to answer team questions</b>
<i>Dr. Ronny Bell, Chair and Program Director</i>	<i>Program's position within larger institution</i>
<i>Dr. Mark Stacy, Dean, Brody School of Medicine and Vice-Chancellor for Health Sciences</i>	<i>Provision of program-level resources</i>
<i>Dr. Jay Golden, Vice Chancellor for Research, Economic Development and Engagement</i>	<i>Institutional priorities</i>
<b>Total participants: 3</b>	

9:00 am      **Break**

9:15 am      **Site Visit Team Executive Session 4**

1:00 pm      **Exit Briefing**

2:00 pm      **Team Departs**