

**SELF-STUDY DOCUMENT**



**Submitted to**

**The Council on Education for Public Health (CEPH)**

**For Accreditation of the Public Health Program**

**Department of Public Health, Brody School of Medicine**

**Division of Health Sciences, East Carolina University**

**September 12, 2019**

## **PROLOGUE**

### **Department of Public Health, Brody School of Medicine Division of Health Sciences, East Carolina University**

The Master of Public Health Program (MPH) at East Carolina University (ECU) was initiated in 2003 and was originally housed in the Department of Family Medicine. In 2008, the Department of Public Health (DPH) was formed as one of the Basic Science departments in the Brody School of Medicine (BSoM) in the Division of Health Sciences.

The mission of the DPH is to:

“educate professionals and conduct research to improve the health of communities in our region and beyond. The DPH practices a combination of science and social approaches to reduce disease and systematically address the multiple determinants of health. Our work is rooted in strong partnerships with the community, health and social services, industry and business, academia, and the media.”

In July 2009, Lloyd F. Novick, MD, MPH was appointed as the founding chair of the DPH and Director of the MPH Program. After Dr. Novick’s retirement in 2014, Maria Clay, PhD, Professor and Chair of the ECU Department of Bioethics and Interdisciplinary Studies, served as Interim Chair. In November 2016, Ronny Bell, PhD, MS, was appointed as DPH Chair and MPH Program Director and currently serves in that capacity.

The ECU MPH program is offered by 13 primary Departmental faculty members and a number of joint-appointed, fixed term and adjunct faculty members. There are three concentrations in the MPH program:

- Health Administration (to be changed to Health Policy, Leadership and Administration in Fall 2019)
- Health Behavior (to be changed to Community Health and Health Behavior in Fall 2019),
- Epidemiology.

The ECU MPH program enrolls students in both Fall and Spring cohorts. In the 2018 – 2019 academic year, there were 88 students enrolled in the MPH program.

In addition to the MPH degree, the DPH offers a newly launched DrPH in two concentrations: Health Policy, Administration and Leadership (HPAL) and Environmental and Occupational Health (EOH) (12 students in academic year 2018 – 2019); and two online certificate programs: Public Health Foundations and Practice (PHFP) and Ethnic and Rural Health Disparities (ERHD) (16 students in academic year 2018 – 2019).

The MPH Program was initially accredited in 2007 and is currently accredited by the Council on Education for Public Health (CEPH) for a 7-year term from 2012 - 2019. The MPH Program is seeking re-accreditation for another 7-year period under the 2016 CEPH criteria. The current re-accreditation process in the DPH has been implemented through the following steps:

- 1) DPH leadership and faculty attended or participated in the rollout of the 2016 CEPH criteria at the 2016 American Public Health Association Annual Conference in Denver, CO, CEPH webinars and a CEPH Criteria Workshop in Arlington, VA in October 2017.
- 2) A DPH Strategic Planning Retreat was convened by Dr. Bell on January 22, 2018, to review the 2016 CEPH criteria and develop implementation strategies.
- 3) The formal consultation visit with Mollie Mulvanity was convened at the CEPH offices in Silver Springs, MD on February 9, 2018. The meeting included Dr. Bell and Dr. Don Chaney, Associate Professor and Chair of the ECU Department of Health Education and Promotion, whose undergraduate Public Health Studies program is coming up for re-accreditation in 2020. The meeting also provided an opportunity for Drs. Bell and Chaney to share with Ms. Mulvanity the plans for ECU to launch the School of Rural Public Health in Fall 2020.
- 4) In Spring 2018, the DPH faculty began the process of mapping the MPH courses with the CEPH Foundational Knowledge and Competencies, and to refine the program's Concentration Competencies. The competency mapping was submitted to CEPH on May 31, 2018 with feedback provided on June 7<sup>th</sup>.
- 5) The formal dates for the Self-Study submission (April 12<sup>th</sup>) and Site Visit (September 12<sup>th</sup>) were received from CEPH on October 12, 2018.

We are pleased to submit this self-study that provides a summary of our policies and procedures and our efforts to engage in the highest level of public health research, education and service to achieve our mission to improve the health of our service region.

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## Introduction

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

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

*East Carolina University (ECU, [www.ecu.edu](http://www.ecu.edu)), a public, four-year university established in 1907, is located in Greenville, North Carolina. ECU has 11 degree-granting colleges/school/institutes. Serving a largely rural population in the coastal region of the state, ECU is one of 17 constituent institutions within the University of North Carolina (UNC) System. ECU accomplishes its mission - to be a national model for student success, public service and regional transformation - through education, research, creative activities and service.*

*As of Fall 2018, ECU is the fourth largest institution in the UNC System. ECU is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award baccalaureate, master's, and doctoral degrees. The UNC System is governed by a Board of Governors, which delegates significant responsibility to ECU's Board of Trustees. The Carnegie Commission on Higher Education classifies ECU as a Doctoral University: Higher Research Activity. In 2010 and 2015, ECU received the Community Engagement Classification from the New England Resource Center for Higher Education.*

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

*ECU has 11 degree-granting colleges and schools, which offers 84 baccalaureate degree programs, 71 master's degree programs, five professional practice doctoral programs, 13 research/scholarship doctoral programs, 84 certificates, and two specialist degree programs. In Fall 2018, ECU employed nearly 7,000 personnel (including graduate assistants); more than 2,000 of these employees held a faculty appointment. In 2017-2018, ECU conferred more than 7,000 degrees and had core expenditures exceeding \$895 million.*

- c. number of university faculty, staff and students

*ECU currently has an enrollment of approximately 29,000 students, and employs approximately 2,000 faculty and 4,000 staff.*

- d. brief statement of distinguishing university facts and characteristics

*ECU's total enrollment in Fall 2018 was 28,178 with 23,017 undergraduates and 5,161 graduate students. All 100 counties in North Carolina, 50 states and the District of Columbia, and 63 countries were represented in the student body. Ethnic minorities made up 30 percent of undergraduate students, 25 percent of graduate students, 35 percent of*

*medical students, and 37 percent of dental students. Almost 24 percent of all students were enrolled in distance education courses only.*

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

*East Carolina University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award baccalaureate, master's, and doctoral degrees. Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of East Carolina University.*

The full list of all specialized accreditors to which any school, college or other organizational unit at ECU responds are included in **Appendix 1**.

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

*The MPH degree program admitted its inaugural class in Fall 2003. The MPH degree was originally housed in the Department of Family Medicine, and in 2008, the Department of Public Health (DPH) (<http://www.ecu.edu/cs-dhs/publichealth/>) was formed as one of the Basic Science Departments in the Brody School of Medicine (BSOM) (<https://medicine.ecu.edu>). The BSOM is one of four Schools in the Division of Health Sciences at ECU (<https://www.ecu.edu/healthsciences>).*

*The mission statement of the DPH is:*

*“The Department of Public Health is committed to educating professionals and conducting research to improve the health of communities in our region and beyond. We practice a combination of science and social approaches to reduce disease and systematically address the multiple determinants of health.”*

*The MPH program has three concentrations: Health Policy, Administration and Leadership (formerly Health Administration); Community Health and Health Behavior (formerly Health Behavior); and Epidemiology. The Department also offers certificate degrees in Ethnic and Rural Health Disparities (ERHD) and Public Health Foundations and Practice (PHFP). The Department also has DrPH degrees in Health Policy, Administration and Leadership and Environmental and Occupational Health, launched in 2018.*

*The MPH program was first accredited by CEPH in 2007 for a five-year term and re-accredited for a seven-year term in 2012. The MPH is currently accredited through December 31, 2019.*

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

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

*The DPH is chaired by Dr. Ronny A. Bell, PhD, MS (<http://www.ecu.edu/cs-dhs/publichealth/faculty/bellr16.cfm>), who assumed this position in November 2016. Previously, the Department was chaired by Dr. Lloyd Novick (2009 – 2014), and on an interim basis by Dr. Maria Clay (2014 – 2016). Dr. Bell, as Chair of a BSoM Basic Science Department, reports directly to Dr. Mark Stacy, Professor and Dean of the BSoM (<https://medicine.ecu.edu/administration/>). Dr. Stacy also serves as Vice Chancellor for the Division of Health Sciences (see Organizational Chart on Page 11). Dr. Bell also serves as MPH Program Director. Dr. Ruth Little serves as Vice-Chair of the DPH.*

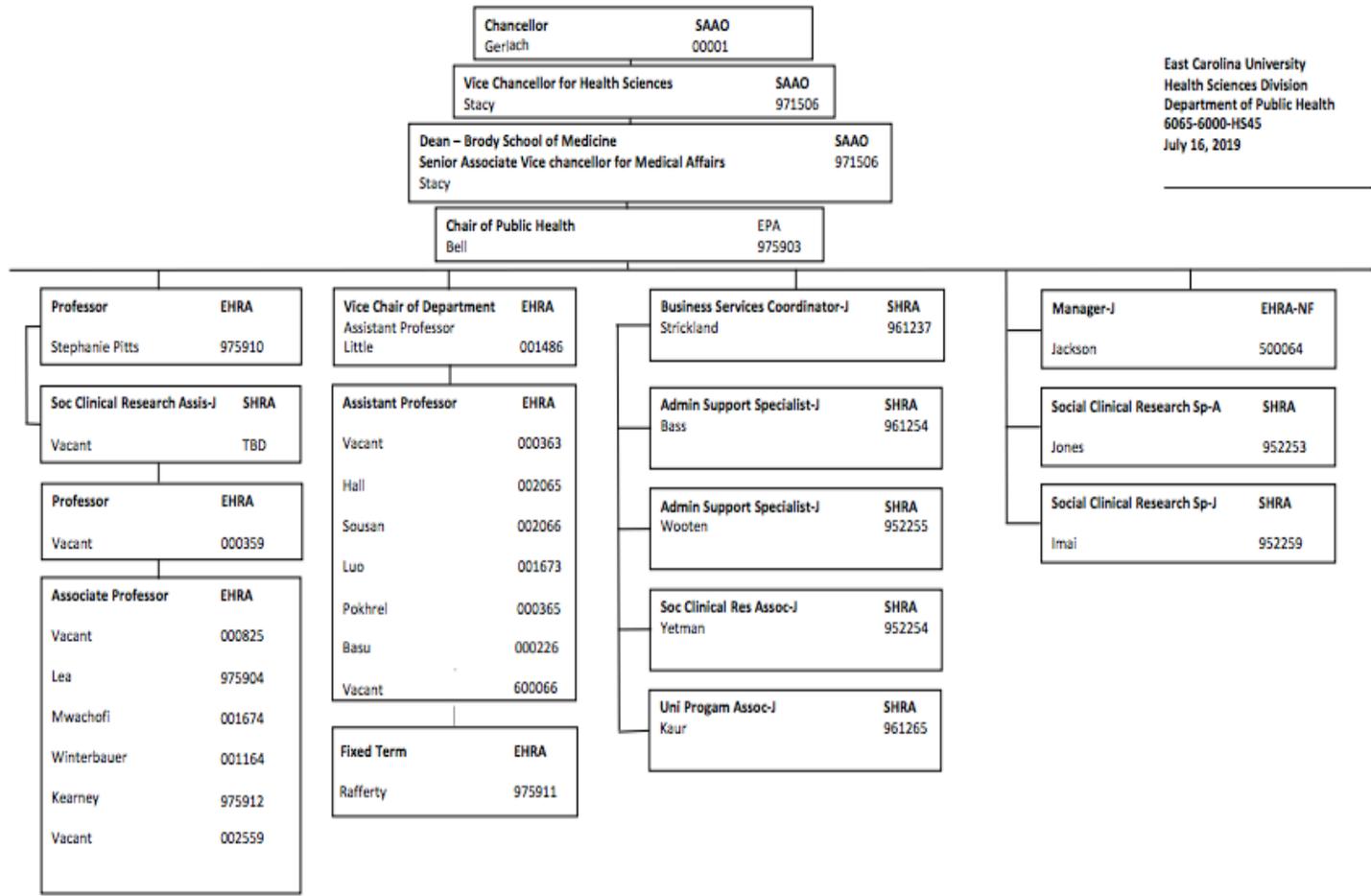
*The organizational chart below (Page 10) displays the current faculty and staff outlay of the DPH. The Department currently has 6 tenured faculty (Drs. Ronny Bell, Stephanie Pitts, Suzanne Lea, Greg Kearney, Nancy Winterbauer, Ari Mwachofi), 6 tenure-track faculty (Drs. Rashmita Basu, Marla Hall, Ruth Little, Huabin Luo, Lok Pokhrel, Sinan Sousan), and two fixed term faculty whose primary appointment is in DPH (Dr. Sinan has a secondary appointment [49%] in the North Carolina Agromedicine Institute, <http://www.ncagromedicine.org>). Of the 11 tenured/tenure-track faculty, 2 are at the Full Professor rank (Drs. Bell and Pitts), 4 are at the Associate Professor rank (Drs. Lea, Kearney, Winterbauer and Mwachofi), and 6 are at the Assistant Professor rank (Drs. Basu, Little, Luo, Hall, Sousan and Pokhrel). Dr. Aaron Kipp will join the DPH faculty on September 3<sup>rd</sup>, 2019 as a Tenure-track Assistant Professor in the Epidemiology concentration. Dr. Kipp is currently a Research Assistant Professor at Vanderbilt University.*

*Additional teaching responsibilities for MPH courses are provided by fixed-term, adjunct and joint-appointed faculty (with a primary appointment in another unit in the Division of Health Sciences or Academic Affairs). Information on the research and teaching experiences are available in the CVs provided in **Section E.1 of the Electronic Resource File** and is available on the Departmental website: (<http://www.ecu.edu/cs-dhs/publichealth/faculty/index.cfm>). All tenure-track and fixed term faculty report to Dr. Bell as Chair. Each MPH Concentration has a Coordinator to provide leadership for curriculum and advising for students in that concentration.*

- *Chair: Dr. Bell (Epidemiology, Internship Director)*
- *Epidemiology Concentration: Suzanne Lea (Concentration Coordinator), Greg Kearney, Lok Pokhrel, Sinan Sousan*
- *Health Policy, Administration and Leadership Concentration: Huabin Luo (Concentration Coordinator), Ruth Little, Ari Mwachofi, Rashmita Basu, Ron Gaskins*
- *Community Health and Health Behavior Concentration: Stephanie Pitts (Concentration Coordinator), Marla Hall, Nancy Winterbauer, Ann Rafferty*

- *Joint-Appointed Faculty: Eric Bailey (Anthropology), Paul Berry (Office of Prospective Health), Doyle “Skip” Cummings (Family Medicine), Suzanne Lazorick (Pediatrics), Kristina Simeonsson (Pediatrics), Robin Tutor (NC Agromedicine)*
- *Fixed-term and adjunct faculty who teach courses in the MPH and DrPH programs (Note: DrPH courses have the PUBH prefix):*
  - *Dr. Corey Davis: MPH 6002 (Distance Education)*
  - *Dr. Kenneth Deville, Department of Bioethics and Interdisciplinary Studies: MPH 6002 (Face-to-Face)*
  - *Dr. Paul Vos, Chair, Department of Biostatistics: BIOS 7021, BIOS 7022, PUBH 8025*
  - *Dr. Xiangming Fang, Department of Biostatistics: BIOS 7021*
  - *Dr. Suzanne Hudson/Dr. Kevin O’Brien, Department of Biostatistics: BIOS 7022*
  - *Dr. Qiang Wu, Department of Biostatistics: MPH 7202*
  - *Dr. Robert Kulesher, Department of Health Services and Information Management: PUBH 8020*
  - *Dr. Ray Hylock, Department of Health Services and Information Management: PUBH 8463*
  - *Dr. Greg Hassler/Dr. Annette Greer, Department of Bioethics and Interdisciplinary Studies: HUMS 7004*
  - *Dr. Jamie Dewitt, Department of Pharmacology and Toxicology: PHAR 7680*
  - *Dr. Stephanie Richards, Department of Health Education and Promotion: PUBH 8684, PUBH 9000, PUBH 8120*
  - *Dr. Charles Humphrey, Department of Health Education and Promotion: PUBH 8006*
  - *Dr. Joanne Balaney, Department of Health Education and Promotion, PUBH 8007, PUBH 8684, PUBH 9000*

*The DPH currently has six full-time staff members and two part-time staff members (<http://www.ecu.edu/cs-dhs/publichealth/staff.cfm>). Drs. Katherine Jones and Satomi Imai are PhD-trained staff members (Senior Clinical Research Specialists) who provide analytical support to the Department and other agencies through the Health Systems Research and Development Program (<http://www.ecu.edu/chsrd/>). Mr. Christopher Jackson serves as the post-award Grants Manager for the Department. Drs. Jones and Imai and Mr. Jackson report directly to Dr. Bell. Ms. Wanda Strickland serves as the office manager (Business Services Coordinator) for the Department and serves as the direct report for the remaining support staff. The Department has a Student Services Coordinator (Ms. Kelly Bass) and a part-time Alumni/Internship Coordinator (Ms. Archana Kaur), in addition to two other staff members (Ms. Kristin Wooten, Administrative Support Staff), Ms. Zoe Yetman (Social Clinical Research Staff).*

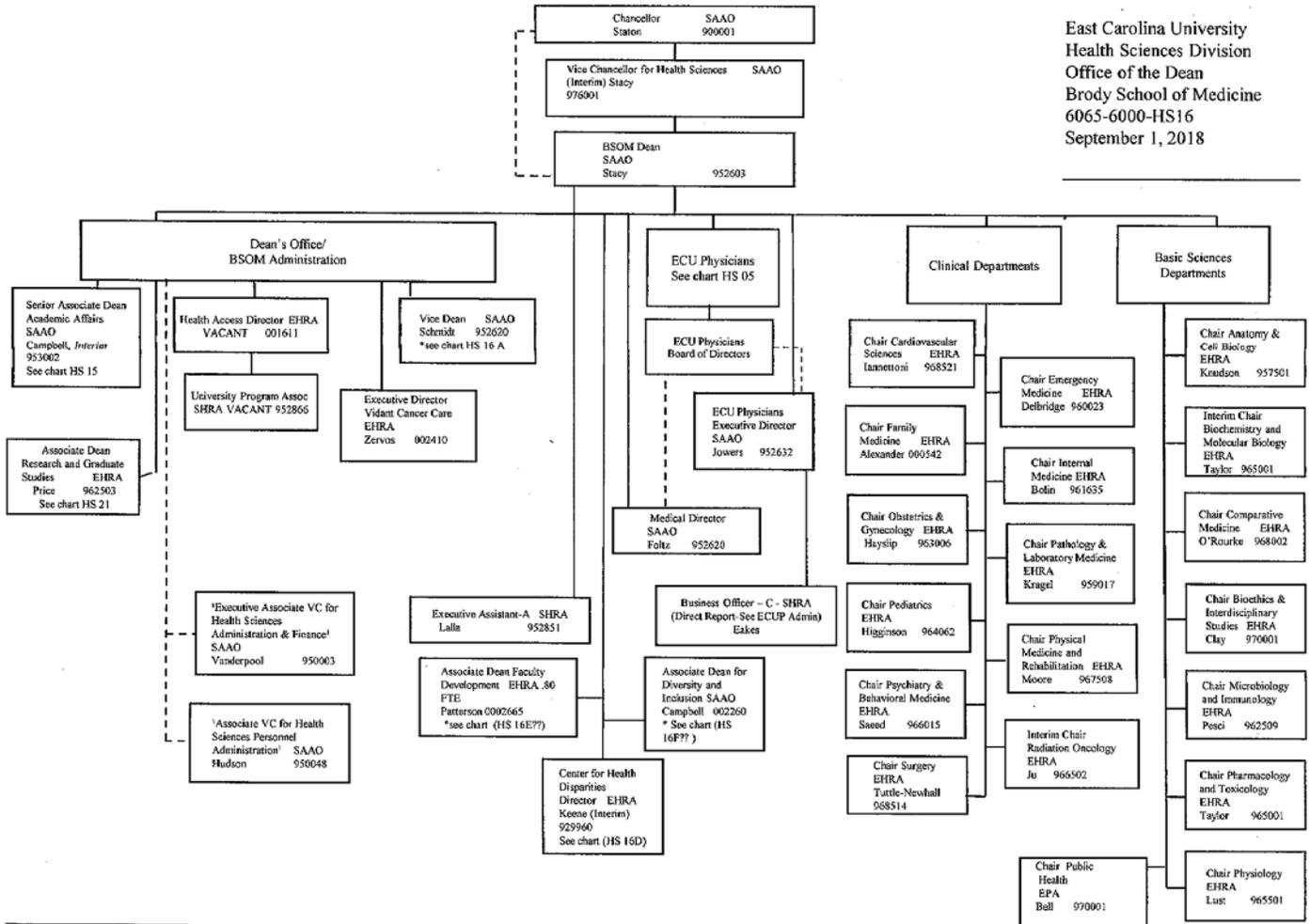


- b. The relationship between program and other academic units within the institution. Ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines

*The organizational chart below outlines the administrative outlay of the ECU Division of Health Sciences. The DPH is housed in the BSoM, which is one of the four schools/colleges on the Health Sciences campus. The BSoM includes Basic Science and Clinical Science Departments. Additionally, the BSoM includes ECU Physicians (<http://www.ecu.edu/cs-dhs/ecuphysicians/>) and the ECU Center for Health Disparities (<http://www.ecu.edu/cs-dhs/healthdisparities/>).*

As Chair, Dr. Bell serves on the Basic Sciences Chairs Committee and on the Brody Council and Dean's Leadership Team, as well as the MPH Program representative on the Brody Graduate Studies Committee and the ECU Graduate Program Directors and Coordinators Committee. Dr. Bell also was appointed as Associate Director of the ECU Center for Health Disparities. All BSoM faculty are required to attend quarterly meetings of the Brody Faculty, and tenure-track faculty are eligible to serve on Brody committees as described below.

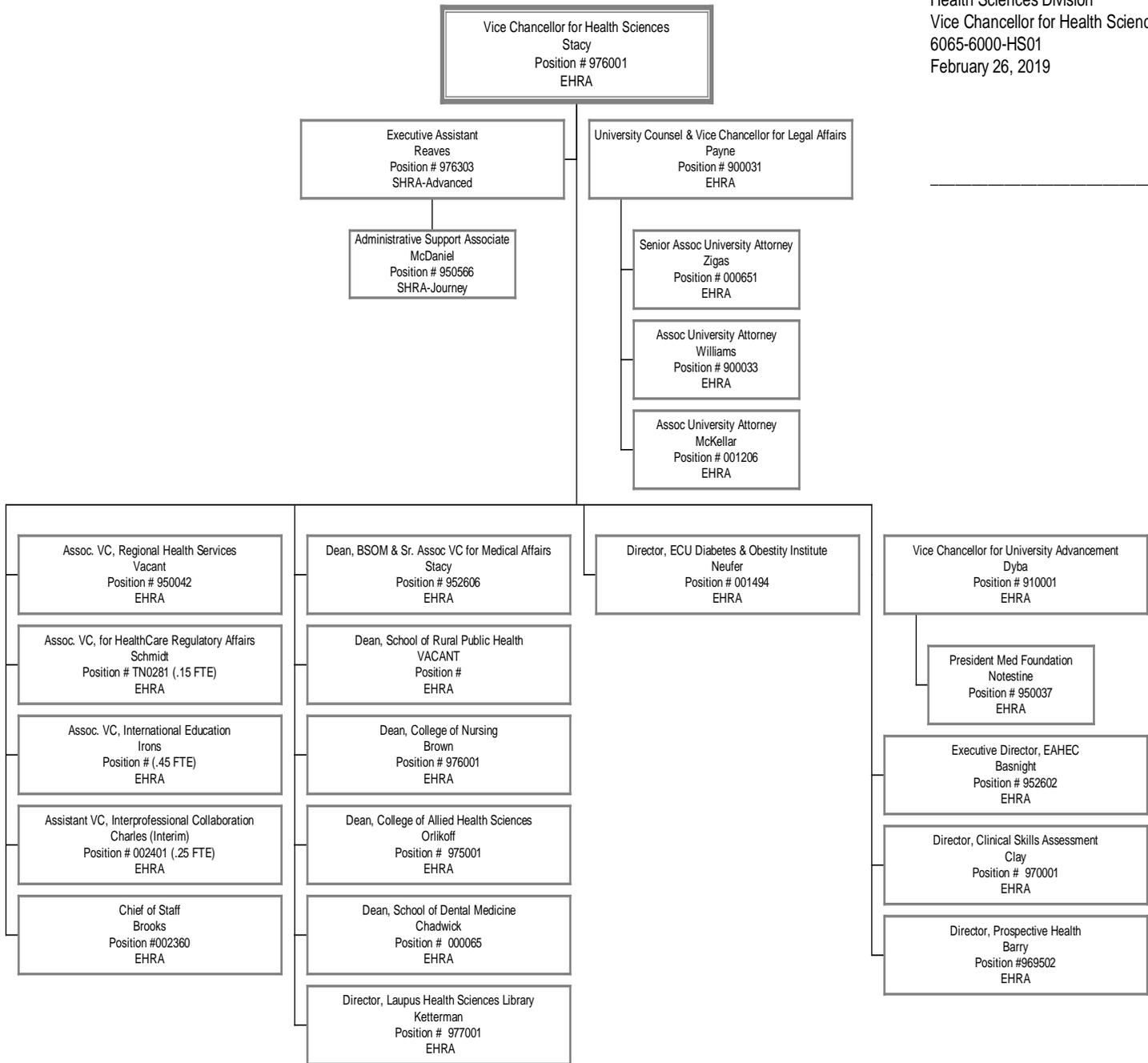
East Carolina University  
Health Sciences Division  
Office of the Dean  
Brody School of Medicine  
6065-6000-HS16  
September 1, 2018



<sup>1</sup> These positions have responsibilities that serve under the direction of the Dean, but maintain direct reporting lines to the Vice Chancellor for Health Sciences.

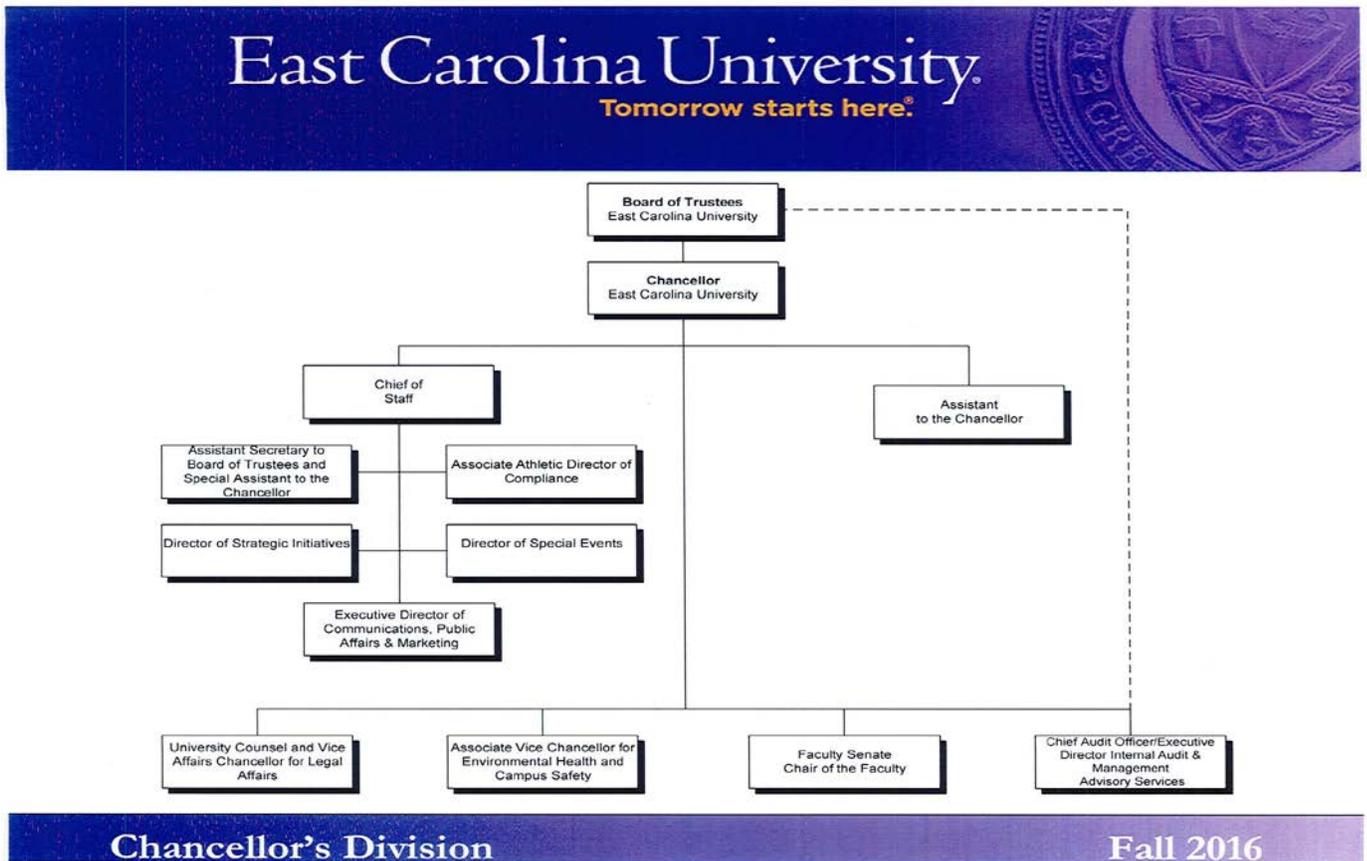
An organizational chart has also been developed by the Division of Health Sciences to account for the proposed ECU School of Rural Public Health (see below).

East Carolina University  
 Health Sciences Division  
 Vice Chancellor for Health Sciences  
 6065-6000-HS01  
 February 26, 2019



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

The organizational chart below provides the administrative outlay of the upper administration of ECU. The Vice Chancellor for Health Sciences (Dr. Stacy) reports to the Chancellor (Current Interim Chancellor, Mr. Dan Gerlach, <http://www.ecu.edu/cs-admin/chancellor/>) and is a member of the ECU Academic Council, along with the Provost and Senior Vice Chancellor for Academic Affairs (Dr. Ron Mitchelson, <http://www.ecu.edu/cs-acad/provostvc/>) and Vice Chancellor for Research, Economic Development and Engagement (Dr. Jay Golden, <https://rede.ecu.edu/vice-chancellor/>). The ECU Chancellor, along with the Chancellors of the other Universities in the University of North Carolina (UNC) system, reports to the System President (Dr. William Roper, Interim President) and the UNC Board of Governors (<https://www.northcarolina.edu/leadership-and-policy/board-governors/>).



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

N/A

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

The table below outlines the current degree offerings of the ECU DPH. Currently, undergraduate Public Health degrees (BS in Public Health with concentrations in Community Health, Pre-Health Professions and Worksite Health Promotion) offered at ECU are housed within the Department of Health Education and Promotion (<https://hhp.ecu.edu/hep/public-health/>) in the College of Health and Human Performance (<https://hhp.ecu.edu>) in the Division of Academic Affairs and is accredited separately by CEPH. The Department of Health Education and Promotion is currently chaired by Dr. Don Chaney (<https://hhp.ecu.edu/faculty/dchaney/>). Students from this program are actively recruited to apply and enroll in the ECU MPH program.

The MPH program at ECU offers degrees in three concentrations:

- **Epidemiology** – Dr. Suzanne Lea, Concentration Coordinator (<http://www.ecu.edu/cs-dhs/publichealth/faculty/suzanneLea.cfm>)
- **Health Policy, Administration and Leadership (HPAL)\*** – Dr. Huabin Luo, Concentration Coordinator (<http://www.ecu.edu/cs-dhs/publichealth/faculty/huabinLuo.cfm>)
- **Community Health and Health Behavior (CHHB)\*** – Dr. Stephanie Pitts, Concentration Coordinator (<http://www.ecu.edu/cs-dhs/publichealth/faculty/stephaniePitts.cfm>)

\*The names for the HPAL and CHHB concentrations were changed from Health Administration and Health Behavior, respectively, based on a vote from the DPH faculty in December 2018. Approval by the ECU Graduate Curriculum Committee was granted in April 2019 with implementation for students enrolled beginning in Fall 2019. A substantive change notification reflecting these name changes was submitted to CEPH in January 2019.

Currently, courses within these concentration are offered face-to-face, online, or hybrid (where students have the option to take the course face-to-face or online). Beginning in Fall 2019, the ECU MPH degree will be available fully online (with some stipulations on on-campus requirements) (<https://online.ecu.edu/online-programs/online-graduate-degrees/>). All courses in the MPH program (with the exception of some electives), will be offered with a face-to-face and online section (synchronous and asynchronous).

In January 2018, the ECU DPH began offering the Doctor of Public Health (DrPH) degree (<http://www.ecu.edu/cs-dhs/publichealth/upload/DrPH-Flyer-041218.pdf>). There are two concentrations within the DrPH program:

- **Health Policy, Administration and Leadership (HPAL)** - Dr. Ruth Little, Program Director (<http://www.ecu.edu/cs-dhs/publichealth/faculty/ruthLittle.cfm>)
- **Environmental and Occupational Health (EOH)** - Dr. Greg Kearney, Program Director (<http://www.ecu.edu/cs-dhs/publichealth/faculty/Greg-Kearney.cfm>)

The HPAL DrPH concentration enrolled its first cohort of students in the Spring 2018 semester, and the EOH concentration enrolled its first cohort of students in Fall 2018. Courses in these concentrations are taught by DPH faculty as well as faculty in the College

of Allied Health Sciences (Departments of Health Services and Information Management: <http://www.ecu.edu/cs-dhs/hsim/> and Biostatistics: <https://www.ecu.edu/bios/>) and the College of Health and Human Performance (Department of Health Education and Promotion Environmental Health Program: <https://hhp.ecu.edu/hep/ms-environmental/>).

In addition to the MPH and DrPH degrees, the ECU DPH administers two certificate programs, with 16 students actively enrolled in these programs:

- **Public Health Foundations and Practice (PHFP)** (Dr. Greg Kearney, Program Director): five online courses that are part of the eight MPH core courses (<http://www.ecu.edu/cs-dhs/publichealth/upload/PHFP-Flyer-Final-Overview-Program-Website-Gainful-Employment-Disclosure.pdf>). Students who complete this program are eligible to and are actively encouraged to enroll in the MPH program.
- **Ethnic and Rural Health Disparities (ERHD)** (Dr. Eric Bailey, Program Director, <http://www.ecu.edu/cs-dhs/publichealth/faculty/ericBailey.cfm>): four online courses (MPH 6005: African American Health; MPH 6007: Global Public Health; MPH 6008: Ethnic and Rural Health Disparities; MPH 6009: Capstone Experience in Ethnic Health and Health Disparities) focused on educating and improving health professionals' skills in ethnic and rural health disparities (<http://www.ecu.edu/erhd/>). Some courses in the ERHD program are considered as electives for the MPH program.

Currently, the ECU DPH has one approved dual-degree program, that being with the Brody School of Medicine ([http://www.ecu.edu/cs-dhs/publichealth/upload/Dual\\_MD-MPH\\_Program\\_Guide\\_102315.pdf](http://www.ecu.edu/cs-dhs/publichealth/upload/Dual_MD-MPH_Program_Guide_102315.pdf)). However, with a recent change in the Medical School curriculum (<http://www.ecu.edu/cs-dhs/medicaleducation/CurriculumOverview.cfm>), this option is no longer viable. BSoM students interested in obtaining their MPH must do so between their final year of medical school and their internship/residency, or take a year off from medical school to focus on the MPH degree. Dr. Bell and joint-appointed faculty member Dr. Suzanne Lazorick (<http://www.ecu.edu/cs-dhs/publichealth/faculty/suzanneLazorick.cfm>) currently serve as faculty liaisons to the BSoM Public Health Interest Group, designed to inform BSoM students about public health issues and encourage pursuit of graduate public health training (<https://medicine.ecu.edu/admissions/wp-content/uploads/sites/1991/2019/01/Bulletin2018.pdf>, page 46).

The DPH is currently exploring potential dual degree options with programs at ECU, including the Department of Social Work (<https://hhp.ecu.edu/socw/>) (MPH/MSW), the School of Dental Medicine (<http://www.ecu.edu/cs-dhs/dental/>) (MPH/DMD) and Environmental Health (<https://hhp.ecu.edu/hep/ms-environmental/>) (MPH/MS). Students currently enrolled in these programs who express interest in graduate training in public health are encouraged to enroll in our PHFP certificate program and/or pursue the MPH after completing their program.

Instructional Matrix - Degrees and Concentrations						
Bachelor's Degrees			Categorized as public health*	Campus based	Executive	Distance based
Master's Degrees	Academic	Professional				
Concentration	Degree	Degree				
Epidemiology		MPH	X	MPH		MPH
Health Policy Administration & Leadership		MPH	X	MPH		MPH
Community Health & Health Behavior		MPH	X	MPH		MPH
Doctoral Degrees	Academic	Professional				
Concentration	Degree	Degree				
Environmental & Occupational Health		DrPH	X	DrPH	DrPH	DrPH
Health Policy Administration & Leadership		DrPH	X	DrPH	DrPH	DrPH
Joint Degrees	Academic	Professional				
	Existing concentration	Joint-specific concentration				
2nd (non-public health) area			Degrees	Degrees		
Medicine	Any MPH concentration			MPH/MD	X	MPH

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

The table below (Page 17) displays the number of students enrolled in the MPH and DrPH programs in the DPH (as of Fall 2019). The ECU MPH program currently enrolls students in both the Fall and Spring semesters of each academic year. Historically, the MPH program enrolls 30 – 35 students in the Fall cohort and 10 – 15 students in the Spring cohort. Applications are accepted through October 15<sup>th</sup> for Spring enrollment and April 15<sup>th</sup> for Fall enrollment.

Eligible students are enrolled in the MPH program after applying for admission through the ECU Graduate School (<https://www.ecu.edu/gradschool/>). Applications are reviewed by the DPH Admissions Committee, chaired by Dr. Bell, using the online ApplyYourself website (<https://ar.applyyourself.com/?school=136>). A final decision is made for each application: denied, admitted by exception, or admitted with full status. Stipulations are set in place for students admitted by exception to ensure that potential for success is maximized (see **Electronic Resource File Section A.I** for the Admissions Committee Policies and Procedures).

As can be seen in the table below (Page 17), the HPAL MPH concentration is by far the most popular of our three concentrations. Approximately half of our students enrolled in the program in Fall 2018 were in the HPAL concentration. The vast majority of MPH students enroll full-time and their course of study is designed for them to complete the degree in two years. For example, a student that enrolls in the program in the Fall semester will take a full course load (at least 9 credit hours) primarily consisting of core courses in the Fall and Spring semesters of their first year. They will complete their Applied Learning Experience

*(ALE) as the Internship (MPH 6903 – Comprehensive Field Placement, or MPH 6904 – Introduction to Field Placement and 6905 – Applied Field Placement) in the summer between their first and second years in the program. Students are required to present their Internship experience as part of a poster session at the end of the session in which they take 6903 or 6905. In the Fall and Spring of their second year, the student will take their concentration courses, their elective courses, and complete their Integrative Learning Experience (ILE), which is the Professional paper (MPH 6991/6992). The student is required to present the findings from their ILE during a poster session at the end of the second year.*

<b>Degree</b>		<b>Current Enrollment as of Fall 2019</b>
Master's		N (%)
	MPH*	
	Epidemiology	26 (28.0)
	Health Policy Administration & Leadership (HPAL)	44 (47.3)
	Community Health and Health Behavior (CHHB)	23 (24.7)
	Academic public health master's*	N/A
	All remaining master's degrees (SPH)	N/A
Doctoral		
	DrPH*	
	Environmental & Occupational Health	12 (54.5)
	Health Policy Administration & Leadership	10 (45.5)
	Academic public health doctoral*	N/A
	All remaining doctoral degrees (SPH)	N/A

*A1. Organization and Administrative Processes*

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

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

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

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

*The following table provides a list of the standing and ad hoc committees within the DPH, including the current committee chair and the criteria for membership and membership list. Policies and Procedures for these committees, along with a full membership list and meeting minutes are available in the **Electronic Resource File (Section A.1)**.*

<i>Committee Name</i>	<i>Chair</i>	<i>Membership</i>
<i>Standing Committees</i>		
<i>Admissions</i>	<i>Ronny Bell</i>	<i>Concentration Coordinators (Suzanne Lea, Stephanie Pitts, Huabin Luo) and one at-large faculty member (Ari Mwachofi)</i>
<i>Community Advisory Board (CAB)</i>	<i>Ruth Little</i>	<i>ECU faculty and administrators, public and private agency representatives with interest in public health in eastern North Carolina (see Appendix 2 for the CAB membership list)</i>
<i>Concentrations</i>	<i>MPH Concentrations: Epidemiology: Suzanne Lea CHHB: Stephanie Pitts HPAL: Huabin Luo  DrPH Concentrations: HPAL: Ruth Little EOH: Greg Kearney</i>	<i>All DPH faculty in each concentration</i>
<i>Continuing Education/Grand Rounds</i>	<i>Nancy Winterbauer</i>	<i>Interested faculty: Ari Mwachofi, Greg Kearney</i>

<i>Curriculum</i>	<i>Suzanne Lea</i>	<i>Interested faculty, including one representative from each concentration: Ronny Bell, Huabin Luo, Nancy Winterbauer, Stephanie Pitts</i>
<i>Graduation</i>	<i>Kristin Wooten</i>	<i>Faculty, staff and student representatives: Wanda Strickland, Kelly Bass (staff), Greg Kearney, Ruth Little (faculty), Margaret Stewart (student)</i>
<i>Personnel</i>	<i>Nancy Winterbauer</i>	<i>Interested DPH faculty: Stephanie Pitts, Huabin Luo</i>
<i>Promotion and Tenure</i>	<i>Nancy Winterbauer, Suzanne Lea</i>	<i>All tenured DPH faculty: Stephanie Pitts, Greg Kearney, Ari Mwachofi</i>
<i>Public Health Organization (PHO) Executive Committee</i>	<i>PHO President (Sara Stevens)</i>	<i>PHO Executive Committee members: Casey Kelly (Vice-President), Shelby Johnson, (Secretary), Akanksha Arora (Treasurer), Shavette Campbell (Historian), Marla Allen (Student Liaison), Ronny Bell (Faculty Liaison)</i>
<i>Research</i>	<i>Ronny Bell</i>	<i>Interested DPH faculty and staff: Suzanne Lea, Huabin Luo, Nancy Winterbauer, Chris Jackson. Sharon Hamilton (ECU Health Sciences Foundation Officer) serves and an Ad Hoc member.</i>
<i>Craig Souza Endowed Scholarship/ Harold Bate Rural Health Scholarship</i>	<i>Ruth Little</i>	<i>DPH Chair and HPAL Faculty: Ronny Bell, Huabin Luo</i>
<i>Ad Hoc Committees</i>		
<i>School of Public Health Implementation</i>	<i>Ronny Bell/Don Chaney</i>	<i>One representative from each of the departments included in the future School of Public Health: Ruth Little (DPH), Paul Vos (BIOS), Xiaoming Zeng (HSIM), Stephanie Richards (HEP)</i>
<i>Faculty/Staff Search Committees</i>	<i>Various Faculty/Staff</i>	<i>Search committee membership includes one faculty member from each concentration and faculty outside DPH</i>

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

a. degree requirements

*General requirements for all graduate programs are provided in the ECU Graduate Catalog (<http://catalog.ecu.edu/index.php>). ECU meets and adheres to the program length and content guidance provided by the UNC Academic Program Guidance ([https://www.northcarolina.edu/sites/default/files/documents/academicprogramdevelopment\\_guidance\\_january25.2016v1.pdf](https://www.northcarolina.edu/sites/default/files/documents/academicprogramdevelopment_guidance_january25.2016v1.pdf)). A minimum of 30 semester credit hours is required for all master's degrees at ECU.*

*Decisions on MPH degree requirements and curriculum design are made through the DPH Curriculum Committee (see **Electronic Resource File Section A.1** for the DPH Curriculum Committee Policies and Procedures and membership list). Decisions made by the Committee are voted on, and decisions that receive a majority favorable vote are then voted on by the DPH tenured and tenure-track faculty. Significant curriculum changes are entered into the ECU Curriculog system (<https://ecu.curriculog.com/>) by the Department Chair/Program Director or Curriculum Committee Chair to navigate through the University approval process. Assistance with approval of curriculum changes and modifications to the program catalog content is provided by the ECU Office of Institutional Planning Assessment and Research (IPAR) (<http://www.ecu.edu/cs-acad/ipar/>).*

*The steps in the approval process include:*

- *Department Chair (after Curriculum Committee and DPH faculty approval)*
- *Brody Graduate Studies Committee*
- *Brody Dean*
- *ECU Graduate Curriculum Committee*
- *ECU Graduate Council*
- *ECU Educational Policies and Planning Committee*
- *ECU Faculty Senate*
- *ECU Academic Council (Provost, Chancellor, Vice Chancellor for Health Sciences)*
- *ECU Chancellor*

b. curriculum design

*See 2a above*

c. student assessment policies and processes

*Information is provided by the ECU Graduate School regarding student assessment policies and processes, and is outlined in the Academic Regulations section of the ECU Graduate Catalog*

<http://catalog.ecu.edu/content.php?catoid=15&navoid=1222>). The following categories are included in this section:

- *Language requirement*
- *Course Attendance and Participation*
- *Disruptive Academic Behavior*
- *Courses*
  - *Course Load*
  - *Course Repetition*
  - *Credit*
  - *Credit by Examination*
  - *Transfer Credits*
  - *Auditing Courses*
- *Registration Procedures*
  - *Early Registration*
  - *Schedule Changes*
- *Grading System*
  - *Grades and Scholarship*
  - *Graduate Student Grade Appeals*
  - *Removal of Incompletes*
- *Academic Eligibility Standards*
  - *Probation and Termination Policy*
  - *Graduate School Appeals Procedures*
  - *Comprehensive Assessments*
  - *Advancing to Doctoral Candidacy*
  - *Thesis/Dissertation: Research, Examination, Preparation, Delivery*

*The ECU DPH Curriculum Committee provides guidance in the policies and processes in the assessment of student progress in the program. Drs. Nancy Winterbauer and Ann Rafferty are primarily responsible for coordinating with the ECU Office of Institutional Planning, Assessment and Research (IPAR) in the development of metrics designed to meet CEPH and SACS standards.*

d. admissions policies and/or decisions

*Applications to the ECU MPH and DrPH program are submitted to the ECU Graduate School (<https://www.ecu.edu/gradschool/>). Information on the Graduate application process is provided in the ECU Graduate School Handbook (<https://www.ecu.edu/cs-acad/gradschool/upload/Official-GPD-Handbook-2.pdf>) and is described in detail in **Section H4**.*

*Applications are reviewed by the DPH Admissions Committee. The MPH Admissions Committee is chaired by Dr. Bell, while the DrPH Admissions Committees are chaired by the DrPH Program Directors, Dr. Ruth Little (HPAL) and Dr. Greg Kearney (EOH). The Admissions Committee for the MPH degree includes the Concentration Coordinators and an at-large member (See Table in Section A1.1*

above). The Admissions policies are established by the MPH Program Coordinator in accordance with ECU policy and criteria relevant to successful matriculation in the program.

Electronic review and voting on applications is conducted using the online ApplyYourself website as described in the Introduction Section (3). A final decision is made for each application: denied, admitted by exception, or admitted with full status. Stipulations are set in place for students admitted by exception to ensure that potential for success is maximized as described above. Committee members may meet in person to make decisions on applications submitted under unique circumstances (see **Electronic Resource File Section A.1** for the DPH MPH Admissions Committee Policies and Procedures).

The DPH has special admissions arrangements with the University of North Carolina at Pembroke ( UNCP, <https://www.uncp.edu>) and the University of North Carolina at Wilmington (College of Health and Human Services, <https://uncw.edu/chhs/>) that allows students to be admitted into the MPH without some of the Graduate School requirements (see **Electronic Resource File Section A.1** for UNCP and UNCW MOUs). The DPH also has an agreement with the ECU Honors College (<http://www.ecu.edu/cs-acad/honors/>) that allows Honors College students to apply to the MPH program without taking the GRE.

e. faculty recruitment and promotion

DPH faculty recruitment and promotion is conducted in accordance with the ECU Faculty Manual (see **Electronic Resource File Section A.1** and find online at: <http://www.ecu.edu/cs-acad/fsonline/customcf/currentfacultymanual/manual.pdf>). Funding for faculty positions are provided by the ECU Division of Health Sciences through the State of North Carolina budget and are allocated based on DPH concentration and program needs. The recruitment process begins with the creation of a job description that is approved by the ECU Division of Health Sciences (<http://www.ecu.edu/cs-dhs/hshr/index.cfm>).

The DPH Chair appoints a Search Committee Chair and identifies Committee members based on alignment of the potential members with the needs for the position. At least three finalists must be considered before an offer is extended. The candidate of choice has the option to complete a Start-up proposal to financially support the first three years of the faculty member's tenure-track period:

<https://rede.ecu.edu/wp-content/uploads/sites/628/2018/04/StartupBudgetGuidelines.pdf>.

The Promotion and Tenure process is outlined in detail in Part X of the ECU Faculty manual (<http://www.ecu.edu/cs-acad/fsonline/customcf/currentfacultymanual/part10section1.pdf>). Faculty going up for tenure and promotion in accordance with the timeline outlined in their Faculty Clock must provide a Personnel Action Dossier (PAD) including documentation of teaching, research and University and professional service. Initial recommendations

are made by the DPH Promotion and Tenure Committee in accordance with the Departmental Promotion and Tenure Guidelines (see **Electronic Resource File Section A.1**) after review of the materials in the PAD, including recommendations from three external reviewers. Subsequent approvals/recommendations are made by the DPH Chair, BSoM Dean, Vice Chancellor for Health Sciences, Provost, Chancellor, ECU Board of Trustees, UNC Board of Governors.

f. research and service activities

- *ECU DPH Faculty and students are actively engaged in research and service activities focusing on relevant public health issues. The DPH Chair (Dr. Bell) meets with DPH faculty on a regular basis to discuss ongoing research and service activities, and an annual evaluation is conducted in the Spring of each year to assess alignment of these activities with the faculty members' professional contract. Tenure-track faculty also receive a Promotion to Tenure (PTT) letter to assess overall annual performance, and tenured faculty develop, in collaboration with the Chair, a five-year professional plan. These documents are reviewed and approved by the DPH Personnel Committee and Promotion and Tenure Committee. All policies related assessment of DPH faculty research and service activities are conducted in accordance with the ECU Faculty Manual (<http://www.ecu.edu/cs-acad/fsonline/customcf/currentfacultymanual/manual.pdf>)*

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

*The following documents are provided in **Section A.1 of the Electronic Resource File** and are also available online at the URLs provided:*

- *ECU Faculty Manual (<http://www.ecu.edu/cs-acad/fsonline/customcf/currentfacultymanual/manual.pdf>)*
- *ECU Graduate Catalog (<http://catalog.ecu.edu/index.php>)*
- *PHO Constitution/By-Laws (<https://www.ecu.edu/cs-dhs/publichealth/pho/upload/PHO-Constitution-041118.pdf>)*
- *ECU Brody School of Medicine MPH Program Code of Student Conduct ([http://www.ecu.edu/cs-dhs/publichealth/upload/Code\\_of\\_Student\\_Conduct.pdf](http://www.ecu.edu/cs-dhs/publichealth/upload/Code_of_Student_Conduct.pdf))*
- *ECU DPH Handbook on Policies, Procedures and Other Guidance*
- *ECU DPH Committees Policies and Procedures*
- *ECU DPH Promotion and Tenure Guidelines*
- *ECU DPH MPH Program Manual (<http://www.ecu.edu/cs-dhs/publichealth/programManual.cfm>)*

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

*In addition to their Departmental service obligations, DPH faculty participate in a number of Committees and Task Forces on the Health Sciences and Academic Affairs campuses. **Section A.1 of the Electronic Resource File** includes a table of DPH faculty participation in ECU committees over the past three years, including the following:*

*Faculty participation in ECU Committees:*

- *ECU/BSOM Faculty Senate*
- *ECU/BSOM Graduate Council*
- *BSOM Research and Graduate Studies*
- *BSOM Women Faculty*
- *BSOM Medical Education Admissions*
- *ECU Committee on Committees*
- *ECU Copyright*
- *East Carolina Diabetes and Obesity Institute*
- *ECU Center for Health Disparities*
- *ECU Educational Planning and Procedures Committee (EPPC)*
- *ECU/BSOM Diversity Committee*
- *Pirates Who Parent*
- *Service Learning Committee*
- *ECU Student Affairs Advancement Council*
- *University Environment*

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

*DPH faculty interact with their departmental, School, Division and University colleagues through a number of venues. Both primary instructional faculty (PIF) and non-PIF faculty are invited and encouraged to participate in these activities.*

- *The ECU DPH convenes monthly meetings of the faculty and staff to provide updates and discussions on relevant issues affecting the Department (meeting minutes are provided in **Section A.1 of the Electronic Resource File**)*
- *ECU DPH faculty also interact through departmental committees, particularly the Concentration Committees, the Curriculum Committee, the Community Advisory Board and the Research Committee.*
- *Public Health Grand Rounds lectures are coordinated by the Continuing Education/Grand Rounds Committee (advertising flyers are provided in **Appendix 3 below**). At least two Grand Rounds are offered each semester and are open to all ECU faculty and staff. Grand Rounds are generally co-sponsored with other Units at ECU or other organizations.*

*The following are the Grands Rounds convened in Academic Year 2018 – 2019:*

- *September 26, 2018, Dr. Cristina Richie, Assistant Professor, ECU Department of Bioethics and Interdisciplinary Studies: “Climate Change and Public Health”*

- November 14, 2018, Dr. Erika Johnson, Assistant Professor, ECU School of Communication: “Measurement and Meaning of Public Health Messages: How Researching Message Features Can Health Us Reach Rural North Carolina”
  - March 15, 2019, Dr. Heather Brandt, Associate Dean in the Graduate School and Professor of Health Promotion, Education, and Behavior in the Arnold School of Public Health at the University of South Carolina: “Using What Works to Increase Colorectal Cancer Screening” (Co-sponsored with the ECU Department of Health Education and Promotion)
  - March 27, 2019, Bryan Luukinen, MSPH, Senior Program Coordinator for Research Translation and Community Engagement, Duke University Superfund Research Center: “Communicating Environmental Health Research to North Carolinians: Work at the Duke Superfund Research Center”
  - April 4, 2019, Kathryn Weaver, PhD, MPH, Associate Professor, Department of Social Sciences and Health Policy, Wake Forest School of Medicine: National Public Health Week Keynote Lecture
  - DPH faculty and staff regularly engage in professional, social and service activities during the academic year. These activities include workshops, potluck luncheons/dinners, fundraising events, and social mixers. The following is a list of DPH activities during the 2018 – 2019 academic year:
    - DPH Ethnic Cuisine Potluck Luncheon (co-sponsored with PHO): October 31, 2018
    - Down East Chapter of the American Heart Association, Heart and Stroke Walk: November 4, 2018
    - Rural Health Symposium (sponsored by the Eastern Area Health Education Center and Co-sponsored by the ECU DPH): January 10 – 11, 2019 (<https://www.easternahec.net/courses-and-events/55538/rural-health-symposium>)
    - DPH Faculty Instructional Training Workshop: March 22, 2019
- 6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*DPH faculty benefit significantly by having their offices on the Health Sciences Division campus, which provides easy access for research collaborations to colleagues in the colleges/schools on this campus (BSoM, Dental Medicine, Nursing, Allied Health) as well as the Vidant Medical Center, the main campus of Vidant Health (<https://www.vidanthealth.com/Locations/Hospitals/Vidant-Medical-Center>) which is adjacent to the Health Sciences Campus.*

*Collaborations with faculty on the Academic Affairs campus are more challenging, given the distance between the two campuses (approximately 5 miles) and difficulties with visitor parking on both campuses. With the launch of the ECU School of Rural Public Health (<https://news.ecu.edu/2018/05/29/school-of-rural-public-health/>) in August 2020, the opportunities for collaboration with the departments being brought together to launch the School (DPH, Biostatistics, Health Services and Information Management, and Health Education and Promotion) will be greatly enhanced.*

*Several non-PIF faculty have primary professional responsibilities that limit their ability to participate in departmental activities. We welcome their involvement as they are able.*

*A.2. Multi-Partner Programs* (**applicable ONLY if functioning as a “collaborative unit” as defined in CEPH procedures**)

*N/A*

### A3. Student Engagement

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

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

*DPH MPH students participate in the Public Health Organization (PHO) student organization (<https://www.ecu.edu/cs-dhs/publichealth/PHO/index.cfm>). The PHO Constitution/By-Laws is included in **Section A.1 of the Electronic Resource File** and is available online (<https://www.ecu.edu/cs-dhs/publichealth/pho/upload/PHO-Constitution-041118.pdf>).*

*The mission of the PHO is stated below:*

*“PHO is the unified voice of the Masters of Public Health graduate student body of East Carolina University. The PHO promotes and supports the Masters of Public Health program in the continuous advancement of its standards. In addition, if funds permit, PHO will aid in the advancement of students studies through sponsorship of educational trips at both regional and national conferences. Lastly, the PHO will facilitate camaraderie and unity among students through organized events.”*

*The 2019 – 2020 Executive Leadership Council for PHO is:*

- *Sara Stevens (Epidemiology): President*
- *Casey Kelly (Community Health and Health Behavior): Vice President*
- *Shelby Johnson (Health Policy, Administration and Leadership): Secretary*
- *Akanksha Arora (Health Policy, Administration and Leadership): Treasurer*
- *Shavette Campbell (Community Health and Health Behavior): Historian*
- *Marla Allen (Epidemiology): Student Liaison*
- *Dr. Ronny Bell (DPH Chair and MPH Program Director): Faculty Liaison*

*The PHO serves a significant role in the DPH through a number of key areas:*

- *The PHO provides feedback on relevant issues impacting students during the monthly Executive Leadership Council meetings.*
- *The PHO President and/or Vice President is invited to attend monthly faculty/staff meetings to provide updates on PHO activities and provide input on matters relevant to the study body;*
- *The PHO leadership participate in Community Advisory Board meetings to provide the Board information on student activities;*

- *The PHO provides funds to support students attending and presenting research at professional public health meetings. These meeting include:*
  - *The University of North Carolina at Wilmington Research and Innovation Day (<https://uncw.edu/chhs/research/researchday.html>);*
  - *The North Carolina Public Health Association (NC PHA, <https://ncpha.memberclicks.net/>) Fall Education Conference;*
  - *The Association for Prevention Teaching and Research (APTR, <https://www.aptrweb.org/>) Annual Conference;*
  - *The American Public Health Association (<https://www.apha.org/>) Annual Conference.*
- *The PHO leadership participates in the new student orientation in the Fall and Spring semesters and provide a Guide to Success document (<https://www.ecu.edu/cs-dhs/publichealth/pho/upload/2018-19-MPH-Guide-to-Success-rev-090618.pdf>) to assist new students in their MPH endeavors and their acclimation to Greenville.*
- *At their monthly meetings, PHO invites speakers to come give professional development talks, particularly graduates of the ECU MPH program (See PHO meeting minutes at: <http://www.ecu.edu/cs-dhs/publichealth/pho/minutes.cfm>);*
- *A PHO representative serves on the DPH Graduation Committee. The PHO leadership serves as Marshals for the ECU MPH Recognition Ceremony at the end of the Spring and Fall semesters, select and extend an invitation to the Ceremony speaker and lead in the reading of the PHO Creed during the Ceremony;*
- *PHO serves as a liaison to the students who are considering filing a grievance against DPH faculty, as outlined in Chapter 7 of the PHO Constitution (see **Electronic Resource File Section A.1** and on the DPH website at <https://www.ecu.edu/cs-dhs/publichealth/pho/upload/PHO-Constitution-052119.pdf>);*
- *Second year PHO students provide tutoring services for some core courses, since as Biostatistics and Introduction to Epidemiology. These services are provided based on concerns raised by PHO that some students were having challenges in these courses and that tutoring would provide great benefit.*

*In addition to the PHO-led activities, students are also encouraged to meet with Dr. Bell to share any policy or curriculum-related concerns in the program.*

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

*PHO is an integral part of the DPH and students and faculty have benefited greatly from having strong PHO leadership. PHO has been actively engaged both in the Department and in the community through service learning activities. PHO was also instrumental in assisting the DPH in launching a formal chapter of the Delta Omega Honorary Society in Public Health (<https://deltaomega.org/>).*

*In recent years, participation in PHO meetings and activities has waned. This decline may be due in part to more students taking courses online and because many of our students are working full-time in addition to taking a full load of classes. Funding for PHO from the DPH has also not been at levels from previous years due to the lack of*

*availability of funds. As funds become available, the DPH will provide a stronger budget for PHO activities, which should enhance student participation. As faculty liaison, Dr. Bell encourages DPH faculty and staff to participate in PHO activities, and social activities for students, faculty and staff are planned to encourage informal interactions. The DPH will also consider additional incentive opportunities.*

*A4. Autonomy for Schools of Public Health*

N/A

*A5. Degree Offerings in Schools of Public Health*

N/A

## *B1. Guiding Statements*

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

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

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

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

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

*The Guiding Principles Statements are available in the DPH Program Manual (see Section A.1 of the Electronic Resource File and is available online at: <https://www.ecu.edu/cs-dhs/publichealth/programManual.cfm>).*

***Mission Statement:*** *The Department of Public Health is committed to educating professionals and conducting research to improve the health of communities in our region and beyond. We practice a combination of science and social approaches to reduce disease and systematically address the multiple determinants of health. Our work is rooted in strong partnerships with the community, health and social services, industry and business, academia, and the media.*

*The MPH program attains its mission by reaching the following goals:*

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;*
2. *Educate individuals to apply a collaborative approach of evidence-based prevention to address public health issues and manage programs in various settings;*
3. *Increase the quality and quantity of funded public health-related research, including translational research projects that address established regional priorities;*
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.*

***Goal Statement:*** *The goal of the MPH program is to contribute to improving the health status of the region's population. We actively promote community engagement, community service, and active learning to promote and improve community health. The program incorporates practice-based teaching, competency-based learning, and evidence-based principles.*

*Core knowledge areas include epidemiology, health services administration, ethics and law, health behavior and health education, biostatistics, rural health, and environmental health. An internship in any of these settings is required, and the faculty help match students with their interests. We encourage interdisciplinary relationships and research with the School of Medicine, School of Dental Medicine, College of Nursing, College of Allied Health Sciences and other University programs.*

*Historically, our program was founded for North Carolina residents with a principal focus on training a workforce for local and state public health agencies, hospitals and other health and human service providers in North Carolina. While that focus remains our main primary objective, careers in public health require greater skills using technology, quantitative skills to analyze data, and understanding of the complex delivery of healthcare, so our program provides curriculum in these areas.*

**Values Statement:** *As a program, we ascribe to the Enduring Values of East Carolina University: Respect, Authenticity, Accountability, Teamwork, and Commitment to Service (<http://www.ecu.edu/cs-acad/strategicplan/Our-Commitments-2018.cfm>). We also embrace values unique to our academic role in the discipline of public health.*

1. *Excellence: Our teaching, research and service will be of superior quality.*
  2. *Service: We use our talents to serve communities beyond the university.*
  3. *Collaborative Partnership: Our teaching, research and service will be models of collaborative partnerships.*
  4. *Ethics: We are committed to truth, transparency, and the highest standards of professional conduct.*
  5. *Equity: We work to assure that resources and conditions for health are accessible to all.*
  6. *Scholarship: Our research leads to discovery, integration, sharing, and application of knowledge by engagement with communities we serve.*
  7. *Diversity: We believe that public health is an inclusive enterprise.*
  8. *Leadership: We use our talents to advocate for and empower the communities we serve.*
  9. *Rurality: We value the culture, character, and natural assets of rural places.*
- 2) If applicable, a program-specific strategic plan or other comparable document.

**Appendix 4** *includes two documents: 1) A summary of the strategic planning meeting of the DPH in May 2014; 2) A slide set from the strategic planning meeting of the DPH in January 2019.*

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

*The 2014 Strategic Planning meeting was convened by the Interim Chair (Dr. Maria Clay). The primary focus of that meeting was to develop some focus for the DPH after the departure of founding Chair, Dr. Lloyd Novick. Several faculty and staff changes*

*occurred soon after this meeting, including the transition to the current Chair (Dr. Ronny Bell). There was also the need to reconvene the DPH faculty to discuss the new CEPH Criteria, released in November 2016. The 2018 Strategic Planning meeting was primarily focused on a review and discussion of the new criteria, along with a discussion of the plans for the new School of Public Health. Soon after this meeting (February 9, 2018), Dr. Bell attended a consultation meeting with Mollie Mulvanity at the CEPH offices in Silver Springs, MD. After the consultation meeting, the DPH faculty began the process of mapping the MPH courses with the CEPH Foundational Knowledge and Competencies, and to refine the program's Concentration Competencies. The MPH competency mapping was submitted to CEPH on May 31, 2018 with feedback provided on June 7<sup>th</sup>.*

B2. Graduation Rates

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

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

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

<i>Students in MPH Degree, by Cohorts Entering Between 2012-13 and 2018-19</i>								
	<i>Cohort of Students</i>	<i>2012-13</i>	<i>2013-14</i>	<i>2014-15</i>	<i>2015-16</i>	<i>2016-17</i>	<i>2017-18</i>	<i>2018-19</i>
2012-13	<i># Students entered</i>	42						
	<i># Students withdrew, dropped, etc.</i>	1						
	<i># Students graduated</i>	0						
	<i>Cumulative graduation rate</i>	0%						
2013-14	<i># Students continuing at beginning of this school year (or # entering for newest cohort)</i>	41	48					
	<i># Students withdrew, dropped, etc.</i>	0	2					
	<i># Students graduated</i>	25	0					
	<i>Cumulative graduation rate</i>	61%	0%					
2014-15	<i># Students continuing at beginning of this school year (or # entering for newest cohort)</i>	16	46	43				
	<i># Students withdrew, dropped, etc.</i>	0	0	0				

	<i># Students graduated</i>	15	35	0				
	<i>Cumulative graduation rate</i>	94%	76%	0				
2015-16	<i># Students continuing at beginning of this school year (or # entering for newest cohort)</i>	1	11	43	55			
	<i># Students withdrew, dropped, etc.</i>	1	1		1			
	<i># Students graduated</i>	0	10	37	0			
	<i>Cumulative graduation rate</i>	0%	91%	86%	0%			
2016-17	<i># Students continuing at beginning of this school year (or # entering for newest cohort)</i>	0	0	6	54	55		
	<i># Students withdrew, dropped, etc.</i>	0	0	0	3	0		
	<i># Students graduated</i>	0	0	4	41	0		
	<i>Cumulative graduation rate</i>	0%	0%	95%	76%	0%		
2017-18	<i># Students continuing at beginning of this school year (or # entering for newest cohort)</i>	0	0	2	10	55	52	
	<i># Students withdrew, dropped, etc.</i>	0	0	0	2	1	0	
	<i># Students graduated</i>	0	0	2	8	44	0	
	<i>Cumulative graduation rate</i>	0%	0%	100%	80%	80%	0%	

2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	0	0	0	10	52	48
	# Students withdrew, dropped, etc.	0	0	0	0	0	3	2
	# Students graduated	0	0	0	0	8	39	0
	Cumulative graduation rate	0%	0%	0%	0%	80%	75%	0%

*It should be noted that the degrees/certificates offered in the Department of Public Health have evolved since its inception. The table below includes the number of graduates from each of the original and current MPH concentrations and certificates that have been part of the Department since 2012 (darkened cells indicate that there had not yet had a graduate in that program, or that the program was discontinued).*

Academic Year	Analysis and Management (MPH)	Health Behavior (MPH)	Epidemiology (MPH)	Health Administration (MPH)	Ethnic and Racial Health Disparities (Certificate)	Community Health Center Administration (Certificate)	Dual MPH	Public Health Foundations and Practice (Certificate)
2012 – 2013	30	6			5	1		
2013 – 2014	20	6			0	8		
2014 – 2015	20	10	1	4	2	5		
2015 – 2016	4	4	14	2	0	1	5	
2016 – 2017	3	9	14	11	2	1	2	
2017 – 2018		9	12	15	0			4
2018 - 2019		3	7	19	1			1

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

<b>Students Enrolled in DrPH Program, By Concentration</b>		
	<i>DrPH HPAL Concentration</i>	<i>DrPH EOH Concentration</i>
# Newly Admitted in 2019 - 2020	5	6
# Currently Enrolled in 2019 - 2020	11	12
# Completed Coursework during 2018 - 2019	0	0
# Advanced to Candidacy (Cumulative) During 2018 - 2019	0	0
# Graduated in 2018 - 2019	0	0

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

*Students in the MPH program are admitted into Fall and Spring cohorts. In general, the program enrolls approximately 30 – 35 students into the Fall cohorts and 10 – 15 students into the Spring cohort, for a total of 40 – 50 students each year. Students are expected to complete the requirements for graduation in a six-year time frame according to the ECU Graduate School guidelines. Students may request an extension of up to one year*

*([http://catalog.ecu.edu/content.php?catoid=15&navoid=1222&hl=%22Graduation%22&returnto=search#Continuous\\_Enrollment\\_or\\_Registration](http://catalog.ecu.edu/content.php?catoid=15&navoid=1222&hl=%22Graduation%22&returnto=search#Continuous_Enrollment_or_Registration)).*

*As can be seen from the data above, the MPH program has met the criteria for graduation for each of the cohorts since the enrollment of the 2012 – 2013 cohort:*

- *94% for 2012 – 2013 cohort*
- *91% for 2013 – 2014 cohort*
- *100% for the 2014 – 2015 cohort*
- *80% for the 2015 – 2016 cohort*
- *80% for the 2016 – 2017 cohort*
- *75% for the 2017 – 2018 cohort (to date)*

*Currently, the 2018 – 2019 cohort has 47 students, having lost one student who withdrew from the program in Fall 2018.*

*As noted above, the DrPH was launched in 2018 and has not had a student complete their coursework or advance to candidacy. We anticipate that this will happen some time in the coming or next academic year. Graduate data for DrPH students will be compiled by the DPH Student Services Coordinator, Kelly Bass, in a similar fashion as the MPH data.*

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

*At this time, it does not appear that there is a need to make any improvements in this area. The high graduation rates appear to be related to our relatively small cohort size and the level of engagement our faculty have with the students. The flexibility of the program (online courses, afternoon/evening classes) also appears to be an important contributor to students being able to continue through the program.*

*B3. Post-Graduation Outcomes*

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

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

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

*The table below presents the 12-month graduation outcomes for MPH alumni as reported in the 2016, 2017, and 2018 DPH Annual Reports. These data are collected on students that graduated during the past academic year in the fall of the academic year after their graduation. These data only refer to student you have recently graduated (e.g., data reported for the 2018 Annual Report includes students who graduate in Fall 2017 and Spring/Summer 2018):*

<b>Post-Graduation Outcomes</b>	<b>2018 Number and percentage</b>	<b>2017 Number and percentage</b>	<b>2016 Number and percentage</b>
Employed	31 (73.8%)	36 (83.7%)	19 (57.6%)
Continuing education/training (not employed)	5 (11.9%)	5 (11.6%)	3 (9.1%)
Not seeking employment or not seeking additional education by choice	1 (2.4%)	0 (0%)	2 (6.1%)
Actively seeking employment or enrollment in further education	5 (11.9%)	2 (4.7%)	0 (0%)
Unknown	0 (0%)	0 (0%)	8 (24.2%)
<b>Total</b>	<b>42 (100%)</b>	<b>43 (100%)</b>	<b>33 (100%)</b>

*Currently, the program does not have any graduates from the DrPH concentrations and thus cannot report post-graduation outcomes for this degree. At that point when this program begins to have graduates, we will engage in a process of collecting post-graduation outcome data in a similar fashion as is used for MPH students. Our new Alumni Coordinator, Archana Kaur, will be responsible for collecting this information.*

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

*As noted above, the rates for graduates being employed or participating in continuing education has consistently been above the benchmarks, with few graduates either not seeking employment or actively seeking employment or enrollment in further education.*

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

*The DPH has done a consistently good job of assisting students in identifying post-graduation employment or educational opportunities. To a large extent, this success is attributable to the relationships the student make with agencies during their ALE and ILE experience, and the assistance students receive from their faculty advisors, who have connections with public health agency leaders in the region and at the state level. Many students who wish to pursue another graduate degree (DDS, MD, PA, etc.) often develop relationships with faculty in those health professions programs at ECU during their ALE/ILE experience.*

*With the hiring of a part-time Alumni/Internship coordinator in January 2019, the DPH has the resources it needs to track the long-term outcomes of our MPH graduates, and engage these graduates to become more involved in the program. The Alumni/Internship assisted with the distribution and analysis of an alumni survey that was conducted in January 2019. (See **Appendix 5** below for the survey instrument and **Section B5 of the Electronic Resource File** for survey results). As can be seen from the survey results, of the survey participants, 68% reported being employed full-time, 9% reported being employed part-time, 2% reported being self-employed, 2% reported being active-duty military and 11% reported being enrolled in a degree program. About 7% reported being unemployed, with about half of that group not currently seeking employment.*

*Unfortunately, the response to our survey was relatively low (approximately 25%). We will continue to engage our graduates to obtain higher quality data to better meet the needs of our program. In our current alumni database provided by the ECU Medical and Health Sciences Foundation office (<http://www.piratealumni.com/s/722/17/advancement/interior.aspx?sid=722&gid=1&pgid=2186>), we have been able to confirm the current employment status of 155 of the 430 alumni in the database. The Alumni/Internship Coordinator is in the process of contacting all alumni in our database to provide a more comprehensive picture of the employment status of our alumni and develop a formal Alumni Association. We have developed an “Alumni” link to our DPH website (<http://www.ecu.edu/cs-dhs/publichealth/alumni.cfm>) and have also included alumni in our distribution list for our e-newsletter and have encouraged alumni to join our social media pages.*

#### *B4. Alumni Perceptions of Curricular Effectiveness*

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

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

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

*Appendix 5 below includes the most recent survey administered to DPH MPH alumni. The survey was administered to all MPH graduates for whom email contact information was available. Although the survey was administered to all MPH graduates, the majority of respondent (70%) graduated from 2013 – 2018.*

*The following information was gleaned from the survey results:*

- *81% were currently working in a position that is directly or somewhat related to their concentration area (Question 11);*
- *The majority alumni indicated that they achieved the defined competencies during the MPH program, and that they are confident in their ability to apply these competencies in their current employment (Question 15);*
- *About half (47%) indicated that there were competency or knowledge areas that should be added or emphasized in the MPH program that were not part of their academic experience (Question 16), and the vast majority (90%) indicated that they did not feel that there were competencies or knowledge areas that should be deleted.*
- *Examples of competencies or knowledge areas that students felt needed to be emphasized include:*
  - *Grant writing*
  - *Human Resources Policy*
  - *Research Methods*
  - *Research Data Analysis and Management*
  - *Budgeting/Accounting*
  - *Informatics*
  - *Public Health Law*
  - *Environmental Health*

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

*The protocol and survey results for the most recent ECU DPH MPH Alumni Survey can be found in Section B.5 of the Electronic Resource File. The ECU DPH Alumni Survey*

*questionnaire was developed by DPH faculty based on alumni survey questionnaires from the George Mason University and Baylor University MPH programs. The survey instrument (Appendix 5) was entered into the Qualtrics online survey software for email distribution. A list of graduates from the ECU MPH program was obtained from the ECU Medical and Health Sciences Foundation office and used as the contacts list for this survey. An advance email was sent out on January 24, 2019 from the Department Chair describing the Alumni Survey and its importance to the department. The invitation email was sent out through Qualtrics on January 25. Four reminder email messages followed on January 31, February 8, February 19 and February 26. Announcements were also made on the DPH and PHO social media pages and on the DPH website. As of March 6, there were 57 completed questionnaires. Qualtrics was used to develop the report of the survey responses. Data were also downloaded from Qualtrics and analyzed using SPSS software by DPH faculty member Dr. Ann Rafferty and collated with assistance from DPH Alumni/Internship Coordinator Archana Kaur.*

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

*The survey recently conducted by the DPH provides some very useful information to the program, but also present a number of challenges. There have been significant changes in the program in recent years, including changes in leadership and faculty, changes to the concentrations offered, and revisions to the curriculum based on the 2016 CEPH criteria. The DPH will review the data from the survey and identify important areas that will require modifications to the existing program offerings consistent with the new CEPH criteria.*

*Despite numerous attempts, we unfortunately had a relatively low response rate to our email survey (57 of 286 contacts). With our new Alumni/Internship Coordinator on board, we have more resources available to communicate with our alumni and hopefully glean additional information that will be of benefit to the program. We have created a link on our website for our alumni, and include alumni in our email distribution list for quarterly e-newsletter and encourage our alumni to join our social media pages for updates on jobs and events. With the launch of the new School of Rural Public Health, we anticipate that interest in the program will continue to grow and alumni engagement will be enhanced.*

*B5. Defining Evaluation Practices*

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

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

<b>Evaluation measures</b>	<b>Data collection method for measure</b>	<b>Responsibility for review</b>
<i>To recruit and train students that are from our target region</i>	<i>City/county of residence from the MPH New Student Survey</i>	<i>Dr. Rafferty/Dr. Bell</i>
<i>To train students who intend to practice in our target region</i>	<i>Post-graduation intentions from the MPH New Student Survey</i>	<i>Dr. Rafferty/Dr. Bell</i>
<i>To provide the highest quality educational experience for our students</i>	<i>Level of satisfaction with the quality of instruction from the MPH Student Exit Survey</i>  <i>Level of satisfaction with specific components of the program (core courses, concentration courses, electives, internship, professional paper) from the MPH Student Exit Survey</i>	<i>Dr. Rafferty/Dr. Bell</i>
<i>To ensure that students are adequately prepared to practice after graduation</i>	<i>Degree of feeling prepared from the MPH Student Exit Survey</i>	<i>Dr. Rafferty/Dr. Bell</i>

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

*DPH leadership and faculty have three sources of data available to them to evaluate the effectiveness of the program in achieving its goals. First, the DPH administers a New Student Survey to all incoming MPH students within the first week of their first semester in the program. Second, the ECU Graduate School administers an “exit survey” to all students who complete a graduate degree soon after completion of the program. A summary report is provided to the DPH Chair, and the report is then distributed to DPH faculty. Third, the DPH administers its own exit survey to MPH graduates just before or soon after they have completed their program requirements. The survey is administered by DPH faculty member Dr. Ann Rafferty and summary data is compiled by Dr. Rafferty. After review by the DPH Chair, a summary report is presented to the DPH faculty. The*

*ECU Graduate School exit survey summary reports and DPH exit survey summary reports are included in **Section B.5 of the Electronic Resource File**.*

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

*The following program evaluation documents are included in **Section B.5 of the Electronic Resource File**:*

- *DPH MPH Alumni Survey protocol and results from 2019 Survey (See Section B.4 above)*
- *DPH MPH Student Exit Survey (administered by the ECU Graduate School) results from five graduating cohorts (2013 – 2014, 2014 – 2015, 2015 – 2016, 2016 – 2017 and 2017 – 2018)*
- *DPH MPH Exit Survey protocol and survey results from 2017 – 2018 Academic Year and 2017 – 2018 Academic Year*

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

*The DPH has made a number of changes to the program as described in Section D.5 below based on feedback provided to the program. We will continue to monitor these data to ensure that we are staying focused on our goals.*

## B6. Use of Evaluation Data

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

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

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

*Several significant changes (more than four are provided to reflect the degree of these changes) to the MPH program have been made in recent years based on feedback from students, self-reflection, and modifications to comply with new CEPH criteria:*

1. **Concentration Name Changes:** *Based on feedback received from students and from a review of programs from peer organizations and changing dynamics in the public health profession, the DPH faculty decided to change the name of the Health Administration Concentration to “Health Policy, Administration and Leadership” and the Health Behavior Concentration to “Community Health and Health Behavior. This change was initiated by the faculty in each concentration, approved by the DPH Curriculum Committee and DPH Chair, and is currently going through the ECU approval process. The is going through the ECU approval process and final implementation of the change will take place in Fall 2019.*
2. **Changes to MPH 6035 (Interdisciplinary Rural Public Health):** *A primary focus of the DPH is the public health needs of the rural communities in Eastern North Carolina. Based on feedback received from students and the need to develop more interdisciplinary instructional opportunities in our program, the Rural Public Health Course (MPH 6035), which is part of the MPH core, was restructured to become “Interdisciplinary Rural Public Health.” The course is co-taught by one faculty member from each of the three MPH concentrations (approximately five courses for each concentration). The course includes visits to local health departments, community health centers and regional public health and health care agencies. Regional and state public health practitioners and administrators are invited to present to the students.*
3. **Foundations Certificate Program:** *Based on the growing need to provide quality public health training to working public health professionals in our region and due to a change in the curriculum for the MD program at the Brody School of Medicine which impacted the MD/MPH Program, the DPH developed the Foundations in Public Health Foundations and Practice (FPHF) Certificate Program (<http://www.ecu.edu/cs-dhs/publichealth/upload/PHFP-Flyer-Final-Overview-Program-Website-Gainful-Employment-Disclosure.pdf>). The program consists of 5 of the 8 core courses in the MPH program (MPH 6000 – Public Health Practice;*

- MPH 6011 – Introduction to Epidemiology; BIOS 7021 – Biostatistics for Health Professionals; MPH 6013 – Behavioral Sciences and Health Education; MPH 6010 – Fundamentals of Environmental Health). These courses are all online, and provides the flexibility for working professionals to obtain a solid background in the basics of public health. The program also allows for students who want to consider the MPH after they complete the FPHF Certificate to receive priority consideration for admission into the MPH program. So far, the FPHF has been very successful and has drawn students from a variety of disciplines.*
4. ***Online Course Offerings*** – *Based on feedback received from students, and the need to provide a flexible and affordable MPH degree, the DPH moved forward with increasing the availability of the MPH courses. Beginning in Fall 2019, the MPH degree will be available completely online. The DPH faculty are currently going through the process of training on best practices for online course development and delivery and ECU online resources.*
  5. ***Application of Research Methods Across Concentrations*** – *Until recently, all MPH students took MPH 6020 (Research Methods) as one of the eight core courses in the first year of their program. Based on the realization that the core research methods offering needed to be more tailored to each of the concentrations, the DPH implemented a modification to its core to provide for a concentration-specific Research Methods course. Currently, the MPH 6020 course is now the research methods offering only for the Health Policy, Administration and Leadership Concentration students. The Epidemiology Concentration faculty created a new research methods course (MPH 6702 course) as the research methods course for the Epidemiology Concentration students. In Fall 2019, the MPH 6027 (Applied Mixed Methods Research) will be the research methods offering for the Community Health and Health Behavior Concentration students.*
  6. ***Proposed Modification to the Internship Course Offering*** – *In its current configuration, the Internship (Applied Learning Experience) is completed in between the first and second years in the program (for example, for students enrolling in the Fall semester, students complete their 240-hour internship requirement during the summer between the first and second year). Based on feedback received from students and preceptors, and there was a recognized need for students to have more exposure to their concentration courses prior to participating in the internship experience. The DPH faculty are currently exploring options to move the Internship until later in the course of study. These discussions are ongoing and will not be implemented until Spring 2020.*
  7. ***Changes to the Presentation Format for the Professional Paper*** – *Prior to 2017, MPH students presented their Professional Paper in oral format to the faculty and staff in the Department. Attendance at these sessions was generally sparse, and students indicated a desire to have the opportunity to present their research to a larger audience. To better conform with the CEPH competencies focused on developing skills in presenting public health data, and to increase the visibility of the students' work in the Department, the DPH changed the presentation requirement for Professional Paper to require students to develop and present a poster at a session at the end of the semester. The session is open to the public and is held on campus.*

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

*A number of significant changes have been recently implemented in the DPH in recent years, as demonstrated above. Changes will continue to occur as the DrPH evolves and the School of Rural Public Health is launched in Fall 2020. We will also take advantage of data that we will collect and review as part of the recently developed evaluation strategy for the Professional Paper (ILE) and from the recently implemented Exit Survey of our graduates. As can be seen from the initial implementation of this review process, the rates of achieving our 80% threshold have not been reached, so we will need to consider how this might impact our program delivery.*

*C1. Fiscal Resources*

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

- 1) Describe the program's budget processes, including all sources of funding. This description addresses the following, as applicable:
  - a) Briefly describe how the program pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples. If faculty salaries are paid by an entity other than the program (such as a department or college), explain.

*Funds are provided for faculty and staff positions in the ECU DPH by funds allocated to the University by the UNC System Office (<https://www.northcarolina.edu/>). Faculty lines are generated through enrollment growth and research/instructional priorities. The University gets new positions from the overall University of North Carolina System based on teaching hours. These positions then get allocated to departments throughout East Carolina University, based in part, on teaching productivity. The funds that flow to the program are based in part on teaching productivity as calculated using semester credit hours. Awarding of positions, decided by the Provost and Vice Chancellor for Health Sciences, is also based on the program alignment for future University priorities.*

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

*The DPH Chair can negotiate with the Vice Chancellor for Health Sciences to set priorities for departmental positions. The DPH Chair must submit a proposal to the Vice Chancellor for Health Sciences for the position, with initial approval from the Executive Associate Vice Chancellor for Health Sciences Administration and Finance, Mr. Gary Vanderpool. A justification for the position(s) must be made that is consistent with the availability of resources and goals for the program that align with those of the Division of Health Sciences. Job descriptions must be approved by the Associate Vice Chancellor for Health Sciences, Ms. Lisa Hudson, and through ECU channels, and, in some situations, but the UNC Board of Governors.*

*Recent examples of this process include:*

1. *In 2016, Dr. Robin Tutor, Executive Director of the North Carolina Agromedicine Institute (NCAI: <http://www.ncagromedicine.org/>), worked with Dr. Maria Clay (former Interim DPH Chair) and the Dr. Phyllis Horns (former Vice Chancellor for Health Sciences) to develop a faculty line for a joint position shared by the DPH (51%) and the NCAI (49%) with a focus on research expertise focused environmental factors impacting the health of farmworkers. Funding for this position led to the recruitment of Dr. Sinan Sousan (<http://www.ecu.edu/cs-dhs/publichealth/faculty/sousans18.cfm>), who began in August 2018.*

2. *In anticipation of the launch of the DrPH program, funds were allocated for a faculty line with a focus on environmental and occupational health. Funding for this position led to the recruitment of Dr. Lok Pokhrel (<http://www.ecu.edu/cs-dhs/publichealth/faculty/pokhrell18.cfm>), who began in September 2018. Drs. Sousan and Pokhrel teach in the DrPH EOH program in addition to the MPH program.*
  3. *Two faculty were allocated to the DPH in Fall 2017, designed to be research-intensive positions. One was designated as an Epidemiologist with an alignment with the ECU Health and Human Disease Cluster the other a Statistical Geneticist position with an alignment with the ECU Precision Medicine Cluster.*
  4. *In anticipation of growing needs for the internship program for MPH students and for engagement with MPH alumni, funds were reallocated, and a job description was approved for a part-time internship/alumni coordinator. Archana Kaur, who is an alumnus of the MPH program, began in this position in January 2019.*
- c) Describe how the program funds the following:
- a. operational costs (programs define “operational” in their own contexts; definition must be included in response)

*The DHP 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, faculty/staff travel, copying/binding, administrative needs, telecommunication and other needs that the Department has. is set by the Vice Chancellor for Health Sciences and is directly related to the number of positions received each year.*

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

*Student support is provided through a number of sources:*

1. *Graduate Assistantship (GA) positions are paid to MPH students through allocations from the ECU Graduate School. The DPH receives funding for 8 GA positions at a rate of \$5,000/semester (20 hours/week). GA positions are also funded through external support from funded grants submitted by DPH faculty. MPH students are also encouraged to apply for GA or Teaching Assistantships (TA) that are available through other ECU departments and programs. Many of the MPH students teach the Health 1000 (Health in Modern Society) course that is required for all ECU students and is housed in the ECU Department of Health Education and Promotion.*
2. *The PHO program requests funds to support student conference travel and community service activities from the ECU Office of Student Affairs (<https://studentaffairs.ecu.edu/>).*
3. *The DPH provides additional funding for students to attend regional, state and/or national conferences from operating funds or from funded grants.*

4. *ECU MPH students are encouraged to apply for funding through the ECU Campus Based Scholarship Process (<https://www.ecu.edu/cs-acad/universityscholarships/scholarships.cfm>). Currently, the DPH has two named Scholarships: The Craig Souza Endowed Scholarship, designed to support two MPH students interested in careers in public health in long-term care facilities; and the Harold Bate Rural Public Health Scholarship, designed for students interested in public health strategies in rural communities.*
  5. *A Public Health Priority Fund Account (<https://securelb.imodules.com/s/722/17/advancement/interior.aspx?sid=722&qid=1&pgid=2127&dids=410>) has been set up in the ECU Medical and Health Sciences Foundation Office in the Division of Health Sciences. Efforts are currently underway to enhance efforts to increase funding in the account to support student scholarships and GA positions.*
- c. *faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples*

*Faculty development funds are provided through a number of sources:*

1. *Each DPH faculty member is allocated funds (approximately \$2,000/year) from the operational budget to support travel to regional, state and/or national conferences.*
2. *Faculty are encouraged to include funding for faculty development opportunities into their grants and contracts, as the budget permits.*
3. *Faculty receive 10% of the Indirect Costs (F&A) of their funded grants that may be used to support research activities and resources.*
4. *New faculty may request start-up funds to support research training, equipment, GA positions, travel and other resources (<https://rede.ecu.edu/wp-content/pv-uploads/sites/628/2018/06/StartupRoleandRequirements.pdf>).*

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

*To make up for the shortage in operating funds, the Program has relied on “grant salary recovery funds.” These funds are generated when a faculty member gets a grant with salary support, the state dollars funding their position can be transferred to this fund. There is a problem with using this method of generating operating funds, given the limited scope in which these funds can be used.*

*Departments receive 10% of the Indirect Costs (F&A) from grants funded in that department according to the F&A distribution model established by ECU. These funds can be used for research activities in the department.*

*Urgent and/or unanticipated funding needs are addressed either through recaptured salary dollars (funds from faculty salaries that are offset by grant support), or requests to the Executive Associate Vice Chancellor for Health Sciences*

*Administration and Finance (Mr. Gary Vanderpool, <http://www.ecu.edu/cs-dhs/dhs/administration.cfm>).*

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

*Student tuition and fees are paid to the university and do not directly contribute to the department's operating budget.*

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

*The ECU policy for indirect cost distribution is: 70% is allocated to the University; 10% is allocated to the School/College 10% (the Brody School of Medicine for DPH); 10% is allocated to the Department; and 10% is allocated to the grant Principal Investigators. For funds allocated to the Department and the Principal Investigator, funds must be used for research purposes.*

If the program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring university to the overall program budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by the public health program faculty appointed at any institution.

*N/A*

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

*The table below shows the annual sources of funds and expenditures for the DPH from 2013 – 2019.*

Sources of Funds and Expenditures by Major Category, 2013 to 2019						
	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018 - 2019
<b>Source of Funds</b>						
Tuition & Fees	\$ 123,386.00	\$ 123,386.00	\$ 123,386.00	\$ 126,572.00	\$ 107,283.00	\$ 124,138.00
State Appropriation	\$ 2,400,494.00	\$ 2,274,106.00	\$ 2,420,380.00	\$ 2,864,730.00	\$ 2,743,999.00	\$ 2,078,649.00
University Funds	\$ 2,400,494.00	\$ 2,274,106.00	\$ 2,420,380.00	\$ 2,864,730.00	\$ 2,743,999.00	\$ 2,078,649.00
Grants/Contracts	\$ 692,171.00	\$ 307,567.00	\$ 307,567.00	\$ 536,438.00	\$ 385,881.00	\$ 1,262,900.00
Indirect Cost Recovery	\$ 10,008.00	\$ 9,754.00	\$ 7,045.00	\$ 9,084.00	\$ 10,641.00	\$ 13,642.00
Gifts	\$ 12,000.00				\$ 2,000.00	\$ 29,842.00
<b>Total</b>	\$ 3,238,059.00	\$ 2,714,813.00	\$ 2,858,378.00	\$ 3,536,824.00	\$ 3,249,804.00	\$ 3,509,174.00
<b>Expenditures</b>						
Faculty Salaries & Benefits	\$ 1,784,216.00	\$ 1,665,454.00	\$ 1,749,591.00	\$ 2,170,951.00	\$ 2,164,708.00	\$ 1,609,306.00
Staff Salaries & Benefits	\$ 454,852.00	\$ 423,317.00	\$ 441,564.00	\$ 445,934.00	\$ 452,935.00	\$ 608,983.00
Operations	\$ 59,725.00	\$ 86,535.00	\$ 95,286.00	\$ 104,434.00	\$ 83,256.00	\$ 124,972.00
Travel	Included in Operations	Included in Operations	Included in Operations	Included in Operations	Included in Operations	Included in operations
Student Support	\$ 60,000.00	\$ 60,000.00	\$ 80,000.00	\$ 90,000.00	\$ 90,000.00	\$ 120,000.00
Other (explain) Research Startup	\$ 41,701.00	\$ 118,800.00	\$ 53,939.00	\$ 53,411.00	\$ 43,100.00	\$ 119,893.00
<b>Total</b>	\$ 2,400,494.00	\$ 2,354,106.00	\$ 2,420,380.00	\$ 2,864,730.00	\$ 2,833,999.00	\$ 2,583,154.00

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

*Funding has recently been made available in the DPH for faculty and staff positions for the launch of the DrPH program in 2018 and to support the impending launch of the ECU School of Rural Public Health in 2020. The DPH has recently completed three successful faculty searches (Sousan, Pokhrel, Basu) and two staff searches (Jackson, Kaur). Two faculty searches are ongoing (HPAL and Epidemiology) and two faculty lines are available for additional searches (Epidemiology, Statistical Geneticist). However, a number of factors have contributed to restrictions in the availability of funding for the DPH, including declining undergraduate and graduate school enrollment at ECU, shrinking margins in the ECU Physician Practice Plan, and limited availability of research funding.*

*Dr. Bell is working with the ECU Medical and Health Sciences Foundation to increase opportunities for philanthropic funds to support the School. The DPH is also working to increase research productivity to bring in grant dollars to support the Department. Both of these options should be more successful with the impending launch of the School.*

C2. Faculty Resources

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

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

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

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

	FIRST DEGREE LEVEL			ADDITIONAL FACULTY <sup>+</sup>
CONCENTRATION	PIF 1*	PIF 2*	FACULTY 3 <sup>^</sup>	
Community Health and Health Behavior MPH	Stephanie Pitts - 1	Nancy Winterbauer - 1	Marla Hall - 1	PIF: 1 (Ann Rafferty) Non-PIF: 1 (Suzanne Lazorick)
Epidemiology MPH	Suzanne Lea - 1	Greg Kearney - 1	Sinan Sousan - 1	PIF: 2 (Ronny Bell, Lok Pokhrel) Non-PIF: 1 (Kristina Simeonsson)
Health Policy, Administration and Leadership MPH	Huabin Luo - 1	Ruth Little - 1	Ari Mwachofi - 1	PIF: 1 (Rashmita Basu) Non-PIF: 1 (Ron Gaskins)

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

*The table above includes faculty assigned to the DPH MPH program according to the three concentrations. The 13 primary instructional faculty (PIF) in the DPH are distributed across the three concentrations (4 – Community Health and Health Behavior; 5 – Epidemiology; 3 – Health Policy, Administration and Leadership). It should be noted that one of the primary instructional faculty (Dr. Ann Rafferty, Community Health and Health Behavior) is currently employed part-time (0.6 FTE). Dr. Suzanne Lazorick,*

Associate Professor of Pediatrics, has a joint appointment in the DPH (0.10 FTE) and teaches in the Community Health and Health Behavior Concentration (MPH 6670 – Public Health Perspectives on Maternal and Child Health). Dr. Lazorick also serves as Co-Chair (with Dr. Bell) of the Brody Public Health Interest Group and serves as an advisor for students on their ILE and employs MPH students to work as Graduate Assistants on the MATCH study (<https://www.ecu.edu/cs-dhs/pedsweightcenter/MATCH.cfm>). Dr. Kristina Simeonsson, Associate Professor of Pediatrics, has a joint appointment in the DPH (0.05 FTE) and teaches in the Epidemiology Concentration (MPH 6022 – Infectious Disease Epidemiology).

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

*Additional teaching in the MPH program is conducted by fixed-term faculty who are paid on a contractual basis specifically for their services to the program. These faculty members are identified based on their specific expertise and the need for specialized teaching in our department. These faculty members are listed in Section E.1 below.*

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

*The data below provide information on the academic and Professional Paper (ILE) advising for the 13 Primary Instructional Faculty in the DPH MPH program and academic advising for DrPH students (no DrPH students have begun their ILE at this point). It should be noted that 3 of the 13 faculty currently have no advising responsibilities. Drs. Basu, Sousan and Pokhel are new faculty members and as such have not been given any advising responsibilities. These numbers also do not represent Dr. Greg Kearney’s advising of students in the Foundations of Public Health Practice Certificate Program.*

*Academic advising for the DrPH students are provided by the following faculty members. No DrPH students are receiving ILE advising due to not being at that point in their academic trajectory.*

*HPAL Concentration: Dr. Ruth Little (Program Director), Dr. Huabin Luo  
EOH Concentration: Dr. Greg Kearney (Program Director), Dr. Lok Pokhrel, Dr. Sousan, Dr. Charles Humphrey, Dr. Stephanie Richards, Dr. JoAnn Balanay.*

<b>General advising &amp; career counseling</b>			
<b>Degree level</b>	<b>Average</b>	<b>Min</b>	<b>Max</b>
<b>Master’s</b>	7.8	0	23
<b>Doctoral</b>			
<b>EOH</b>	1.4	0	3
<b>HPAL</b>	3.5	1	6

Advising in MPH integrative experience		
Average	Min	Max
2.5	0	8

The table below presents the number of current MPH students receiving academic and ILE advising from DPH Primary Instructional Faculty.

Primary Instructional Faculty	Academic Advising	Professional Paper (ILE) Advising
Bell	8	8
Hall	5	3
Kearney	4	4
Kim	0	0
Lea	12	4
Little	23	3
Luo	20	0
Mwachofi	15	3
Piits	5	3
Pokhrel	0	1
Rafferty	5	1
Sousan	0	1
Winterbauer	5	1

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

The data below are from the MPH Student Exit Surveys that are administered to newly graduated MPH students within a month of their graduation. The survey is anonymous and administered by email using a Qualtrix data entry system.

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

*What is your overall level of satisfaction with the size of your classes in the MPH program?*

	Academic Year 2017 – 2018	Academic Year 2018 - 2019
Very Satisfied	21 (87.5%)	19 (86.4%)
Somewhat Satisfied	3 (12.5%)	3 (13.6%)
Neither Satisfied or Dissatisfied	0	0
Somewhat Dissatisfied	0	0
Very Dissatisfied	0	0
Total	24 (100%)	22 (100%)

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

*What is your overall level of satisfaction with the availability of faculty in the MPH program? Examples might include their availability to answer your questions about coursework, the field of Public Health, or career opportunities.*

	<b>Academic Year 2017 – 2018</b>	<b>Academic Year 2018 - 2019</b>
Very Satisfied	9 (37.5%)	12 (54.5%)
Somewhat Satisfied	8 (33.3%)	6 (27.3%)
Neither Satisfied or Dissatisfied	3 (12.5%)	1 (4.5%)
Somewhat Dissatisfied	2 (8.3%)	3 (13.6%)
Very Dissatisfied	2 (8.3%)	0
Total	24 (100%)	22 (100%)

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

*The following qualitative data were collected in the DPH MPH Exit Surveys (Combined Academic Year 2017 – 2018 and Academic Year 2018 - 2019). The full reports are available in **Section B.5 of the Electronic Resource File.***

*Class Size - Academic Year 2017 – 2018 Data*

*Small class size is a big plus*

- *“At first, I was worried about the small class size, but the opportunities to interact with a professor in a smaller class size are amazing! I loved that my classes were so small. This has been an amazing experience and now I feel like more than 10 students in a class is too much.”*
- *“I enjoyed being in smaller sized classes so that I could get to know my classmates and professors well. This also facilitated conversation and comfortability.”*
- *“I liked the class size; easier to speak with professors and I felt that more attention was given to students.”*
- *“I'm not too familiar with typical Masters graduation sizes but I feel that the MPH program is on the small size. While administration may not be happy about the small growth of the program, it has been ideal for me in getting to know many of my fellow colleagues and is conducive to close-knit networking.”*
- *“The class size is great because I can have my questions answered and not worry about taking other students’ time. Plus emailing a professor is a problem, might take forever for them to reply.”*

*Class Size – Academic Year 2018 - 2019 Data*

*Small class size is an advantage*

- *“The size of the classes is excellent not too big and not too small.”*

- *“The class sizes on average were ideal. They were small enough to have scholarly discussions during class periods and allowed one-on-one time with professors if needed.”*
- *“I liked the classroom sizes because I was able to learn all of my classmates names and personalities. Also, all of my professors know by my first name.”*
- *“The size of the class was great!”*
- *“I think the class size of the MPH program is perfect! I have no complaints.”*
- *“The size of the classes allowed for personal interactions with the professor and offered a more comfortable environment to ask questions during lecture.”*
- *“I liked the class sizes because they were small enough that you were able to get to know your professors and develop a working relationship with them.”*
- *“The class sizes were perfect for group discussion and study groups.”*
- *“Class sizes were not a problem.”*
- *“It was a nice size of around 15 people. I got to create strong bonds.”*
- *“The size of the classes was not a problem at all. It was the behind the scenes aspects that made the program frustrating.”*
- *Sometimes too small*
- *“I thought most of the classes sizes were perfect, but some of my concentration courses were too small to do group work and other tasks.”*
- *“It is a bit smaller than what I am used to, but I know that people who usually go into public health usually go into health care administration.”*

#### *Availability of Faculty – Academic Year 2017 – 2018 Data*

##### *Most faculty members were available to help*

- *“Faculty always were accommodating!”*
- *“Faculty will provide answers to questions when needed and are available to meet with by appointment.”*
- *“Most of the faculty were available, but not always. Sometimes had to track down.”*
- *“The faculty are wonderful and always looking out to help one advance their skill sets and improve their professional standing on the career front.”*

##### *Lack of availability*

- *“Again my advisor never answered my emails and calls during registration and did not sign my registration forms.”*
- *“Only 50% of staff was always available.”*
- *“There were also some that would not respond to emails for well over a week and who forgot about scheduled meetings made with students. There has been more than one occasion where I was forgotten about when I scheduled an important meeting.”*
- *“Some were very busy with research and were not as available for meetings, etc.”*

- *“To get an email back from a professor within a week, if they respond at all, would require an army no nation is able to meet. Getting a meeting with a professor is like flipping a coin and hoping it lands on its edge. But again, some are better than others.”*

#### *Availability of Faculty – Academic Year 2018 - 2019 Data*

##### *Most faculty members were available to help*

- *“The professors are overall responsive.”*
- *“All professors and advisers were available when an appointment was made.”*
- *“Overall the faculty were pretty available, some more than others.”*
- *“The faculty was readily available when I needed them. The instructors were more than willing to meet with me during times that best benefited me if I had other items on my agenda.”*
- *“They have always been available when i had reached out to meet or just talk. always”*
- *“I don't think I have ever had a problem with the availability of faculty since they have always been helpful on answering my emails quickly.”*
- *“Each faculty member that I was able to interact with during my time in the MPH program went above and beyond anything that I had imagined. Between research questions or general job inquiries I received so much help with what I needed at all times.”*

##### *Lack of availability*

- *“Depending on the faculty member some are more approachable and available than others. Which can be frustrating especially when it comes to asking questions about unsure material within a course ect.”*
- *“Faculty was available for the most part, as long as you emailed them before office hours. There were times when faculty members would not be in their office during given office hours.”*
- *“Many professors would get my emails and not reply. I am not sure why but it happened quite often.”*

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

*A hallmark of the DPH MPH program is the small class sizes which allow for more personalized engagement that the students have with the faculty. As the program transitions to offering more online instruction, this will become more challenging, and will have to be closely monitored by DPH leadership and faculty. Also, the imbalance in the popularity across the three concentrations, and the recent departure of Health Policy, Administration and Leadership faculty has led to a larger burden of faculty in that concentration in general and Professional Paper (ILE) advising. With the appointment of a new faculty member in that concentration in July 2019, this imbalance should be offset to some extent.*

*C3. Staff and Other Personnel Resources*

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

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

*The following is a list of the current staff positions within the DPH. The Business Services Coordinator (Wanda Strickland) serves as the Office Manager and the DPH staff (with the exception of Drs. Jones and Imai and Mr. Jackson) report directly to her. Ms. Strickland also oversees budgetary and personnel matters for the Department. The Administrative Support Associate (Kristin Wooten) primarily supports the Department Chair, and is also responsible for faculty and student travel support, departmental functions logistics, timecard reporting and other operational matters. Ms. Kelly Bass serves as the Student Services Coordinator and provides support to the faculty in student enrollment, registration and securing teaching space on campus. Ms. Bass also pulls reports that are used for assessment purposes. Mr. Jackson manages all post-awards activities for the DPH and is part of the Public Health, Oral Health and Health Disparities (POD) Research Administration Hub. Drs. Katherine Jones and Satomi Imai are PhD trained staff who provide analytical skills for abstracts, manuscripts, grants and reports and are part of the Health Systems Research and Development Program (HSRD) (<https://www.ecu.edu/chsrd/>). Ms. Zoe Yetman provides IT support to the DPH faculty and staff and oversees the departmental website, social media pages and the HSRD website. Ms. Archana Kaur was recently hired (January 2019) to provide support to the department in the Internship program and in alumni engagement.*

<i>Role/Function</i>	<i>FTE</i>	<i>Staff Name</i>
<i>Business Services Coordinator</i>	<i>1.0</i>	<i>Wanda Strickland</i>
<i>Administrative Support Associate</i>	<i>1.0</i>	<i>Kristin Wooten</i>
<i>Grants Manager</i>	<i>1.0</i>	<i>Christopher Jackson</i>
<i>Administrative Support Specialist</i>	<i>1.0</i>	<i>Kelly Bass</i>
<i>Social Clinical Research Specialist</i>	<i>1.0</i>	<i>Katherine Jones</i>
<i>Social Clinical Research Specialist</i>	<i>1.0</i>	<i>Satomi Imai</i>
<i>Social Clinical Research Associate</i>	<i>1.0</i>	<i>Zoe Yetman</i>
<i>Alumni/Internship Coordinator</i>	<i>0.75</i>	<i>Archana</i>

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

*N/A*

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

*With the recent hiring of the Grants Manager (Chris Jackson) and the Alumni/Internship Coordinator (Archana Kaur), the DPH currently has sufficient staffing to meet its current needs. The ratio of staff/faculty FTE for the DPH is relatively high compared to the departments at ECU. There are currently no outstanding staff positions to be filled.*

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

*The DPH is currently going through a process of evaluating the staff roles with the department. With the departure of the Founding Chair (Dr. Novick) in 2014 and the retirement of Dr. Chris Mansfield in 2017, there has been a need to re-evaluated existing staff responsibilities. Dr. Mansfield oversaw the HSRD, which included Drs. Jones and Imai as well as Ms Yetman. The HSRD was originally formed as a Center, but lost its Center status; however, the HSRD continues to function primarily as a source of data reports for Eastern North Carolina through the NC Health Data Explorer (<https://www.ecu.edu/cs-dhs/chsrd/InstantAtlas/>). Ms. Yetman's primary responsibilities for the department have been restructured and her job description is currently under evaluation.*

*With the transition to the School of Rural Public Health, staff positions within the current DPH will be allocated either at the School or Departmental level. Negotiations are currently underway to identify the best organizational model for these positions.*

#### *C4. Physical Resources*

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

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

- Faculty office space

*All DPH faculty, with the exception of Dr. Pokhrel, have office space located on the second floor within the East Carolina Heart Institute (ECHI) building on the Health Sciences Campus. These offices were made available to the DPH in June 2018. Each faculty office is approximately 130 square feet and is adjacent to the offices of the ECU Department of Biostatistics and Department of Cardiovascular Sciences. The East Carolina Diabetes and Obesity Institute (ECDOI, <https://www.ecu.edu/cs-dhs/ecdoi/>) is housed on the fourth floor of the ECHI. The remaining space in the ECHI is devoted to research and outpatient cardiovascular care services provided by the ECU Department of Cardiovascular Sciences (<http://www.ecu.edu/cs-dhs/cvs/>).*

*Dr. Pokhrel's office is located in the Belk Building in the Department of Health Education and Promotion on the Academic Affairs campus. Dr. Sousan has additional office space at the North Carolina Agromedicine Institute campus per his joint appointment agreement.*

- Staff office space

*Drs. Jones and Imai and Ms. Strickland have enclosed office space (101 square feet) in the department. The remaining staff have open cubicle space (103 square feet) for their offices within the department.*

- Classrooms

*Currently, there is only one space available for classroom instruction in the ECHI. This is a 20-seat computer lab of the first floor that is used primarily for courses focused on quantitative instruction. Each seat has its own keyboard and monitor to allow students to conduct analyses during class time. The ECHI does have two small meeting rooms on the second floor, and a 250-seat auditorium and two 50-seat conference rooms on the first floor. The meeting rooms are used for DPH committee meetings, and for other departmental meetings with less than 10 people. The auditorium is used for DPH Grand Round lectures and other large departmental sponsored events. The conference rooms are used for DPH Faculty/staff meetings, Community Advisory Board meetings, for the Internship Fair, and the ILE/Internship Poster Presentation sessions at the end of each semester.*

*All other MPH courses are taught in other buildings on the Health Sciences Campus: The Colleges of Allied Health and Nursing Buildings, the Laupus Library, and the Brody School of Medicine Building. All of these buildings have ample parking and are located within a short walking distance from each other and the DPH offices in ECHI. Technical support is provided by staff within each of the colleges to assist with audiovisual needs, including recording lectures via MediaSite. The Fundamentals in Agromedicine Course (MPH 6036, <http://www.ncagromedicine.org/pdf/MPH-6036-Flier-2017.pdf>), is offered on the NC Agromedicine Institute Campus.*

- Shared student space

*Currently, the DPH have cubicle spaces (4) available to MPH and DrPH students, and are prioritized to students working in GA positions. PHO General Body and Executive Committee meetings are held in various buildings on the Health Sciences Campus (Allied Health/Nursing, Laupus Library, Brody, and the Health Sciences Student Center, <https://studentcenters.ecu.edu/health-sciences-campus-student-center/>).*

- Laboratories, if applicable to public health degree program offerings

*Drs. Sousan and Pokhrel have a shared laboratory space within the Belk Building in the Department of Health Education and Promotion on the Academic Affairs campus. This space was provided to them because the ECHI does not currently have an open laboratory space, and to allow for greater access to faculty collaborators in the HEP in the Environmental Health program.*

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

*With its current allocation on the Health Sciences Campus, the physical space resources are sufficient to meet the instructional needs of the DPH. All primarily appointed faculty have dedicated office space, and staff have dedicated office or cubicle space in the ECHI. Drs. Sousan has office space in the NC Agromedicine Institute and Dr. Pokhrel has office space in the Belk Building. They share a laboratory space in the Belk Building. All MPH and DrPH face-to-face classes are taught in classrooms in the ECHI or in other buildings on the Health Sciences campus (Allied Health, Nursing, School of Medicine, Laupus Library). In addition, cubicles are available for MPH and DrPH Graduate Assistants who would to have work space in the Department to complete their tasks and interact with DPH faculty. Space is also available for student, staff and faculty functions in the ECU Health Sciences Student Center (<https://studentcenters.ecu.edu/health-sciences-campus-student-center/>).*

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

*The current faculty and staff offices and meeting spaces in the ECHI are a dramatic improvement over the spaces made available to the DPH prior to our move in June 2018. This move was facilitated by Dr. Mark Stacy, Dean of the Brody School of Medicine and Vice Chancellor for Health Sciences. The space is newer and is more convenient to classrooms across the entire campus. The space is also shared with faculty and staff in the Department of Biostatistics, which enhances our ability to collaborate with faculty in that department.*

*Unfortunately, there are some challenges in the current location. The space does not have as much shared student space as would be desired, but student gatherings are held in locations in close proximity to the ECHI offices. With the arrival of our newest faculty member, Dr. Aaron Kipp, we will not have any more office space to support additional faculty hires. Negotiations will need to be made with the Vice Chancellor for Health Sciences to secure additional office space in close proximity to the other faculty and to the staff. Also, we are not able to provide enclosed space for some of the staff, so there is some degree of a lack of security. These staff members are encouraged to keep all sensitive and valuable materials in locked cabinets when they are not in the office. There is a limited amount of storage space in our currently facility, which is sufficient for now, but could potentially be a problem in the future. Long-term storage space has been provided to the Department in the basement of the Brody Building*

*A more difficult challenge will be identifying future office and classroom space for faculty, staff and students when the School of Rural Public Health will be launched in Fall 2020. The School will include 70+ faculty, 20+ staff and 1,500 undergraduate and graduate students. Currently, three of the four departments that will make up the School (Public Health, Biostatistics and Health Services and Information Management) are located on the Health Sciences campus, while the Department of Health Education and Promotion, which includes the undergraduate Public Health program, is located in the Belk Building on the Academic Affairs campus. Discussions are currently underway with the Vice Chancellor for Health Sciences to identify the best short-term and long-term models for housing the School.*

C5. Information and Technology Resources

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

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

*The following is a list of library resources and support available for students and faculty at ECU:*

<b>Resource</b>	<b>URL</b>
Joyner Library	<a href="https://library.ecu.edu/">https://library.ecu.edu/</a>
Laupus Health Sciences Library	<a href="https://hsl.ecu.edu/">https://hsl.ecu.edu/</a>
Blackboard	<a href="https://blackboard.ecu.edu">https://blackboard.ecu.edu</a>
One Search	<a href="https://eastcarolina.summon.serialssolutions.com/#/">https://eastcarolina.summon.serialssolutions.com/#/!</a>
Ask a Librarian	<a href="https://lib.ecu.edu/ask.aspx">https://lib.ecu.edu/ask.aspx</a>
Study Spaces	<a href="https://rooms.lib.ecu.edu/home">https://rooms.lib.ecu.edu/home</a>
Borrow Equipment	<a href="https://lib.ecu.edu/equipment/joyner">https://lib.ecu.edu/equipment/joyner</a>
Digital Collections	<a href="https://digital.lib.ecu.edu/">https://digital.lib.ecu.edu/</a>
Free E-Textbooks	<a href="https://lib.ecu.edu/alt-texts">https://lib.ecu.edu/alt-texts</a>

*Of note, the Laupus Health Sciences Library designates a staff person (Kathy Cable, [https://libguides.ecu.edu/prf.php?account\\_id=7439](https://libguides.ecu.edu/prf.php?account_id=7439)), who works with faculty and students in our department on library resources, including literature searches for ILE projects, grants and manuscripts. Ms. Cable participates in new student orientation to introduce herself to new students and inform them of her availability.*

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

*The following is a list of resources for students to access for hardware and software support, through the ECU Information Technology and Computing Services (ITCS) Department (<https://itcs.ecu.edu/>):*

<b>Resource</b>	<b>URL</b>
Antivirus software	<a href="https://itcs.ecu.edu/services/software/antivirus-software/">https://itcs.ecu.edu/services/software/antivirus-software/</a>
Apple Support	<a href="https://itcs.ecu.edu/services/software/apple-support-software/">https://itcs.ecu.edu/services/software/apple-support-software/</a>
ECU Mobile App	<a href="https://itcs.ecu.edu/services/software/ecu-mobile-app/">https://itcs.ecu.edu/services/software/ecu-mobile-app/</a>
Microsoft Office 365	<a href="https://itcs.ecu.edu/services/software/microsoft-office-365/">https://itcs.ecu.edu/services/software/microsoft-office-365/</a>
Statistical Software	<a href="https://itcs.ecu.edu/services/software/statistical-software/">https://itcs.ecu.edu/services/software/statistical-software/</a>
Windows for Students	<a href="https://itcs.ecu.edu/services/software/windows-for-students/">https://itcs.ecu.edu/services/software/windows-for-students/</a>

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

*The following is a list of resources for faculty to access for hardware and software support through the ECU Information Technology and Computing Services (ITCS) Department (<https://itcs.ecu.edu/>). The DPH also provides staff support (Zoe Yetman) to faculty for hardware and software services. IT staff in the Colleges of Allied Health/Nursing and the Brody School of Medicine provide support for faculty for audiovisual needs during classroom instruction.*

Antivirus software	<a href="https://itcs.ecu.edu/services/software/antivirus-software/">https://itcs.ecu.edu/services/software/antivirus-software/</a>
Apple Support	<a href="https://itcs.ecu.edu/services/software/apple-support-software/">https://itcs.ecu.edu/services/software/apple-support-software/</a>
ECU Mobile App	<a href="https://itcs.ecu.edu/services/software/ecu-mobile-app/">https://itcs.ecu.edu/services/software/ecu-mobile-app/</a>
Microsoft Office 365	<a href="https://itcs.ecu.edu/services/software/microsoft-office-365/">https://itcs.ecu.edu/services/software/microsoft-office-365/</a>
Statistical Software	<a href="https://itcs.ecu.edu/services/software/statistical-software/">https://itcs.ecu.edu/services/software/statistical-software/</a>
Software	<a href="https://download.ecu.edu/SitePages/index.aspx">https://download.ecu.edu/SitePages/index.aspx</a>

- technical assistance available for students and faculty

*The following is a list of technical assistance resources for faculty and students at ECU:*

<b>Resource</b>	<b>URL</b>
<i>Students</i>	<a href="https://itcs.ecu.edu/services/?audience=students">https://itcs.ecu.edu/services/?audience=students</a>
<i>Faculty</i>	<a href="https://itcs.ecu.edu/services/?audience=faculty-and-staff">https://itcs.ecu.edu/services/?audience=faculty-and-staff</a>

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

*The current information and technology resource needs are being met for the DPH faculty and staff. As can be seen, ECU provides a tremendous amount of IT support resources, which we have been able to supplement through our dedicated staff person (Zoe Yetman).*

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

*ITCS and Laupus Library staff members are very responsive to our IT needs, and we have been fortunate to dedicate staff to serve in this capacity. At this time, I don't see any weaknesses in this area.*

**D1. MPH & DrPH Foundational Public Health Knowledge**

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

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

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

<b>Content Coverage for MPH</b>	
<b>Content</b>	<b>Course number(s) &amp; name(s) or other educational requirements</b>
1. Explain public health history, philosophy and values	MPH 6000 - Public Health Practice; MPH 6011 - Introduction to Epidemiology; MPH
2. Identify the core functions of public health and the 10 Essential Services*	MPH 6000 - Public Health Practice; MPH 6010 - Fundamentals of Environmental Health; MPH 6011 - Introduction to Epidemiology; MPH 6903/6904/6905 - Field Placement
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health	MPH 6011 - Introduction to Epidemiology; MPH 6991/6992 - Professional Paper;
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	MPH 6000 - Public Health Practice; MPH 6035 - Interdisciplinary Rural Public Health; MPH 6011 - Introduction to Epidemiology;
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	MPH 6000 - Public Health Practice; MPH 6035 - Interdisciplinary Rural Public Health;

6. Explain the critical importance of evidence in advancing public health knowledge	MPH 6000 - Public Health Practice; MPH 6035 Interdisciplinary Rural Public Health; MPH 6011 Introduction to Epidemiology; MPH 6991/6992 - Professional Paper
7. Explain effects of environmental factors on a population's health	MPH 6010 - Fundamentals of Environmental Health; MPH 6013 - Behavioral Sciences and Health Education; MPH 6991/6992 - Professional Paper; MPH 6903/6904/6905 - Field Placement
8. Explain biological and genetic factors that affect a population's health	MPH 6035 - Interdisciplinary Rural Public Health; MPH 6991/6992 - Professional Paper
9. Explain behavioral and psychological factors that affect a population's health	MPH 6013 - Behavioral Sciences and Health Education; MPH 6991/6992 - Professional Paper; MPH 6903/6904/6905 - Field Placement
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	MPH 6000 - Public Health Practice; MPH 6035 - Interdisciplinary Rural Public Health; MPH 6011 - Introduction to Epidemiology; MPH 6013 - Behavioral Sciences and Health Education; MPH 6991/6992 - Professional Paper; MPH 6903/6904/6905 - Field Placement
11. Explain how globalization affects global burdens of disease	MPH 6010 - Fundamentals of Environmental Health; MPH 6903/6904/6905 - Field Placement
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	MPH 6010 - Fundamentals of Environmental Health; MPH 6011 - Introduction to Epidemiology; MPH 6013 - Behavioral Sciences and Health Education

<b>Content Coverage for DrPH EOH Concentration</b>	
<b>Content</b>	<b>Course number(s) &amp; name(s) or other educational requirements</b>
1. Explain public health history, philosophy and values	PUBH 8002, Public Health Microbiology, Water and Food Safety PUBH 8125, Environmental and Occupational Epidemiology

2. Identify the core functions of public health and the 10 Essential Services*	PUBH 8125, Environmental and Occupational Epidemiology; PUBH 7930, Environmental and Occupational Exposure Assessment
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	PUBH 8125, Environmental and Occupational Epidemiology; PUBH 7930, Environmental and Occupational Exposure Assessment PUBH 8025, Quantitative Research Methods
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	PUBH 8003, Issues and Case Studies in Occupational Medicine PUBH 8004, Public Health Pests and Vector-Borne Diseases PUBH 8125, Environmental and Occupational Health
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	PUBH 8125, Environmental and Occupational Epidemiology PUBH 8002, Public Health Microbiology, Water and Food Safety PUBH 8004, Public Health Pests and Vector-Borne Diseases PUBH 8007, Advanced Industrial Hygiene PUBH 8110, Emerging Issues in Environmental and Occupational Health
6. Explain the critical importance of evidence in advancing public health knowledge	PUBH 8125, Environmental and Occupational Epidemiology PUBH 8110, Emerging Issues in Environmental and Occupational Health PUBH 8002, Public Health Microbiology, Water and Food Safety
7. Explain effects of environmental factors on a population's health	PUBH 7930, Environmental and Occupational Exposure Assessment PUBH 8003, Issues and Case Studies in Occupational Medicine PHAR 7690, Essentials of Toxicology of Diseases PUBH 8125, Environmental and Occupational Epidemiology PUBH 8006, Water Supply and Wastewater Treatment PUBH 8005, Advanced Control of Occupational Hazards PUBH 8100, Applied Environmental Industrial Hygiene PUBH 8004, Public Health Pests and

	<p>Vector-Borne Diseases  PUBH 8002, Public Health Microbiology, Water and Food Safety  PUBH 8007, Advanced Industrial Hygiene Applications  PUBH 8110, Applied Environmental and Industrial Hygiene</p>
<p>8. Explain biological and genetic factors that affect a population's health</p>	<p>PUBH 7930, Environmental and Occupational Exposure Assessment  PUBH 8110, Emerging Issues in Environmental and Occupational Health  PHAR 7680, Essentials of Toxicology of Diseases  PUBH 8100, Applied Environmental Industrial Hygiene  PUBH 8006, Water Supply and Wastewater Treatment  PUBH 8005, Advanced Control of Occupational Hazards  PUBH 8004, Public Health Pests and Vector-Borne Diseases  PUBH 8002, Public Health Microbiology, Water and Food Safety  PUBH 8007, Advanced Industrial Hygiene Applications  PUBH 8100, Applied Environmental and Industrial Hygiene</p>
<p>9. Explain behavioral and psychological factors that affect a population's health</p>	<p>PUBH 8120, Environmental and Occupational Law  PUBH 8125, Environmental and Occupational Epidemiology  PUBH 8002, Public Health Microbiology, Water and Food Safety  PUBH 8110, Emerging Issues in Environmental and Occupational Health  PHAR 7680, Essentials of Toxicology of Diseases</p>
<p>10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities</p>	<p>PUBH 8120, Introduction to Environmental and Occupational Health Law  PUBH 8125, Environmental and Occupational Epidemiology  PUBH 8150, Environmental Risk Communication  PUBH 8110, Emerging Issues in Environmental and Occupational Health</p>

11. Explain how globalization affects global burdens of disease	PUBH 8110, Emerging Issues in Environmental and Occupational Health PUBH 8125, Environmental and Occupational Epidemiology PUBH 8150, Environmental Risk Communication
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	PUBH 8125, Environmental and Occupational Epidemiology PUBH 8002, Public Health Microbiology, Water and Food Safety PUBH 8004, Public Health Pests and Vector-Borne Diseases

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

*The syllabi for the DPH MPH courses (are provided in **Section D.1 of the Electronic Resource**. Samples of Professional Papers (ILE) for each of the concentrations are included in **Section D.7 of the Electronic Resource File**. Samples of the Internship (ALE) poster presentations for each of the concentrations are included in **Section D.5 of the Electronic Resource File**. The MPH Program Manual is included in **Section H.1 of the Electronic Resource File**.*

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

*The new CEPH foundational knowledge criteria have just recently been incorporated into the MPH curriculum. Faculty are working diligently to ensure that these areas of knowledge are consistently incorporated into the overall MPH curriculum. Modifications are ongoing to ensure these areas are well grounded for our students.*

## D2. MPH Foundational Competencies

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

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

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

*The table below shows the MPH Core, Program Requirement (Field Placement and Professional Paper), Concentration Courses and Concentration Electives for the Health Policy, Administration, and Leadership, Community Health and Health Behavior and Epidemiology Concentrations. This layout reflects the 45 hour requirement to complete the MPH degree. These documents/course listings are available on the DPH website at <http://www.ecu.edu/cs-dhs/publichealth/curriculum.cfm> (Curriculum Listing) and <http://www.ecu.edu/cs-dhs/publichealth/programManual.cfm> (Program Manual).*

*It should be noted that the change for Community Health and Health Behavior students to take MPH 6027 (Applied Mixed Methods) as their core Research Methods Course instead of MPH 6020 will be fully implemented in Fall 2019. This change also included the modification to the program of study for students in that concentration to take two concentration courses instead of 3, and three electives instead of 2 to conform with the 45 credit hour requirement (MPH 6027 was formerly a Concentration Course).*

Requirements for MPH degree, HPAL Concentration		
Course number	Course name*	Credits (if applicable)
<b>MPH Core</b>		
MPH 6000	<b>Public Health Practice</b>	<b>3</b>
MPH 6002	<b>Ethics and Law in Public Health</b>	<b>3</b>
MPH 6035	<b>Interdisciplinary Rural Health</b>	<b>3</b>
MPH 6010	<b>Fundamentals of Environmental Health</b>	<b>3</b>

MPH 6011	<b>Introduction to Epidemiology</b>	<b>3</b>
MPH 6020	<b>Research Methods (HPAL Concentration)</b>	<b>3</b>
MPH 6013	<b>Behavioral Sciences and Health Education</b>	<b>3</b>
BIOS 7021	<b>Biostatistics for Health Professionals</b>	<b>3</b>
<b>MPH Program Requirements</b>		
MPH 6903 or MPH 6904/6905	<b>Field Placement</b>	<b>3</b>
MPH 6991/6992	<b>Professional Paper</b>	<b>3</b>
<b>Concentration Courses</b>		
MPH 6810	<b>Strategic and Financial Management of Healthcare Organizations</b>	<b>3</b>
MPH 7010	<b>Human Resource Management and Leadership for Health Administration</b>	<b>3</b>
MPH 6800	<b>Health Policy and Politics</b>	<b>3</b>
<b>Concentration Electives (Choose 2)</b>		
MPH 6025	<b>Delivery of Healthcare Services</b>	<b>3</b>
MPH 6040	<b>Long Term Care Administration</b>	<b>3</b>
MPH 6100	<b>Aging and Health</b>	<b>3</b>
MPH 6200	<b>Community Health Organization and Leadership</b>	<b>3</b>
COHE 6100	<b>Community Health Administration</b>	<b>3</b>
COHE 6310	<b>Health Care Accounting and Financial Administration</b>	<b>3</b>
COHE 6630	<b>Quality Management in Health Care</b>	<b>3</b>
HIMA 6060	<b>Health Informatics - Theory and Application</b>	<b>3</b>

<b>Requirements for MPH degree, CHHB Concentration</b>		
<b>Course number</b>	<b>Course name*</b>	<b>Credits (if applicable)</b>
<b>MPH Core</b>		
MPH 6000	<b>Public Health Practice</b>	<b>3</b>
MPH 6002	<b>Ethics and Law in Public Health</b>	<b>3</b>
MPH 6035	<b>Interdisciplinary Rural Health</b>	<b>3</b>
MPH 6010	<b>Fundamentals of Environmental Health</b>	<b>3</b>
MPH 6011	<b>Introduction to Epidemiology</b>	<b>3</b>
MPH 6027	<b>Applied Mixed Methods Research (CHHB Concentration)</b>	<b>3</b>

MPH 6013	<b>Behavioral Sciences and Health Education</b>	<b>3</b>
BIOS 7021	<b>Biostatistics for Health Professionals</b>	
<b>MPH Program Requirements</b>		
MPH 6903 or MPH 6904/6905	<b>Field Placement</b>	<b>3</b>
MPH 6991/6992	<b>Professional Paper</b>	<b>3</b>
<b>Concentration Courses</b>		
MPH 6600	<b>Planning Public Health Programs</b>	<b>3</b>
MPH 6605	<b>Evaluating Public Health Programs</b>	<b>3</b>
<b>Concentration Electives (Choose 3)</b>		
MPH 6005	<b>African American Health</b>	<b>3</b>
MPH 6007	<b>Global Public Health: A Global Perspective</b>	<b>3</b>
MPH 6036	<b>Fundamentals of Agromedicine</b>	<b>3</b>
MPH 6670	<b>Public Health Perspectives on Maternal and Child Health</b>	<b>3</b>
MPH 7201	<b>Introduction to Survey Methodology (Preferred Elective)</b>	<b>3</b>
COMM 6210	<b>Media and Health Communication</b>	<b>3</b>
COMM 6220	<b>Interpersonal Health Communication</b>	<b>3</b>
COMM 6221	<b>Intercultural Communication in Health Contexts</b>	<b>3</b>
COMM 6224	<b>Communication and Health Organizations</b>	<b>3</b>
COMM 6226	<b>Communication Approaches to Health Advocacy</b>	<b>3</b>

<b>Requirements for MPH degree, Epidemiology Concentration</b>		
<b>Course number</b>	<b>Course name*</b>	<b>Credits (if applicable)</b>
<b>MPH Core</b>		
MPH 6000	<b>Public Health Practice</b>	<b>3</b>
MPH 6002	<b>Ethics and Law in Public Health</b>	<b>3</b>
MPH 6035	<b>Interdisciplinary Rural Health</b>	<b>3</b>
MPH 6010	<b>Fundamentals of Environmental Health</b>	<b>3</b>
MPH 6011	<b>Introduction to Epidemiology</b>	<b>3</b>
MPH 6702	<b>Epidemiology Methods (Epidemiology Concentration)</b>	<b>3</b>
MPH 6013	<b>Behavioral Sciences and Health Education</b>	<b>3</b>
BIOS 7021	<b>Biostatistics for Health Professionals</b>	<b>3</b>

<b>MPH Program Requirements</b>		
MPH 6903 or MPH 6904/6905	<b>Field Placement</b>	<b>3</b>
MPH 6991/6992	<b>Professional Paper</b>	<b>3</b>
<b>Concentration Courses</b>		
BIOS 7022	<b>Biostatistics for Health Professionals II</b>	<b>3</b>
MPH 7202	<b>Introduction to Public Health Data Analysis</b>	<b>3</b>
<b>Concentration Electives (Choose 3)</b>		
MPH 6021	<b>Epidemiology of Chronic Disease</b>	<b>3</b>
MPH 6022	<b>Epidemiology of Infectious Disease</b>	<b>3</b>
MPH 6023	<b>Epidemiology of Cancer</b>	<b>3</b>
MPH 7205	<b>Nutritional Epidemiology</b>	<b>3</b>
MPH 7200	<b>Principles of Public Health Surveillance</b>	<b>3</b>
HIMA 6060	<b>Health Informatics</b>	

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

<b><i>Assessment of Competencies for MPH in All Concentrations</i></b>		
<b><i>Competency</i></b>	<b><i>* Course number(s) and name(s)</i></b>	<b><i>Specific assessment opportunity</i></b>
<b><i>Evidence-based Approaches to Public Health</i></b>		
<b><i>1. Apply epidemiological methods to the breadth of settings and situations in public health practice</i></b>	<b><i>MPH 6011 - Introduction to Epidemiology</i></b>	<b><i>See course syllabi</i></b>
<b><i>2. Select quantitative and qualitative data collection methods appropriate for a given public health context</i></b>	<b><i>MPH 6011 – Introduction to Epidemiology; Concentration specific Research Methods (MPH 6027 – Applied Mixed Methods [CHHB Students], MPH 6020 [HPAL Students], MPH 6702 – Epidemiologic Methods [Epidemiology Students])</i></b>	<b><i>See course syllabi</i></b>

3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	BIOS 7201 - Biostatistics for Health Professionals I; MPH 6903/6904/6905 - Field Placement	See course syllabi
4. Interpret results of data analysis for public health research, policy or practice	MPH 6011 - Introduction to Epidemiology; BIOS 7021 - Biostatistics for Health Professionals; Concentration specific Research Methods (MPH 6027 – Applied Mixed Methods [CHHB Students], MPH 6020 [HPAL Students], MPH 6702 – Epidemiologic Methods [Epidemiology Students])	See course syllabi
<b>Public Health &amp; Health Care Systems</b>		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	MPH 6000 - Public Health Practice	See course syllabi
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	MPH 6000 - Public Health Practice; MPH 6035	See course syllabi
<b>Planning &amp; Management to Promote Health</b>		
7. Assess population needs, assets and capacities that affect communities' health	MPH 6000 - Public Health Practice; MPH 6035 - Interdisciplinary Rural Public Health; MPH 6013 - Behavioral Sciences and Health Education	See course syllabi
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	MPH 6013 - Behavioral Sciences and Health Education	See course syllabi
9. Design a population-based policy, program, project or intervention	MPH 6010 - Fundamentals of Environmental Health; MPH 6011 - Introduction to Epidemiology; MPH 6013 - Behavioral Sciences and Health Behavior	See course syllabi
10. Explain basic principles and tools of budget and resource management	MPH 6000 - Public Health Practice	See course syllabi

<i>11. Select methods to evaluate public health programs</i>	<i>MPH 6000 - MPH 6011 - Introduction to Epidemiology; MPH 6013 - Behavioral Sciences and Health Education</i>	<i>See course syllabi</i>
<b><i>Policy in Public Health</i></b>		
<i>12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence</i>	<i>MPH 6000 - Public Health Practice; MPH 6002 - Ethics and Law in Public Health; MPH 6011 - Introduction to Epidemiology;</i>	<i>See course syllabi</i>
<i>13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes</i>	<i>MPH 6000 - Public Health Practice; MPH 6035 - Interdisciplinary Rural Public Health;</i>	<i>See course syllabi</i>
<i>14. Advocate for political, social or economic policies and programs that will improve health in diverse populations</i>	<i>MPH 6000 - Public Health Practice; MPH Interdisciplinary Rural Public Health;</i>	<i>See course syllabi</i>
<i>15. Evaluate policies for their impact on public health and health equity</i>	<i>MPH 6035 - Interdisciplinary Rural Public Health; MPH 6010 - Fundamentals of Environmental Health; MPH 6013 - Behavioral Sciences and Health Education;</i>	<i>See course syllabi</i>
<b><i>Leadership</i></b>		
<i>16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making</i>	<i>MPH 6000 - Public Health Practice;</i>	<i>See course syllabi</i>
<i>17. Apply negotiation and mediation skills to address organizational or community challenges</i>	<i>MPH 6000 - Public Health Practice; MPH 6002 – Ethics and Law in Public Health</i>	<i>See course syllabi</i>
<b><i>Communication</i></b>		
<i>18. Select communication strategies for different audiences and sectors</i>		<i>See course syllabi</i>
<i>19. Communicate audience-appropriate public health content, both in writing and through oral presentation</i>	<i>MPH 6013 - Behavioral Sciences and Health Education;</i>	<i>See course syllabi</i>

20. Describe the importance of cultural competence in communicating public health content	MPH 6013 - Behavioral Sciences and Health Education	See course syllabi
<b>Interprofessional Practice</b>		
21. Perform effectively on interprofessional teams	MPH 6013 - Behavioral Sciences and Health Education	See course syllabi
<b>Systems Thinking</b>		
22. Apply systems thinking tools to a public health issue	MPH 6000 - Public Health Practice	See course syllabi

In collaboration with the ECU IPAR Office, the DPH, led by Dr. Nancy Winterbauer, have developed three specific assessments strategies for the Foundational competencies, one for each of the concentrations. These assessments will be launched in the Fall 2019 semester.

- For the CHHB concentration, the faculty chose Competency 9 (Design a population-based policy, program, project or intervention), and created a rubric to assess this competency in the MPH 6013 (Behavioral Science and Health Education) course. This rubric is included in **Section D.1 of the Electronic Resource File**.
- For the Epidemiology concentration, the faculty chose Competency 4 (Interpret results of data analysis for public health research, policy or practice) and developed a specific homework for MPH 6011 (Introduction to Epidemiology) to assess this competency. **Section D.1 of the Electronic Resource File** includes three documents: a form students complete for the homework assignment; a research article to read and interpret; a grading rubric.
- For the HPAL concentration, the faculty chose Foundational Competency 10 (Explain basic principles and tools of budget and resource management) and developed a scoring system for the paper that is completed in MPH 6000. The scoring system is:

Learning Objectives (CEPH foundational competency)	Excellent (4-5 points)	Acceptable (3 points)	Poor (0-2 points)	Score
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities. (Student written assignment & presentation)				

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

*The syllabi for the DPH MPH courses are provided in **Section D.1 of the Electronic Resource**. Samples of Professional Papers (ILE) for each of the concentrations are included in **Section D.7 of the Electronic Resource File**. Samples of the Internship (ALE) poster presentations for each of the concentrations are included in **Section D.5 of the Electronic Resource File**. The MPH Program Manual is included in **Section H.1 of the Electronic Resource File**.*

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

*The competency mapping was submitted to CEPH on May 31, 2018 with feedback provided on June 7<sup>th</sup>. The DPH faculty are continue to develop strategies to ensure that the CEPH competencies are adequately incorporated into the overall curriculum for all three concentrations. The MPH core and the Professional Paper (ILE) and Field Placement (ALE) provide an excellent opportunity for these competencies to be addressed. A challenge that the program faces is the incorporation and assessment of the competencies in the elective courses, particularly those that are offered outside of the program.*

*D3. DrPH Foundational Competencies*

*The ECU DPH is in the process of formulating a process for mapping and evaluating the foundational competencies for the DrPH courses. The tables below indicate the work to date in the mapping the courses for each concentration.*

<b>Assessment of Competencies for DrPH in EOH Concentration</b>	
<b>Competency</b>	<b>Course number(s) and name(s)*</b>
<b>Data &amp; Analysis</b>	
<i>1. Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels</i>	<i>PUBH 8025 - Quantitative Research Methods PUBH 8125- Environmental and Occupational Epidemiology PUBH 7030 Environmental &amp; Occupational Exposure Assessment PUB 8002 - Public Health Microbiology, Water and Food Safety PUBH 8004 Public Health Pests and Vector borne Diseases PUBH 8007 Advanced Industrial Hygiene Applications PUBH 8003 Issues and Cases Studies in Occupational Medicine PUBH 8005 Advanced Control of Occupational Hazards PUBH 8006 Water Supply and Wastewater Treatment PUBH 8003 Issues and Cases Studies in Occupational Medicine PUBH 8100 Applied Environmental and Industrial Hygiene PUBH 8120 Introduction to Environmental and Occupational Health Law PUBH 8684 Field Experience PUBH 8679 Dissertation</i>
<i>2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue</i>	<i>PUBH 8025 – Quantitative Research Methods PUBH 8125 – Environmental and Occupational Epidemiology PUBH 8110 Emerging Issues in Environmental and Occupational Health GEOG 6340 Public Health and Geographical Information Systems</i>

	<i>PUBH 8684 Field Experience PUBH 8679 Dissertation</i>
<i>3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring and evaluating policies and programs and to address a population's health</i>	<i>PUBH 8020 - Organizational Leadership and Theory PUBH 8125 – Environmental and Occupational Epidemiology GEOG 6340 Public Health and Geographical Information Systems PUBH 8684 Field Experience PUBH 8679 Dissertation</i>
<b><i>Leadership, Management &amp; Governance</i></b>	
<i>4. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners</i>	<i>HUMS 7004 Ethic Rsrch: Hum Basic Med Sci PUBH 8020 Organizational Theory and Leadership GEOG 6340 Public Health and Geographical Information Systems</i>
<i>5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies</i>	<i>PUBH 8020 - Organizational Theory and Leadership PUBH 8150 – Environmental Risk Communication GEOG 6340 Public Health and Geographical Information Systems PUBH 8684 Field Experience PUBH 8679 Dissertation</i>
<i>6. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems</i>	<i>PUBH 8020 - Organizational Theory and Leadership PHAR 7680 Essentials of Toxicology of Diseases PUBH 8110 Emerging Issues in Environmental and Occupational Health PUBH 8150 Environmental Risk Communication PUBH 8684 Field Experience PUBH 8679 Dissertation</i>
<i>7. Create a strategic plan</i>	<i>PUBH 8020 Organizational Theory and Leadership</i>
<i>8. Facilitate shared decision making through negotiation and consensus-building methods</i>	<i>PUBH 8020 Organizational Theory and Leadership</i>
<i>9. Create organizational change strategies</i>	<i>PUBH 8020 Organizational Theory and Leadership</i>

10. Propose strategies to promote inclusion and equity within public health programs, policies and systems	PUBH 8020 Organizational Theory and Leadership
11. Assess one's own strengths and weaknesses in leadership capacities including cultural proficiency	PUBH 8020 Organizational Theory and Leadership
12. Propose human, fiscal and other resources to achieve a strategic goal	PUBH 8020 Organizational Theory and Leadership PUBH 8684 Field Experience
13. Cultivate new resources and revenue streams to achieve a strategic goal	PUBH 8020 Organizational Theory and Leadership PUBH 8684 Field Experience PUBH 8679 Dissertation
<b>Policy &amp; Programs</b>	
14. Design a system-level intervention to address a public health issue	PUBH 8003 Issues and Case Studies in Occupational Medicine PUBH 8684 Field Experience PUBH 9000 Dissertation Research
15. Integrate knowledge of cultural values and practices in the design of public health policies and programs	PUBH 8120 Introduction to Environmental and Occupational Health Law PUBH 8003 Issues and Case Studies in Occupational Medicine PUBH 9000 Dissertation Research PUBH 8684 Field Experience PUBH 8679 Dissertation
16. Integrate scientific information, legal and regulatory approaches, ethical frameworks and varied stakeholder interests in policy development and analysis	PUBH 8120 – Introduction to Environmental and Occupational Health Law PUBH 8150 Environmental Risk Communication PUBH 8120 – Introduction to Environmental and Occupational Health Law PUBH 8684 Field Experience PUBH 8679 Dissertation
17. Propose interprofessional^ team approaches to improving public health	PUBH 8120 Introduction to Environmental and Occupational Health Law PUBH 8150 Environmental Risk Communication PUBH 8684 Field Experience PUBH 8679 Dissertation
<b>Education &amp; Workforce Development</b>	
18. Assess an audience's knowledge and learning needs	PUBH 8020 Organizational Theory and Leadership

	<i>PUBH 8684 Field Experience PUBH 8679 Dissertation</i>
<i>19. Deliver training or educational experiences that promote learning in academic, organizational or community settings</i>	<i>PUBH 8020 Organizational Theory and Leadership PUBH 8684 Field Experience PUBH 8679 Dissertation</i>
<i>20. Use best practice modalities in pedagogical practices</i>	<i>PUBH 8020 Organizational Theory and Leadership PUBH 8684 Field Experience PUBH 8679 Dissertation</i>

<b><i>Assessment of Competencies for DrPH in HPAL Concentration</i></b>	
<b><i>Competency</i></b>	<b><i>Course number(s) and names*</i></b>
<b><i>Data &amp; Analysis</i></b>	
<i>1. Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels</i>	<i>PUBH 8025- Advanced Quantitative Research Methods PUBH 8350- Advanced Qualitative Research Methods PUBH 8463 Health Information Systems PUBH 8570 Special Topics in HPAL PUBH 8679 Dissertation</i>
<i>2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue</i>	<i>PUBH 8025- Advanced Quantitative Research Methods PUBH 8350- Advanced Qualitative Research Methods PUBH 8352 Quality Improvement and Cost Effectiveness Analysis PUBH 8245 Health Policy Analysis PUBH 8460 Economic Analysis in Health Systems PUBH 8570 Special Topics in HPAL PUBH 8684 Field Experience PUBH 8679 Dissertation</i>
<i>3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring and evaluating policies and programs and to address a population's health</i>	

	<p><i>PUBH 8350- Advanced Qualitative Research Methods</i>  <i>PUBH 8245 Health Policy Analysis</i>  <i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8463 Health Information Systems</i>  <i>PUBH 8570 Special Topics in HPAL</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8679 Dissertation</i></p>
<b>Leadership, Management &amp; Governance</b>	
<p><i>4. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners</i></p>	<p><i>PUBH 8020- Organizational Theory and Leadership</i>  <i>PUBH 8240 Human Resources Management</i>  <i>PUBH 8684 Field Experience</i></p>
<p><i>5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies</i></p>	<p><i>PUBH 8020 – Organizational Theory and Leadership</i>  <i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8134 Financial Planning and Management</i>  <i>PUBH 8463 Health Information Systems</i>  <i>PUBH 8570 Special Topics in HPAL</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8679 Dissertation</i></p>
<p><i>6. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems</i></p>	<p><i>PUBH 8020- Organizational Theory and Leadership</i>  <i>PUBH 8130 Strategic Planning Theory and Practice</i>  <i>PUBH 8245 Health Policy Analysis</i>  <i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8134 Financial Planning and Management</i>  <i>PUBH 8463 Health Information Systems</i>  <i>PUBH 8570 Special Topics in HPAL</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8679 Dissertation</i></p>
<p><i>7. Create strategic plans</i></p>	<p><i>PUBH 8020- Organizational Theory and Leadership</i>  <i>PUBH 8130 Strategic Planning Theory and Practice</i></p>

	<p><i>PUBH 8352 Quality Improvement and Cost Effectiveness Analysis</i>  <i>PUBH 8570 Special Topics in HPAL</i>  <i>PUBH 8679 Dissertation</i></p>
<p><i>8. Facilitate shared decision making through negotiation and consensus-building methods</i></p>	<p><i>PUBH 8020- Organizational Theory and Leadership</i>  <i>PUBH 8240 Human Resources Management</i>  <i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8134 Financial Planning and Management</i>  <i>PUBH 8463 Health Information Systems</i>  <i>PUBH 8352 Quality Improvement and Cost Effectiveness Analysis</i>  <i>PUBH 8570 Special Topics in HPAL</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8679 Dissertation</i></p>
<p><i>9. Create organizational change strategies</i></p>	<p><i>PUBH 8020- Organizational Theory and Leadership</i>  <i>PUBH 8130 Strategic Planning Theory and Practice</i>  <i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8134 Financial Planning and Management</i>  <i>PUBH 8352 Quality Improvement and Cost Effectiveness Analysis</i>  <i>PUBH 8463 Health Information Systems</i>  <i>PUBH 8570 Special Topics in HPAL</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8679 Dissertation</i></p>
<p><i>10. Propose strategies to promote inclusion and equity within public health programs, policies and systems</i></p>	<p><i>PUBH 8020- Organizational Theory and Leadership</i>  <i>PUBH 8240 Human Resources Management</i>  <i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8134 Financial Planning and Management</i>  <i>PUBH 8463 Health Information Systems</i>  <i>PUBH 8570 Special Topics in HPAL</i></p>

	<p><i>PUBH 8684 Field Experience</i>  <i>PUBH 8679 Dissertation</i></p>
<p><i>11. Assess one's own strengths and weaknesses in leadership capacities, including cultural proficiency</i></p>	<p><i>PUBH 8020- Organizational Theory and Leadership</i></p> <p><i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8570 Special Topics in HPAL</i>  <i>PUBH 8679 Dissertation</i></p>
<p><i>12. Propose human, fiscal and other resources to achieve a strategic goal</i></p>	<p><i>PUBH 8020- Organizational Theory and Leadership</i>  <i>PUBH 8134 Financial Planning and Management</i>  <i>PUBH 8352 Quality Improvement and Cost Effectiveness Analysis</i>  <i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8570 Special Topics in HPAL</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8679 Dissertation</i></p>
<p><i>13. Cultivate new resources and revenue streams to achieve a strategic goal</i></p>	<p><i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8134 Financial Planning and Management</i>  <i>PUBH 8352 Quality Improvement and Cost Effectiveness Analysis</i>  <i>PUBH 8570 Special Topics in HPAL</i>  <i>PUBH 8679 Dissertation</i></p>
<p><b><i>Policy &amp; Programs</i></b></p>	
<p><i>14. Design a system-level intervention to address a public health issue</i></p>	<p><i>PUBH 8245 Health Policy Analysis</i>  <i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8680 Disaster Preparedness</i>  <i>PUBH 8571 Public Health and Aging</i>  <i>PUBH 8352 Quality Improvement and Cost-effectiveness analysis</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8463 Health Information Systems</i>  <i>PUBH 8570 Special Topics in HPAL</i></p>

	<p><i>PUBH 8684 Field Experience</i>  <i>PUBH 8679 Dissertation</i></p>
<p><i>15. Integrate knowledge of cultural values and practices in the design of public health policies and programs</i></p>	<p><i>PUBH 8245 Health Policy Analysis</i>  <i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8680 Disaster Preparedness</i>  <i>PUBH 8571 Public Health and Aging</i>  <i>PUBH 8352 Quality Improvement and Cost-effectiveness analysis</i>  <i>PUBH 8463 Health Information Systems</i>  <i>PUBH 8570 Special Topics in HPAL</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8679 Dissertation</i></p>
<p><i>16. Integrate scientific information, legal and regulatory approaches, ethical frameworks and varied stakeholder interests in policy development and analysis</i></p>	<p><i>PUBH 8245 Health Policy Analysis</i>  <i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8680 Disaster Preparedness</i>  <i>PUBH 8571 Public Health and Aging</i>  <i>PUBH 8352 Quality Improvement and Cost-effectiveness analysis</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8463 Health Information Systems</i>  <i>PUBH 8570 Special Topics in HPAL</i>  <i>PUBH 8679 Dissertation</i></p>
<p><i>17. Propose interprofessional* team approaches to improving public health</i></p>	<p><i>PUBH 8460 Economic Analysis in Health Systems</i>  <i>PUBH 8680 Disaster Preparedness</i>  <i>PUBH 8571 Public Health and Aging</i>  <i>PUBH 8352 Quality Improvement and Cost-effectiveness analysis</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8463 Health Information Systems</i>  <i>PUBH 8570 Special Topics in HPAL</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8679 Dissertation</i></p>
<p><b><i>Education &amp; Workforce Development</i></b></p>	

<p><i>18. Assess an audience’s knowledge and learning needs</i></p>	<p><i>PUBH 8352 Quality Improvement and Cost-effectiveness analysis  PUBH 8684 Field Experience  PUBH 8463 Health Information Systems  PUBH 8570 Special Topics in HPAL  PUBH 8679 Dissertation</i></p>
<p><i>19. Deliver training or educational experiences that promote learning in academic, organizational and community settings</i></p>	<p><i>PUBH 8130 Strategic Planning Theory and Practice</i></p> <p><i>PUBH 8352 Quality Improvement and Cost-effectiveness analysis  PUBH 8684 Field Experience  PUBH 8463 Health Information Systems  PUBH 8570 Special Topics in HPAL  PUBH 8684 Field Experience  PUBH 8679 Dissertation</i></p>
<p><i>20. Use best practice modalities in pedagogical practices</i></p>	<p><i>PUBH 8352 Quality Improvement and Cost-effectiveness analysis  PUBH 8684 Field Experience  PUBH 8463 Health Information Systems  PUBH 8570 Special Topics in HPAL  PUBH 8679 Dissertation</i></p>

*D4. MPH & DrPH Concentration Competencies*

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

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

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

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

<i>Assessment of Competencies for MPH in Health Policy, Administration and Leadership Concentration</i>		
<i>Competency</i>	<i>Course number(s) and name(s)</i>	<i>Specific assignment(s) that allow assessment</i>
<i>1. Address inequities in the prevalence of chronic diseases in rural and minority populations using system thinking approach</i>	<i>MPH 6800 - Health Policy and Politics; MPH 6700 - Health Economics</i>	<i>See course syllabi</i>
<i>2. Examine and interpret the impact of health cost, access, and quality policies on disadvantaged populations</i>	<i>MPH 6800 - Health Policy and Politics; MPH 6700 - Health Economics</i>	<i>See course syllabi</i>
<i>3. Cultivate leadership skills in strategic planning/management with a focus on reducing disparities in disadvantaged populations</i>	<i>MPH 6810 - Strategic and Financial Management of Healthcare Organizations; MPH 7010 - Human Resource Management and Leadership for Health Administration</i>	<i>See course syllabi</i>
<i>4. Perform financial analyses</i>	<i>MPH 6810 - Strategic and Financial Management of Healthcare Organizations; MPH 7010 - Human Resource Management and</i>	<i>See course syllabi</i>

	<i>Leadership for Health Administration</i>	
<i>5. Develop and apply human resources management skills inclusive of diversity and disadvantaged populations</i>	<i>MPH 7010 - Human Resource Management and Leadership for Health Administration</i>	<i>See course syllabi</i>

<b>Assessment of Competencies for MPH in Epidemiology Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Specific assignment(s) that allow assessment</b>
<i>1. Critically evaluate epidemiologic literature by applying methods of epidemiology to interpret research results and findings</i>	<i>MPH 6702 - Epidemiology Methods</i>	<i>See course syllabi</i>
<i>2. Develop skills for designing valid protocols to address public health problems</i>	<i>MPH 6702 - Epidemiology Methods</i>	<i>See course syllabi</i>
<i>3. Apply quantitative skills to analyze and interpret epidemiologic data using statistical software</i>	<i>MPH 7202 - Introduction to Public Health Analysis; BIOS 7022 – Biostatistics for Health Professionals II</i>	<i>See course syllabi</i>
<i>4. Design surveillance for a public health problem and identify surveillance needs</i>	<i>MPH 6702 - Epidemiology Methods</i>	<i>See course syllabi</i>
<i>5. Demonstrate oral presentation skills to communicate results, strengths, and limitations of statistical analysis related to epidemiologic topics in public health</i>	<i>MPH 6702 - Epidemiology Methods</i>	<i>See course syllabi</i>

<b>Assessment of Competencies for MPH in Community Health and Health Behavior Concentration</b>		
<b>Competency</b>	<b>Course number(s) and name(s)</b>	<b>Specific assignment(s) that allow assessment</b>
<i>1. Design a logic model to guide intervention development and data collection for program evaluation</i>	<i>MPH 6600 - Planning Public Health Programs; MPH 6605 - Evaluating Public Health Programs;</i>	<i>See course syllabi</i>

2. <i>Develop an evaluation plan for health promotion and disease prevention interventions that address multiple levels of the socioecological framework</i>	MPH 6600 - Planning Public Health Programs; MPH 6605 - Evaluating Public Health Programs	See course syllabi
3. <i>Use qualitative and quantitative methods to analyze data regarding programmatic needs, evaluation or other public health issues</i>	MPH 6600 - Planning Public Health Programs; MPH 6605 - Evaluating Public Health Programs; MPH 6027 - Applied Mixed Methods Research	See course syllabi
4. <i>Formulate a collaborative evaluation plan with a community partner to achieve common public health goals</i>	MPH 6605 - Evaluating Public Health Programs	See course syllabi
5. <i>Demonstrate knowledge related to managing a project including budget preparation, managing timeline preparation and training staff for data collection through role play</i>	MPH 6600 - Planning Public Health Programs	See course syllabi

*In addition to the courses listed above, the students work with their faculty advisors to identify concentration competencies (in addition to foundational competencies) to be achieved as a part of their Professional Paper (ILE) and their Internship (ALE). These competencies are identified in the ILE Agreement Form for the Professional Paper and are part of the Proposal for the Internship. A description of achievement of these competencies are presented in the final Professional Paper and the Professional Paper poster for the ILE and in the Poster that is presented for the ALE.*

*The tables below represent the concentration competencies for DrPH EOH and HPAL degrees, respectively. The DPH will work to develop and evaluation strategy to ensure that these competencies are adequately evaluated within the program.*

<b>Competencies for DrPH Degree in EOH Concentration</b>	
<b>Competency</b>	<b>Course number(s) and name(s)</b>
<p>1. Analyze an environmental/occupational public health problem and determine appropriate sources of data and methods for problem identification, program planning, implementation, monitoring and evaluation.</p>	<p><i>PUBH 8025 - Quantitative Research Methods</i>  <i>PUBH 8125- Environmental and Occupational Epidemiology</i>  <i>PUBH 7930 Environmental &amp; Occupational Exposure Assessment</i>  <i>PUB 8002 - Public Health Microbiology, Water and Food Safety</i>  <i>PUBH 8004 Public Health Pests and Vector borne Diseases</i>  <i>PUBH 8007 Advanced Industrial Hygiene Applications</i>  <i>PUBH 8003 Issues and Cases Studies in Occupational Medicine</i>  <i>PUBH 8005 Advanced Control of Occupational Hazards</i>  <i>PUBH 8006 Water Supply and Wastewater Treatment</i>  <i>PUBH 8003 Issues and Cases Studies in Occupational Medicine</i>  <i>PUBH 8100 Applied Environmental and Industrial Hygiene</i>  <i>PUBH 8120 Introduction to Environmental and Occupational Health Law</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8679 Dissertation</i></p>
<p>2. Evaluate research tools including research design, statistical analysis, data collection instruments and measurement systems.</p>	<p><i>PUBH 8025 - Quantitative Research Methods</i>  <i>PUBH 8125- Environmental and Occupational Epidemiology</i>  <i>PUBH 7930 Environmental &amp; Occupational Exposure Assessment</i>  <i>PUB 8002 - Public Health Microbiology, Water and Food Safety</i>  <i>PUBH 8004 Public Health Pests and Vector borne Diseases</i>  <i>PUBH 8007 Advanced Industrial Hygiene Applications</i>  <i>PUBH 8003 Issues and Cases Studies in Occupational Medicine</i>  <i>PUBH 8005 Advanced Control of Occupational Hazards</i>  <i>PUBH 8006 Water Supply and Wastewater Treatment</i></p>

	<p><i>PUBH 8003 Issues and Cases Studies in Occupational Medicine</i></p> <p><i>PUBH 8100 Applied Environmental and Industrial Hygiene</i></p> <p><i>PUBH 8120 Introduction to Environmental and Occupational Health Law</i></p> <p><i>PUBH 8684 Field Experience</i></p> <p><i>PUBH 8679 Dissertation</i></p>
<p><i>3. Describe the theory of organizational structure and its relation to professional practice.</i></p>	<p><i>PUBH 8020 - Organizational Theory and Leadership</i></p> <p><i>PUBH 8120 Introduction to Environmental and Occupational Health Law</i></p> <p><i>PUBH 8684 Field Experience</i></p> <p><i>PUBH 8679 Dissertation</i></p>
<p><i>4. Design and conduct a quantitative an environmental/occupational health study.</i></p>	<p><i>PUBH 8025 - Quantitative Research Methods</i></p> <p><i>PUBH 8125- Environmental and Occupational Epidemiology</i></p> <p><i>PUBH 7930 Environmental &amp; Occupational Exposure Assessment</i></p> <p><i>PUB 8002 - Public Health Microbiology, Water and Food Safety</i></p> <p><i>PUBH 8004 Public Health Pests and Vector borne Diseases</i></p> <p><i>PUBH 8007 Advanced Industrial Hygiene Applications</i></p> <p><i>PUBH 8003 Issues and Cases Studies in Occupational Medicine</i></p> <p><i>PUBH 8005 Advanced Control of Occupational Hazards</i></p> <p><i>PUBH 8006 Water Supply and Wastewater Treatment</i></p> <p><i>PUBH 8003 Issues and Cases Studies in Occupational Medicine</i></p> <p><i>PUBH 8100 Applied Environmental and Industrial Hygiene</i></p> <p><i>PUBH 8120 Introduction to Environmental and Occupational Health Law</i></p> <p><i>PUBH 8684 Field Experience</i></p> <p><i>PUBH 8679 Dissertation</i></p>

<p>5. Synthesize and evaluate research on an environmental/occupational public health topic conducted by others.</p>	<p><i>PUBH 8125- Environmental and Occupational Epidemiology</i>  <i>PUBH 7930 Environmental &amp; Occupational Exposure Assessment</i>  <i>PUB 8002 - Public Health Microbiology, Water and Food Safety</i>  <i>PUBH 8004 Public Health Pests and Vector borne Diseases</i>  <i>PUBH 8007 Advanced Industrial Hygiene Applications</i>  <i>PUBH 8003 Issues and Cases Studies in Occupational Medicine</i>  <i>PUBH 8005 Advanced Control of Occupational Hazards</i>  <i>PUBH 8006 Water Supply and Wastewater Treatment</i>  <i>PUBH 8003 Issues and Cases Studies in Occupational Medicine</i>  <i>PUBH 8100 Applied Environmental and Industrial Hygiene</i>  <i>PUBH 8120 Introduction to Environmental and Occupational Health Law</i>  <i>PUBH 8684 Field Experience</i>  <i>PUBH 8679 Dissertation</i></p>
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<b>Competencies for DrPH Degree in HPAL Concentration</b>	
<b>Competency</b>	<b>Course number(s) or other educational requirements</b>
<p>1. Design decision making processes in healthcare settings utilizing health systems frameworks</p>	<p><i>PUBH 8020 Organizational Theory and Leadership</i> <i>PUBH 8463 Health Information Systems</i> <i>PUBH 8352 Quality Improvement and Cost-effectiveness analysis</i> <i>PUBH 8245 Health Policy Analysis</i> <i>PUBH 8460 Economic Analysis in Health Systems</i> <i>PUBH 8684 Field Experience</i> <i>PUBH 8570 Special Topics in HPAL</i> <i>PUBH 9000 Dissertation, PUBH8130, PUBH 8134</i></p>
<p>2. Assess the vitality of a public health organization’s human and fiscal resources.</p>	<p><i>PUBH 8020 Organizational Theory and Leadership</i> <i>PUBH 8240 Human Resources Management</i> <i>PUBH 8352 Quality Improvement and Cost-effectiveness analysis</i> <i>PUBH 8245 Health Policy Analysis</i> <i>PUBH 8460 Economic Analysis in Health Systems</i></p>

	<i>PUBH 8684 Field Experience  PUBH 8570 Special Topics in HPAL  PUBH 9000 Dissertation PUBH8130,  PUBH 8134</i>
<i>3. Evaluate an organization's commitment to workforce diversity and assess its employee's cultural competency</i>	<i>PUBH 8020 Organizational Theory and Leadership  PUBH 8240 Human Resources Management  PUBH 8460 Economic Analysis in Health Systems  PUBH 8134 Financial Planning &amp; Management  PUBH 8684 Field Experience  PUBH 8570 Special Topics in HPAL  PUBH 9000 Dissertation</i>
<i>4. Assess and enhance leadership skills (such as negotiation, mediation and collaboration) that empower organizations/communities to address challenging issues</i>	<i>PUBH 8020 Organizational Theory and Leadership  PUBH 8134 Financial Planning &amp; Management  PUBH 8684 Field Experience  PUBH 8570 Special Topics in HPAL  PUBH 9000 Dissertation</i>
<i>5. Create and assess programs that facilitate improvements in rural health and to reduce health disparities</i>	<i>PUBH 8245 Health Policy Analysis  PUBH 8460 Economic Analysis in Health Systems  PUBH 8134 Financial Planning &amp; Management  PUBH 8020 Organizational Theory and Leadership  PUBH 8684 Field Experience  PUBH 8570 Special Topics in HPAL  PUBH 9000 Dissertation</i>

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

N/A

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

*The syllabi for the courses in the table above are included in **Section D.1 of the Electronic Resource File.***

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

*The competency mapping was submitted to CEPH on May 31, 2018 with feedback provided on June 7<sup>th</sup>. The mapping included newly developed concentration competencies that were vetted by the Concentration faculty. The concentration competencies were further refined in a faculty planning meeting on July 15, 2019, based on feedback from the preliminary self-study review. The DPH faculty are continuing to develop strategies to ensure that the concentration competencies are adequately incorporated into the overall curriculum for all three concentrations. As noted above, the MPH core and the Professional Paper (ILE) and Field Placement (ALE) provide an excellent opportunity for these competencies to be addressed. A challenge that the program faces is the incorporation and assessment of the competencies in the elective courses, particularly those that are offered outside of the program.*

## D5. MPH Applied Practice Experiences

**MPH students demonstrate competency attainment through applied practice experiences.**

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

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

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

*The Applied Learning Experience (ALE) for DPH MPH students is the Internship, which is completed in one semester as MPH 6903 (Comprehensive Field Placement) or in two semesters, as the one-hour course MPH 6904 (Introduction to Field Placement) and MPH 6905 (Applied Field Placement). Drs. Ronny Bell and Ruth Little serve as the Internship Directors, with Dr. Little working with Health Policy, Administration and Leadership students interested in focusing on Long-Term Care. Students in that concentration complete the Administrator in Training (AIT) Internship (<http://www.ncbenha.org/ait.html>) which prepares them to seek employment as Administrators in Long-Term Care Facilities.*

*Students completing the Internship must demonstrate their ability to achieve at least 3 CEPH Foundational Competencies and 2 DPH MPH Concentration Competencies. These competencies are identified in the proposal that is developed by the student in coordination with the Internship Director and the Preceptor at the agency at which they will perform their internship. Students are provided guidance on how to address their competencies in the MPH Field Practicum Manual as well as through face-to-face instruction (in the MPH 6904 class).*

*Students are evaluated in the achievement of their specified competencies during their internship (6903 or 6905) by their preceptor. 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 Internship Directors review the evaluation forms to ensure that the students have adequately address all five competences. Students present their competencies in a poster*

*session at the end of the internship experience and also provide an online portfolio which includes their poster, presentations to their internship agency and any relevant products developed during the internship.*

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

*Information about the Internship (ALE) is available on the DPH website at: <http://www.ecu.edu/cs-dhs/publichealth/fieldPlacement.cfm>). The following documents are provided in **Section D.5 of the Electronic Resource File**:*

- *The syllabi for MPH 6904 (Introduction to Field Placement) and MPH 6093 (Comprehensive Field Placement) for Spring 2019;*
- *Samples of MPH 6904 internship proposals for each concentration;*
- *The MPH Field Practicum Manual;*
- *The MPH Internship Preceptor Agreement Form;*
- *A Powerpoint presentation describing the development of the Internship proposal;*
- *The final evaluation form for each of the concentrations.*

- 3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The program must provide samples of complete sets of materials (ie, Template D5-1 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the program has not produced five students for which complete samples are available, note this and provide all available samples.

*Samples of poster presentations for MPH 6903 (Comprehensive Field Placement) and MPH 6905 (Applied Field Placement) are provided in **Section D.5 of the Electronic Resource File** (Note: Some students represented here included competencies prior to the 2016 CEPH criteria and the revised Concentration Competencies.*

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

*The DPH MPH, under the direction of Dr. Ruth Little, developed the internship program which has successfully provided internship opportunities for MPH students, largely focused in the Eastern North Carolina service region. In Summer 2018, Dr. Bell assumed the shared responsibility of Internship Directorship, sharing responsibilities with Dr. Little to allow her to work with HPAL students interested in long-term care administration. The Internship Directors have been able to successfully incorporate a strategy to identify and assess the new CEPH foundational competencies and the revised MPH Concentration Competencies into the Internship experience. The addition of an Internship/Alumni Coordinator has allowed for additional resources to oversee the Internship program. As the MPH transitions to more students completing the program online, there will need to be more concerted efforts to identify quality internship sites for*

*students outside of our service region, and to provide adequate oversight to their internship experience.*

## *D6. DrPH Applied Practice Experience*

*All DrPH students regardless of their previous experience will complete the field practicum course (PUBH 8684) for six (6) hours of course credit for completing 400 hours in an agency where students engage in real-world projects involving public health challenges and take responsibility for the successful completion of at least one project. The Manual of Procedures for the DrPH APE is included in Section D.6 of the Electronic Resource File). To date, no DrPH students have enrolled in the APE. We will continue to refine the course and develop evaluation metrics consistent with our objectives and competencies, and will build on the successful experience of the MPH APE.*

### ***DrPH Applied Field Placement Competency Objectives:***

*Upon completion of the 400- hour applied practicum, the student will be able to:*

- Demonstrate mastery of evidence based public health decision making and capacity to translate general and discipline specific empirical knowledge into effective public health practice and solve real-world public health challenges;*
- Demonstrate leadership, independence, and originality of the project with a significant public health impact;*
- Develop a written and oral report summarizing results of the project and recommendations for action.*

### ***PUBH 8684 Course Objectives are:***

- 1. Apply skills and knowledge gained in coursework in public health agency setting*
- 2. Assess public health competency mastery as evidenced by project guidelines*
- 3. Collect data following recognized criteria*
- 4. Analyze data, interpret results and communicate with professional/scientific communities?*
- 5. Discuss findings with agency and academic members through journal publications/reports etc.*

*D7. MPH Integrative Learning Experience*

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

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

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

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

<b>MPH Integrative Learning Experience for All Concentration</b>	
<b>Integrative learning experience (list all options)</b>	<b>How competencies are synthesized</b>
Professional Paper	<p style="text-align: center;">1. <i>Learning objective: CEPH Foundational Competency #7, Assess population needs, assets and capacities that affect communities’ health. Section of professional paper being evaluated: Introduction</i></p>
	<p style="text-align: center;">2. <i>Learning objective: CEPH Foundational Competency #3, Analyze quantitative and/or qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. Sections of professional paper being evaluated: Methods and Results</i></p>
	<p style="text-align: center;">3. <i>Learning objective: CEPH Foundational Competency #4, Interpret results of data analysis for public health research, policy or practice. Sections of professional paper being evaluated: Discussion</i></p>

Professional Paper Poster

1. *Learning objective: CEPH Foundational Competency #19: Communicate audience-appropriate public health content, both in writing and through oral presentation. Product being evaluated: Writing quality of the professional paper, and Oral presentation of the professional paper project at the poster presentation session*

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

*The Integrative Learning Experience (ILE) in the DPH MPH program is the Professional Paper (MPH 6991 - Professional Paper I; MPH 6992 – Professional Paper II), which is completed during the second year of the MPH experience. The goal of MPH 6991 is the development of their research proposal, and the goal of MPH 6992 is the completion of their research project, including the completion of a final paper and presentation of their research in poster form in a session at the end of the semester. Students identify a faculty member to serve as their Primary Professor, and may also work with another ECU faculty member or a professional at another institution to serve as their content advisor.*

*As part of their Professional Paper experience, students must work with their Primary Professor and content advisor to identify at least 4 CEPH foundational competencies and at least one concentration competency in which they will focus during their Professional Paper experience. Student 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 their identified competencies, and the Agreement Form outlines the professional arrangement (IRB submission and close-out, publishing and presenting the research, data ownership, etc.). Students are required to watch an orientation video*

*[https://mediasite.ecu.edu/MS/Catalog/catalogs/mph\\_prof\\_paper](https://mediasite.ecu.edu/MS/Catalog/catalogs/mph_prof_paper)) which provides guidance on the Professional Paper process. The DPH has also created an MPH Professional Paper Guidelines document (<http://www.ecu.edu/cs-dhs/publichealth/upload/MPH-Professional-Paper-Guidelines-2018-2019-REVISED-121018.pdf>), along with sample Professional Papers ([http://www.ecu.edu/cs-dhs/publichealth/upload/MPH\\_6992\\_Sample\\_Professional\\_Paper.pdf](http://www.ecu.edu/cs-dhs/publichealth/upload/MPH_6992_Sample_Professional_Paper.pdf)) and potential topics for Professional Papers based on faculty research interests (<http://www.ecu.edu/cs-dhs/publichealth/upload/Pro-Paper-Potential-Topics-032219.pdf>).*

*Faculty advisors provide an assessment of the success of the students in achieving four CEPH competencies identified by the DPH faculty in consultation with staff in the ECU Office of Institutional Planning, Assessment and Research (IPAR). Faculty grade each student based on their performance in various sections of the Professional Paper and their poster presentation. The grade is on a scale of 1(Poor) – 4 (Excellent), with the goal of at least 80% of students in the cohort for each semester scoring at least a 3:*

1. *Learning objective: CEPH Foundational Competency #7, Assess population needs, assets and capacities that affect communities' health. Section of professional paper being evaluated: Introduction*
  2. *Learning objective: CEPH Foundational Competency #3, Analyze quantitative and/or qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. Sections of professional paper being evaluated: Methods and Results*
  3. *Learning objective: CEPH Foundational Competency #4, Interpret results of data analysis for public health research, policy or practice. Sections of professional paper being evaluated: Discussion*
  4. *Learning objective: CEPH Foundational Competency #19: Communicate audience-appropriate public health content, both in writing and through oral presentation. Product being evaluated: Writing quality of the professional paper, and Oral presentation of the professional paper project at the poster presentation session*
- 3) Provide documentation, including syllabi and/or handbooks that communicates integrative learning experience policies and procedures to students.

*The syllabi for the MPH 6991/6992 Professional Paper are included in **Section D.1 of the Electronic Resource File**. The DPH MPH Professional Paper Guidelines document is provided in **Section D.7 in the Electronic Resource File**. This section also includes a list of Professional Paper titles from project completed by students in the MPH program.*

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

**Section D.7 of the Electronic Resource File** includes the following documents:

1. *The DPH MPH ILE Agreement and Concept Form*
2. *The DPH MPH ILE Learning Objectives Rubrics Table*
3. *A template used by students to identify and acknowledge achievement of their competencies in the Professional Paper;*
4. *Results and Comments from the Fall 2018 and Spring/Summer 2019 Assessment of Professional Paper competencies.*

*Instructions on the Professional Paper and relevant documents and forms as described above are available on the DPH website at: <http://www.ecu.edu/cs-dhs/publichealth/professionalPaper.cfm>.*

*The primary evaluation method for the ILE is implemented through assessment of achieving the designated concentration competencies. The DPH recently worked with the ECU Institutional Planning, Assessment and Research Office (<http://www.ecu.edu/cs-acad/ipar/>) to develop a set of evaluation metrics that would conform with the institution's SACSCOC Accreditation reporting and the Department's adherence with its academic goals and CEPH accreditation criteria. The evaluation protocol was*

developed under the leadership of DPH faculty members Drs. Nancy Winterbauer and Ann Rafferty.

After communicating with IPAR staff and with DPH faculty, four CEPH foundational competencies were identified from the Professional Paper (ILE) to be used to evaluate the effectiveness of the program in achieving its goals. A Rubrics table was developed and is distributed to DPH faculty for administration each semester (See **Section D.7 of the Electronic Resource File** for the Professional Paper Rubrics Table). Faculty use these competencies to rate each of their student Professional Paper advisees upon completion and presentation of their Professional Paper, and data are submitted to Drs. Winterbauer and Rafferty. The threshold of 80% of students in each graduating cohort scoring at least a 3 (on a 4 point scale) is established as an indicator of success for each competency. The Professional Paper Evaluation Rubric has been administered in three academic semesters (Fall 2017, Spring and Summer 2018, Fall 2018, Spring and Summer 2019. Data are the 2017 – 2018 academic year and the 2018 – 2019 academic year are presented in **Section D.7 of the Electronic Resource File**.

<b>Evaluation measures</b>	<b>Data collection method for measure</b>	<b>Responsibility for review</b>
<b>CEPH Foundational Competency #7, Assess population needs, assets and capacities that affect communities' health: Introduction</b>		
80% of students score 3 or higher (on a scale of 1 - 4)	Professional Paper Learning Objective Rubric	DPH Professional Paper Faculty Advisors
<b>CEPH Foundational Competency #3, Analyze quantitative and/or qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate: Methods and Results</b>		
80% of students score 3 or higher (on a scale of 1 - 4)	Professional Paper Learning Objective Rubric	DPH Professional Paper Faculty Advisors
<b>CEPH Foundational Competency #4, Interpret results of data analysis for public health research, policy or practice: Discussion</b>		
80% of students score 3 or higher (on a scale of 1 - 4)	Professional Paper Learning Objective Rubric	DPH Professional Paper Faculty Advisors
<b>CEPH Foundational Competency #19: Communicate audience-appropriate public health content, both in writing and through oral presentation: Final Paper and Poster Presentation</b>		
80% of students score 3 or higher (on a scale of 1 - 4)	Professional Paper Learning Objective Rubric	DPH Professional Paper Faculty Advisors

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

*Section D.7 of the Electronic Resource File includes examples of the Professional Paper for each of the three concentrations that represent 10% of the graduates in each concentration for the past three years.*

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

*The DPH implemented the process of evaluating the MPH ILE through identification of the Professional Paper as the primary source of information to allow the program to assess the overall comprehensive of their MPH experience. The evaluation process was developed under the leadership of Drs. Nancy Winterbauer and Dr. Ann Rafferty, and aligned with the Department's annual SACCOS accreditation reporting. The first cohort of students evaluated were those who finished their Professional Paper in Fall 2018 and presented their research at a poster session in December 2018. Initial evaluations of this cohort did not reach the set benchmarks for any of the 4 competencies identified. The faculty will continue to refine the evaluation process and work to ensure that students are adequately achieving the goals outlined for the program.*

*D8. DrPH Integrative Learning Experience*

*N/A*

*D9. Public Health Bachelor's Degree General Curriculum*

*N/A*

*D10. Public Health Bachelor's Degree Foundational Domains*

*N/A*

*D11. Public Health Bachelor's Degree Foundational Competencies*

*N/A*

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

*N/A*

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

*N/A*

#### D14. MPH Program Length

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

**Programs use university definitions for credit hours.**

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

*General requirements for all graduate programs, including minimum program length, are published in the ECU Graduate Catalog (<http://catalog.ecu.edu/index.php>). A minimum of 30 semester credit hours is required for all master of arts and master of science degrees. There are no master's degrees at ECU with fewer than 30 semester credit hours. The ECU MPH is currently 45 semester credit hours, which is generally completed in five semesters.*

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

*The following information regarding credit hours for graduate courses is provided by the ECU Graduate catalog (<http://catalog.ecu.edu/content.php?catoid=15&navoid=1222#Credit>):*

*East Carolina University operates on the semester system. The fall and spring semesters are each approximately fifteen weeks in length, including one week for final examinations. The summer session is divided into two equal terms of approximately five and one-half weeks each. An alternative eleven-week summer schedule is available in some areas. The Division of Continuing Studies will supply calendars for the off-campus centers. The university is in session five and one-half days each week. Classes usually meet for fifty-minute periods, but some of the courses meet for three hours in one evening or on Saturday morning.*

*Only courses numbered 5000 or higher can be counted toward completion of graduate degrees or CAS programs. At least one-half of the credit for a master's degree must be earned in courses for graduates only, numbering 6000 or above. During the summer terms, most courses are offered during the daytime. Three semester hour courses meet one and a half hours daily; five semester hour courses meet two and one-half hours daily. Other courses meet for the appropriate times in order to meet the total contact hour requirement. The university offers many graduate courses, workshops, conferences, and short courses during the summer session. Graduate degree credit can be earned only at the standard of a minimum of 750 scheduled minutes of instructional time or the equivalent per credit hours, as stated in the UNC Policy Manual.*

*Graduate students who seek and obtain permission to take courses at other institutions for subsequent transfer to degree programs at East Carolina University may obtain credit only at the standard of a minimum of 750 scheduled minutes of instructional time or the equivalent per credit hours, as stated in the UNC Policy Manual. Degree or CAS credit cannot be obtained through completion of correspondence courses. The Graduate School does not award credit for experiential learning, advanced placement, or professional certificates.*

### *D15. DrPH Program Length*

*The DrPH program offers two concentrations: (1) Environmental and Occupational Health, and, (2) Health Policy, Administration, and Leadership. Both concentrations have specific course content that embeds rural health throughout the plan of study.*

*The DrPH is a 50 semester hour to 74 semester hour program. The minimum degree requirement depends on the student's academic background. Students with an MPH from an accredited program will have taken the 24 hours of foundational courses and will have met that requirement. Those without an MPH degree or equivalent will be required to take the foundational courses before taking the doctoral level courses. Experience in health practice is highly desired.*

*Consistent with a practice-focused degree and with public health discipline expectations, the degree requires both a practicum/field placement and a dissertation. Special consideration may be provided at the discretion of the program directors to those with exceptional backgrounds or unique skill sets. The program offers flexibility for today's working professional seeking an advanced degree while at the same time, ensuring that graduates of the program demonstrate the skills needed to be transformational leaders in public health.*

*D16. Bachelor's Degree Program Length*

*N/A*

*D17. Academic Public Health Master's Degrees*

*N/A*

*D18. Academic Public Health Doctoral Degrees*

*N/A*

*D19. All Remaining Degrees*

*The ECU DPH offers two online certificate degrees as described in Section D20 below.*

D20. Distance Education

**The university provides needed support for the program, including administrative, communication, information technology and student services.**

**There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.**

- 1) Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro1 may be referenced for this purpose.

*The DPH currently has two certificate offerings that are completely online:*

- ***Public Health Foundations and Practice (PHFP)***
- ***Ethnic and Rural Health Disparities (ERHD)***

*The DPH also offers all three concentrations of the MPH online, beginning in Fall 2019.*

- 2) Describe the public health distance education programs, including
  - a) an explanation of the model or methods used,
    - ***Public Health Foundations and Practice (PHFP)*** (Dr. Greg Kearney, Program Director): *five online courses that are part of the eight MPH core courses (<http://www.ecu.edu/cs-dhs/publichealth/upload/PHFP-Flyer-Final-Overview-Program-Website-Gainful-Employment-Disclosure.pdf>). Students who complete this program are eligible to and actively encouraged to enroll in the MPH program and these five course count towards the eight core course and the 45 hour credit requirement for the MPH.*
    - ***Ethnic and Rural Health Disparities (ERHD)*** (Dr. Eric Bailey, Program Director, <http://www.ecu.edu/cs-dhs/publichealth/faculty/ericBailey.cfm>): *four online courses (MPH 6005: African American Health; MPH 6007: Global Public Health; MPH 6008: Ethnic and Rural Health Disparities; MPH 6009: Capstone Experience in Ethnic Health and Health Disparities) focused on educating and improving health professionals' skills in ethnic and rural health disparities (<http://www.ecu.edu/erhd/>). Some courses in the ERHD program are considered as electives for the MPH program.*
    - *Beginning in Fall 2019, the 45 credit hour MPH degree is available online. Students have the options to take all their courses face-to-face, online, or a*

*combination of the two. Online courses will be either synchronous or asynchronous to accommodate student schedules.*

*Online MPH courses are offered in a variety of formats depending on the demands for the course and the nature of the course being offered. Courses can be taught online in synchronous or asynchronous formats. In some cases, similar courses are taught by different faculty. For example, in Fall 2019, Dr. Ron Gaskins will teach MPH 6000 online, and Dr. Ruth Little will teach the class face-to-face.*

- b) the program's rationale for offering these programs,

*The two certificate programs are currently offered as a result of a growing need to provide public health and health disparities training to a broad audience in our region. The certificate programs provide great flexibility for students to work and take courses online. Students in the PHFP program may choose to enroll in the MPH program after successful completion of the 15 course credits. Students in the ERHD program often supplement their MPH training by completing the certificate program in conjunction with or after completing the MPH. Some ERHD courses can be considered as concentration electives for the MPH degree.*

*The DPH began discussions to expand the MPH course offerings to incorporate online delivery in 2017 based largely on the need to increase our capacity to train MPH students to address the public health needs in our region, and to address declining enrollment in our program (and in graduate programs across the University). ECU is nationally recognized for their online programs (<https://online.ecu.edu>) which enhances our likelihood for success in delivering this program.*

- c) the manner in which it provides necessary administrative, information technology and student support services,

*Each of the Distance Education programs have an assigned Program Director. The PHFP program is directed by Dr. Gregory Kearney, and the ERHD program is directed by Dr. Eric Bailey. Dr. Marla Hall, Assistant Professor of Public Health (Community Health and Health Behavior) (<https://www.ecu.edu/cs-dhs/publichealth/faculty/marlaHall.cfm>) currently serves as the Coordinator of the MPH online delivery program.*

*ECU has excellent resources for supporting information technology for online delivery of courses. Off-campus students can participate in courses through Blackboard and Mediasite. Technical assistance is provided through staff designated within each classroom building and through the University's Information Technology and Computing Services (<https://itcs.ecu.edu>). Student support services are provided through ECU Online (<https://online.ecu.edu>) offices and through the ECU Graduate School. The ECU Office of Faculty Excellence (OFE) (<https://ofe.ecu.edu>) offers training opportunities for faculty who want to*

*develop their skills in the delivery of online courses (<https://ofe.ecu.edu/office-for-faculty-excellence/faculty-resources/teaching-resources/teaching-online/>). The DPH faculty participated in a workshop on March 22, 2019 offered by staff from the ECU OFE to orient the faculty to evidence-based strategies for effective online course delivery and the tools available to ECU faculty for online instruction.*

- d) the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university,

*The DPH program regularly monitors the academic rigor of its online delivery programs. Dr. Bailey teaches all of the courses in the ERHD program and reviews the program's quality through summary information by the course evaluations and through data provided through the University's academic reporting system. The students in the PHFP are taking courses with the other students in the MPH program. Dr. Kearney as Program Director uses student performance in the 5 courses to compare academic performance overall and in comparison to students in the face-to-face course.*

*For the MPH program, Dr. Bell and Dr. Hall will monitor course evaluations on a semester basis to see how students are responding to the online delivery of our courses. Since our program has been a hybrid program up to this point, we don't anticipate a significant problem. We will also consider collecting either qualitative or quantitative data from students on the quality of the online course delivery.*

- e) the manner in which it evaluates the educational outcomes, as well as the format and methods.

*Students in the certificate programs are evaluated similarly to students in the face-to-face courses. Faculty are able to utilize the Blackboard tool to allow students to post Discussion Board conversations, upload course assignments, record class participation and take quizzes and exams. Online students are given grades in the same manner as face-to-face students, and all students are allowed to provide feedback on their experience in the course through the student evaluation surveys, which are collated by the Graduate School and summary data are provided to the instructor. Data are provided separately for online and face-to-face students since these students enroll in separate sections of the course based on the mode of participation.*

*The following information is provided in the ECU SACSCOS 5<sup>th</sup> Year Interim Report:*

*"ECU tracks student achievement in variety of ways. The two primary sets of student achievement indicators are: (1) Instructional metrics aligned with the UNC System Strategic Plan – five year graduate rates, rural and low-income completions, critical workforces, and degree efficiency; (2) ECU selected metrics:*

*six-year graduation rates, one-year retention rates, and licensure pass rates. These measures are inclusive of distance education, off-campus and campus students.”*

- 3) Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit.

*The following information describes the ECU policy regarding distance student verification as reported in the University’s SACSCOC 5<sup>th</sup> Year Interim Report:*

*“Upon admission, new students receive their PirateID usernames and ECU ID numbers within the ECU Admissions Portal from ECU Admissions. Once received, new students login to the PirateID (PID) auto-registration system and follow the step-by-step screens to activate their PirateID accounts, create unique passphrases, and set up their authentication questions. Once activated, students are able to check ECU email and access various online systems such as PiratePort, a secure Web portal that allows students, staff, faculty and prospective students to access secure internal campus resources and services, and ECU's learning management system, Blackboard.*

*ECU utilizes a Multi-Factor Authentication (MFA) system to determine that students registered in distance education courses are the students who participate in, complete, and receive credit for the courses. The authentication system requires that students securely log on to ECU's network using their unique username (PirateID) and with their unique and user-determined passphrase. The MFA system offers greater protection for student email, requiring students to use not only their PirateID and passphrase, but also a response from their phones that will send the students a unique pin number to verify their identity when off campus.*

*ECU’s Passphrase Security Standards require students to have a strong passphrase that is resistant to hacking, and students must reset their passphrases every 90 days and not reuse their accounts' previous six passphrases. Students are notified via e-mail or system messaging at least three times in the two weeks prior to expiration. When students use their PirateID and passphrase to access information through PiratePort and ECU's learning management system, Blackboard, their login credentials are encrypted for additional security.*

*Two different identification (ID) cards, the DE Student card (paper card) and the ECU I Card, are available to distance education students. The DE Student card grants students access to ECU computer labs and allows books to be checked out from the ECU libraries or UNC System libraries. If DE students choose to access an ECU computer lab, a photo ID with signature must be presented to ensure student identification is confirmed. If DE students choose to purchase an ECU I Card, which is the official student identification card, they must come to campus and present a government-issued ID with photo and signature to confirm their student identity.*

*As an additional measure to ensure that students who register in a distance or correspondence education course or program are the same students who participate in, complete the course or program, and receive the credit, ECU faculty may choose to include proctored exams in their courses. DE students in the College of Business, College of Nursing, and College of Allied Health Sciences are required to utilize proctored examinations. To support this effort, ECU played a leadership role in the establishment of a state-wide proctoring network, which is now known as the UNC Online Proctoring Network. The licensing of proctors in the UNC Online Proctoring Network is coordinated by the UNC Online Proctor Coordinator. The UNC Online Proctoring Coordinator is a staff member of the University of North Carolina Online Services.*

*At ECU, Testing Services in Academic Outreach, Continuing and Distance Education administers proctoring services. Specifically, the Testing Services unit coordinates all proctoring activities for the university. The Director of Testing Services supervises the training and testing certification of staff responsible for providing all testing and proctoring services provided at the ECU Proctoring Center and the Brewster Testing Center.*

*The ECU Proctoring Center is available to students enrolled in DE courses at East Carolina University and all other universities within the University North Carolina system. This site serves distance education students who need to take exams and faculty members who need to setup proctored exams for their Distance Education courses. This service provides verification of student identity in assessment and evaluation. Also available to DE students is the Brewster Testing Center which serves as an overflow location.*

*In addition to signing into the university's learning management platform (i.e. Blackboard) prior to the start of exams, students must pre-register for their exams. Students have their identification verified using a student ID Card and a government issued ID with photo and signature when they check-in at the ECU Proctoring Center or the Brewster Testing Center to take their exams. They are then escorted to the testing station where exams are administered. Proctors closely and constantly observe students by walking throughout the testing room after students are seated. Additionally, all examinees at the ECU Proctoring Center and the Brewster Testing Center are monitored by a video camera system, both in the reception and testing areas.*

*Through secure logins and passcodes and the widespread use of proctored examinations, ECU verifies the identities of the students who register in distance or correspondence education courses or programs as the same students who participate in and complete distance education courses or programs and receive the credit.*

*In summary, ECU ensures that the student who registers in a distance or correspondence education course or program is the same student who participates in and completes the course or program and receives the credit.”*

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

*The two DPH certificate programs have been largely successful, although enrollment in the ERHD certificate has been down in recent years. The PHFP certificate program has grown very well and has been a strong feeder program for our MPH program.*

*The online delivery of the MPH will present some challenges with regard to ensuring that students receive a high-quality degree that is consistent with the quality of the face-to-face offering. Enrollment in online courses for Fall 2019 has been very strong, so we are confident that this change will have a positive impact on our program.*

*E1. Faculty Alignment with Degrees Offered*

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

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

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

*As shown below, there are 6 tenured, 5 tenure-track and 2 fixed-term faculty with primary appointments in the DPH. Five faculty are primarily designated to the Epidemiology concentration, 4 faculty are designated to Health Policy, Administration and Leadership concentration, and 4 faculty are designated to the Community Health and Health Behavior concentration. One fixed-term faculty member, (Dr. Rafferty) has a part-time appointment (0.6 FTE) Two of the tenure-track faculty (Drs. Hall and Luo) are going up for promotion and tenure consideration in Fall 2019 and two faculty (Drs. Bell and Little) have formal administrative responsibilities in the Department.*

<i>Primary Instructional Faculty Alignment with Degrees Offered</i>						
<i>Name*</i>	<i>Title/ Academic Rank</i>	<i>Tenure Status or Classification^</i>	<i>Graduate Degrees Earned</i>	<i>Institution(s) from which degree(s) were earned</i>	<i>Discipline in which degrees were earned</i>	<i>Concentration affiliated with in Template C2-1</i>
<i>Rashmita Basu</i>	<i>Assistant Professor</i>	<i>Tenure Track</i>	<i>MA, MS, PhD</i>	<i>MA - University of Kalyani, India MS – University of Idaho PhD – Washington State University</i>	<i>MA – Economics MS – Accounting PhD - Economics</i>	<i>Health Policy, Administration and Leadership</i>
<i>Ronny Bell</i>	<i>Professor and Chair</i>	<i>Tenured</i>	<i>M.Ed., PhD, MS</i>	<i>M.Ed. and PhD - University of North Carolina at Greensboro; MS - Wake Forest University</i>	<i>M.Ed. And PhD - Foods and Nutrition; MS - Epidemiology</i>	<i>Epidemiology</i>
<i>Marla Hall</i>	<i>Assistant Professor</i>	<i>Tenure-Track</i>	<i>MA, PhD</i>	<i>MA - East Carolina University; PhD - Texas A&amp;M University</i>	<i>MA - Health Education and Promotion (Community Health); PhD - Health Education</i>	<i>Community Health and Health Behavior</i>
<i>Gregory Kearney</i>	<i>Associate Professor</i>	<i>Tenured</i>	<i>MPH, DrPH</i>	<i>MPH - University of South Florida; DrPH - University of Alabama at Birmingham</i>	<i>MPH - Epidemiology; DrPH - Environmental Health Sciences</i>	<i>Epidemiology</i>
<i>Suzanne Lea</i>	<i>Associate Professor</i>	<i>Tenured</i>	<i>MPH, PhD</i>	<i>MPH - Yale University; PhD - University of California at Berkeley</i>	<i>MPH - Environmental Health; PhD - Epidemiology</i>	<i>Epidemiology</i>

Ruth Little	Assistant Professor and Vice Chair	Tenure-Track	MPH, EdD	MPH - University of North Carolina at Chapel Hill; EdD - East Carolina University	MPH - Health Policy and Administration; EdD - Higher Education Leadership	Health Policy, Administration and Leadership
Huabin Luo	Assistant Professor	Tenure-Track	MA, PhD	MA - Central China Normal University; PhD - University of Alabama at Birmingham	MA - Master of Law; PhD - Administration (Health Services)	Health Policy, Administration and Leadership
Ari Mwachofi	Associate Professor	Tenured	MA, MA, PhD	MA - Ohio University; MA - Ohio University; PhD - Virginia Polytechnical Institute	MA - Economics; MA - International Affairs; PhD - Applied Economics	Health Policy, Administration and Leadership
Stephanie Pitts	Professor	Tenured	PhD	PhD - University of North Carolina at Chapel Hill	PhD - Nutrition (Epidemiology Minor)	Community Health and Health Behavior
Lok Pokhrel	Assistant Professor	Tenure-Track	MSc, MS, PhD	MSc - Tribhuvan University (Nepal); MS - East Tennessee State University; PhD - East Tennessee State University	MSc - Zoology; MS - Biological Sciences; PhD - Environmental Health	Epidemiology
Ann Rafferty	Teaching Associate Professor	Fixed-Term	MS, PhD	MS - Cornell University; PhD - Cornell University	MS - Human Nutrition; PhD - Human Nutrition	Community Health and Health Behavior
Sinan Sousan	Assistant Professor	Tenure-Track	MSc, PhD	MSc - University of Baghdad (Iraq); PhD - University of Iowa	MSc - Chemical Engineering; PhD - Chemical and Biological Engineering	Epidemiology
Nancy Winterbauer	Associate Professor	Tenured	MS, MA, PhD	MS - University of Albany; MA - Binghamton University; PhD - Binghamton University	MS - Epidemiology; MA - Anthropology; PhD - Anthropology	Community Health and Health Behavior

- 2) Provide summary data on the qualifications of any other faculty with significant involvement in the program’s public health instruction in the format of Template E1-2. Programs define “significant” in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students’ practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.

*The table below provides information on individuals who provide instructional support to the Department that are not part of the Primary Instructional faculty. All but two of these individuals (Corey Davis, Ronald Gaskins) is a faculty member or administrator at ECU. Most of these individuals teach 1 – 2 core, concentration and/or electives courses, either online or face-to-face, in the MPH program and provide mentoring for ILE projects. These individuals are either paid for their services as a part of their salary, or are paid via a contractual arrangement directly or with their home department.*

<i>Non-Primary Instructional Faculty Regularly Involved in Instruction</i>							
<i>Name*</i>	<i>Academic Rank^</i>	<i>Title and Current Employment</i>	<i>FTE or % Time Allocated</i>	<i>Graduate Degrees Earned</i>	<i>Institution(s) from which degree(s) were earned</i>	<i>Discipline in which degrees were earned</i>	<i>Concentration affiliated with in Template C2-1</i>

<i>Eric Bailey</i>	<i>Professor</i>	<i>Professor, Department of Anthropology, East Carolina University</i>	<i>49%</i>	<i>MA, MPH, PhD</i>	<i>MA - Miami University; MPH - Emory University; Wayne State University</i>	<i>MA - Anthropology; MPH - General; PhD - Anthropology</i>	<i>ERHD Certificate Program Director</i>
<i>Joanne Balaney</i>	<i>Associate Professor</i>	<i>Associate Professor, Department of Health Education and Promotion, East Carolina University</i>	<i>Instructor in PUBH 8007, PUBH 8684, PUBH 9000</i>	<i>MS, MOH, PhD</i>	<i>MS – University of Minnesota MOH - University of the Philippines PhD – University of Alabama at Birmingham</i>	<i>MS – Environmental Health MOH – Occupational Health PhD – Environmental Health/Industrial Hygiene</i>	<i>DrPH Instruction (EOH)</i>
<i>Paul Barry</i>	<i>Clinical Professor</i>	<i>Director, Office of Prospective Health, East Carolina University</i>	<i>Instructor in MPH 6000</i>	<i>MD, MPH</i>	<i>MD - State University of New York at Buffalo; MPH - The Johns Hopkins University</i>	<i>MD - Occupational Medicine; MPH - General</i>	<i>MPH Core Instruction</i>
<i>Doyle Cummings</i>	<i>Professor</i>	<i>Director of Research, Department of Family Medicine, East Carolina University</i>	<i>Instructor in MPH 6035 0.05% FTE</i>	<i>PharmD</i>	<i>PharmD - Philadelphia College of Pharmacy and Science</i>	<i>PharmD - N/A</i>	<i>MPH Core Instruction</i>
<i>Corey Davis</i>	<i>Teaching Assistant Professor</i>	<i>Teaching Assistant Professor, Department of Public Health, East Carolina University</i>	<i>Instructor in online MPH 6002</i>	<i>JD, MSPH</i>	<i>JD – Temple University; MSPH – University of North Carolina at Chapel Hill</i>	<i>JD – Law; MSPH – Health Policy and Management</i>	<i>MPH Core Instruction</i>
<i>Kenneth DeVille</i>	<i>Professor</i>	<i>Professor, Department of Bioethics and Interdisciplinary Studies, East Carolina University</i>	<i>Instructor in classroom based MPH 6002</i>	<i>PhD, JD</i>	<i>PhD - Rice University; JD - University of Texas</i>	<i>PhD - History and Bioethics; JD - Law</i>	<i>MPH Core Instruction</i>
<i>Jamie DeWitt</i>	<i>Associate Professor</i>	<i>Associate Professor, Department of Pharmacology and Toxicology, East Carolina University</i>	<i>Instructor in PHARM 7680</i>	<i>PhD</i>	<i>PhD – Indiana University</i>	<i>PhD – Environmental and Neural Science</i>	<i>DrPH Instruction (EOH)</i>
<i>Xiangming Fang</i>	<i>Associate Professor</i>	<i>Associate Professor, Department of Biostatistics, East Carolina University</i>	<i>Instructor in BIOS 7021</i>	<i>MS, PhD</i>	<i>MS - University of Iowa PhD - University of Iowa</i>	<i>MS – Statistics PhD - Statistics</i>	<i>MPH Core Instruction</i>
<i>Ronald Gaskins</i>	<i>Teaching Assistant Professor</i>	<i>Director of Population Health, Vidant Health System</i>	<i>Instructor in MPH 6000 and MPH 7010</i>	<i>MPA, MBA, DHA</i>	<i>MPA - University of North Carolina at Pembroke; MBA - Gardner Webb University; DHA - Central Michigan University</i>	<i>MPA - Health Care Administration; MBA - Accounting; DHA - Health Administration</i>	<i>Health Policy, Administration and Leadership</i>
<i>Ray Hylock</i>	<i>Associate Professor</i>	<i>Associate Professor, Department of Health Services and Information Management</i>	<i>Instructor in PUBH 8463</i>	<i>MS, PhD</i>	<i>MS – University of Iowa PhD – University of Iowa</i>	<i>MS – Informatics PhD - Informatics</i>	<i>DrPH Instruction (HPAL)</i>
<i>Charles Humphrey</i>	<i>Associate Professor</i>	<i>Associate Professor, Department of Health Education and Promotion, East Carolina University</i>	<i>Instructor in PUBH 8006</i>	<i>MS, PhD</i>	<i>MS – North Carolina University PhD – East Carolina University</i>	<i>MS – Soil Science PhD – Coastal Resources Management</i>	<i>DrPH Instruction (EOH)</i>
<i>Annette Greer</i>	<i>Associate Professor</i>	<i>Associate Professor, Department of Bioethics and Interdisciplinary Studies, East Carolina University</i>	<i>Instructor in HUMS 7004</i>	<i>PhD, MSN</i>			<i>DrPH Instruction (Core)</i>
<i>Gregory Hessler</i>	<i>Teaching Assistant Professor</i>	<i>Teaching Assistant Professor, Department of Bioethics and Interdisciplinary Studies</i>	<i>Instructor in HUMS</i>	<i>JD, PhD</i>			<i>DrPH Instruction (Core)</i>

Suzanne Hudson	Associate Professor	Associate Professor, Department of Biostatistics, East Carolina University	Instructor in BIOS 7022	MS, PhD	M.S. in Mathematics, University of Oregon Ph.D. in Mathematics, University of Oregon specializing in statistics	MS – Mathematics PhD – Mathematics	Epidemiology
Robert Kulesher	Professor	Professor, Department of Health Services and Information Management, East Carolina University	Instructor in PUBH 8020	MHA, PhD	MHA – Washington University PhD – University of Delaware	MHA – Health Administration and Planning PhD – Urban Affairs and Public Policy	DrPH Instruction (HPAL)
Suzanne Lazorick	Associate Professor	Associate Professor of Pediatrics, East Carolina University	Instructor in MPH 6670 0.10% FTE	MD, MPH	MD - University of North Carolina at Chapel Hill; MPH - University of North Carolina at Chapel Hill	MD - Pediatrics; MPH - Maternal and Child Health	Community Health and Health Behavior
Kevin O'Brien	Professor	Professor, Department of Biostatistics, East Carolina University	Instructor in BIOS 7022	MA, PhD	MA- Georgetown University PhD - University of North Carolina at Chapel Hill	MA – Demography/Sociology PhD - Biostatistics	Epidemiology
Stephanie Richards	Associate Professor	Associate Professor, Department of Health Education and Promotion, East Carolina University	Instructor in PUBH 8684, PUBH 9000, PUBH 8120	MS, PhD	MS – East Carolina University PhD – North Carolina State University	MS – Environmental Health PhD - Entomology	DrPH Instruction (EOH)
Kristina Simeonsson	Associate Professor	Associate Professor of Pediatrics, East Carolina University	Instructor in MPH 6022 0.05% FTE	MD, MSPH	MD - University of North Carolina at Chapel Hill; MPH - University of North Carolina at Chapel Hill	MD - Pediatrics; MPH - Epidemiology	Epidemiology
Robin Tutor	Director	North Carolina Agromedicine Institute	Instructor in MPH 6036	EdD, MPH	EdD - North Carolina State University; MPH - East Carolina University	EdD - Higher Education; MPH - Community Health	Elective Instruction
Paul Vos	Professor and Chair	Professor and Chair, Department of Biostatistics, East Carolina University	Biostatistics Instruction	MS, PhD	MS - University of Chicago; PhD - University of Chicago	MS - Statistics; PhD - Statistics	Core/DrPH Instruction
Qiang Wu	Associate Professor	Associate Professor, Department of Biostatistics, East Carolina University	Instructor in MPH 7202	MA, PhD	MA - Pittsburgh University; PhD - Pittsburgh University	MA - Statistics; PhD - Statistics	Epidemiology

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

*CVs for all ECU DPH faculty, and a list of scholarly publications led by DPH faculty in Academic Year 2018 – 2019 are provided in the **Electronic Resource File Section E.1.***

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

*See descriptions provided in Sections 1 and 2 above.*

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

*The DPH has been fortunate to increase its faculty numbers in recent months through the hiring of Dr. Sousan (August 2018) and Dr. Pokhrel (September 2018) through funds*

*designated by the Division of Health Sciences to support the launch of the DrPH Environmental and Occupational Health concentration. Two additional faculty searches have just recently been completed, one for a faculty member in Health Policy, Administration and Leadership, Dr. Rashmita Basu, and one for a faculty member in Epidemiology, Dr. Aaron Kipp, with an anticipated start date of September 3, 2019. Two additional faculty lines have been designated to the DPH to be used to support continued growth of the School of Public Health, and searches for those positions should begin in Fall 2019.*

*The DPH has also been able to take advantage of the expertise of faculty and administrators on and off the ECU campus to teach core, concentration and elective courses as needed. The collaboration with the ECU Department of Biostatistics allows for biostatistics and analysis courses to be taught by Biostatistics faculty within that department. MPH students also have the opportunity to take courses in the ERHD Certificate program, either completing the full certificate, or as elective courses.*

*The popularity of the HPAL concentration (representing more than half of the MPH students in the program) presents challenges in the distribution of teaching and advising across the three concentrations. The concentration has faced additional challenges with the recent departure of two faculty members in that concentration (Drs. Lloyd Novick and Chris Mansfield). Also, the recent departure of two Epidemiology faculty members (Dr. Marysia Grzybowski and Dr. Kim) have put constraints on our offerings in that program. The upcoming hiring of an HPAL and Epidemiology faculty members will help ease the loads in those concentrations.*

*The plans for the School of Public Health will ultimately lead to the dissolution of the Department of Public Health and the faculty within the department to be incorporated into other departments: Epidemiology concentration faculty will merge with faculty in the Department of Biostatistics; Community Health and Health Behavior faculty will merge with faculty in the Department of Health Education and Promotion; Health Policy, Administration and Leadership faculty will merge with faculty in the Department of Health Services and Information Management. In this structure, these faculty will report to different department chairs and instruction for the MPH will be assigned accordingly.*

## *E2. Integration of Faculty with Practice Experience*

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

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

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

*The DPH utilizes several means to ensure that MPH students are exposed to practice-based experiences:*

1. *Adjunct faculty appointments (the list of DPH adjunct faculty appointees can be found at <https://www.ecu.edu/cs-dhs/publichealth/faculty/index.cfm>);*
2. *Fixed-term faculty appointments (see section E1 and E2 above);*
3. *Guest lectures in core, concentration and elective courses (see examples below);*
  - i. *Mr. Ben Money, former Executive Director, North Carolina Community Health Center Association, and currently Deputy Director, North Carolina Department of Health and Human Services.*
  - ii. *Ms. Maggie Sauer, North Carolina Office of Rural Health, North Carolina Division of Health and Human Services (<https://www.ncdhhs.gov/about/leadership/margaret-sauer>)*
  - iii. *Dr. Rick Langley, Occupational and Environmental Epidemiology, North Carolina Department of Health and Human Services (<https://tox.sciences.ncsu.edu/people/langley-ricky/>)*
4. *Representation on the DPH Community Advisory Board (see **Appendix 2**);*
5. *Guest presentations at PHO General Body Meetings;*
6. *Service as preceptors for the Internship (Applied Learning Experience) and content advisors for Professional Paper (Integrative Learning Experience);*
7. *Participation as a speaker in the DPH Grand Rounds Lecture Series (See **Appendix 3**);*
8. *DPH faculty serving on Committees and Task Forces (see examples below):*
  - i. *Dr. Suzanne Lea has served as the President of the North Carolina Public Health Association;*
  - ii. *Dr. Ronny Bell serves as the Chair of the North Carolina Diabetes Advisory Council and currently co-chairs the North Carolina Healthy 2030 Task Force;*

- iii. *Dr. Ruth Little serves on the North Carolina Board of Examiners for Nursing Home Administrators and is Vice-Chair of the Licensing Board;*
  - iv. *Dr. Stephanie Pitts co-led the Nutrition and Obesity Policy Research and Evaluation Network.*
  - v. *Dr. Marla Hall serves as a consultant to the North Carolina Office of Minority Health and Health Disparities*
- 2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

*The ECU DPH is fortunate to have strong connections with public health professionals in the region and across the state. These agencies have expressed firm commitments in a variety of ways to collaborate with the academic public health programs at ECU. DPH faculty have or are serving in a number of professional capacities with a focus on engaging in and impacting public health practice. As the DPH transitions into a School of Public Health, it will be even more imperative to be proactively involved in the public health practice arena.*

### *E3. Faculty Instructional Effectiveness*

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

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

**The program supports professional development and advancement in instructional effectiveness.**

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

*DPH primary instructional faculty are provided funding to support (registration and travel costs) their participation in local, regional, state and national conferences and professional development trainings relevant to their areas of expertise. All DPH faculty are also encouraged to participate in professional development trainings and workshops offered by the ECU Office of Faculty Excellence and the Eastern Area Health Education Center (<https://www.easternahec.net>). Many of these trainings are offered free of charge, and are advertised through the University's email listserv. As mentioned above, the DPH provides regular workshops and participates in webinars on issues pertinent to professional development.*

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

*The following are opportunities for evaluating faculty instructional effectiveness:*

1. *Students are given the opportunity to evaluate their faculty instructors and their experience in their courses through the ECU Survey of Student Opinion of Instruction (SOIS <http://www.ecu.edu/cs-acad/ipar/courseevaluations.cfm>) offered through the IPAR Office. Data are provided in aggregate for closed-ended questions and verbatim for open-ended questions, and are emailed to the faculty member at the end of the semester. The DPH Chair receives all of the SOIS reports for each of the courses offered in the program and reviews them and discusses the results if deemed appropriate.*
2. *DPH faculty participate in peer evaluation according to ECU's Procedures for Peer Review of Teaching Effectiveness (<http://www.ecu.edu/cs-acad/fsonline/customcf/committee/as/peerreviewprocedures.pdf>). Evaluations are conducted separately for online and face-to-face course delivery.*
3. *DPH faculty participate in an annual evaluation that is conducted by the DPH Chair. The evaluation takes place in the Spring of every year. The faculty member*

*provides the report to the DPH Chair generated through the Faculty180 system, and covers the faculty member's research, teaching and service during the previous year. The report is initially approved by the DPH Chair, then by the DPH Chair, then the Vice Chancellor for Health Sciences, and will be included in the faculty members record. Tenure-track faculty must also be provided an annual Progress to Tenure Letter, identifying their milestones needed to successfully be granted tenure. Tenured faculty must also provide a 5-year Performance Review based on goals established with the DPH Chair.*

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

*The primary university resource to support professional development for faculty in their instructional roles is provided by the ECU Office for Faculty Excellence (OFE) (<https://ofe.ecu.edu>). The OFE offers online and face-to-face sessions designed to enhance the skills of ECU instructors. The OFE is currently incorporating the Universal Design for Learning model to enhance curriculum development to expand learning opportunities (<https://www.collegestar.org/universal-design-for-learning>). The OFE also offers summer workshops, including: research and statistics, teaching with technology, introduction to college teaching (<https://ofe.ecu.edu/office-for-faculty-excellence/ofe-sessions/summer-workshops/>).*

*The following are examples of programs that faculty have participated in that are offered by the OFE:*

1. *On March 22, 2019, OFE staff led a 4-hour workshop with DPH faculty. The workshop focused on introducing the faculty to the University Design for Learning model and to provide an overview of current and upcoming changes to the resources supported by ECU to support online instructional delivery.*
2. *Several DPH faculty have participated in the OFE BB&T Active Learning and Leadership Program (<https://ofe.ecu.edu/office-for-faculty-excellence/faculty-resources/teaching-resources/bbt-active-learning-and-leadership-program/>). "This program provides ECU faculty the opportunity to explore and experiment with embedding a leadership-related focus into the way existing activities, assignments, discussions, and materials are developed in a selected course. Through a cycle of exploring, piloting, reflecting, and preparing for future semesters, faculty will learn alongside students, and share this learning with their cohort and the Office for Faculty Excellence. The project will provide time for participants to engage in an iterative design process as they plan to teach the course in the future."*
3. *DPH take advantage of resources provided by the OFE that support promotion and tenure (Faculty 180, Personnel Action Dossier support) and with classroom instruction (SSOI, Peer classroom observation).*

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

*SSOIs and peer classroom observation reports are reviewed by the DPH chair and discussed with the faculty member if concerns are indicated. Reports from peer classroom observation and SSOIs for each course are included in the faculty member's Personnel Action Dossier (PAD). The PAD includes all materials related to the faculty members' teaching, research and scholarly activity and service. The PAD is reviewed by the DPH Promotion and Tenure Committee and is part of the tenure and review process*

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

1. **Overall satisfaction with instruction quality:** *The DPH Exit survey includes a question related to the quality of the instruction received at ECU. This data is a reflection of the instruction across their entire program experience rather than related to specific instructors. Specific open-ended comments are useful to guide the program in its overall instructional quality.*

2. **Faculty Availability:** *Based on feedback received from students, there is an increased emphasis on the availability of faculty to engage with students outside the classroom. Faculty are encouraged to respond to student emails in a timely fashion (within 24 hours if possible), to have easily accessible office hours and to provide communication resources to students taking courses online. Questions are included on the SSOI and on the DPH Exit survey related to faculty availability for course-related questions.*

3. **Quality and Relevance of Course Materials:** *Given the ever-changing world of the public health profession, it is important to ensure that the information conveyed to students is not only done with the highest level of quality, but also that the information is current and relevant to the public health professions. Students have expressed a desire that faculty ensure that their lectures include current events and policies and their implications to public health. Questions are included on the SSOI and the DPH Exit survey to obtain the students' perception of the level of the quality and relevance of the material presented in class as it relates to the current public health issues.*

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

*ECU provides numerous resources to enhance the instructional effectiveness of the faculty on campus. The DPH have taken advantage of several of these resources to enhance their personal instructional skills and support their professional trajectory. DPH faculty have also utilized resources outside the institution to support professional development, including online trainings and face-to-face conferences and*

*trainings/workshops. Unfortunately, the DPH has limited financial resources to support trainings in which costs are involved, so the DPH chair encourages participation in free on-campus and online resources.*

#### *E4. Faculty Scholarship*

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

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

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

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

*Below is an excerpt from the DPH Promotion and Tenure Guidelines (also available in **Section A.1 of the Electronic Resource File**), which explains our program's definition and expectations regarding faculty research and scholarly activity.*

*“Due to the specialized teaching and service missions of the Department of Public Health, faculty have been granted an exception to the general BSOM research criteria regarding extramural funding associated with the initiation and maintenance of an independent and productive research program appropriate to the candidate's field of research. This exception is meant to relieve the requirement that the candidate should have a continuous leadership role (P.I., P.D., or Co-P.I) role on extramural funding from a national agency. This exception however is not meant to relieve Public Health faculty from research-based criteria for promotion and tenure that is consistent with the respective field of study (continuous team-based interdisciplinary collaborative roles supported by extramural state or regional funding sources). That is, DPH faculty should retain specific research-related expectations but need not be the national and leadership levels as elaborated in the BSOM-wide guidelines document.*

*The Department expects that findings from research and creative activity will have the potential to effect changes in public health services, public policy, population health, or teaching public health. The candidate is expected to have a coherent and sustained research program appropriate to his or her field and will have an established record of excellence in research and creative activities as evidenced by:*

1. *Peer-reviewed scholarly publications;*
2. *Presentations at scholarly meetings;*
3. *Scholarly contributions to reports and technical publications that are peer-reviewed by practitioners and intended to have an impact on public health policy, practice or teaching;*
4. *Submission of grant proposals to major extramural funding agencies; and/or ,*

5. *Leadership and participation in a coherent, relevant, interdisciplinary line of research.*

*It is recognized that research and creative activity in public health is fundamentally and increasingly a collaborative, applied science involving many disciplines. This diversity and inter-disciplinarity of sciences can complicate appraisal of scholarship. Creative activity in public health is quite different from research done in traditional basic biological sciences. There are differences also within the core disciplines of public health, i.e., epidemiology, biostatistics, health behavior, health administration, and environmental health. Conventions for acknowledging authorship may vary and the collaborative nature of much of our work also makes difficult the appraisal of individuals' contributions to it.*

*While the department highly values contributions to new knowledge within disciplines, we expect our work to be relevant to our mission and accessible to, and have the potential to be used by, practitioners to improve the delivery of health services and population health. Each faculty member is expected to have a significant research or intervention program appropriate to her or his field of interest. In assessing fulfillment of this criterion, it is recognized that public health research can be conducted as a member of an inter-professional team and with community partners. A community intervention with an evaluation component meets the definition of "research" in public health. We recognize that the methodological challenges of research vary in terms of time and resources required and faculty productivity should be evaluated accordingly. Work used to demonstrate research and creative excellence should be performed while the candidate was employed at BSOM/ECU or, as appropriate, combined with work performed during previous years as an assistant professor at another institution. Discussion of the credit afforded for previous publications will take place shortly after appointment, between the Chairperson and faculty member.*

*Achievement for research activities in order for the faculty member to be promoted and awarded tenure is expected in the following areas:*

- A. A significant number of important publications in peer-reviewed journals is expected. In judging the importance of the candidate's publications, the following factors are to be considered: authorship contribution; the importance of the publication to public health science, practice, or teaching; impact factor of the journal; and the importance of the article to public health science, practice, or teaching. The required minimum number may vary, depending on the weight attached to this activity during annual evaluations. A realistic expectation is a minimum of five to ten (5 - 10) peer-reviewed papers for the span of the 5-year tenure assessment period, serving as first, second, or third author.*
- B. Contributions to technical reports that may not be peer-reviewed but are intended to have an impact on public health policy and practice may also be considered. Material contributions will be recognized by authorship and acknowledgements in such publications. While a number is not specified, significant contributions to important national or statewide reports or proceedings would be weighed in relation to the number of articles published in peer-reviewed journals.*

- C. *Serving as an author or editor of books, author of monographs, or chapters in books important to the public health field will be considered as important scholarly activities and will be taken into account as a measure of accomplishment, but not a substitution for peer-reviewed publications in professional journals.*
- D. *Continuous efforts to obtain intramural and extramural support for his/her research is expected. Extramural sources may include government agencies, philanthropic foundations, private for-profit and not-for-profit health services organizations, and voluntary community agencies. In assessing the effort and quality of applications submitted, the following will be considered: number of submissions, scores and/or evaluations of the agency, and amounts for which applied.*
- E. *It is expected that faculty will have received substantial extramural funding from one or more federal or state agencies, foundations, or private enterprises for creative activity in research, teaching, or service. In assessing this criterion, the following factors are important: role of the candidate (principal investigator, co-investigator); years and amount of grant support; competition for the award, and the ratio of extramural support to start-up support provided by the University. Substantial funding is interpreted as at least \$50,000 annually for 2 consecutive years or at least 10% of salary recovery for 2 consecutive years.*
- F. *The candidate will have presented research and creative activities at scholarly meetings at least 3 times at the state and national/international levels.*

*Methods of evaluation of scholarly achievement include annual Departmental evaluations, internal review by Departmental Promotion and Tenure Committees, grant proposal reviews from funding agencies, and as documented by three external peer review letters. The external peer reviewers will be selected according to provisions outlined in the East Carolina University Faculty Manual.”*

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

*Guidance and support for research activities are provided to DPH faculty through a number of sources:*

- *The DPH has a Research Committee (see **Electronic Resource File Section A.1** for the Committee’s Policies and Procedures), chaired by Dr. Bell, whose goal it is to support DPH faculty to identify sources for funding, research training and collaborative opportunities.*
- *The DPH receives pre-award and post-award administrative support through the **Public Health, Oral Health and Health Disparities (POD) Research Administration Hub**. The POD consists of a collaboration between the DPH, the ECU Center for Health Disparities and the ECU Ross School of Dental Medicine. Currently, the POD has three full-time staff (James Denney, Cheryl Walters and Chris Jackson).*
- *As a Basic Science Department in the ECU BSoM, faculty in the DPH are supported by the BSoM Office of Research and Graduate Studies (<http://www.ecu.edu/cs-dhs/bsomresearchgradstudies/>). This office “promotes development and facilitation of programs in research and in pre- and post-*

*doctoral training in Biomedical Sciences. The office is dedicated to sustaining excellence in graduate education and to strengthening the vital link between research and the educational process.” The Associate Dean of the BSoM Office of Research and Graduate Studies is Dr. Stephen Russ Price (<http://www.ecu.edu/cs-dhs/bsomresearchgradstudies/staffListing.cfm>).*

- *ECU faculty on both campuses receive research support through the Division of Research, Economic Development and Engagement (REDE, <https://rede.ecu.edu>), directed by Vice Chancellor Dr. Jay Golden (<https://rede.ecu.edu/vice-chancellor/>).*

*The mission of the REDE is to (<https://rede.ecu.edu/mission/>):*

- *“Foster success of faculty research, scholarship and creative activity consistent with ECU’s strategic goals.*
- *Facilitate efforts at the intersection of research, economic development, engagement and public service that seek to address ECU’s mission.*
- *Provide institutional resources to support new and existing research and engagement endeavors.*
- *Lead the strategic planning for research, economic development and engagement.*
- *Administer sponsored research and research compliance.*
- *Link external partners with expertise and programs within the university.*
- *Bring faculty, students and programs from across the institution together to solve compelling problems.*
- *Approve all proposals for extramural funding.*
- *Negotiate grants, contracts, and Memoranda of Understanding for grant-funded activities.*
- *Promote the ethical conduct of research and oversees compliance activities at ECU.*
- *Promote economic engagement by partnering with regional businesses for mutual benefit.*
- *Assist in technology transfer of new intellectual property by ECU faculty and staff.*
- *Provide support and guidance for community engaged scholarship.*
- *Lead the institution in providing public service to the community.*
- *Work closely with the provost, vice chancellor of academic affairs and the vice chancellor for health sciences to coordinate the effective use of available resources to support the above.”*

*Faculty at ECU align with one or more of the following Research Clusters designed to foster collaborative research opportunities:*

- *Big Data and Analytics*
- *Natural Resources and the Environment*
- *Health Behavior*
- *Human Health and Disease*
- *Precision Health*

- *STEAM Education*
- *Biomaterials*
- *Marine and Coastal*

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

1. *DPH Epidemiology Faculty member Dr. Suzanne Lea has been selected to be a part of the 2019 Cohort for the Engagement and Outreach Scholars Academy (EOSA) for the ECU Office of Community Engagement and Research (<https://rede.ecu.edu/engagement/>). The Academy provides professional development and project support for community engagement. Faculty selected to the program participate in cohort-based workshops and develop research projects with community partners. Dr. Lea has worked in the areas of community resilience after natural disasters (primarily hurricanes) and community responses to hazardous chemical exposures (GenX).*
2. *DPH Health Policy Administration and Leadership faculty member Dr. Ari Mwachofi received a scholarship in 2018 to participate in the Institute for Healthcare Improvement training focused on Organizational Leadership. Her participation in this program has been beneficial in her instruction in Health Policy, Administration and Leadership MPH courses.*
3. *DPH Community Health and Health Behavior faculty member Dr. Stephanie Pitts has been working with local corner stores to explore opportunities to provide healthy food options for their customers. Dr. Pitts was recently awarded funding from the Robert Wood Johnson Foundation and the National Institutes of Health to assess the impact of recent legislation designed to provide infrastructural support to these small retailers to enhance their capacity to store and sell fresh fruits and vegetables (<https://www.ncbi.nlm.nih.gov/pubmed/30487427>). Students assist Dr. Pitts as GAs in data collection from customers and store owners. These experiences are also incorporated into her CHHB teaching.*
4. *DPH Epidemiology faculty member Dr. Greg Kearney's research focuses on reducing environmental triggers that contribute to excess hospitalizations for pediatric asthma (<https://www.ecu.edu/cs-admin/news/Asthma-Research.cfm>). Dr. Kearney has been able to incorporate his experiences into his instruction in the MPH 6035 course (Interdisciplinary Rural Public Health) and work with GA to provide mentorship to students interested in this area of research.*
5. *Community Health and Health Behavior faculty member Dr. Nancy Winterbauer co-leads the West Greenville Health Council (WGHC), a community-campus partnership focused on addressing health disparities the West Greenville community, a largely African American, low-income community (<https://www.facebook.com/WestGreenvilleHealthCouncil/>) facing significant health challenges. Dr. Winterbauer engages students in a variety of ways with the WGHC, including serving as GAs, volunteer work through PHO as well as through activities incorporated into the MPH 6605 (Evaluating Public Health Programs) course.*

- 4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.
1. MPH student Fei “Tommy” Gao was recently acknowledged for his research as the recipient of the 2018 Student Research Paper Content from Preventing Chronic Disease, a journal of the Centers for Disease Control and Prevention (<https://blog.ecu.edu/sites/ecunow/blog/2018/07/23/recent-ecu-graduate-wins-national-research-contest/>). The study was an analysis of data from the National Health and Nutrition Examination Survey examining the health behaviors of women with gestational diabetes ([https://www.cdc.gov/pcd/issues/2018/18\\_0094.htm](https://www.cdc.gov/pcd/issues/2018/18_0094.htm)). Fei worked with DPH faculty member Dr. Huabin Luo on this project.
  2. MPH student Gabriel Beattie-Sergio received the Department’s first Schweitzer Fellowship in 2018 (<https://blog.ecu.edu/sites/ecunow/blog/2018/04/10/graduate-student-earns-ecus-first-schweitzer-fellowship-in-public-health/>). Gabriel’s work focuses on understanding the impact of recent hurricanes on childhood asthma in Eastern North Carolina. Gabriel is working with DPH faculty member Dr. Gregory Kearney.
  3. MPH student Jasmine Hayes received a North Carolina Sea Grant (<https://ncseagrant.ncsu.edu/news/2017/07/nc-sea-grant-and-wrri-name-five-graduate-fellows/>) to design a conceptual model for community resilience after natural disasters. Jasmine worked with DPH faculty member Dr. Suzanne Lea and faculty from the University of North Carolina at Pembroke.
  4. Students regularly participate in faculty research as Graduate Assistants (GAs). GA positions are paid either by stipends provided to the Department by the ECU graduate School or funding from research grants or start-up funds allocated to faculty. Students are included in publications and conference presentations as collaborators as part of their GA activities.
  5. Students participate with DPH faculty as part of their Professional Paper (ILE) experience. Students identify faculty to work with on their Professional Paper based on the research interests of the faculty (<https://www.ecu.edu/cs-dhs/publichealth/upload/Pro-Paper-Potential-Topics-032219.pdf>) as well as their own personal and professional interests. Students are encouraged to submit their Professional Paper research for presentation at University, regional, state and national conferences, as well as for publication in peer-reviewed journals.
  6. Students are provided opportunities to work with ECU faculty and staff in Centers and Institutes that focus on public health issues, including the North Carolina Agromedicine Institute, the Center for Health Disparities and the Diabetes and Obesity Institute. These opportunities include formal coursework, GA positions, and volunteer activities.
- 5) Describe the role of research and scholarly activity in decisions about faculty advancement.

*The DPH Promotion and Tenure Guidelines (See above and **Section A.1 of the Electronic Resource File**) identifies the criteria by which research and scholarly activities are considered by the DPH Promotion and Tenure Committee in decisions related to faculty advancement. All products associated with research and scholarly*

activities (manuscripts, book chapters, descriptions of research grants, etc.) are included in the Faculty CV, are included Faculty180 and the faculty members PAD. External reviewers for faculty members going up for promotion and tenure are provided three key publications that are agreed upon by the Promotion and Tenure Committee and the faculty member.

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

The table below provides three years of research and scholarly activities related to peer-reviewed manuscripts, research grants submitted and presentations at state or national conferences. Currently, the DPH does not have department-level benchmarks for these activities.

<b>Outcome Measures for Faculty Research and Scholarly Activities</b>				
<b>Outcome Measure</b>	<b>Target</b>	<b>2018 – 2019 (To Date)</b>	<b>2017 - 2018</b>	<b>2016 - 2017</b>
Publication in peer-reviewed journal	N/A	40	44	38
Research grants submitted (total funding)	N/A	\$666,464	\$554,493	\$1,195,516
Presentations at state or national meetings	N/A	15	51	26

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

ECU DPH faculty has done an excellent job incorporating their research expertise into the individual and corporate instructional experiences of our MPH students. The opportunities to work among the many health disparities populations in our service region and the varied experiences of our faculty provide valuable opportunities to develop into engaged public health professionals (see table below on page 123). The DPH faculty and leadership will continue to evaluate how these opportunities might be connected directly to emerging public health issues. The DPH currently doesn't have specific collective benchmarks for research and scholarly activities, which will need to be considered. There has been a concerted effort by ECU administration to increase research funding as part of the University's Strategic Plan (<http://www.ecu.edu/cs-acad/strategicplan/research18.cfm>).

<b>Faculty Name</b>	<b>Rank</b>	<b>Research Interests</b>
Community Health and Health Behavior Concentration		
Stephanie Pitts	Professor	• Nutrition

	<i>(Tenured)</i>	<ul style="list-style-type: none"> <li>• <i>Obesity</i></li> <li>• <i>Environmental and Policy Change to Improve Diet and Physical Activity in Underserved Populations</i></li> </ul>
<i>Marla Hall</i>	<i>Assistant Professor (Tenure-Track)</i>	<ul style="list-style-type: none"> <li>• <i>Community-based Participatory Research</i></li> <li>• <i>Cultural Competence (academic preparation and continuing education)</i></li> <li>• <i>Health Disparities and Disproportionality</i></li> <li>• <i>Chronic Disease Prevention and Control</i></li> </ul>
<i>Nancy Winterbauer</i>	<i>Associate Professor (Tenured)</i>	<ul style="list-style-type: none"> <li>• <i>Public Health Services and Systems Research and Evaluation</i></li> <li>• <i>Community-Engaged Scholarship</i></li> <li>• <i>Disenfranchised Populations</i></li> </ul>
<i>Ann Rafferty</i>	<i>Teaching Associate Professor (Fixed-Term)</i>	<ul style="list-style-type: none"> <li>• <i>Population-based Survey Research</i></li> <li>• <i>Nutrition</i></li> <li>• <i>Physical Activity</i></li> </ul>
<i>Epidemiology</i>		
<i>Ronny Bell</i>	<i>Professor (Tenured)</i>	<ul style="list-style-type: none"> <li>• <i>American Indian Health Disparities</i></li> <li>• <i>Chronic Disease Epidemiology</i></li> <li>• <i>Oral Health</i></li> </ul>
<i>Suzanne Lea</i>	<i>Associate Professor (Tenured)</i>	<ul style="list-style-type: none"> <li>• <i>Cancer Epidemiology</i></li> <li>• <i>Public Health Practice</i></li> <li>• <i>Disparities</i></li> <li>• <i>Community Resilience After Natural Disasters and Environmental Hazards</i></li> </ul>
<i>Gregory Kearney</i>	<i>Associate Professor (Tenured)</i>	<ul style="list-style-type: none"> <li>• <i>Environmental and Occupational Asthma</i></li> <li>• <i>Climate Change and Public Health</i></li> <li>• <i>Public Health Surveillance</i></li> </ul>
<i>Juhee Kim</i>	<i>Teaching Associate Professor (Fixed-Term)</i>	<ul style="list-style-type: none"> <li>• <i>Prenatal Nutrition</i></li> <li>• <i>Nutrition Intake Among Infants and Toddlers</i></li> <li>• <i>Gestational Diabetes</i></li> <li>• <i>Nutrition and Oral Health</i></li> </ul>
<i>Sinan Sousan</i>	<i>Assistant Professor (Tenure-Track)</i>	<ul style="list-style-type: none"> <li>• <i>Occupational and Environmental Exposure Assessment, Prevention, and Control</i></li> <li>• <i>Agricultural Safety and Health</i></li> <li>• <i>Indoor Air Quality and Air Treatment</i></li> <li>• <i>Aerosol Generation, Sampling, Control, Detection, and Characterization</i></li> <li>• <i>Development of Low-cost Air Quality Monitors for Exposure Assessment</i></li> <li>• <i>Bioaerosol Sampling and Treatment</i></li> <li>• <i>Air Quality Modeling</i></li> </ul>
<i>Lok Pohkrel</i>	<i>Assistant Professor (Tenure Track)</i>	<ul style="list-style-type: none"> <li>• <i>Nanotoxicology (Human Toxicology and Ecotoxicology)</i></li> <li>• <i>Nano-Technology Development</i></li> <li>• <i>Nano-Bio Interactions and Surface Chemistry</i></li> <li>• <i>Risk Assessment of Legacy and Emerging Contaminants</i></li> <li>• <i>Water Quality Assessment</i></li> <li>• <i>Microbial Resistance</i></li> </ul>

		<ul style="list-style-type: none"> <li>• <i>Environmental Health and Safety</i></li> <li>• <i>Sustainability and Green Chemistry</i></li> </ul>
<i>Health Policy, Administration and Leadership</i>		
<i>Rasmita Basu</i>	<i>Assistant Professor (Tenure-track)</i>	<ul style="list-style-type: none"> <li>• <i>Economics of aging/long-term care delivery and financing.</i></li> <li>• <i>healthy lifestyle behavior in prevention of chronic illness</i></li> <li>• <i>Social determinants of health</i></li> <li>• <i>Value of health economic evaluation in public health and healthcare decision-making.</i></li> </ul>
<i>Huabin Luo</i>	<i>Assistant Professor (Tenure-track)</i>	<ul style="list-style-type: none"> <li>• <i>Public Health System Research</i></li> <li>• <i>Health Care Disparities</i></li> <li>• <i>Long-term Care Quality and Management</i></li> </ul>
<i>Ruth Little</i>	<i>Assistant Professor (Tenure-Track)</i>	<ul style="list-style-type: none"> <li>• <i>Health Care Delivery to Underserved Populations</i></li> <li>• <i>Interdisciplinary Community Health Education</i></li> <li>• <i>Access to Health Care</i></li> <li>• <i>Health Care Management and Personnel Administration</i></li> <li>• <i>Health and Aging</i></li> </ul>
<i>Ari Mwachofi</i>		<ul style="list-style-type: none"> <li>• <i>Health Disparity Populations (Racial and Ethnic Minorities, Persons with Disabilities, Rural Populations)</i></li> <li>• <i>Electronic Health Information Systems</i></li> <li>• <i>Cost Effectiveness Analysis of Health Programs</i></li> <li>• <i>Policy Impact Analysis</i></li> <li>• <i>Social and Economic Determinants of Health</i></li> <li>• <i>Household Health Production</i></li> <li>• <i>Access to Health Care and to Other Services</i></li> <li>• <i>Socioeconomic Status and Access to Care for People with Disabilities</i></li> <li>• <i>Household Gender-structure and Health Production</i></li> <li>• <i>Participatory Action Research Methods</i></li> </ul>

## *E5. Faculty Extramural Service*

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

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

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

*The following is from the ECU DPH Promotion and Tenure Guidelines (the full document is available in **Section A.1 of the Electronic Resource File**):*

***“Service:** Professional service may not be weighted more heavily than teaching or research/creative activity. The candidate may meet the service criteria in a number of ways:*

*The minimum service requirement is:*

1. *Served on 1 institutional committee (Brody School of Medicine or ECU) for 1 term;*
2. *Served on 2 separate departmental committees for at least 2 terms that need not be consecutive.*

*Other service criteria are:*

1. *Led development and approval of new curriculum, course(s), or program(s);*
2. *Participated in the activities of at least 1 health professional organization at the national level (served as an officer or committee/work group chair or member);*
3. *Actively involved in a community-based or policy-making body at the state or county level that has public health impact;*
4. *Providing lectures and seminars as service to other Brody School of Medicine or ECU instructors teaching health-related topics;*
5. *Served as a reviewer for a peer-reviewed journals, editorial boards;*
6. *Served as a grant review panel member*

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

*The following is a list of available university and program support for DPH faculty extramural service:*

1. *The mission of the ECU Office of Community Engagement and Research (OCER, <https://rede.ecu.edu/engagement/>) is to enrich and prepare ECU students, faculty and staff to support a thriving future for eastern North Carolina and the world. The office reinforces the enduring values of the university's commitment to maximize student success, serve the public and lead regional transformation. The OCER offers the following services: a) Engaged and Outreach Scholars Academy (<https://rede.ecu.edu/engagement/programs-and-initiatives/eosa/>); b) The Public Service Fellows Program (<https://rede.ecu.edu/engagement/programs-and-initiatives/secu-psf/>); c) Engaged Scholarships Workshops (<https://rede.ecu.edu/engagement/programs-and-initiatives/engaged-scholarship-grants-workshop/>); d) Community Engaged Scholarship Resources Database (<https://rede.ecu.edu/engagement/resources/>)*
  2. *The DPH provides financial support for faculty to participate in extramural service activities as funds are available. DPH faculty can also use funds generated from F&A accounts from departmental research grants. Faculty are encouraged to participate in local, regional, state and national organizations as a part of their service obligation for their faculty commitment.*
- 3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.
1. *DPH Chair Dr. Ronny Bell serves as Chair of the North Carolina Diabetes Advisory Council (DAC, <https://www.diabetesnc.com/diabetes-advisory-council/>). Students are encouraged to attend DAC meetings and interact with council members Dr. Bell engages students in their Professional Paper (ILE) research on issues relevant to diabetes and American Indian health in the state.*
  2. *DPH Faculty member Dr. Nancy Winterbauer serves as the co-lead for the West Greenville Health Council as described above. As part of her service in this role, she engages students in service as GAs and volunteers, as well as incorporating her experiences with the students in her Public Health Planning course.*
  3. *DPH Faculty member Dr. Ruth Little serves on the North Carolina Board of Examiners for Nursing Home Administrators (<http://www.ncbenha.org/>) and as Vice Chair of their Licensing Board. In this capacity, Dr. Little is able to provide academic and career guidance to MPH students interested in serving in the Long Term Care Administration profession. Dr. Little took the lead in developing the MPH Internship and has developed a section of the internship course focused on providing students with an Administrators in Training (AIT) fellowship. Dr. Little was also instrumental in working to help establish the Craig Souza Endowed Scholarship to provide funding for students during their AIT experience. Students who receive this scholarship attend the North Carolina*
  4. *DPH Faculty member Dr. Suzanne Lea served as the President of the North Carolina Public Health Association (NC PHA) in 2017. In her capacity, Dr. Lea was able to support MPH students to attend the NC PHA) Fall Education Conference and join as student members.*
  5. *A number of DPH faculty are involved as consultants or members of regional and state organizations focused on minority health and health disparities. As such, these*

*organizations provide faculty members the venue and resources to develop GA, volunteer and research/internship opportunities for students:*

- a. *DPH Faculty member Dr. Marla Hall serves as a consultant with the North Carolina Office of Minority Health and Health Disparities;*
- b. *Dr. Bell serves as the Chair of the North Carolina American Indian Health Board (<http://ncaihb.org/>).*
- c. *Drs. Bell, Hall, Lea and Winterbauer have adjunct faculty appointments in the ECU Center for Health Disparities (CHD). As such, they have opportunities to collaborate with faculty and staff in the ECU CHD on important service activities in our service region.*

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

*Student opportunities to engage in faculty extramural service activities are described in Section E.5.3 above*

- 5) Select at least three of the indicators that are meaningful to the program and relate to service. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context.

*The indicators that are meaningful to the program are related to those described in the Promotion and Tenure guidelines. We have not identified relevant indicators to assess progress at this point.*

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

*Service is one of the three main areas whereby faculty are evaluated on an annual basis by the DPH chair (for all faculty), and in their five-year performance review. In general, a DPH faculty member's effort allocation is set at 40% research and scholarly activities, 40% teaching and 20% service. While the general distribution for service is lower than it is for the other two areas, faculty are nonetheless strongly encourage to take an active role and departmental, University and professional service. As described in Section E.5.1 above, criteria are set with regards to the types and amounts of service that is expected for promotion to be considered.*

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

*DPH faculty are actively engaging in public health service activities locally, regionally and across the state and nation. Faculty have expertise in a variety of public health domains and across various populations groups and disciplines which are well suited for active leadership in these areas. Two faculty, Drs. Sousan and Pokhrel, are new to the department and to Eastern North Carolina, but are making efforts to become engaged in service arenas. This service must be balanced with the other responsibilities by the*

*faculty, which often times presents challenges. The DPH Chair tries to work with the faculty to ensure adequate balance across their teaching, research and service obligations.*

*F1. Community Involvement in Program Evaluation and Assessment*

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

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

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

*The ECU DPH has an active and engaged Community Advisory Board (CAB). Members are leaders representing the diverse domains of public health and include several local health directors, and representatives from the Veteran's Administration, state Department of Public Health, federally qualified health centers, hospitals, state legislators, long term care facilities, non-profit agencies and alumni. The CAB (See **Appendix 2** for a list of the CAB members and their current job titles; the list of CAB members is also available on the DPH website at: <http://www.ecu.edu/cs-dhs/publichealth/faculty/index.cfm> meets 1-2 times annually and provides valuable input on program development and changes. The CAB Policies and Procedures Document are provided in **Section A.1 of the Electronic Resource File**.*

*The ECU DPH is also in the process of developing an alumni association. Archana Kaur, Alumni Coordinator, is working with the ECU Medical and Health Sciences Foundation and the ECU Alumni Association to develop our alumni association, which we anticipate launching in Spring 2020.*

*The ECU DPH also receives valuable information from the numerous preceptors that interact with our students through the Applied Learning Experience (ALE). Preceptors are required to conduct two evaluations on students during the 10 – 12 week ALE experience, which provides useful information on how the students work in real-world public health settings on projects relevant to the agency and the service region.*

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

*CAB members are consistently engaged with DPH in a variety of ways, including teaching, providing expert content lectures in MPH courses, speaking on career development at PHO General Body meetings, serving as research collaborators for grants and publications, serving as preceptors for MPH students in their ALE and serving as advisors for program development.*

*CAB members were involved and have been informed of on-going discussions related to the future growth of public health programs at ECU. Mr. Jerry Parks, former Local Health Director for Albemarle Health District served on the School of Public Health Advisory Committee (2015-2016). Together with ECU faculty and recognized public health leaders, this group evaluated our current undergraduate, Master's and DrPH degree proposals and determined there was a critical need for a new school of public health. This group developed a vision, mission and goals for the future School of Rural Public Health that is projected to launch in August 2020.*

*The DPH has CAB members who have fixed term faculty or adjunct appointments in our Department. For example, Dr. Ron Gaskins, former director of Access East and newly appointed Director of Population Health for Vidant Health System, teaches MPH 6000 (Public Health Administration Practice). Mr. Marcus Johnson, Director of Strategic Services with the Durham VA, not only provides guest lectures but has precepted ALE and Professional Paper students in the Epidemiology concentration and has published with MPH students and faculty as a result of these collaborations. Mr. Ben Money, former Executive Director of the North Carolina Community Health Care Association and currently the Deputy Director of the NC Department of Health and Human Services, and Ms. Maggie Sauer, Executive Director of the North Carolina Rural Health Association, provide guest lectures in our MPH 6035 (Interdisciplinary Rural Health) course and work with their respective agencies to provide ALE and ILE experiences for our MPH students.*

*Our CAB members often provide content expertise in MPH courses. They are continuously engaged with our department coursework on a consistent basis. This is especially true in the MPH core and concentration classes where our CAB members provide important relevant information regarding specific subject matter. For example, the Edgecombe County Health Director shares their agency budget with students in MPH 6000 which gives our students a "live" budget to learn from rather than a textbook abstract example. CAB members as well as alumni precept our students in their internship or field practicum for mentoring students as they apply graduate public health competencies in public health practice settings. It is invaluable to students to have public health leaders serve as preceptors and mentors. This provides opportunities for future job placement. Our MPH students who focus in long term care are often hired for administrative positions even before their internship is complete. In fact, for these students, a challenge, but a nice challenge to have, is determining what job offer to accept and negotiating their start date after graduation.*

- 3) Describe how the program's external partners contribute to the ongoing operations of the program. At a minimum, this discussion should include community engagement in the following:
  - a) Development of the vision, mission, values, goals and evaluation measures

*Since the beginning of the program, the ECU DPH has utilized the expertise and experiences of its Community Advisory Board (CAB), and their knowledge of the*

*current and future needs of the service region, to shape the goals of the Department.*

*The DPH strategically schedules Community Advisory Board Meetings (CAB) to coincide with MPH internship/professional paper poster sessions for at least one of the two scheduled student poster sessions held annually. This approach assures public health practice leaders have opportunity to provide valuable insight on workforce needs and has successfully led to our graduates being employed to work in local/state public health post- graduation. One entire meeting of the CAB is annually devoted to MPH curriculum review by CAB membership to ensure students academic coursework is preparing them to meet workforce demands. Not only do CAB members participate in this strategic review meeting but also current MPH students, alumni, and other faculty from units that work closely with our department of public health. Our next scheduled meeting is August 23, 2019 and includes public health leaders from state public health, local health departments, community health center leaders, hospital, long term care, non-profit, AHEC, Camp Lejeune Naval Hospital and private health care providers aligning with ASPPH's 2014 Report, The MPH for the 21<sup>st</sup> Century that articulates graduates with MPH will increasingly work in diverse areas of public health, increasingly in the non-governmental or private sector.*

*Many of the CAB members have been involved in the on-going discussions regarding the need for, and subsequent launch of the DrPH and certificate programs, and in crafting the vision for the new School of Rural Public Health. These discussions will be continue to be an ongoing point of focus for the CAB meetings.*

b) Development of the self-study document

*Recent CAB meetings have been utilized to inform CAB members of the 2016 changes to the CEPH criteria and the re-accreditation process in 2019. CAB members were engaged in the 2012 accreditation process, and many of the current CAB members also served during that time. During our CAB meeting on April 18, 2019, CAB members were provided information about key elements of the self-study document, specifically the importance of aligning our concentration competencies with the needs in current and future public health settings. Our next CAB meeting (April 18, 2019), will allow for a review of the submitted self-study document. CAB members will also be informed of the need to participate in the September 12, 2019 site visit for the MPH program.*

c) Assessment of changing practice and research needs

*Two key examples of how the DPH utilizes our CAB to assess changing practice and research needs is the development of a focus in long term care administration*

*and substance abuse prevention. By engaging with the North Carolina Health Care Facilities Association, the North Carolina Board of Examiners for Nursing Home Administrators and alumni; the need for a graduate certificate in Aging/Long Term Care is being launched and has also resulted in updating course content to ensure relevancy. Because of the Department's consistent and ongoing engagement and responsiveness to the meet the needs of the changing public health workforce as we face a growing aging population, the Department's first Endowed Scholarship was awarded in 2018. The J. Craig Souza Scholarship currently exceeding \$100,000, was provided by donations from the membership of the North Carolina Health Care Facilities Association in recognition of their retiring president, Mr. Craig Souza's, leadership in partnering with Dr. Ruth Little to develop the long-term care focus in our MPH program.*

*The Harold H. Bate Foundation (<http://batefoundation.org/>) has awarded a long-term scholarship to students in the health administration concentration who will learn non-profit management of a coalition dedicated to substance abuse prevention. Students who are selected (2 per year) receive funding to work for one-year (12 months) and take coursework augmenting their applied learning in both their internships and professional paper courses under the mentorship of the agency and Dr. Little.*

*Our next scheduled meeting is August 23, 2019 and includes public health leaders from state public health, local health departments, community health center leaders, hospital, long term care, non-profit, AHEC, Camp Lejeune Naval Hospital and private health care providers aligning with ASPPH's 2014 Report, The MPH for the 21st Century that articulates graduates with MPH will increasingly work in diverse areas of public health, increasingly in the non-governmental or private sector.*

*The interaction of public health leaders with faculty is consistent and ongoing rather than sporadic or limited to rare occasions. As previously stated, our public health leaders, often CAB members, provide guest lectures in many of our classes, present at our student organization meetings, precept students in their field practicum, serve as content advisors for their professional papers and hire them post -graduation. This synergistic relationship is further demonstrated through the establishment in 2014 of the NCPHA academic public health practice research by Dr. Nancy Winterbauer. Our public health leaders are also faculty instructors; Dr. Ron Gaskins is Vice President for Population Health for Vidant Health Care, a network of 9 rural hospitals. He is also an instructor for 2 of the MPH courses that integrates academic knowledge and workforce skills for ensuring students have relevant skills.*

*Further evidence our curriculum response to workforce needs can be seen through the establishment several training programs outside of the MPH and DrPH. As noted in the literature, most of the public health workforce do not have degrees in public health. The FPHP certificate, led by Dr. Greg Kearney, has had*

*robust enrollment since inception. Dr. Bell and Dr. Lea are currently developing a clinical research certificate which would consist of existing and soon-to-be developed courses in Public Health. The target population would be ECU clinical residents, fellows and junior faculty and would provide clinicians exposure to public health research principles. The long-term care training continuum was developed by Dr. Little in collaboration and practice leaders for developing administrators with specific skillsets to meet workforce demands. Offering the MPH to military/civilians at Camp Lejeune Naval Hospital by Dr. Little was a direct response to the commander for public health serving on the CAB and calling for on-line MPH degree for their workforce to access. Dr. Marla Hall is the program coordinator for fully online beginning Fall 2019.*

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

*As mentioned above, many of our CAB members (or representatives from their agencies, serve as preceptors for the Internship (Applied Learning Experience) and/or content experts for the Professional Paper (Integrative Learning Experience). Agency preceptors/mentors work with the MPH students to identify competencies to focus on during their ALE/ILE activities.*

*Many of the CAB meetings are held in conjunction with the ALE/ILE poster sessions that are held at the end of each academic semester. Time is allocated for CAB members to view the posters and talk with students about their work. Since most of the students presenting their ILE will graduate in that semester, input from CAB members during the poster session provides an important opportunity for our students to obtain valuable input on the degree to which these competencies can be applied in the public health workforce setting.*

*The DPH has recently developed a process within the ALE to gather information from preceptors on how the students are achieving the CEPH and Concentration Competencies during their time with the agency. Preceptors complete evaluations at the mid-point (120 hours) and at the end of the ALE (240 hours).*

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

*The agendas and minutes for the ECU DPH CAB meetings are provided in **Section F.1. of the Electronic Resource File.***

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

*The ECU DPH is very fortunate to have a highly regarded group of public health professionals who are willing to serve as members of the CAB. These members represent the diversity of areas of focus of the program and the large geographic service region of the Department and the Institution. The Department has had consistent leadership with the CAB through Dr. Little's service as the faculty organizer of the CAB. An area of improvement is reflected in the transition of having co-chairs of the CAB (one from the public health practice community and the other from academia). This will enhance our current success and afford new opportunities for engagement. As noted above, the CAB serves the Department in a variety of ways, and have been actively engaged in the current and future activities for the MPH, DrPH and the School of Rural Public Health.*

*As the CAB represents highly influential public health professionals in the region, it is often challenging to consistently engage these representatives given their busy schedules. While CAB meeting attendance is consistently very high, there is nonetheless a recognition to not overburden these professionals with CAB activities. Also, due to limited funds, the Department is not able to pay for travel expenses for CAB members, so these dedicated individuals donate not only their time but their travel expenses to participate in CAB meetings. Many of the CAB members work for agencies that are at least 2 hours drive away from ECU, so we recognize the tremendous value of having our CAB members attend meetings in person. We do provide food as the availability of funds permit. While we make the meetings available via phone or videoconference, personal engagement seems to be far more effective in helping us achieve our collective goals. Also, transitions in Departmental leadership since 2014 has led to some degree of change in momentum in that there was an interim Department Chair from 2014 – 2016, and a new Chair (Dr. Bell), who came from another academic institution, who began in 2016.*

*F2. Student Involvement in Community and Professional Service*

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

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

*DPH MPH students are involved in a number of service, community engagement and professional development activities during their time in our program. These opportunities are provided through their MPH courses, through the activities organized by the student organization (PHO), through activities organized by the Department and the University, and through regional, state and national conferences and professional development events. The non-course related activities are promoted by email, the Department website and on the DPH and PHO social media pages.*

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

*The table below provides a brief description of professional and community services opportunities made available to MPH students in the last three years.*

<i>Activity</i>	<i>Description</i>
<i>National Public Health Week</i>	<i>Daily activities are organized by PHO during National Public Health Week in conjunction with the Health Education and Promotion Department in the College of Health and Human Performance. Activities include: walking sessions, blood drives, guest speakers, service projects at community agencies, etc.</i>
<i>PHO General Body Meetings</i>	<i>PHO uses their monthly meetings to promote professional development opportunities. MPH alumni who currently serve in local/regional agencies as well as state and national leaders are invited to come share their experiences in the public health workforce.</i>
<i>PHO Community Service Activities</i>	<i>PHO organizes on-going service events with local agencies, including 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.</i>
<i>Schweitzer Fellowship</i>	<i>Two MPH students have received been selected to be Schweitzer Fellows: Gabriel Sergio-Beattie and Constantine</i>

	<p><i>Unanka. Both opportunities provide fellows to be engaged in research and service activities</i></p>
<p><i>DPH Sponsored Professional Development Activities</i></p>	<p><i>PHO students are encouraged to attend and volunteer in DPH Grand Rounds (see page 24 above and Appendix 3) and co-sponsored conferences, including:</i></p> <ul style="list-style-type: none"> <li>• <i>Annual Rural Health Symposium (<a href="https://www.easternahec.net/courses-and-events/55538/rural-health-symposium">https://www.easternahec.net/courses-and-events/55538/rural-health-symposium</a>)</i></li> <li>• <i>Annual Jean Mills Symposium (<a href="http://www.ecu.edu/cs-dhs/ah/jeanmills/">http://www.ecu.edu/cs-dhs/ah/jeanmills/</a>)</i></li> <li>• <i>Climate Change and Health Symposium: A Focus on Eastern North Carolina, March 23, 2017 (co-sponsored by Clean Air Carolina and the North Carolina State University Center for Human Health and the Environment)</i></li> <li>• <i>Second Annual John W. Hatch FaithHealth Lecture, November 28, 2017 (co-sponsored with the Wake Forest FaithHealthNC, <a href="https://faithhealthnc.org/">https://faithhealthnc.org/</a>)</i></li> <li>• <i>Eastern Regional Substance Abuse Prevention Summit, September 25, 2017 (co-sponsored with the Brody School of Medicine, the Department of Bioethics, and the Coastal Coalition for Substance Abuse Prevention)</i></li> <li>• <i>Symposium on Religion and Public Health, April 5 – 7, 2018 (co-sponsored with the ECU Department of Religious Studies)</i></li> <li>• <i>ECU Social Drivers Panel (co-sponsored with the Department of Family Medicine), April 12, 2019</i></li> </ul>
<p><i>Regional, State and National Conferences</i></p>	<p><i>Students are encouraged to attend and participate in (as poster or poster presenters) conferences focused on public health issues or available to ECU students. Examples of these conferences in which students have participated in past years include:</i></p> <ul style="list-style-type: none"> <li>• <i>ECU Research and Creative Activities Week (<a href="https://blog.ecu.edu/sites/rcaw/">https://blog.ecu.edu/sites/rcaw/</a>)</i></li> <li>• <i>ECU/Vidant Annual Unified Quality Improvement Symposium</i></li> <li>• <i>North Carolina Public Health Association Fall Educational Conference (<a href="https://ncpha.memberclicks.net/fall-educational-information-and-registration">https://ncpha.memberclicks.net/fall-educational-information-and-registration</a>)</i></li> <li>• <i>Eastern District NC Public Health Association Annual Spring Conference (<a href="http://easterndistrictpublichealth.org/events/">http://easterndistrictpublichealth.org/events/</a>)</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>UNC Minority Health Conference</i> (<a href="http://minorityhealth.web.unc.edu/">http://minorityhealth.web.unc.edu/</a>)</li> <li>• <i>UNC Wilmington Research and Innovation Day</i> (<a href="https://uncw.edu/chhs/research/researchday.html">https://uncw.edu/chhs/research/researchday.html</a>)</li> <li>• <i>American Public Health Association</i></li> <li>• <i>Association of Prevention Teaching Research Conference</i></li> </ul>
<p><i>Eastern Area Health Education Center (EAHEC)</i></p>	<p>The EAHEC (<a href="https://www.easternahec.net/">https://www.easternahec.net/</a>) provides continuing development training opportunities to health care professionals and trainees in the region. Recently, the North Carolina AHEC Program began the North Carolina AHEC Scholars program (<a href="https://www.ncahec.net/health-careers/ahec-scholars/">https://www.ncahec.net/health-careers/ahec-scholars/</a>), which recruits, trains, and supports a diverse group of students from across the state, creating a multidisciplinary team of health professionals committed to both community service and the transformation of health care in North Carolina. Several MPH students have been selected to participate as NC AHEC Scholars.</p>

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

*As can be seen above, DPH MPH students have a variety of opportunities to engage in community service and professional development activities during their time in the program, above and beyond the opportunities provided in the classroom and in their ALE/ILE experience. These opportunities align with the mission of the DPH as well as that of ECU to address the health needs of our service region. We are fortunate to have a number of collaborators on the Health Sciences and Academic Affairs campus, as well as in the local and regional community, to engage in community service and professional development activities.*

*With limited funding, we are unable to provide financial support to students to attend state and national conferences at the level that would be optimal. We strongly encourage students to pool resources while attending conferences, or work with their faculty member to identify resources either in the Department or through grant or University funding. As the Department transitions into a School of Public Health, we anticipate that we will have more resources to support student professional development opportunities.*

F3. Assessment of the Community's Professional Development Needs

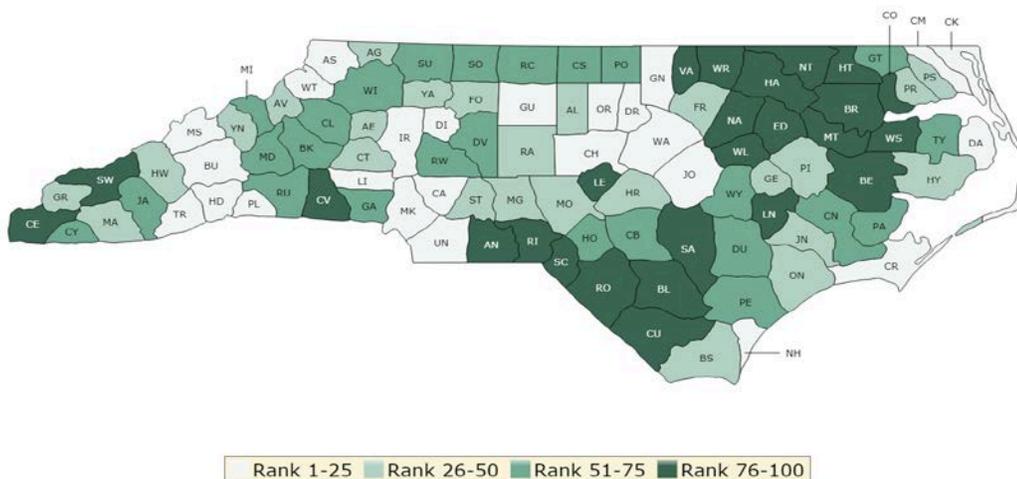
**The program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.**

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

*The major focus region of the ECU DPH is Eastern North Carolina (ENC). There are two primary designations of Eastern North Carolina: ENC41, which represents the 41-county region which is the counties in the state to the east of Interstate 95. A subset of the region is ENC29, which is the 29-county region east of Interstate 95 and north of Interstate 40. ENC is a largely rural region, with high rates of poverty, under/unemployment and low levels of formal education, ENC is a racially/ethnically diverse region, with a large concentration of African Americans and migrant Hispanic populations, and is also home to five of the eight organized American Indian tribes in the state (Haliwa-Saponi, Meherrin, Coharie, Lumbee, Waccamaw Siouan). ENC is also the major focus region for ECU, the Brody School of Medicine, and the Vidant Health System.*

*ENC experiences a number of significant and persistent health problems. ENC is unique in that it is part of the Stroke Belt*

*([https://www.cdc.gov/dhdsp/maps/national\\_maps/stroke\\_all.htm](https://www.cdc.gov/dhdsp/maps/national_maps/stroke_all.htm)), the Diabetes Belt (<https://www.cdc.gov/diabetes/pdfs/data/DiabetesBelt.pdf>), and the Colorectal Cancer "Hot Spot" (<http://cebp.aacrjournals.org/content/24/8/1151>). Fifteen of the 25 counties in the lowest quartile for health outcomes according to the NC County Health Rankings are located in ENC (see map below, downloaded from: <http://www.countyhealthrankings.org/sites/default/files/state/downloads/2019%20Health%20Outcomes%20-%20North%20Carolina.png>)*



*Age-adjusted death rates are substantially greater in ENC than the rest of the state for virtually all major causes of death.*

- *Heart disease mortality is 14% greater*
- *Cancer (all sites) mortality is 8.7% greater*
- *Lung cancer mortality is 12.5% greater*
- *Colon cancer mortality is 18.2% greater*
- *Diabetes mortality is 20% greater*
- *Stroke mortality is 13.8% greater*
- *Unintentional motor vehicle injuries mortality is 24.6% greater*
- *Other Unintentional injuries mortality is 2.5% greater*
- *Homicide is 35% greater*
- *Septicemia mortality is 10.6% greater*

*In terms of premature mortality (i.e., years of life lost before age 75), the 2014 US data indicate North Carolina ranks 34th among the 50 states. If the 41-county Eastern North Carolina region were a state, it would rank 43rd; above Tennessee, Kentucky, Louisiana, Alabama, and West Virginia. If the rest of North Carolina (59 counties) were considered alone, it would rank 29th, with a rate most similar to Montana's*  
[\(\[http://www.ecu.edu/cs-dhs/chsrd/RegionalHealthStatus/41RegHealthStatus\\\_ENC\\\_Compared\\\_2016.cfm\]\(http://www.ecu.edu/cs-dhs/chsrd/RegionalHealthStatus/41RegHealthStatus\_ENC\_Compared\_2016.cfm\)\)](http://www.ecu.edu/cs-dhs/chsrd/RegionalHealthStatus/41RegHealthStatus_ENC_Compared_2016.cfm)

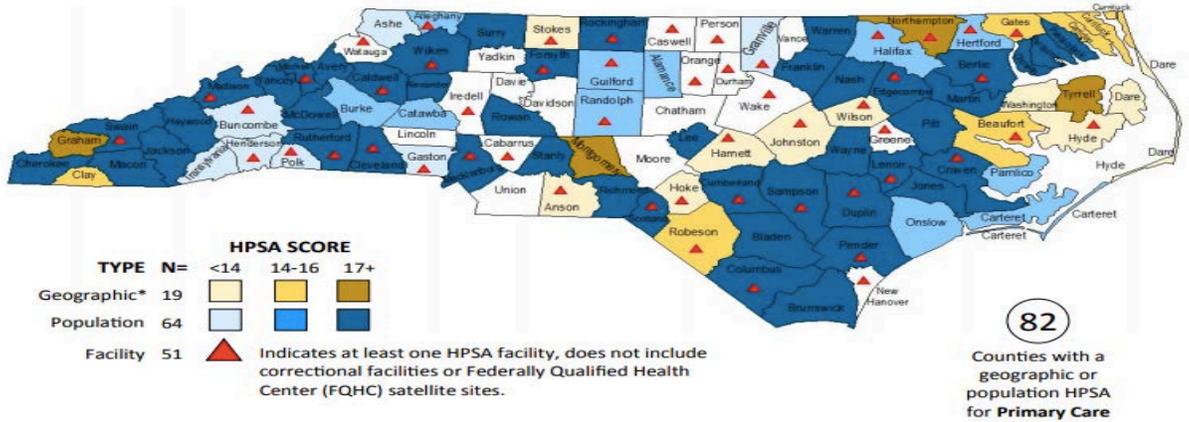
- 2) Describe how the program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs.

*The DPH has not recently conducted a formal evaluation of the public health workforce needs of the region as it relates to the MPH program. There is limited quantitative data available on the level of need of public health professionals in ENC. However, the need for our program has been largely assessed through feedback we have received from our CAB, an assessment of the need for a DrPH and certificate program conducted by the DPH in 2016, and the recognized need for health professionals in our service region.*

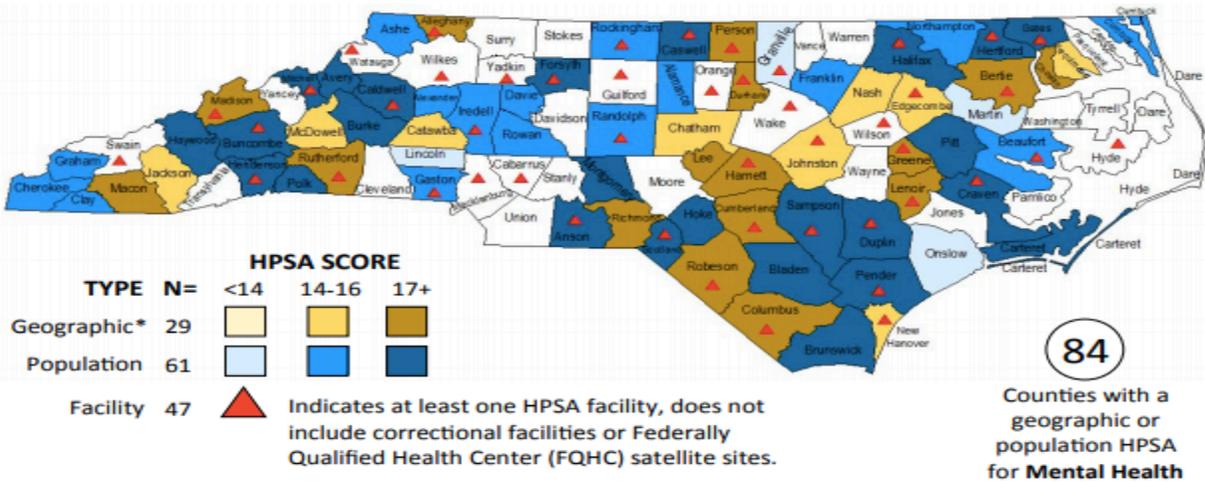
*The maps below, generated by the North Carolina Office of Rural Health (<https://files.nc.gov/ncdhhs/2018%20NC%20DHHS%20ORH%20HPSA%20One%20Pager.pdf>), graphically illustrate the need to provide primary care, mental health care and dental health care providers in ENC. Essentially all of the counties in ENC are designated as a geographic or population Health Professionals Shortage Area (HPSA) for all three types of care.*

*The DPH will continue to work with our CAB and gather information from the Office of Rural Health to gauge the public health and health service needs of our service region. This process will be further refined as the DPH evolves into a School of Public Health. We recognize that some of these needs evolve based on emergent issues in our region, such as the opioid epidemic, natural disasters (particularly hurricanes and flooding) recovery and resilience, climate change and social determinants of health.*

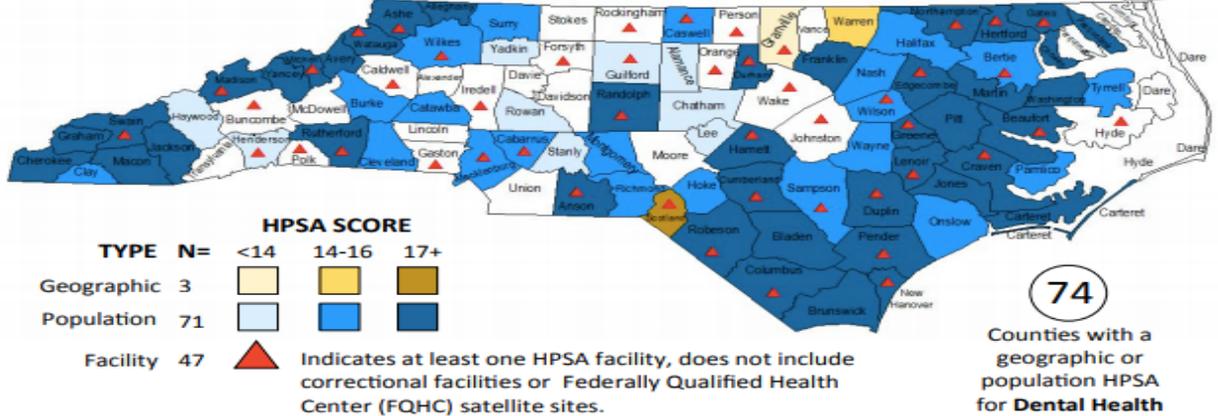
### Primary Care



### Mental Health



### Dental Health



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

*The ECU DPH is fortunate to have the opportunity to train public health professionals to serve in a region that can benefit from the delivery of high-quality public health services. The mission of the ECU DPH align very well with that of the ECU Division of Health Sciences and the University as a whole. There are very strong public health and health care agencies in the region who require a well-trained public health workforce, and the North Carolina Division of Health and Human Services and Department of Public Health recognize the acute health care and provide funding and program opportunities focused on addressing disparities in ENC. The formal approval of the ECU School of Rural Public Health in May 2018 by the UNC Board of Governors was in large part an indication of the need to provide highly-skilled public health professionals for the region.*

*As the School is launched in 2020, there will be a need to better understand the unique needs for public health professionals in the region. A formal data collection process will need to be conducted to assess this need. Such an effort could be conducted in collaboration with the Cecil B. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill (<https://www.shepscenter.unc.edu/>). There will also be the opportunity to coordinate efforts with the newly launched Health ENC initiative (<http://www.healthenc.org/>), which is a partnership of local health departments and hospitals in ENC designed to standardize Community Health Needs Assessments and enhance their reach and impact.*

#### *F4. Delivery of Professional Development Opportunities for the Workforce*

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

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

*The DPH is actively engaged in sponsoring or co-sponsoring professional development activities for our faculty and students, as well as faculty and students on both ECU campuses. The topics selected for these activities are based on a variety of factors, including emerging needs in our serving region (e.g., climate change, opioid epidemic), or through existing programs primarily offered by other organizations that closely align with the mission of the DPH.*

*Professional development activities for the DPH are primarily organized by the Continuing Education Committee, currently under the leadership of Dr. Nancy Winterbauer (see **Section A.1 of the Electronic Resource File** for the DPH Continuing Education Committee Policy and Procedures document). As noted in Section A.1, the DPH organizes at least two Public Health Grand Rounds each semester. These lectures are generally focused on emerging public health issues that are relevant not only to ECU faculty and students, but also to public health professionals in the region.*

*The DPH also take an active role in identifying opportunities to collaborate with other ECU programs to co-sponsor professional development programs. Since 2018, the DPH has been a co-sponsor of the Annual Jean Mills Symposium (<http://www.ecu.edu/cs-dhs/ah/jeanmills/index.cfm>). The Symposium is named in honor of Jean Mills, an ECU graduate who had a passion to address the health needs of African Americans in the region. The Symposium focuses on a different health disparities topic each year. In 2018, the focus was on disparities in obesity and diabetes, with a keynote address from Dr. Leandris Liburd, Associate Director for the CDC Office of Minority Health and Health Disparities (<https://www.cdc.gov/about/leadership/leaders/omhhe.html>). The 2019 Symposium was held at a local African American Church and focused on healthy lifestyles. Our keynote speaker was Rev. Richard Joyner, Senior Pastor of Conetoe Missionary Baptist Church, who was recently named as a CNN Hero (<https://www.cnn.com/2015/09/24/us/cnn-heroes-joyner/index.html>). In 2020, the Jean Mills Symposium will be housed in the DPH.*

*The DPH also works with the Eastern AHEC as a co-sponsor of the Annual Rural Health Symposium (<https://www.easternahec.net/courses-and-events/55538/rural-health-symposium>). Dr. Bell serves on the planning committee for the Symposium. The event is attended by ECU faculty and clinicians, local public health and health care providers, students and community representatives. Continuing education credits are offered for health professionals through Eastern AHEC.*

The DPH also takes the initiative to convene professional development activities based on emerging public health issues in the region. On March 23, 2017, DPH Faculty member Dr. Greg Kearney led the coordination of a Climate Change and Public Health Symposium. The Symposium included presentations by:

- Dr. George Luber, Chief, Climate and Health Program, National Center for Environmental Health, Centers for Disease Control and Prevention;
- Wayne Cascio, Director, Environmental Public Health Division, US Environmental Protection Agency;
- Lauren Thie, Epidemiologist, Division of Public Health, North Carolina Department of Public Health;
- Lawrence Raymond, Director, Occupational and Environmental Medicine, HEALTHWORKS Division, Carolinas HealthCare System;
- Ashley Ward, Climate Integration and Outreach Associate, Carolinas Integration and Sciences and Assessments, Southeastern Climate Center, UNC Chapel Hill
- Chad Carwein, University Sustainability Manager, East Carolina University;
- Laura Wenzel, Medical Advocates for Healthy Air, Clean Air Carolinas

In response to the opioid crisis in rural Eastern North Carolina, DPH Faculty member Dr. Ruth Little led the coordination of the Eastern Region Substance Abuse Summit on September 25, 2017. The Summit included a keynote address by North Carolina State Health Director and Chief Medical Officer Dr. Betsy Tilson (<https://www.ncdhhs.gov/about/leadership/elizabeth-cuervo-tilson>) and a presentation by Ms. Kelli Glynn, Chair of the Board for the Coast Coalition for Substance Abuse Prevention (CCSAP, <http://ccsap.org/>).

In April 2018 the DPH partnered with the ECU Department of Religious Students to convene symposium on religion and public health. Keynote speakers for the symposium were Dr. John Blevens and Dr. Ellen Idler from the Emory Religion and Public Health Collaborative (<http://www.rphcemory.org/>). The symposium also included a poster presentation session from ECU faculty and students.

- 2) Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the program).

<b>Activity</b>	<b>Sponsor/Co-Sponsor</b>	<b>Approximate Number of Attendees</b>
<i>DPH Public Health Grand Rounds (See Section A.1 and Appendix 3)</i>	<i>Varied on event</i>	<i>Varied based on event</i>
<i>Annual Rural Health Symposium</i> ( <a href="https://www.easternahec.net/courses-and-events/55538/rural-health-symposium">https://www.easternahec.net/courses-and-events/55538/rural-health-symposium</a> )	<i>Eastern AHEC, Brody School of Medicine</i>	<i>200 - 250</i>

<i>Annual Jean Mills Symposium (<a href="http://www.ecu.edu/cs-dhs/ah/jeanmills/index.cfm">http://www.ecu.edu/cs-dhs/ah/jeanmills/index.cfm</a>)</i>	<i>ECU College of Allied Health Sciences</i>	<i>Varied based on event</i>
<i>Climate Change and Public Health Conference (<a href="https://www.northcarolinahealthnews.org/2017/03/23/local-knowledge-key-responding-climate-change/">https://www.northcarolinahealthnews.org/2017/03/23/local-knowledge-key-responding-climate-change/</a>) March 23, 2017 – Dr. Greg Kearney</i>	<i>ECU Office of Sustainability, Clean Air Carolina, North Carolina State University Center for Human Health and the Environment</i>	<i>150</i>
<i>Eastern Region Substance Abuse Prevention Summit (<a href="http://www.reflector.com/News/2017/09/26/Seeking-community-based-solutions-to-opioid-epidemic.html">http://www.reflector.com/News/2017/09/26/Seeking-community-based-solutions-to-opioid-epidemic.html</a>) September 25, 2017 – Dr. Ruth Little</i>	<i>Coastal Coalition for Substance Abuse Prevention, Brody School of Medicine, ECU Department of Bioethics and Interdisciplinary Studies, ECU Office of Health Access</i>	<i>200 - 250</i>

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

*The DPH has done a good job of identifying public health issues in which professional development trainings are warranted. The DPH has also developed sustainable partnerships with other organizations to co-sponsor trainings to maximize efficiency. Limited resources prohibit our ability to hold more events, but as the DPH transitions into a School of Rural Public Health, there will be more opportunities and resources available to host/co-host these types of events. The DPH will also need to explore opportunities to coordinate and implement professional development trainings that can potentially generate funding for the Department.*

## *G1. Diversity and Cultural Competence*

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

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

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

*As described in Section F3 above, the priority population for the ECU DPH program in its educational, research and engagement endeavors is the rural, underserved region of Eastern North Carolina (ENC). The focus on ENC is consistent with the mission of ECU, the largest University in the region and with the Division of Health Sciences, which contains the only medical school and dental school in the region. ENC experiences persistent health disparities that are largely driven by the social determinants of health (poverty, limited formal education, limited health care resources, etc.) and has a significantly large racial/ethnic minority population (African American, American Indian, Hispanic) that has been impacted by racial segregation and discriminatory practices. ECU also has a strong focus on first-generation college students as well as students who are active duty military and veterans. There are five major military bases within a short distance of the ECU campus (Fort Bragg Army Base and Pope Air Force Base in Fayetteville, NC; Seymour Johnson Air Force Base in Goldsboro, NC; Camp Lejeune Marine Base in Jacksonville, NC; Cherry Point Marine Base in Havelock, NC).*

*ECU has recently launched the Rural Prosperity Initiative (<https://rede.ecu.edu/rural-prosperity/>) designed to understand and address the economic, educational and health needs of the rural populations in ENC. A significant component of this Initiative is the establishment of the ECU School of Rural Public Health in Fall 2020. ECU has also developed a partnership with SAS to create data analytics and visualization tools to support these focused efforts (<https://news.ecu.edu/2018/02/13/innovative-software/>).*

*Also consistent with the mission of ECU, the DPH is commitment to the recruiting, retaining and advancing of a diverse body of faculty and students. Of the 13 primarily appointed faculty in the DPH, three are from racial and ethnic minority groups underrepresented in health professions (Drs. Bell, Mwachofi and Hall), five are foreign born (Drs. Luo, Mwachofi, Basu, Sousan and Pokhrel) and eight are women. As it relates to the service region of ECU and the DPH, four of our faculty are native to eastern North Carolina (Drs. Bell, Kearney, Little and Pitts).*

*Of our eight primarily appointed staff members, one is a member of a racial/ethnic minority group (Ms. Wooten), one is foreign born (Ms. Kaur), and seven are women. Four of the eight staff are natives of eastern North Carolina.*

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

*Currently, the DPH does not have specific goals for recruitment of students into the MPH program according to specific sociodemographic characteristics. However, we recognize the value in having a student body that reflects the racial/ethnic, gender, and socioeconomic characteristics of our service region.*

*We would greatly appreciate any insights that can be provided on how best to identify specific goals for ensuring that we are adequately serving our service region.*

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

1. *The ECU DPH has recently established an MOU with the University of North Carolina at Pembroke, a Minority-Serving institution that has a significant American Indian student population (The MOU is included in **Section A.1 of the Electronic Resource File**, <https://www.uncp.edu/news/uncp-launches-pathway-ecus-public-health-programs>). Dr. Bell is a native of the town of Pembroke, and is an enrolled member of the Lumbee tribe.*
2. *Dr. Bell has made efforts to reach out to several Historically Black Colleges and Universities (HBCUs) in the region, including North Carolina Central University (<http://www.nccu.edu/>), Elizabeth City State University (<https://www.ecsu.edu/>), and Fayetteville State University (<https://www.uncfsu.edu/>). Many of our African American MPH students attended undergraduate school at these institutions, and, given their geographic proximity to ECU and their shared interest in health disparities, there are natural synergies that could be developed.*
3. *The DPH, under the direction of joint-appointed faculty member Dr. Eric Bailey, oversees the Ethnic and Rural Health Disparities Certificate Program (as described in Section D19 on page 102). This program provides students the opportunity to develop solid training in areas relative to minority and rural health and health care.*

- This certificate program is often taken in conjunction with or as a supplement to the MPH program.*
- 4. ECU has a number of resources on campus to support student and employee diversity, and has been recognized nationally for its efforts to maintain a culturally diversity campus climate ([http://www.theeastcarolinian.com/news/article\\_4b8615d8-a3ea-11e7-b12c-93a6348b40a6.html](http://www.theeastcarolinian.com/news/article_4b8615d8-a3ea-11e7-b12c-93a6348b40a6.html)). These efforts have contributed to our success in recruiting students from diverse backgrounds.*

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

*The ECU DPH makes every effort to ensure that cultural competency is an integral part of the experience students receive during their time in the program.*

- 1. Most of the students in the program engage with local agencies that serve racial/ethnic minority and underserved populations through their ALE and through community service activities organized by the PHO.*
- 2. The ECU DPH sponsors or co-sponsors a number of educational and service programs focusing on health disparities/health equity in our region, such as the Jean Mills Symposium and the Annual Rural Health Symposium. Many of the Grand Rounds organized by the ECU DPH focus on issues related to health disparities/health equity.*
- 3. The ECU DPH has a close relationship with the ECU Center for Health Disparities, which provides Graduate Assistantships to MPH students and organizes educational programs for students, faculty and staff.*
- 4. The ECU DPH integrates cultural competency into the curriculum. MPH 6035 (Interdisciplinary Rural Public Health) course is one of the eight core course in the MPH program. This course provides all MPH students the opportunity to gain a better understanding of the unique aspects of public health in our rural, underserved region from a multidisciplinary perspective. Other courses in the curriculum expose students to issues pertaining to diversion and cultural competency in public health, particularly in the Community Health and Health Behavior Concentration. Many of our students come from the ECU Undergraduate program and have taken health disparities courses (such as HLTH 3020 – Health Disparities; HLTH 3025; LBGT Population Health). Students are encouraged to take courses in the Ethnic and Rural Health Disparities Certificate program, either as electives in the MPH or by completing the Certificate to complement their MPH degree.*

*There are also a number of resources available to ECU students, faculty and staff which support the cultural diversity reflective of our region:*

3. The ECU Office of Diversity and Equity (OED, <http://www.ecu.edu/oed/>) has a number of resources available to ensure that faculty and staff develop and maintain skills in cultural competency. The goal of the ECU OED is:

*“ECU will cultivate an inclusive, respectful working, living, and learning environment; provide culturally and academically rich educational experiences; prepare our students to lead in a global multicultural society; and engage the region through inclusive social and economic opportunities.”*

4. Brody School of Medicine Office of Diversity Affairs (<https://medicine.ecu.edu/diversityaffairs/>) also provides resources to Brody departments to enhance their diversity and inclusion benchmarks.
5. All ECU faculty and staff are required to participate in diversity training offered through the Cornerstone online training center ([https://eastcarolina.csod.com/LMS/catalog/Welcome.aspx?tab\\_page\\_id=-67](https://eastcarolina.csod.com/LMS/catalog/Welcome.aspx?tab_page_id=-67)). Also, respect for diversity and inclusion is included in the annual evaluation of faculty and staff as mandated by the UNC System.

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

*Currently there are no quantitative or qualitative data available to document our successes and challenges in these areas. Our student population is about one-third racial/ethnic minority, with the majority being African American. There have been some recent successes in recruiting students from the American Indian tribes in our region. Many of our students are first-generation and are native to underserved communities in Eastern North Carolina.*

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

*Currently we do not have data on this issue, but the general impression is that there are no concerns regarding the Department’s diversity and cultural competence climate.*

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

*The ECU DPH has been relatively successful recruiting and retaining a diverse student body. This success is largely due to the emphasis on our service region, which has a rich racial/ethnic and sociodemographic diversity, and to the reputation that ECU has with regards to its inclusive environment. The ECU DPH faculty is relatively diverse in comparison to other ECU departments: The DPH Chair is an enrolled member of the Lumbee tribe; 8 of the 13 primary appointed faculty are female; 2 faculty are*

*Black/African American females; 5 faculty are native born to other countries; and 3 faculty are natives of our service region (Eastern North Carolina).*

*The DPH will need to make a more concerted effort to systematically assess its climate with regard to diversity and cultural competence. Data from faculty, students and staff could assist the DPH leadership in better addressing any potential concerns.*

## *H1. Academic Advising*

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

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

*Academic advising for DPH MPH students is provided by faculty within the Department. If needed, the Student Services Coordinator (Ms. Kelly Bass) is available to students to assist with questions pertaining to enrolling in courses or identifying appropriate resources. Faculty in each of the DrPH concentrations provide academic advising to the DrPH students. 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 Integrative Learning Experience (ILE) do not necessarily have to be the same faculty member (See section D.7 for a description of the ILE process)*

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

*As students are enrolled in the MPH program, the Student Services Coordinator creates a spreadsheet with the names and pertinent information 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.*

*Students may formally request a change in their MPH Academic Advisor by completing a Change in Academic Advisor Form (see below), which is then approved by the Department Chair.*

*Students in the DrPH program are assigned an advisor by the DrPH Program Directors (Drs. Little and Kearney) based on the academic and professional interests of the student and an equivalent distribution of advisees among the faculty.*

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

*The Academic Advising Form for each of the three MPH concentrations is provided in **Section H.1 in the Electronic Resource File** is available online in the Forms section of the Departmental website (<http://www.ecu.edu/cs-dhs/publichealth/forms.cfm>), along*

with the Change of Advisor Request Form. *This section also includes the MPH Program Manual, which is made available online at (<http://www.ecu.edu/cs-dhs/publichealth/programManual.cfm>).*

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

*The following data is drawn from the ECU Graduate Student Exit Survey for the academic advising section for Academic Years 2015 – 2016, 2016 – 2017, and 2017 – 2018:*

*2015 – 2016*

1. During your time in this program, how would you evaluate each of the following:

Question	1: Poor	2: Fair	3: Good	4: Excellent	5: Don't know/Did not use	Grand Total	Avg. Rating
Access to program advisor	2 11.8%	4 23.5%	5 29.4%	6 35.3%		17 100.0%	2.9
Responsiveness of advisor	4 23.5%	3 17.6%	4 23.5%	6 35.3%		17 100.0%	2.7
Accurate information about degree requirements and course sequencing	4 23.5%	3 17.6%	6 35.3%	4 23.5%		17 100.0%	2.6
Knowledge of university policies and procedures	5 29.4%	1 5.9%	8 47.1%	3 17.6%		17 100.0%	2.5
Academic advising services overall	3 18.8%	3 18.8%	5 31.3%	5 31.3%		16 100.0%	2.8

*2016 – 2017*

1. During your time in this program, how would you evaluate each of the following:

Question	1: Poor	2: Fair	3: Good	4: Excellent	Don't Know/Did not use	Grand Total	Avg. Rating
Access to program advisor	0 0%	3 12.0%	8 32.0%	14 56.0%	0	25 100.0%	3.4
Responsiveness of advisor	2 8.0%	1 4.0%	7 28.0%	15 60.0%	0	25 100.0%	3.4
Accurate information about degree requirements and course sequencing	1 4.0%	4 16.0%	8 32.0%	12 48.0%	0	25 100.0%	3.2
Knowledge of university policies and procedures	0 0%	3 12.0%	12 48.0%	9 36.0%	1 4.0%	25 100.0%	3.3
Academic advising services overall	0 0%	3 12.0%	10 40.0%	12 48.0%	0	25 100.0%	3.4

*2017 - 2018*

1. During your time in this program, how would you evaluate each of the following:

Question	1: Poor	2: Fair	3: Good	4: Excellent	Grand Total	Avg. Rating
Access to program advisor	2 11.1%	4 22.2%	3 16.7%	9 50.0%	18 100.0%	3.1
Responsiveness of advisor	4 22.2%	3 16.7%	3 16.7%	8 44.4%	18 100.0%	2.8
Accurate information about degree requirements and course sequencing	3 16.7%	3 16.7%	3 16.7%	9 50.0%	18 100.0%	3.0
Knowledge of university policies and procedures		3 18.8%	3 18.8%	10 62.5%	16 100.0%	3.4
Academic advising services overall	3 16.7%	3 16.7%	3 16.7%	9 50.0%	18 100.0%	3.0

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

*At the beginning of the Fall and Spring semesters, an orientation session is held with newly admitted MPH and DrPH students. The agenda for the session includes:*

- *Welcome: Brody School of Medicine Dean*
- *Introductions: Faculty, staff, students*
- *Program overview: Department Chair*
- *Concentration overview: Concentration Coordinators*
- *Information about the PHO: PHO Executive Committee*
- *Laupus Library Resources: Library staff*
- *Breakout sessions within each concentration: Faculty*

*The orientation session is held on-campus and lasts approximately 2 hours. Lunch is provided for attendees. Every effort is made to hold the session at a time that is convenient for the students; however, efforts are made to accommodate students who are not able to come in person. The Fall 2019 orientation sessions for MPH and DrPH students will be held separately to accommodate the needs of the students and the faculty.*

*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. The Guide is available on the PHO section of the website at:*

*<http://www.ecu.edu/cs-dhs/publichealth/pho/upload/2018-19-MPH-Guide-to-Success-rev-090618.pdf>*

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

*Academic advising for DPH MPH students is performed by DPH faculty for students within their respective concentration. Advising is supported by the DPH Student Services Coordinator (Kelly Bass). The academic advising for MPH students is done on top of Professional Paper advising and other faculty responsibilities, including advising for certificate and DrPH students. Advising students can take a significant amount of time for faculty, and, as can be seen in the table in Section C.2, the distribution of student advisees varies significantly across the faculty in the department. As the DPH transitions into a School, we anticipate that additional resources will be allocated to ensure that students receive the highest level of time and resources for their advising during their MPH experience.*

## H2. Career Advising

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

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

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

*Currently, the ECU DPH does not have dedicated resources specifically for career services. The ECU Office of Student Affairs ([http://www.ecu.edu/cs-studentaffairs/career/students/majors\\_career\\_planning.cfm](http://www.ecu.edu/cs-studentaffairs/career/students/majors_career_planning.cfm)) provides robust career counseling services for our MPH students. This includes educational sessions and individual counseling sessions for a variety of topics including how to develop your resume 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. New students are assigned an academic advisor based on their concentration and faculty expertise. Faculty advisors also serves in a career counseling capacity; advising students on their course scheduling and related topics as well as assisting them in developing their career interest's post-graduation. DPH faculty regularly communicate job announcements to students and alumni via email, the DPH website and social media pages. Dr. Bell, Dr. Little as well as other faculty regularly write letters of recommendation for students and alumni for job position consideration.*

- 2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.

*The DPH Community Advisory Board (see list below in **Appendix 2**) 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. Community Advisory Board 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. The Community Advisory*

*Board meets twice per year (see **Electronic Resource File Section F.1** for agendas and minutes of Community Advisory Board meetings) with members engaged throughout the year participating in continuing education events, mentors to students and serving as preceptors for student field practicums in addition to providing guest lectures in MPH courses.*

*MPH program faculty sometimes have content experts who provide guest lectures as part of their courses. For example, MPH 6000 is a core class taken by students at the beginning of their coursework. Dr. Little has public health leaders who are subject matter content experts provide guest lectures for a segment of the three- hour weekly class to enforce content principles and provide student connections with leaders for connecting students with leader mentors who can be invaluable to them for career development. For example, Mr. Jay Briley is president of Vidant Community Hospitals (<https://www.vidanthealth.com/Media/Executive-Bios>). He provides a guest lecture on leadership in MPH 6000. His executive team participates in the MPH internship fair and is a preceptor for student field practicums. Akanksha Arora, first-year MPH health policy administration concentration student, asked to meet with him regarding career advising after class this past Fall 2018. They met early 2019 and Ms. Arora was very pleased at the insights and assistance Mr. Briley provided.*

*It should be noted that most of the DrPH students in the HPAL concentration are employed and participate in the program on a part-time basis and, as such, are not in need of immediate career advising services. Many of the students in the EOH concentration are full-time students and have experience working with faculty in their laboratories, which provides great opportunities for engagement and preparation for future career advancement. As students in both DrPH tracks get closer to graduation, career advisement will become more of a priority for the program.*

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

*Austin Locklear graduated with his MPH in 2018. Upon beginning the MPH program in the health administration concentration, Mr. Locklear expressed an interest in becoming a long- term care administrator. Dr. Little, a former administrator and member of the North Carolina Board of Examiners for Nursing Home Administrators also teaches MPH 6000 (core health administration class). Dr. Little had community advisory board member working as an administrator provide a guest lecture during a segment of class. She also connected Mr. Locklear at his request, to several alumni, now working as administrators. She found him a preceptor for his internship (also administrator in training). Mr. Locklear was offered and accepted a job by the company whom he precepted with and is now a MPH graduate practicing as a long-term care administrator in North Carolina.*

*Dolapo Busuyi, December 2017 MPH graduate in the Health Administration concentration discovered in her internship that she wanted to work in hospital*

administration. She was highlighted in our Fall 2017 MPH alumni newsletter. Dolapo recalls her internship experience as the highlight of her master’s program. “The moment I stepped into the hospital for my internship, I knew that this was where I wanted to be.” She received career counseling from Dr. Suzanne Lea and Dr. Ruth Little. Because of her internship experience, she applied and was selected as an “administrative fellow at Vidant Health. She is currently completing her fellowship at Vidant and spoke to the MPH student organization (PHO) in 2018 encouraging new students to apply for future Vidant Health fellowship opportunities.

Gabriel Beattie-Sergio, is a second year MPH student who is also completing a dual Master’s degree at ECU. He is mentored by Dr. Greg Kearney and is completing his MPH with a concentration in Epidemiology as well as a Master’s of Science in Environmental Health (MSEH). In 2018, he was selected as the first Schweitzer fellow for our Department (<https://blog.ecu.edu/sites/ecunow/blog/2018/04/10/graduate-student-earns-ecus-first-schweitzer-fellowship-in-public-health/>). His career goal is to work as an epidemiologist for the CDC.

An example of career guidance provided to alumni is Blair Savoca. Ms. Savoca graduated with her MPH in Spring 2017. She took a position at the Pitt County Health Department. This position is a grant funded position and is ending in May 2019. In early 2019, Ms. Savoca came to see Dr. Little and asked for assistance in writing her cover letter for a position she has applied for. Dr. Little discussed potential interview questions and made suggestions for completing the required application and cover letter. Ms. Savoca emailed a draft to her over the weekend and Dr. Little provided important feedback for meeting the application deadline date.

This approach of providing career advising by faculty whose interests align with students is a strategic approach. In 2018, the DPH hired Archana Kaur, 2017 graduate was hired as a part-time internship/alumni coordinator. She is the department point of contact for alumni. We believe this addition will provide additional resources for student career advising as our department continues to grow into a School of Rural Public Health.

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

The following data is provided for the ECU Graduate School Exit Surveys for the past three completed academic years. While these data do not directly reflect on career advising, it does provide some indication of how prepared the students felt at graduation for their future in the public health profession.

<b>Question</b>	<b>Academic Year</b>		
	<b>2015 – 2016</b>	<b>2016 – 2017</b>	<b>2017 - 2018</b>
<i>As a result of your graduate education at ECU, how well prepared are you to practice</i>	Very Prepared: 0 (0%) Prepared: 12 (66.7%)	Very Prepared: 6 (24.0%) Prepared: 12 (48.0%)	Very Prepared: 3 (15.0%) Prepared: 14 (70.0%)

<i>in your discipline or profession?</i>	<i>Neither Prepared nor Unprepared:</i> 2 (11.1%) <i>Unprepared:</i> 2 (11.1%) <i>Very Unprepared:</i> 2 (11.1%)	<i>Neither Prepared nor Unprepared:</i> 2 (8.0%) <i>Unprepared:</i> 4 (16.0%) <i>Very Unprepared:</i> 1 (4.0%)	<i>Neither Prepared nor Unprepared:</i> 2 (10.0%) <i>Unprepared:</i> 0 (0%) <i>Very Unprepared:</i> 1 (5.0%)
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*The following data is provided for the DPH MPH Exit Survey for Academic Year 2017 – 2018 and for Fall 2018:*

	<b><i>Time Period</i></b>	
<b><i>Question</i></b>	<b><i>Academic Year 2017 - 2018</i></b>	<b><i>Academic Year 2018 - 2019</i></b>
<i>How well prepared do you feel to start the next step in your career, such as getting a job, or entering a clinical or doctoral program?</i>	<i>Very Well Prepared:</i> 9 (39.1%) <i>Somewhat Prepared:</i> 13 (56.5%) <i>Not Sure:</i> 1 (4.4%)	<i>Very Well Prepared:</i> 9 (40.9%) <i>Somewhat Prepared:</i> 9 (40.9%) <i>Not Prepared at All:</i> 4 (18.2%)

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

*Currently, there are no dedicated Career Services resources available in the DPH, so students are currently advised on career development through their relationships with DPH faculty. While our faculty are well connected in the local, regional and state public health profession, this does provide an additional responsibility for the faculty. Students are encouraged to make connections with public health professionals and agencies through their Internship (ALE) and Professional Paper experience (ILE). We do acknowledge that with the hiring of a new Alumni Coordinator, we are able to do a much better job of engaging with our alumni as soon as they graduate to provide resources to them through our website and social media pages, through our e-newsletter and through social gatherings focused on public health issues.*

*As the DPH transitions into a School of Rural Public Health, there will need to be an effort to focus on ensuring that MPH graduates are prepared to serve in public health practice and/or to continue their academic training.*

### H3. Student Complaint Procedures

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

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

*The DPH MPH student grievance policy is outlined in the PHO Constitution (see **Electronic Resource File Section A.1**), and is available on the Departmental website (<http://www.ecu.edu/cs-dhs/publichealth/pho/upload/PHO-Constitution-041118.pdf>). All PHO policies are communicated with MPH students during PHO meetings, and students are allowed to submit recommendations for modification to the Constitution, which are reviewed by the PHO Executive Board and voted on by PHO members.*

*The policy includes the following:*

**Section 1.** *According to the ECU Dean of Students, “a grievance arises when a student believes, based on established administrative policies and procedures, that he or she has been treated in an arbitrary or capricious manner by a University department or a representative of the University.” All students have the right to file grievances with the ECU Dean of Students. However, if any student feels a concern should be handled within Department of Public Health, PHO shall offer support (defined in Section 4) to any student in the MPH program through the process described herein and after appropriate action has been taken upon the student(s) themselves as described in Section 2. Conflicts that are not related to the MPH Program, Department of Public Health, or PHO, and grades are not covered by the process herein.*

**Section 2.** *All concerns will be handled by the Chair of the Department of Public Health. Informal resolution of appeals is always the most desirable approach, and encouraged whenever possible. Before initiating a formal concern with the Chair, the student shall discuss the problem with the person or persons whose actions or decisions are being challenged within fourteen calendar days after the student receives notice of the adverse action or decision. The student is encouraged to document their attempt to address their concern and provide said documentation to the Chair upon filing their concern.*

**Section 3.** *In order to file a concern, the student(s) shall email the Chair with “Student Concern” in the subject line and request a time to meet with him/her to discuss it further. Upon meeting with the Chair, the student should be able to describe the specific action or behavior resulting in this concern, the date or period of time and location in which the action or behavior occurred, a listing of any and all individuals who witnessed any part of the incident in dispute, and their attempt to address the issue themselves.*

#### **Section 4. PHO Support**

*If the student would like the support of PHO before, during or after the formal concern process, the student shall notify the Student Liaison and/or the President. All information presented to the Student Liaison or the President will remain confidential.*

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

*The ECU Student Grievance and Inquiries Procedures is outlined by the ECU Office of Student Affairs, and is available on the Student Affairs website (<https://www.ecu.edu/cs-studentaffairs/dos/student-grievances-inquiries.cfm>).*

*The policy includes the following:*

#### **Definitions**

*A grievance arises when a student believes, based on established administrative policies and procedures, that he or she has been treated in an arbitrary or capricious manner by a University department or a representative of the University.*

#### **Grievances Covered by This Policy**

*A grievance against a University official arises when a student believes he or she has been subjected to inappropriate behavior by a department or University representative (faculty or staff) acting within their role and duty. A grievance of personal misconduct by a faculty member or other University employee arises when a student believes he or she is the subject of inappropriate behavior outside of the employee's role and duties within the University. By way of example, grievances concerning violations of the University's Freedom of Expression Regulation may be addressed under this Policy.*

**Issues of sexual harassment or discrimination:** *These issues should be referred to the Title IX Coordinator. For more information, please visit the Title IX website [here](#)*

#### **Grievances Not Covered by This Policy Include**

*Grade disputes: The grievance process for grade disputes can be found at [here](#).*

#### **Informal Grievance Resolution**

*Prior to bringing a grievance forward against a University office or representative acting within their role or duty, students are encouraged to attempt a good-faith resolution of the grievance. This attempt may be made with the party directly involved with the disputed matter, or with the head of the department or unit in which the grievance arises. Please note that there are cases when it is appropriate to go directly to the formal grievance resolution process. Attempts at informal resolution should be initiated within 30 days of the incident in dispute.*

### **Formal Grievance Resolution**

*Should a situation arise in which a student is unable to resolve his or her grievance informally, the University's formal grievance process may be employed. This process, outlined below, should also be initiated within 30 days of the failed informal resolution if applicable.*

#### **Step I**

*A formal grievance is presented in writing to the Associate Vice Chancellor /Dean of Students (125 Umstead Hall). This written grievance must include the following:*

- *Name, address and telephone number of the person making the grievance;*
- *Identification of the office or individual against whom the grievance is brought;*
- *A description of the specific University action or individual behavior resulting in this grievance;*
- *The date or period of time in which the behavior occurred and the location of the incident; and*
- *A listing of all individuals who witnessed any part of the incident in dispute.*

#### **Step II**

*Upon receipt of the formal grievance, a designee is appointed by the Associate Vice Chancellor/ Dean of Students to investigate the dispute.*

*If the grievance involves a University office or representative acting within their role or duty, the investigator determines the involvement of pertinent supervisors, department chairs and deans in the investigation. Depending upon the grievance, pertinent data (interviews, etc.) will be gathered by the investigator or the University office involved in the grievance. This data is then presented to the department for resolution.*

*If the grievance is based on personal misconduct by a faculty member or other University employee, the investigator gathers pertinent information and presents it to either the Provost (faculty complaint) or the Director of Employee Relations & Staff Development (staff complaint).*

*If a complaint cannot be resolved after exhausting East Carolina University's procedure described above, the student may file a complaint with the following agencies:*

- *North Carolina Post-Secondary Education Complaints, c/o Student Complaints, The University of North Carolina System, 910 Raleigh Road, Chapel Hill, NC 27515-2688, Telephone (919) 962-4550. You may also [email](#) the office or visit the website [The UNC System: NC Post-Secondary Education Student Complaints](#) and complete the [Student Complaint Form](#)*
- *The Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), 1866 Southern Lane, Decatur, Georgia 30033, Telephone (404) 679-4500. Visit the [Complaints Against Institutions: Information Sheet and Form](#) website to inform SACSCOC of the complaint.*

- *Complaints about East Carolina University may also be filed with the student's home state by referring to the following list of [state agencies](#).*
- *ECU's required SARA disclosures and state-by-state student complaint processes can be found by visiting [Institutional Disclosures and Student Complaint Information](#) maintained by the [Office of State Authorization and SARA Compliance](#).*
- *Students not residing in North Carolina and enrolled in a North Carolina institution that operates under [SARA North Carolina](#) may submit complaints to the organization listed below only after completing the complaint process established by the institution attended by the student. The SARA portal entity in the state where the student is located will be notified that the complaint was received and may assist as needed. Resolution of the complaint by the SARA portal entity in the institution's home state is final.*

*SARA North Carolina--North Carolina State Education Assistance Authority ([SARA-NC](#))  
P.O. Box 14103  
Research Triangle Park, NC 27709  
T: (855) SARA-1-NC (727-2162)  
T: (919) 549-8614 ext. 4660*

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

*There have been no formal complaints filed against the DPH in the past three years, although a number of informal concerns have been brought to the attention of the DPH Chair (see section 2 of the PHO Constitution). Examples of situations warranting a meeting with the chair include questionable classroom behavior by a DPH faculty member, discrepancies in test/paper grading, and misalignment of the student's professional goals and the faculty member's expertise.*

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

*While there have been no formal complaints by students lodged against the DPH, there is nonetheless a need to ensure that students feel that their voices are being heard and that their concerns are being adequately addressed. The DPH is fortunate to have the formal structure of both the PHO and the ECU Graduate School.*

#### H4. Student Recruitment and Admissions

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

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

*The DPH employs a number of strategies to recruit students into the MPH program. These strategies include:*

- a. Presentations to undergraduate public health and health professions students at ECU and regional institutions (North Carolina State University, Campbell University, UNC Wilmington, UNC Pembroke);*
  - b. Recruitment of students from MOU agreements with ECU (Honors College) and regional institutions (UNC Wilmington, UNC Pembroke);*
  - c. Attendance as exhibitors at state (NC Public Health Association Fall Educational Conference, UNC Minority Health Conference, NC Clinical Care Conference, etc.) and national (APHA, APTR, etc.) conferences;*
  - d. Publication of MPH promotional materials on the departmental website and social media pages;*
  - e. Word of mouth through faculty, current students, alumni and Community Advisory Committee members.*
- 2) Provide a statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

The information below is also provided in Section A1 above:

*Applications to the ECU MPH program are submitted to the ECU Graduate School (<https://www.ecu.edu/gradschool/>). Information on the Graduate application process is provided in the ECU Graduate School Handbook (<https://www.ecu.edu/cs-acad/gradschool/upload/Official-GPD-Handbook-2.pdf>). According to the Handbook:*

*“To qualify for regular admission to an ECU degree program, an applicant must have a standardized test score at or above the 30th percentile (applies for GRE, MAT, and GMAT) AND either an overall GPA of 2.7 on a 4.0 scale on all undergraduate work or a graduate GPA of 3.0 on a 4.0 scale. Some programs may recommend admission by exception (AE) for a limited number of applicants who do not qualify academically for regular admission, but have other offsetting strengths. The program must provide a brief justification for the admission recommendation. If the Graduate School is not in agreement with the program's recommendation, the student will be rejected. The program may appeal the Graduate School's decision to the Graduate Council. Admission by exception requires the student to earn a minimum of 3.0 GPA in the first 9 or more*

completed hours to remain in the program. Students who are admitted by exception (AE) will be eligible for assistantship support at a reduced number of hours equivalent to ½ the full-time work load (up to 10 hours per week). Program directors may request an exception, for a full-time work load (up to 20 hours per week) on a case-by-case basis for individual students close to the cut-off with a suitable justification. Students admitted by exception can attain full graduate standing after completion of 9 or more graduate credit hours with a minimum GPA of 3.0.”

Applications are reviewed by the DPH Admissions Committee, chaired by Dr. Bell. MPH applications require the following to be considered complete:

- official standardized test scores (GRE, MAT, MCAT);
- three letters of reference;
- official transcripts of all degrees/courses taken beyond the high school level;
- CV or resume;
- statement of purpose essay;
- English proficiency verification if the applicant’s native language is not English.

Electronic review and voting on applications is conducted using the online ApplyYourself website as described in the Introduction Section (3). A final decision is made for each application: denied, admitted by exception, or admitted with full status. Stipulations are set in place for students admitted by exception to ensure that potential for success is maximized as described above. Committee members may meet in person to make decisions on applications submitted under unique circumstances (see **Electronic Resource File Section A.1** for the DPH MPH Admissions Committee Policies and Procedures).

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

Outcome Measures for Recruitment and Admissions				
Outcome Measure	Target	2016	2017	2018
Maintain a high ratio of admitted to enrolled students	50%	58.3%	33.3%	44.4%

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

*The DPH has had relatively strong success in recruiting qualified students to enroll in the MPH program. There are numerous opportunities to attend conferences locally and nationally to recruit students. The ApplyYourself website allows for ease for the Admissions Committee in reviewing and making decisions on applicants. We have also employed a number of strategies to enhance the visibility of our program, including*

*increasing the quality of our departmental website, creating a Facebook page for the department (<https://www.facebook.com/groups/871200842926372/>), and creating an e-newsletter. There are numerous Universities in the region with undergraduate public health, health sciences majors to from which to recruit potential students. The DPH has partnerships with two Universities to recruit the highest quality students. The availability of online courses should also be beneficial in recruiting students.*

*A significant challenge in recruitment is the availability of other MPH programs in our region (University of North Carolina at Chapel Hill, Campbell University, University of North Carolina at Greensboro), and the online MPH degree at UNC Chapel Hill has recently launched, which will also impact enrollment. Additional challenges include the overall lowered enrollment in graduate programs across the University and the limited amount of available funds to support activities to enhance student recruitment activities. As the program evolves into a School, funds will need to be allocated to enhance recruitment across all degree programs.*

H5. Publication of Educational Offerings

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

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

<i>Program</i>	<i>URL</i>
<i>MPH Program</i>	
<i>MPH Program Manual</i>	<a href="http://www.ecu.edu/cs-dhs/publichealth/programManual.cfm">http://www.ecu.edu/cs-dhs/publichealth/programManual.cfm</a>
<i>MPH Curriculum - Core</i>	<a href="http://www.ecu.edu/cs-dhs/publichealth/curriculum.cfm">http://www.ecu.edu/cs-dhs/publichealth/curriculum.cfm</a>
<i>MPH Curriculum - Epidemiology Concentration</i>	<a href="http://www.ecu.edu/cs-dhs/publichealth/epidemiology.cfm">http://www.ecu.edu/cs-dhs/publichealth/epidemiology.cfm</a>
<i>MPH Curriculum - Health Policy, Administration and Leadership Concentration</i>	<a href="http://www.ecu.edu/cs-dhs/publichealth/healthAdmin.cfm">http://www.ecu.edu/cs-dhs/publichealth/healthAdmin.cfm</a>
<i>Curriculum – Community Health and Health Behavior Concentration</i>	<a href="http://www.ecu.edu/cs-dhs/publichealth/healthBehaviorConcentration.cfm">http://www.ecu.edu/cs-dhs/publichealth/healthBehaviorConcentration.cfm</a>
<i>Certificate Programs</i>	
<i>Public Health Foundations and Practice (PHFP)</i>	<a href="http://www.ecu.edu/cs-dhs/publichealth/upload/PHFP-Flyer-Final-Overview-Program-Website-Gainful-Employment-Disclosure.pdf">http://www.ecu.edu/cs-dhs/publichealth/upload/PHFP-Flyer-Final-Overview-Program-Website-Gainful-Employment-Disclosure.pdf</a>
<i>Ethnic and Rural Health Disparities (ERHD)</i>	<a href="http://www.ecu.edu/erhd/">http://www.ecu.edu/erhd/</a>
<i>Graduate School Links to DPH Degrees</i>	
MPH (on- campus and/or online)	<a href="http://www.ecu.edu/cs-acad/gradschool/Find-Your-Graduate-Program.cfm?id=125&amp;view=program">http://www.ecu.edu/cs-acad/gradschool/Find-Your-Graduate-Program.cfm?id=125&amp;view=program</a>
DrPH EOH Concentration (on-campus and/or online)	<a href="http://www.ecu.edu/cs-acad/gradschool/Find-Your-Graduate-Program.cfm?id=877&amp;view=program">http://www.ecu.edu/cs-acad/gradschool/Find-Your-Graduate-Program.cfm?id=877&amp;view=program</a>
DrPH HPAL Concentration (on-campus and/or online)	<a href="http://www.ecu.edu/cs-acad/gradschool/Find-Your-Graduate-Program.cfm?id=876&amp;view=program">http://www.ecu.edu/cs-acad/gradschool/Find-Your-Graduate-Program.cfm?id=876&amp;view=program</a>
Information on academic calendar, admissions policies, grading policies, academic integrity standards, degree completion requirements	

Academic Calendars	<a href="http://www.ecu.edu/fsonline/senate/fscalend.cfm">http://www.ecu.edu/fsonline/senate/fscalend.cfm</a>
Admission Policy	<a href="http://www.ecu.edu/cs-acad/gradschool/Admissions-Information.cfm">http://www.ecu.edu/cs-acad/gradschool/Admissions-Information.cfm</a>
Grades and Scholarship	<a href="http://catalog.ecu.edu/content.php?catoid=11&amp;navoid=812#Grades_and_Scholarship">http://catalog.ecu.edu/content.php?catoid=11&amp;navoid=812#Grades and Scholarship</a>
Graduate Student Grade Appeals	<a href="http://catalog.ecu.edu/content.php?catoid=11&amp;navoid=812#graduate-student-grade-appeals">http://catalog.ecu.edu/content.php?catoid=11&amp;navoid=812#graduate-student-grade-appeals</a>
Removal of Incompletes	<a href="http://catalog.ecu.edu/content.php?catoid=11&amp;navoid=812#Removal_of_Incompletes">http://catalog.ecu.edu/content.php?catoid=11&amp;navoid=812#Removal of Incompletes</a>
Academic Integrity Standards	<a href="http://www.ecu.edu/cs-acad/fsonline/customcf/currentfacultymanual/part6.pdf">http://www.ecu.edu/cs-acad/fsonline/customcf/currentfacultymanual/part6.pdf</a>
Degree Completion Requirements	<a href="http://catalog.ecu.edu/content.php?catoid=11&amp;navoid=812#Residence_and_Graduation_Requirements">http://catalog.ecu.edu/content.php?catoid=11&amp;navoid=812#Residence and Graduation Requirements</a>
Academic Regulations	<a href="http://catalog.ecu.edu/content.php?catoid=11&amp;navoid=812">http://catalog.ecu.edu/content.php?catoid=11&amp;navoid=812</a>

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**Appendix 1 – List of Specialized Accreditors for ECU Programs**

<b>College/School</b>	<b>Department</b>	<b>Program</b>	<b>Accrediting Agency</b>	<b>Accrediting Agency (Abb.)</b>
Brody School of Medicine	Dean's Office, BSOM	Medicine (MD)	Liaison Committee on Medical Education	LCME
Brody School of Medicine	Dept. of Public Health	Public Health (MPH)	Council on Education for Public Health	CEPH
College of Allied Health Sciences	Dept. of Communication Sciences and Disorders	Audiology (AuD)	Council on Academic Accreditation in Audiology and Speech-Language Pathology	CAA
College of Allied Health Sciences	Dept. of Addictions and Rehabilitation Studies	Clinical Counseling (MS)	Council for Accreditation of Counseling and Related Educational Programs	CACREP
College of Allied Health Sciences	Dept. of Clinical Lab Science	Clinical Laboratory Science (BS)	National Accrediting Agency for Clinical Laboratory Science	NAACLS
College of Allied Health Sciences	Dept. of Communication Sciences and Disorders	Communication Sciences and Disorders (MS)	Council on Academic Accreditation in Audiology and Speech-Language Pathology	CAA
College of Allied Health Sciences	Dept. of Communication Sciences and Disorders	Communication Sciences and Disorders (MS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Allied Health Sciences	Dept. of Health Services and Information Management	Health Informatics and Information	Council for the Accreditation of Health Informatics and	CAHIIM

		Management (MS)	Information Management	
College of Allied Health Sciences	Dept. of Health Services and Information Management	Health Information Management (BS)	Council for the Accreditation of Health Informatics and Information Management	CAHIIM
College of Allied Health Sciences	Dept. of Health Services and Information Management	Health Information Management (PB)	Council for the Accreditation of Health Informatics and Information Management	CAHIIM
College of Allied Health Sciences	Dept. of Nutrition Science	Nutrition and Dietetics (BS)	Academy of Nutrition and Dietetics, Accreditation Council for Education in Nutrition and Dietetics	ACEND
College of Allied Health Sciences	Dept. of Occupational Therapy	Occupational Therapy (MSOT)	Accreditation Council for Occupational Therapy Education	ACOTE
College of Allied Health Sciences	Dept. of Physical Therapy	Physical Therapy (DPT)	Commission on Accreditation in Physical Therapy Education	CAPTE
College of Allied Health Sciences	Dept. of Physician Assistant Studies	Physician Assistant (MS)	Accreditation Review Committee on Education for the Physician Assistant	ARC-PA
College of Allied Health Sciences	Dept. of Addictions and Rehabilitation Studies	Rehabilitation and Career Counseling (MS)	Council for Accreditation of Counseling and Related Educational Programs	CACREP
College of Allied Health Sciences	Dept. of Addictions and	Rehabilitation Counseling and	Council for Accreditation of	CACREP

	Rehabilitation Studies	Administration (PhD)	Counseling and Related Educational Programs	
College of Engineering and Technology	Dept. of Construction Management	Construction Management (BS)	American Council for Construction Education	ACCE
College of Engineering and Technology	Dept. of Engineering	Engineering (BS)	ABET	ABET
College of Engineering and Technology	Dept. of Technology Systems	Design (BS)	Association of Technology, Management, and Applied Engineering	ATMAE
College of Engineering and Technology	Dept. of Technology Systems	Industrial Distribution and Logistics (BS)	Association of Technology, Management, and Applied Engineering	ATMAE
College of Engineering and Technology	Dept. of Technology Systems	Industrial Engineering Technology (BS)	Association of Technology, Management, and Applied Engineering	ATMAE
College of Engineering and Technology	Dept. of Technology Systems	Industrial Technology (BS)	Association of Technology, Management, and Applied Engineering	ATMAE
College of Engineering and Technology	Dept. of Technology Systems	Information and Computer Technology (BS)	Association of Technology, Management, and Applied Engineering	ATMAE
College of Engineering and Technology	Dept. of Technology Systems	Network Technology (MS)	Association of Technology, Management, and Applied Engineering	ATMAE
College of Engineering and Technology	Dept. of Technology Systems	Occupational Safety (MS)	ABET	ABET

College of Engineering and Technology	Dept. of Technology Systems	Technology Management (MS)	Association of Technology, Management, and Applied Engineering	ATMAE
College of Fine Arts & Communication	School of Art and Design	Art (BFA)	National Association of Schools of Art and Design	NASAD
College of Fine Arts & Communication	School of Art and Design	Art Education (BFA)	National Association of Schools of Art and Design	NASAD
College of Fine Arts & Communication	School of Art and Design	Art Education (BFA)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Fine Arts & Communication	School of Art and Design	Art Education (MAEd)	National Association of Schools of Art and Design	NASAD
College of Fine Arts & Communication	School of Art and Design	Art Education (MAEd)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Fine Arts & Communication	School of Art and Design	Art (MFA)	National Association of Schools of Art and Design	NASAD
College of Fine Arts & Communication	School of Music	Music (BM)	National Association of Schools of Music	NASM
College of Fine Arts & Communication	School of Music	Music Education (BM)	National Association of Schools of Music	NASM
College of Fine Arts & Communication	School of Music	Music Education (BM)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Fine Arts & Communication	School of Music	Music (MM)	National Association of Schools of Music	NASM

College of Fine Arts & Communication	School of Music	Music Education (MM)	National Association of Schools of Music	NASM
College of Fine Arts & Communication	School of Music	Music Education (MM)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Fine Arts & Communication	School of Music	Advanced Performance Studies (PB)	National Association of Schools of Music	NASM
College of Fine Arts & Communication	School of Music	Suzuki Pedagogy (PB)	National Association of Schools of Music	NASM
College of Fine Arts & Communication	School of Theatre and Dance	Theatre Arts (BA)	National Association of Schools of Theatre	NAST
College of Fine Arts & Communication	School of Theatre and Dance	Dance (BFA)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Fine Arts & Communication	School of Theatre and Dance	Theatre Arts Education (BFA)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Fine Arts & Communication	School of Theatre and Dance	Theatre Arts Education (BFA)	National Association of Schools of Theatre	NAST
College of Fine Arts & Communication	School of Theatre and Dance	Theatre Arts (BFA)	National Association of Schools of Theatre	NAST
College of Health and Human Performance	Dept. of Health Education and Promotion	Athletic Training (BS)	Commission on Accreditation of Athletic Training Education	CAATE
College of Health and Human Performance	Dept. of Health Education and Promotion	Environmental Health (BS)	National Environmental Health Science and Protection Accreditation Council	EHAC

College of Health and Human Performance	Dept. of Health Education and Promotion	Public Health (BS)	Council on Education for Public Health	CEPH
College of Health and Human Performance	Dept. of Health Education and Promotion	Environmental Health (MSEH)	National Environmental Health Science and Protection Accreditation Council	EHAC
College of Health and Human Performance	Dept. of Human Development and Family Science	Birth-Kindergarten (B-K) Teacher Education (BS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Health and Human Performance	Dept. of Human Development and Family Science	Birth-Kindergarten (B-K) Teacher Education (BS)	American Association of Family and Consumer Sciences	AAFCS
College of Health and Human Performance	Dept. of Human Development and Family Science	Family and Community Services (BS)	American Association of Family and Consumer Sciences	AAFCS
College of Health and Human Performance	Dept. of Human Development and Family Science	Family and Consumer Sciences Education (BS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Health and Human Performance	Dept. of Human Development and Family Science	Family and Consumer Sciences Education (BS)	American Association of Family and Consumer Sciences	AAFCS
College of Health and Human Performance	Dept. of Human Development and Family Science	Birth through Kindergarten Education (MAEd)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Health and Human Performance	Dept. of Human Development and Family Science	Marriage and Family Therapy (MS)	Commission on Accreditation for Marriage and Family Therapy Education	COAMFTE

College of Health and Human Performance	Dept. of Human Development and Family Science	Medical Family Therapy (PhD)	Commission on Accreditation for Marriage and Family Therapy Education	COAMFTE
College of Health and Human Performance	Dept. of Interior Design and Merchandising	Fashion Merchandising and Consumer Studies (BS)	American Association of Family and Consumer Sciences	AAFCS
College of Health and Human Performance	Dept. of Interior Design and Merchandising	Interior Design (BS)	Council for Interior Design Accreditation	CIDA
College of Health and Human Performance	Dept. of Interior Design and Merchandising	Interior Design (BS)	National Association of Schools of Art and Design	NASAD
College of Health and Human Performance	Dept. of Kinesiology	Physical Education (BS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Health and Human Performance	Dept. of Recreation Sciences	Recreation and Park Management (BS)	Council on Accreditation of Parks, Recreation, Tourism, and Related Professions	COAPRT
College of Health and Human Performance	Dept. of Recreation Sciences	Recreational Therapy (BS)	Commission on Accreditation of Allied Health Education Programs	CAAHEP
College of Health and Human Performance	School of Social Work	Social Work (BSW)	Council on Social Work Education	CAWE
College of Health and Human Performance	School of Social Work	Social Work (BSW)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Health and Human Performance	School of Social Work	Social Work (MSW)	Council on Social Work Education	CAWE

College of Health and Human Performance	School of Social Work	Social Work (MSW)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Business	Dept. of Accounting	Accounting (BSBA)	Association to Advance Collegiate Schools of Business International	AACSB
College of Business	Dept. of Accounting	Accounting (MSA)	Association to Advance Collegiate Schools of Business International	AACSB
College of Business	College of Business	Business Administration (MBA)	Association to Advance Collegiate Schools of Business International	AACSB
College of Business	Dept. of Finance	Finance (BSBA)	Association to Advance Collegiate Schools of Business International	AACSB
College of Business	Dept. of Management	Management (BSBA)	Association to Advance Collegiate Schools of Business International	AACSB
College of Business	Dept. of Management Information Systems	Management Information Systems (BSBA)	Association to Advance Collegiate Schools of Business International	AACSB
College of Business	Dept. of Marketing and Supply Chain Management	Marketing (BSBA)	Association to Advance Collegiate Schools of	AACSB

			Business International	
College of Education	Dept. of Interdisciplinary Professions	Counselor Education (MS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Interdisciplinary Professions	Counselor Education (MS)	Council for Accreditation of Counseling and Related Educational Programs	CACREP
College of Education	Offered through Dept. of Literacy Studies, English Education and History Education	Curriculum and Instruction (MAEd)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Educational Leadership	Educational Administration and Supervision (EdS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Educational Leadership	Educational Leadership (EdD)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Elementary Education and Middle Grades Education	Elementary Education (K-6) (BS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Offered through Dept. of Elementary Education and Middle Grades Education	Elementary Education (MAEd)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Literacy Studies, English Education, and History Education	English, Secondary Education (BS)	NCATE accredited / CAEP Accreditation Eligible	NCATE

College of Education	Dept. of Literacy Studies, English Education, and History Education	History, Secondary Education (BS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Offered through Dept. of MS and ITE	Instructional Technology (MAEd)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Interdisciplinary Professions	Library Science (MLS)	American Library Association	ALA
College of Education	Offered through Many Colleges and Departments	Master of Arts in Teaching (MAT)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Mathematics, Science, and Instructional Technology Education	Mathematics Education (MAEd)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Mathematics, Science, and Instructional Technology Education	Mathematics, Secondary Education (BS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Elementary Education and Middle Grades Education	Middle Grades Education (BS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Offered through Dept. of Elementary Education and Middle Grades Education	Middle Grades Education (MAEd)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Offered through College of HHP	Physical Education (MAEd)	NCATE accredited / CAEP Accreditation Eligible	NCATE

College of Education	Offered through Dept. of Literacy Studies, English Education and History Education	Reading Education (MAEd)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Educational Leadership	School Administration (MSA)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Mathematics, Science, and Instructional Technology Education	Science Education (BS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Offered through Dept. of MS and ITE	Science Education (MAEd)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Offered through Dept. of Special Education, Foundations and Research	Special Education (MAEd)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Special Education, Foundations, and Research	Special Education, Adapted Curriculum (BS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Education	Dept. of Special Education, Foundations, and Research	Special Education, General Curriculum (BS)	NCATE accredited / CAEP Accreditation Eligible	NCATE
College of Nursing	College of Nursing	Nursing (BSN)	Commission on Collegiate Nursing Education	CCNE
College of Nursing	College of Nursing	Nursing Practice (DNP)	Commission on Collegiate Nursing Education	CCNE

College of Nursing	College of Nursing	Nursing (MSN)	Commission on Collegiate Nursing Education	CCNE
College of Nursing	College of Nursing	Nursing (MSN)	Accreditation Commission for Midwifery Education	ACME
College of Nursing	College of Nursing	Nursing (MSN)	Council on Accreditation of Nurse Anesthesia Educational Programs	COA
College of Nursing	College of Nursing	Adult-Gerontology Primary Care Nurse Practitioner (PD)	Commission on Collegiate Nursing Education	CCNE
College of Nursing	College of Nursing	Family Nurse Practitioner (PD)	Commission on Collegiate Nursing Education	CCNE
College of Nursing	College of Nursing	Adult-Gerontology Clinical Nurse Specialist (PM)	Commission on Collegiate Nursing Education	CCNE
College of Nursing	College of Nursing	Neonatal Clinical Nurse Specialist (PM)	Commission on Collegiate Nursing Education	CCNE
College of Nursing	College of Nursing	Neonatal Nurse Practitioner (PM)	Commission on Collegiate Nursing Education	CCNE
College of Nursing	College of Nursing	Nurse Anesthesia (PM)	Commission on Collegiate Nursing Education	CCNE
College of Nursing	College of Nursing	Nurse Anesthesia (PM)	Council on Accreditation of Nurse Anesthesia Educational Programs	COA
College of Nursing	College of Nursing	Nurse Midwifery (PM)	Commission on Collegiate	CCNE

			Nursing Education	
College of Nursing	College of Nursing	Nurse Midwifery (PM)	Accreditation Commission for Midwifery Education	ACME
College of Nursing	College of Nursing	Nursing Education (PM)	Commission on Collegiate Nursing Education	CCNE
College of Nursing	College of Nursing	Nursing Leadership (PM)	Commission on Collegiate Nursing Education	CCNE
College of Nursing	College of Nursing	Psychiatric-Mental Health Nurse Practitioner (PM)	Commission on Collegiate Nursing Education	CCNE
School of Dental Medicine	School of Dental Medicine	Doctor of Dental Medicine (DMD)	Commission on Dental Accreditation	CODA
Thomas Harriot College of Arts and Sciences	Dept. of Foreign Languages and Literatures	Foreign Languages and Literatures (BA)	NCATE accredited / CAEP Accreditation Eligible	NCATE
Thomas Harriot College of Arts and Sciences	Dept. of Geography, Planning, and Environment	Community and Regional Planning (BS)	Planning Accreditation Board	PAB
Thomas Harriot College of Arts and Sciences	Dept. of Physics	Physics (MS)	Commission on Accreditation of Medical Physics Education Programs	CAMPEP
Thomas Harriot College of Arts and Sciences	Dept. of Political Science	Public Administration (MPA)	National Association of Schools of Public Affairs and Administration	NASPAA
Thomas Harriot College of Arts and Sciences	Dept. of Psychology	School Psychology (Level II) (CAS)	NCATE accredited / CAEP Accreditation Eligible	NCATE

Thomas Harriot College of Arts and Sciences	Dept. of Psychology	Psychology (MA)	American Psychological Association	APA
Thomas Harriot College of Arts and Sciences	Dept. of Psychology	Psychology (MA)	NCATE accredited / CAEP Accreditation Eligible	NCATE
Thomas Harriot College of Arts and Sciences	Dept. of Psychology	Health Psychology (PhD)	American Psychological Association	APA
Academic Affairs	Office of Global Affairs	ECU Language Academy	Commission on English Language Program Accreditation	CEA

## Appendix 2: ECU Department of Public Health Community Advisory Board Members

Name	Title	Agency
Jane Baker	Executive Director	NC Board of Examiners for Nursing Home Administrators
Battle Betts	Director	Albemarle Regional Health Services
Jay Briley	President	Vidant Rural Hospitals
Captain James Caviness	Chief of Public Health	United States Air Force
Kathy Dail	Director	Community Health Assessment Program, NC DHHS
Sheila Davies	Director	Dare County Health Department
Don Davis	Senator, District 5	NC Senate
Cindy DePorter	Branch Head	Quality Evaluative Systems Branch, DHSR, Nursing Home Licensure & Certification Section
Jean Farmer-Butterfield	Representative, District 24	NC House of Representatives
Debbie Futrell	Director	
Hal Garland	Administrator	McGregor Downs Health and Rehabilitation Center
Kahla Hall	Director	Community Benefit, Office of Management and Administration, Vidant Medical Foundation
Scott Harrelson	Director	Craven County Health Department
Krissy Hoover	Infectious Disease Preventionist	Lenoir Memorial Hospital
Eleanor Howell	Director	State Center for Health Statistics, NC DHHS
Tom Irons	Vice Chancellor Regional Health Services	BSOM, East Carolina University, Department of Pediatrics

James Johnson	Director	Medical Affairs, Vidant Medical Center
Marcus Johnson	Strategic Services Associate	Duke University School of Medicine
Karen LaChapelle	Director	Edgecombe County Health Department
James Madson	Director	Beaufort County Health Department
Thomas Maynor	Medical Director	Goshen Medical Centers
Pat McElraft	Representative, District 13	NC House of Representatives
Claire W. Mills	Director	Eastern Area Health Education Center
Ben Money	President	NC Community Health Center Association
Catherine Nelson	Community Health Programs Administrator	Vidant Medical Center
LCDR Emily Owens	Director for Public Health	Naval Medical Center, Camp Lejeune
John Rouse, Jr.	Director	Harnett County Health Department
Maggie Sauer	Director	NC Office of Rural Health, NCDHHS
Kim Schwartz	CEO	Roanoke Chowan Community Health Center
John Silvernail	Director	Pitt County Health Department
Kandie Smith	Representative, District 8	NC House of Representatives
Laurie Stallings	Executive Director	Cypress Glen Retirement Community
Paul Stockett	Administrator	Riverpoint Crest Nursing & Rehabilitation Center
Lynette Tolson	Executive Director	NC Public Health Association
Tamara Williams	Coordinator	Language Access Services, Office of Patient and Family Engagement, Vidant Medical Center

# Department of Public Health Grand Rounds

## “Climate Change and Public Health ”

**Presented by**

**Dr. Cristina Richie, PhD**

**Assistant Professor**

**Bioethics and Interdisciplinary Studies**



**September 26, 2018**

**AHNURS 1150**

**Health Sciences Building**

**Noon - 1:00 pm**

Sponsored by the Department of Public Health

# Department of Public Health Grand Rounds

## **“Measurement and Meaning of Public Health Messages: How Researching Message Features Can Help Us Reach Rural North Carolina ”**

Presented by

**Dr. Erika Johnson, PhD, MPH**

**Assistant Professor**

**School of Communication**



**November 14, 2018  
Laupus 1504  
Health Sciences Building  
Noon - 1:00 pm**

Sponsored by the Department of Public Health



The Department of Health Education  
and Promotion  
in the College of Health and Human  
Performance &  
the Department of Public Health  
in the Brody School of Medicine

are pleased to present:

**Date:**  
**Friday,**  
**March 15,**  
**2019**

**Location:**  
**East**  
**Carolina**  
**Heart**  
**Institute**  
**Auditorium**

**Parking**  
**available at**  
**the Heart**  
**Institute**

### **10:00 - 11:00 am: Creating Your Professional Path**

Graduate students and postdoctoral fellows will learn about relevant professional development resources during this session. Dr. Heather Brandt will share the career development strategies and tools she has used with her own mentees and with students and fellows across the University of South Carolina.

### **12:00 - 1:00 pm: Using What Works to Increase Colorectal Cancer Screening**

March is Colorectal Cancer Awareness Month. Compared to other types of cancer screening, colorectal cancer screening has been increasing yet remains below levels for other types of cancer. One way to accelerate increases in colorectal cancer screening is through using what works, i.e. evidence-based interventions with clinical and community partners. In this presentation, Dr. Brandt will share a brief overview of the state-of-the-science and focus on sharing results of a CDC-funded project using evidence-based interventions to increase colorectal cancer screening, including a focus on dissemination and implementation science processes.

**About Heather M. Brandt, PhD:** Dr. Brandt is Associate Dean in the Graduate School and Professor of Health Promotion, Education, and Behavior in the Arnold School of Public Health at the University of South Carolina. She also is faculty affiliate in the Rural and Minority Health Research Center, South Carolina Statewide Cancer Prevention and Control Program, TecHealth-Technology Center to Promote Healthy Lifestyles, and Women's and Gender Studies Program. In her role as Associate Dean in the Graduate School, she directs scholarly initiatives, professional development programs, communication efforts, and other activities to support almost 6,500 graduate students across more than 250 graduate degree programs. Dr. Brandt is currently PI of a CDC-funded colorectal cancer screening program with FQHCs in South Carolina (NU58DP006137), co-PI with Dr. Maria Fernandez of the University of Texas Health Sciences Center at Houston of a R01 focused on organizational readiness, co-investigator on the CDC- and NCI-funded South Carolina Cancer Prevention and Control Research Network (U48DP005000-01S2), co-investigator of an environmental assessment of cervical cancer and colorectal cancer control in rural South Carolina (5U1CRH30539-03-00), and a contributor to additional internally and externally funded research.



## **PUBLIC HEALTH GRAND ROUNDS**

**Communicating Environmental Health Research to North Carolinians:  
Work at the Duke Superfund Research Center**



**Duke** UNIVERSITY | **SUPERFUND**  
Research Center

early life exposures, later life consequences

**Speaker: Bryan Luukinen, MSPH**

Senior Program Coordinator for Research Translation & Community Engagement at Duke  
University Superfund Research Center

**Date:** Wednesday, March 27, 2019  
**Time:** 2:00 p.m. to 2:50 p.m.  
**Location:** West Campus, College of Nursing  
AHNURS Room 1150



Hosted by the Brody School of Medicine, Department of Public Health,  
Environmental & Occupational Health Program

Please contact Dr. Greg Kearney at [KearneyG@ecu.edu](mailto:KearneyG@ecu.edu) for any questions.



**Appendix 4: Summary of the ECU Department of Public Health Strategic Planning Meeting, May 2014**

A Community Retreat to Identity Themes for Future Planning  
in the ECU Department of Public Health  
May 20, 2014

Ironwood Country Club  
Greenville, NC

Department of Public Health  
Brody School of Medicine  
East Carolina University  
Greenville, NC

Prepared by Suzanne Lea, PhD, MPH  
Chelsea Stowe, MPH  
Afnan Innab, BS

## Introduction and Purpose

The purpose of this document is to provide findings from a campus- and community-wide planning retreat held on May 20, 2014 in Greenville, NC. This retreat was a first step in re-orienting the vision, mission, and direction of the Department of Public Health (DPH) at East Carolina University (ECU).

The Department of Public Health was formed in July 2008 as a “basic science” department within the Brody School of Medicine (BSOM). The primary function of the DPH has been to administer the Master of Public Health (MPH) program, which was initiated in the ECU BSOM Department of Family Medicine in 2003.

Since 2010, seven new faculty members have been hired to teach, conduct research, and provide service to ECU and the community. In January 2014, steps were initiated and approved to establish three separate concentrations within the MPH program: Epidemiology, Health Administration, and Health Behavior. These concentrations are core disciplines with the field of public health. The last DPH campus- and community-wide planning retreat was held in October 20, 2010 in preparation for re-accreditation site visit in February 20, 2012. A specific strategic planning session with the departmental faculty was last held in 2005.

Our DPH faculty members recognize that the teaching and research interests of each other are diverse, and as the program has grown, we seek input from our campus-and community partners related to the future plans of the DPH, what skills our future graduates should possess, and what research activities are important to the community.

## Method and Approach

The meeting was organized by Dr. Chris Mansfield and facilitated by Dr. Beth Velde. In planning for the retreat, the SOAR methodology was used (Strengths, Opportunities, Aspirations, Results). (Attachment 1 provides the meeting objectives and agenda.) Five groups were created by the meeting organizers and each group had a facilitator, recorder, and spokesperson. GOAL: By the end of today, identify 3-5 key aspirations for the DPH. Assumptions: human systems are co-created by those who work, live in and imagine them

*S = Strengths:* What an organization is doing really well, including its assets, capabilities, and greatest accomplishments.

- 5 minute activity: Think of an experience when you felt proud of the department. On a yellow sticky note index card, write a "headline" that describes this DPH experience.
  
- 20 minute discussion: Review all the sticky notes from your group, ask questions to clarify the headlines and make a list of 3-5 strengths. Determine what these tell you about the following?
  - What is going well for the Department of Public Health?
  - What are you particularly proud of related to the DPH?
  - What does this tell us about your collective skills?
  - What can you build on?
  - How are you meeting your DPH mission? ECU's mission?

- What do you value most about the DPH?

*O= Opportunities:* External circumstances that could improve success, unmet customer needs; threats or weakness reframed into possibilities.

□ 5 minute activity: Think about the DPH stakeholders; identify 3-5 key stakeholders. Using 3 yellow sticky index cards, write three opportunities for the DPH to positively impact these stakeholders. Place them on the flip chart paper labeled "O"

□ 15 minute discussion: Review all the sticky notes from your group, ask questions to clarify the headlines and identify 3-5 opportunities. Determine what these headlines tell you about the following?

- Who are your stakeholders (those who will impact and be impacted)?
- What are they asking for?
- How can you best meet their needs?
- What are the opportunities being provided by external forces and trends?
- How can the DPH partner with others?
- How can you reframe threats to see the opportunities?

*A= Aspirations:* Reflecting on the strengths and opportunities conversation, what can the DPH be; what does the DPH want to be known for.

□ 5 minute activity: using 3 yellow sticky index cards, write three hopes you have for the DPH. Post them on the flip chart labeled with an "A"

□ 15 minutes discussion: Review all the sticky notes from your group, what do these tell you about the following?

- What do we care about?
- What should we become?
- How can we make a difference for our stakeholders?
- What is our vision?

At the end of the afternoon session, each participant had five dots to mark on the "Aspirations" chart that resonates with "hopes for DPH."

### *Analysis*

Strength, opportunity and aspirations breakout sessions resulted in flip charts for five groups. Content from the 5 groups was typed verbatim into a document and entered into Nvivo and 30 themes and a planning codebook was generated. Counts for each Aspirations topic were summed.

### **Results**

A variety of ECU faculty disciplines and community partners were represented as shown in Table 1.

**Table 1. Percentage (%) of Health-Related Disciplines in Attendance**

<b>Discipline</b>	<b>Count</b>	<b>%</b>
Dept. of Public Health/ Brody	40	67
Faculty	29	49
Students	11	18

Allied Health	6	10
ECU (other)	4	7
Hospital	2	4
Health-Related Businesses	3	5
Community-Health Department	4	7

Results from the 5 breakout groups covering the three topics, strengths, opportunities, and aspirations, contain the “raw data” (Attachment 2). These data were entered into Nvivo and 30 themes were created from the group reports (Attachment 3). The themes were entered into Nvivo and the Strategic Planning Codebook was generated composed of 30 names and descriptions (Attachment 4). Table 2 lists the most frequent themes.

<b>Table 2. Most frequent themes</b>
• <b>Collaboration</b>
• <b>Leadership</b>
• <b>Serve ENC</b>
• <b>School of Public Health</b>
• <b>Funding</b>
• <b>Research</b>
• <b>Community Relations</b>
• <b>Rural</b>

Table 3 demonstrates the “Aspirations” for the Department of Public Health based on campus and community-wide attendees. A majority of respondents want to see the DPH as hub for population health in the region and chief among this hub is the ability to have interdisciplinary and inter professional outreach and research, where ECU graduates the future health professions leaders for the region.

<b>Theme</b>	<b>Count</b>
Public Health = HUB population Health	40
Interdisciplinary practice-based research and outreach in rural health will be our signature	22
Be a model for community-based experiential learning	21
Increasing Master of Public Health student engagement in/ and creation of conferences	20
Producing workforce-ready public health professionals	19
Rural public health leader in South East, United States	18
Promoting practice-based collaborations and practice-based research	13
Join Association for Schools and Programs of Public Health	11
Establishing and promoting a clear identity for Department of Public Health	10
Rigor – science, methodology	9
Relational – faculty/students, community/agendas	9
Maintain a practice focus	7
Our impact on rural health attracts funding for program development (scholarships, endowments, naming opportunities)	5
Rural – problem solving skills required, collaborative co-creation	4
Interdisciplinary innovative curriculum	3
To be an accessible educational program	2
Growing Department of Public Health infrastructure for extramural funding	2
Role (in niches)	1
Research – community participatory research	1
*Each participant had 5 dots to affix to Aspirations list from 5 groups.	

**Discussion**

The goal of the community retreat was to identify future aspirations of the ECU DPH. The findings from the retreat suggest that the mission of the DPH should remain to produce graduates ready to participate in the public health workforce and trained to promote practice-based collaborations. Experiential learning and thorough engagement with the community were seen as an important component of this training. These findings will be used in combination with future strategic planning as the DPH faculty members evaluate its mission and vision in the coming months.

**Slides from the ECU Department of Public Health Strategic Planning Retreat, January 22, 2018**

## ECU SPH Update

RONNY A. BELL, PHD, MS  
 CHAIR, DEPARTMENT OF PUBLIC HEALTH  
 BRODY SCHOOL OF MEDICINE  
 EAST CAROLINA UNIVERSITY



### Milestones in the Development of the ECU School of Rural of Public Health

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Establishment of the ECU Department of Public Health  
 CEPH Accreditation: – First through 2012, second through 2019  
 SPH Advisory Council: 2015 – 2016  
 External Consultants: 2016  
 SPH Implementation Committee: 2017 - 2018

### SPH Implementation Committee

Member	Department
Ronny Bell, Co-Chair	DPH/BSOM
Don Chaney, Co-Chair	HEP/CHHP
Ruth Little	DPH/BSOM
Paul Vos	Bios/CAHS
Xiaoming Zeng	HSIM/CAHS
Stephanie Richards	EH/CHHP
Linda Ingalls	Personnel Administration
Rita Reaves	IPAR

### Mission/Vision of the ECU School of Rural Public Health

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**Vision:**  
To be a national model for engaging with communities to address regional needs and rural health disparities.

**Mission:**  
To develop public health leaders and to promote the highest level of health and wellness for rural and underserved communities in North Carolina and beyond.

We will accomplish our mission by:

- Using innovative strategies for discovery, dissemination, and translation of knowledge into public health practice and service.
- Generating practical and sustainable solutions to public health challenges utilizing culturally competent engagement with community partners.
- Partnering to conduct community-based and interdisciplinary research to optimize health outcomes and reduce health disparities of the underserved, including rural and military populations.
- Educating and training transformative public health leaders.
- Improving the quality of life for rural and underserved communities through prevention and wellness approaches.

	Academic Year 2017-2018	Academic Year 2018-2019	Academic Year 2019-2020	Academic Year 2020-2021
Monthly meetings of SRPH Implementation Committee	X			
Enroll students in SRPH Program	Spring 2018			
Graduate students in SRPH Program				X
Final implementation recommendation submitted to Academic Council	May 2018			
Formulate SRPH Unit Code Committee(s) and draft Unit Code(s) for approval		Writing and Unit approval	UCSC, Faculty, Senate, Chancellor approval	
Develop proposal for the creation of a SRPH at ECU	Have to EPPC by April 2018	UNC BOG Approval		
SRPH CEPH Reaccreditation site visit (scheduled through December 31st, 2019)			X	
SRPH seek CEPH approval to apply for reaccreditation 1 year early (current accreditation expires in May 2021)				
SRPH CEPH reaccreditation site visit (if early re-accreditation timeline is approved by CEPH 2020)			X	X
SRPH founding team search			X	
Launch ECU School of Rural Public Health				July 1, 2020

## ECU School of Rural Public Health – Issues to Address

- UNC GA Approval – Other Schools in the state?
- Physical Location of School?
- Departments in the School?
- Leadership Structure?
- Funding?

### Summary of Council on Education for Public Health 2016 “New” Criteria

#### Preparing for Reaccreditation ECU MPH Program Retreat

PRESENTED BY: SUZANNE LEA, PHD, MPH  
JANUARY 22, 2018  
ROCK SPRINGS

#### Slides adapted from:

- 1) 2016 Criteria Rollout held at the APHA meeting in Denver, 10-30-2016
- 2) CEPH training October 2017, Washington, DC
- 3) Other CEPH webinar slides

# MPH Curriculum Changes Section D

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CRITERIA ROLLOUT MEETING  
OCTOBER 30, 2016

## Why a revision: Growing questions about public health academic training

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"Somewhat isolated from the field of public health practice" – 1988

Universal competencies – Faculty/Agency Forum – 1992

Reaffirmed "core" but names 8 additional areas for competency to address future concerns - 2003



Roemer, 1988; Ibrahim, House, Levine, 1995; Wright, et al., 2000; Calhoun, McElligott, Weist & Raczynski, 2012; ASPPH, 2013; Miner & Allan, 2014

## Clear consensus about what was not working



Biostatistics   Epidemiology   Social Behavioral Health   Environmental Health   Health Svc Admin

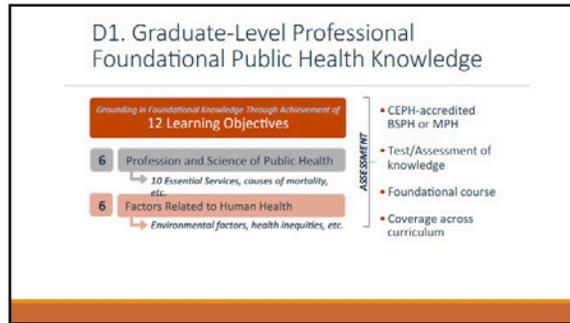
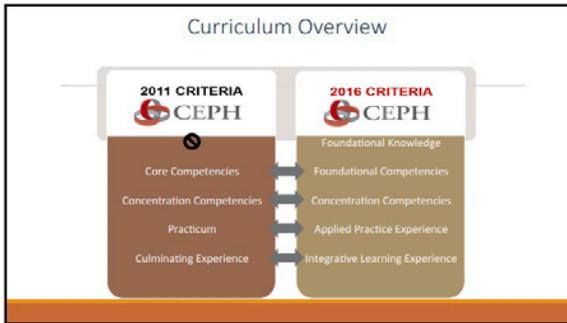
## Major revision aims



Ensure Quality

Reduce reporting burden

Foster flexibility & innovation



### D1. 12 Foundational PH Knowledge

**Profession & Science of Public Health**

1. Explain public health history, philosophy and values
2. Identify the core functions of public health and the 10 Essential Services™
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
6. Explain the critical importance of evidence in advancing public health knowledge

**Factors Related to Human Health**

7. Explain effects of environmental factors on a population's health
8. Explain biological and genetic factors that affect a population's health
9. Explain behavioral and psychological factors that affect a population's health
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
11. Explain how globalization affects global burdens of disease
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg. One Health)

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

**All options used By program Include courses, and other learning experiences**

Which courses contain any of these learning objectives?  
Where does the syllabus indicate LO being assessed and HOW?

Template D1-1. 10 Learning Objectives

Template D1-1. shows syllabi, tests, policies in handbook to meet learning objectives 1-10

Course number(s) and name(s)	Benefit/assessment opportunity
	Evidence of methods, such as syllabi, test, etc.
	Describe how learning objectives are obtained.

Which courses contain any of these learning objectives?

Where does the syllabus indicate LO being assessed and HOW?

### Validate that LO achieved

The school or program validates MPH students' foundational public health knowledge through appropriate methods, which may include the following:

- TESTS
- Mph STUDENTS PRIOR COMPLETION OF A CEPH BSPH
- Courses explicitly include learning objectives

### D2. MPH Foundational Competencies

- All MPH students attain 22 competencies across 8 domains
- Every student assessed on each competency at least once

**8 DOMAINS**

1 Evidence-based Approaches to Public Health	5 Leadership
2 Public Health & Health Care Systems	6 Communication
3 Planning & Management to Promote Health	7 Interprofessional Practice
4 Policy in Public Health	8 Systems Thinking

### 22 competencies assessed at least 1 time

Document at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each 22 competencies

Can occur in foundational course, concentration, or educational requirements outside coursework.

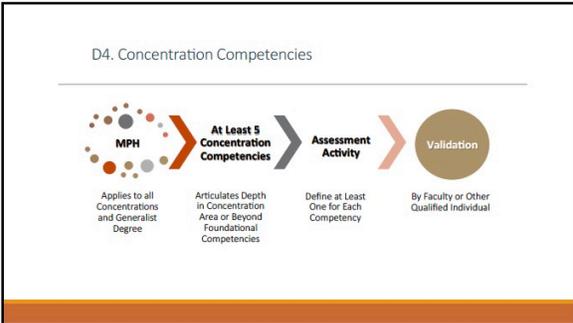
Assessment can occur in group projects, presentations, and written projects.

<p><b>Evidence-based Approaches to Public Health</b></p> <ol style="list-style-type: none"> <li>1. Apply epidemiological methods to the breadth of settings and situations in public health practice</li> <li>2. Select quantitative and qualitative data collection methods appropriate for a given public health context</li> <li>3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate</li> <li>4. Interpret results of data analysis for public health research, policy or practice</li> </ol> <p><b>Public Health &amp; Health Care Systems</b></p> <ol style="list-style-type: none"> <li>5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings</li> <li>6. Discuss the means by which structural bias, social inequalities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels</li> </ol> <p><b>Planning &amp; Management to Promote Health</b></p> <ol style="list-style-type: none"> <li>7. Assess population needs, assets and capacities that affect communities' health</li> <li>8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs</li> <li>9. Design a population-based policy, program, project or intervention</li> <li>10. Explain basic principles and tools of budget and resource management</li> <li>11. Select methods to evaluate public health programs</li> </ol> <p><b>Policy in Public Health</b></p> <ol style="list-style-type: none"> <li>12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence</li> <li>13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes</li> <li>14. Advocate for political, social or economic policies and programs that will improve health in diverse populations</li> <li>15. Evaluate policies for their impact on public health and health equity</li> </ol>	<p>22 C O M P E N T E N C I E S</p>
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<p style="text-align: center;"><b>22 Competencies continued</b></p> <p><b>Leadership</b></p> <ol style="list-style-type: none"> <li>16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making</li> <li>17. Apply negotiation and mediation skills to address organizational or community challenges</li> </ol> <p><b>Communication</b></p> <ol style="list-style-type: none"> <li>18. Select communication strategies for different audiences and sectors</li> <li>19. Communicate audience-appropriate public health content, both in writing and through oral presentation</li> <li>20. Describe the importance of cultural competence in communicating public health content</li> </ol> <p><b>Interprofessional<sup>11</sup> Practice</b></p> <ol style="list-style-type: none"> <li>21. Perform effectively on interprofessional teams</li> </ol> <p><b>Systems Thinking</b></p> <ol style="list-style-type: none"> <li>22. Apply systems thinking tools to a public health issue</li> </ol>
---

Template D2.2. Foundational Competencies

Assessment of Foundational Competencies for MPH in Community Health		
Competency	Course number(s) or other educational requirements	Specific assessment opportunity
<b>Evidence-based Approaches to Public Health</b>		
1. Apply epidemiological methods to the breadth of settings & situations in public health practice	MPH 603: Principles of Epidemiology	Assignment 2: simple random sampling
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	MPH 670: Research Methods	Week 15: project - mixed methods study design
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate	MPH 605: Intro to Biostatistics	Exam 3: covers course learning objectives 2-9
4. Interpret results of data analysis for public health research, policy and practice	MPH 603: Principles of Epidemiology	Week 7: powerpoint presentation - LGBTQ health inequalities
<b>Public Health &amp; Health Care Systems</b>		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	MPH 602: Health Care Systems	Week 3: discussion question post and response



## D4. Concentration Competency

Concentration competencies expand upon foundation competencies

Must articulate how expanded

1 specific assessment for each competency

- Paper, presentation, test
- Group projects

Spread across plan of study

occur in concentration courses

Map concentration competency to assessment

Foundation comp can be assessed in conc course

### Template D4.1. Concentration Competencies

Assessment of Concentration Competencies for MPH in Biostatistics		
Competency	Course number(s) or other educational requirements	Specific assignment(s) that allows assessment
1. Ability to select appropriate research designs to meet the needs of various studies and ability to explain the limitations of implemented designs	MPH 735: Statistical Methods for Public Health Research PUBH 793: Clinical Trials I	Week 4: SAS exercise 3 Project: cohort designs Homework 6: randomized block designs
2. Apply common probability distributions to public health outcomes	MPH 752: Biostatistics II	Homework 2: analysis of variance (ANOVA)
3. Analyze moderately complex research data using statistical methods involving common linear statistical models	STAT 740: Advanced Regression Analysis MPH 735: Statistical Methods for Public Health Research	Homework 3: simple linear regression Quiz 2: multiple linear regression Week 3: R exercise 1
4. Apply and interpret common univariate and multivariate statistical methods for inference	STAT 722: Applied Multivariate Methods	Week 3: SAS exercise 2
5. Communicate commonly used statistical ideas and methods to collaborators in non-technical terms, both orally and in writing	MPH 741: Biostatistical Case Studies & Collaboration MPH 720: Applied Practice Experience	Paper: case control designs PowerPoint presentation on deliverables for host site(s)

## D5. MPH Applied Practice Experiences

Competencies Addressed	Applied Activities	Mode of Completion	Assessment Method
At least 5 competencies (3 must be foundational)	<ul style="list-style-type: none"> <li>• Internships</li> <li>• Community-based course activities</li> <li>• Co-curricular activities</li> </ul>	<ul style="list-style-type: none"> <li>• Individual or group based</li> <li>• Discrete experience or completed across course of study</li> <li>• Non-academic setting</li> <li>• Credit or non-credit bearing</li> </ul>	Student portfolio with at least 2 products

## D5. Applied Learning

No longer requires set number of hours, but possible to keep number of hours.

Can be spread across enrollment.

OK = Service learning, co-curricular activities.

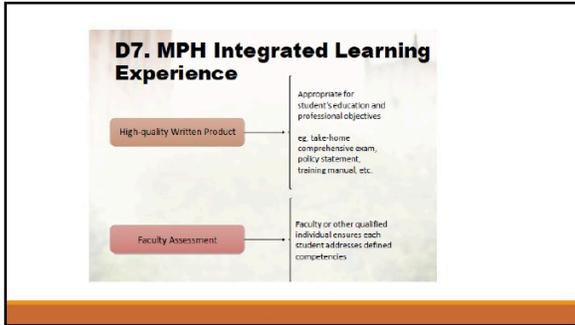
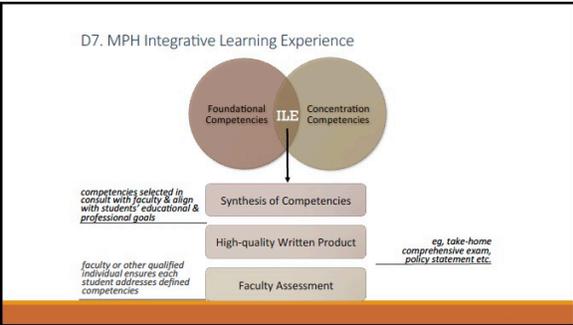
Group project must individual competencies in portfolio

5 competencies (3 foundational) map to deliverable where student achieve competency

Can include concentration competencies

Products are written assignment, project, videos, spreadsheets, websites, posters.

Multiple experiences allowed



D7. Integrative Learning Experience

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Considered "Culminating experience"

Practice based project

Essay-based comprehensive exam

Capstone course

Integrative seminar

NO MATTER WHAT: must achieve a "higher quality written product"

- Program evaluation report
- Training manual
- Policy statement
- Take home comp exam
- Developed and delivered in way useful to external stakeholders

D7. ILE

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CHES or CPH may serve as element of ILE but does not fully satisfy criterion.

Complete in final year or term

Grouped based or individual

At least 1 faculty reviews performance

### D10. MPH Program Length

**42** semester-credit hours, 56 quarter-credit hours or the equivalent

Degree Completion

**Collaborative Process**  
**Thank you**

## Health Administration MPH competencies

FACULTY: DR. ARI MWACHOFI, DR. HUABIN LUO AND DR. RUTH LITTLE

### Health administration concentration competencies

Competency	Course
Develop vision leading to addressing local and global health and health inequities?	MPH 6805/6810
Define policy, program or health and healthcare access for disadvantaged populations?	MPH 6810
Analyze the policy, financial and delivery for improving the health and healthcare access for disadvantaged populations to reduce health inequities?	MPH 6805/6810
Conduct strategic planning, management and financial analysis to enhance organizational performance	MPH 6810
Conduct financial performance analysis	MPH 6810
Apply leadership and advocacy skills for the continuous improvement of organizational performance	MPH 7010
Conduct HR Management (HR) with focus on inclusion of disadvantaged populations	MPH 7010

**HPAL CONCENTRATION COMPETENCIES**  
are competencies for health policy and leadership concentration

Health Behavior Competencies	Assessment Course and activity
Design a conceptual end/ or a logic model to guide intervention development and/ or data collection for program evaluation.	MPH 6600 and 6605
Plan, implement and evaluate health promotion and disease prevention interventions that address multiple levels of the social ecological framework.	MPH 6013- Case studies and final project MPH 6600 and 6605 1-credit hour grant writing course
Use qualitative and quantitative methods to analyze data regarding programmatic needs and evaluation. (could integrate this with #7 above)	MPH 6013 – Case studies and final project MPH 7201 – survey methods – BRFS analyses MPH 6027 – lab reports MPH 6600 and 6605
Use formative, process, intermediate, and outcome measures to plan and evaluate public health interventions. (could be deleted?)	MPH 6027 – in-class exercises and lab reports MPH 6600 and 6605—
Create and implement a plan for public health partnership building to achieve common community/ public health goals.	MPH 6600 and 6605—
Successfully manage a project including budget preparation, HR, hiring/staffing, etc.	ADD a module into an existing course?
ADD: • Administrative competency • Health communication.	–Health communication – could say this is addressed by the social media 1-credit course? –Partnership building – is this covered in some of the other courses?

<https://sphhs.buffalo.edu/community-health-and-health-behavior/education/master-of-public-health-mph/competencies/concentration-specific-competencies.html>

Plan, perform and report basic statistical calculations and analyses and critically read public health and medical care journal articles. (CHB 505 Applied Statistics for Public Health)

Demonstrate broad knowledge of the utility of and challenges to implementation of interventions to impact health behaviors and community health. (CHB 501 Study of Health Behavior, CHB 502 Health Behavior Change, CHB 523 Introduction to Program Planning and Evaluation)

Understand and apply the skills essential to collaborating with the community in identifying health related needs, developing study designs and conducting community-level research. (CHB 501 Study of Health Behavior, CHB 523 Introduction to Program Planning and Evaluation)

Apply a core set of skills relevant to community health and health behavior research, needs assessment, and monitoring and evaluation of public health programs. (CHB 502 Health Behavior Change, CHB 505 Applied Statistics for Public Health, CHB 523 Introduction to Program Planning and Evaluation)

Conduct data analyses applicable to community health and health behavior research and/or monitoring and evaluation of community health or health behavior interventions. (CHB 505 Applied Statistics for Public Health, STA 527 Introduction to Medical Statistics)

Communicate ideas and findings to scientific and lay audiences. (CHB 501 Study of Health Behavior, CHB 505 Applied Statistics for Public Health)

Critically evaluate the development, implementation, and utility of public health policies and programs designed to improve community health and health behaviors. (CHB 501 Study of Health Behavior, CHB 502 Health Behavior Change, CHB 523 Introduction to Program Planning and Evaluation)

## UAB MPH – Health Behavior Competencies

Analyze ethical issues encountered in the design, implementation and evaluation of health promotion interventions.

Apply an ecological model and systems constructs to explain the design, implementation, and evaluation of public health service or research addressing health promotion and disease prevention.

Critically examine the role of social and cultural variables contributing to health disparities.

Demonstrate an ability to work effectively with diverse communities and professions to define and address important public health concerns.

Describe the major risk factors for morbidity and mortality in specific population segments.

Design and implement culturally-appropriate, theory-based/evidence-based procedures to assess health-related knowledge, attitudes and behaviors for specific populations, using existing scales and items when appropriate.

Design and implement methodologically sound procedures to collect and analyze process, impact, and outcome measures to evaluate health promotion programs.

Design, implement, and evaluate culturally-appropriate, theory-based/evidence-based health promotion strategies.

Evaluate the design, methods, effects, and relevance of health promotion programs presented in the extant literature (e.g. scientific articles, professional publications, technical reports, white papers, popular press).

Explain major theories and concepts that are utilized in educational and behavioral approaches to health promotion and disease prevention.

## UK – MPH Health Behavior Competencies

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Apply theory to understanding and measuring the multilevel, ecological context of health behavior, focusing on social determinants of behavior and causes of inequities in individual and population health outcomes.

Determine the needs and assets of communities and understand how to successfully and ethically build and sustain partnerships and collaborations.

Understand how to identify, plan, adapt, implement, and evaluate sustainable evidence-based health promotion and disease prevention programs, and how to successfully disseminate and communicate program methods and outcomes to scientific, practitioner, and lay communities.

Critically examine and interpret existing health promotion programs and scientific literature to promote evidence-based public health research and practice.

## University of Indiana – Bloomington

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Apply theories and conceptual frameworks from several ecological levels to public health practice

Use evidence from scientific literature to understand public health problems and inform public health decision-making

Apply systems thinking tools to a public health issue

Apply established steps and procedures to evaluate community-based public health programs, policies and interventions

Use input from critical stakeholders to evaluate community-based public health programs, policies and interventions

Use theory, scientific evidence and community input to analyze and select public health programs, policies, and interventions

Select and implement public health programs, policies, and interventions that address multiple levels in the ecological framework

Prepare proposals for funding from external sources for public health programs

Develop and construct budgets for public health programs

## ECU Department of Public Health Strategic Planning Retreat January 22<sup>nd</sup>, 2018

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NANCY WINTERBAUER

CORE COURSES/NEW COURSES/TRACK DISCUSSION

## Discussion

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Core Courses - Reducing the Core

New Courses

Tracks

## Current Core

Exhibit 2. Core Courses by Area of Knowledge, Format and Credit Hours

Area of Knowledge	Core Course	Format	Credit
Health Services	MPH 6000 Public Health Practice	Online (DE)	3
	MPH 6002 Ethics and Law in Public Health	F2FDE	3
Administration	MPH 6005 Interdisciplinary Rural Health	F2F	3
	MPH 6006 Interdisciplinary Rural Health	F2FDE	3
Environmental Health	MPH 6010 Fundamentals of Environmental Health	F2FDE	3
	MPH 6011 Introduction to Epidemiology	F2FDE	3
Epidemiology	MPH 6012 Epidemiology Methods	F2F	3
	MPH 6013 Behavioral Science and Health Education	F2FDE	3
Social and Behavioral Sciences	MSGE 7001 Biostatistics for Health Professionals I	F2FDE	3
Biostatistics	MPH 6020 Research Methods	F2FDE	3
<b>Total credit</b>			<b>24</b>

## Reducing the Core

MPH 6020 – Research Methods  
 • Concentration specific

MPH 6002 – Ethics and Law in Public Health  
 • Incorporate into existing courses

## New Courses – 6 c.h.

Concentration specific?

Electives?

Multidisciplinary electives?

## Tracks

Clinical

Research

Practice

## Practice Track in Health Behavior – D5

- MPH 6000 – Planning Public Health Programs\*
  - Community Health Assessment
- MPH 7021 – Introduction to Survey Methodology\*
  - Community Health Assessment
- MPH 6005 – Evaluating Public Health Programs\*
  - Partnerships w various agencies
- MPH 600X new class\*\* – Community Partnerships in Health Education and Promotion (Service Learning)
- 1 or more semesters health education/promotion [volunteer](#)
- MPH 600X new class\*\* – Community Partnerships in Public Health Communications or Community Partnerships in Public Health Advocacy or ... (cb Service Learning)

\*Concentration requirement; \*\* may be electives or concentration specific

## MPH Integrative Learning Experience

PROFESSIONAL PAPER  
DPH CURRICULUM STRATEGY PLANNING RETREAT  
JANUARY 22, 2018

## MPH Integrative Learning Experience (ILE): CEPH 2016 Criteria

- Demonstrates synthesis of foundational and concentration competencies
- Select competencies that are appropriate to the student's educational and professional goals
  - Number of competencies not specified
- ILE is a culminating experience during which the student produces a high-quality written product that is appropriate for their educational and professional objectives.

Source: CEPH Accreditation Criteria, Oct. 2016

## ILE Culminating Experience: CEPH 2016

- Practice-based project
- Essay-based comprehensive exam
- Capstone course
- Integrative seminar

Source: CEPH Accreditation Criteria, Oct. 2016

## Written product: CEPH 2016

---

### Examples:

- Program evaluation report
  - Training manual
  - Policy statement
  - Take-home comprehensive essay exam
  - Legislative testimony with accompanying supporting research
- Developed and delivered in a manner useful to external stakeholders

Source: CEPH Accreditation Criteria, Oct. 2016.

## Current Pro Paper Capstone

---

### Students will conduct a research project, which will include the following steps:

- review the literature regarding a practice-based or action-oriented public health or clinical question in their area of interest,
- plan a research project, complete an Institutional Review Board (IRB) application (if applicable),
- implement the project,
- write up the findings similar to a manuscript format, and
- present the findings to the faculty and fellow students.

Source: MPH Professional Paper Guidelines, Oct. 2017.

## Current Competencies: 6991

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1. Describe a public health problem in terms of magnitude, person, time and place.
2. Describe the role of social and community factors or health care system in both the onset and solution of public health problems.
3. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.
4. Develop cogent and persuasive written materials regarding public health topics.

Source: MPH Professional Paper Guidelines, Oct. 2017.

## Current Competency: 6992

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Deliver an oral presentation using recognized criteria for effective information dissemination.

Source: MPH Professional Paper Guidelines, Oct. 2017.

## Current Pro Paper Capstone

Viewed within the 2016 CEPH ILE criteria:

- Capstone course – MPH 6991 and 6992
- Written product – professional paper

ILE is the same for all concentrations

Competencies and written product:

- Same for all students
- Not necessarily linked to student goals
- Written product not always useful to external stakeholders

## Student Preferences for ILE

		Percent of total
A practice based project that might include writing an evaluation report, a training manual, or policy statement.	16	80.0%
A capstone in which the professional paper was integrated into the internship	17	85.0%
A comprehensive written exam	1	5.0%
A professional paper	6	30.0%
Something else*	1	5.0%
A choice among several options	8	40.0%

\*In this case, none specified.  
Source: 2016-2017 MPH Student Input on Pro Paper Survey

## Some of my thoughts

ILE is culmination of the program, so should reflect the program.

- Are we redefining the program or curriculum in any way?
- Will the program have tracks?

Not currently taking advantage of the flexibility offered by the new criteria.

Faculty emphasis is on research, so modifying ILE may be difficult.

## Questions for Faculty Discussion

Keep current pro paper as is?

Make some modifications to pro paper?

- Allow students to choose their own competencies?
- Encourage students to work with a stakeholder regarding stakeholder's needs?

Define ILE differently for each concentration (or track)?

## Questions for Faculty Discussion

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Allow for "experimental" ILEs, such as....

- Group culminating experience with individual written products
- Service learning opportunity
- Focus on needs of a local health department or agency
- Focus on a faculty member's research grant
- Culminating group seminar on a particular topic with individual written products

## Questions for Faculty Discussion

---

Start from scratch and design an new ILE?

## Applied Field Experience

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MPH CEPH 2016 CRITERIA

## D5. Applied Practice Experience

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Applied practice experiences may be:

- Concentrated in time, or
- Spread out throughout a student's enrollment.

### Internship Opportunities

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A practicum or internship completed during a summer or calendar year.  
Course-based activities (eg. Performing a needed task for a public health or health care organization under the supervision of a faculty member as an individual or group of students).  
Activities linked to service learning, as defined by the program, school or university.  
Co-curricular activities (eg. Service and volunteer opportunities such as those organized by a student association).  
A blend of for-credit and/not-for-credit activities.

### Agency Types Suitable for Internship

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Governmental,  
Non-governmental,  
Non-profit,  
Industrial,  
For-Profit,  
University-Affiliated Settings

### Required Setting Criteria

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Primarily focused on:

- Community engagement,
- External partners,
- University health promotion or wellness centers

### Applied Practice Sensitivity

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Activities meeting the applied practice should be mutually beneficial to both the site and the student.

## Applied Experience Competencies

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Students must demonstrate attainment of at least 5 competencies as defined in Criterion, D2.

- At least 3 must be foundational competencies.
- At least 2 must be concentration competencies.

## Structure

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Competencies need not be identical from student to student.

But the applied experience must be structured to ensure ALL students complete experiences addressing at least 5 competencies.

## Required Deliverables

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### Portfolio:

- Demonstrates and allows assessment of competency attainment.
- Must include at least 2 products.
- Examples:
  - Written assignments,
  - Projects,
  - Videos,
  - Multi-media presentations,
  - Spreadsheets,
  - Websites,
  - Posters,
  - Photos or other digital artifacts of learning.

## Retention of Materials

---

Any physical or electronic form chosen by the school or program.

Can originate from multiple experiences ( eg. applied community based courses and service learning courses throughout the curriculum or a single internship experience)

Each student must present documentation demonstrating individual competency assessment.

## Combined Degree

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Students have opportunities to integrate and apply their learning from both degree programs through applied practice experiences.

## Required Documentation

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Description of how the school identifies competencies attained in the applied practice experience for each MPH student including any relevant policies.

Provide documentation in syllabi and handbook.

Provide examples of practice-based materials for individual students from each concentration or generalist degree. Template D5-1

If applicable, assess strengths and weaknesses related to this criterion and improvement in this area.

## Questions

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Questions?

## Dual Degree Program and Partnership Opportunities

RONNY A. BELL, PHD, MS

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CHAIR, DEPARTMENT OF PUBLIC HEALTH

BRODY SCHOOL OF MEDICINE

EAST CAROLINA UNIVERSITY

 East Carolina University

### Current Dual Degree Programs

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#### MD/MPH

- Currently on hold due to a change in the MD curriculum

#### DDS/MPH

- Current arrangement for dental students to participate in Foundations certificate
- Future arrangement for dual degree for dental students in the works

### Potential Dual Degree Programs

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Physician Assistant Program – College of Allied Health Sciences

Nursing Program – College of Nursing

Health Communication – College of Arts and Sciences

Environmental Health – College of Health and Human Performance

Others?

### Partnerships

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UNC Wilmington College of Health and Human Services

- MOU currently in place for students to enroll in MPH Program
- Participating in National Public Health Week activities

Campbell University

- Partnership focused on rural public health

UNC Pembroke

- MOU drafted and will be approved soon

Others?

## Appendix 5: ECU DPH Alumni Survey

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Start of Block: Default Question Block

Q1 The ECU Department of Public Health is conducting a survey among alumni of the MPH program. This information will be used to improve the MPH program for current and future students and will also be used in our re-accreditation process by the Council on Education for Public Health. The survey will take about 10 minutes to complete. The information you give us will be kept confidential and will only be reported in the aggregate. Thank you in advance. We truly appreciate all of your input and comments!

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Q2 Which of the following was your MPH concentration?

- Epidemiology (1)
  - Health Administration (2)
  - Health Behavior (3)
  - Public Health Analysis and Management (4)
  - Other (please specify) (5) \_\_\_\_\_
- 

Q3 In what year did you complete your MPH?

- 2018 (1)
- 2017 (2)
- 2016 (3)
- 2015 (4)
- 2014 (5)
- 2013 (6)
- 2012 or before (7)

---

Q4 In which semester did you complete your MPH

- Fall semester (1)
  - Spring semester (2)
  - Summer semester (3)
- 

Q5 Upon completion of your MPH, did you seek employment, enrollment in another degree program (e.g., a clinical degree program or doctoral program), or something else?

- Sought employment (1)
- Sought enrollment in another degree program (2)
- Something else (please specify) (3) \_\_\_\_\_

*Skip To: Q9 If Upon completion of your MPH, did you seek employment, enrollment in another degree program (e.g.,... = Something else (please specify)*

*Skip To: Q8 If Upon completion of your MPH, did you seek employment, enrollment in another degree program (e.g.,... = Sought enrollment in another degree program*

---

Q6 After completing your MPH, how long did it take to obtain public-health-related employment?

- Already had a job in public health (1)
  - Less than 6 months (2)
  - Between 6 months and 1 year (3)
  - Between 1-2 years (4)
  - I have not found employment in Public Health (5)
  - I did not seek employment in Public Health (6)
  - Other (please specify) (7) \_\_\_\_\_
- 

Q7 Which of the following best describes the employment sector of your first job after completing your MPH?

- Government (local, state, federal) (1)
  - Non-profit (2)
  - Health care (3)
  - Private practice (4)
  - College or university (5)
  - Proprietary organization (industry, pharmaceutical company, consulting) (6)
  - Pursued further education (7)
  - Not health-related (8)
  - Not employed (9)
-

Display This Question:

If Upon completion of your MPH, did you seek employment, enrollment in another degree program (e.g.,... = Sought enrollment in another degree program

Q8 In what type of degree program did you enroll?

- Medical (1)
  - Dental (2)
  - Physician's Assistant (3)
  - Doctoral degree in Public Health (4)
  - Doctoral degree in another field (5)
  - Master's degree (6)
  - Something else, please specify (7) \_\_\_\_\_
  - Applied but did not enroll (8)
- 

Q9 What is your current employment status?

- Employed full time (1)
- Employed part time (2)
- Self-employed (3)
- Serving in the military (4)
- Unemployed, seeking employment (5)
- Unemployed, not seeking employment (6)
- Enrolled in a degree program at a college or university (7)
- Other (please specify) (8) \_\_\_\_\_

Skip To: Q12 If What is your current employment status? = Unemployed, seeking employment

*Skip To: Q12 If What is your current employment status? = Unemployed, not seeking employment*

*Skip To: Q12 If What is your current employment status? = Enrolled in a degree program at a college or university*

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Q10 Which of the following best describes the employment sector of your current job?

- Government (local, state, federal) (1)
  - Non-profit (2)
  - Health care (3)
  - Private practice (4)
  - College or university (5)
  - Proprietary organization (industry, pharmaceutical company, consulting) (6)
  - Pursued further education (7)
  - Not health-related (8)
- 

Q11 How closely related is your current position to your MPH concentration area?

- Directly related to concentration area (1)
  - Somewhat related to concentration area (2)
  - Not related to concentration but is related to Public Health (3)
  - Not related to concentration area or to Public Health (4)
-

Q12 Did your MPH internship (practicum) help you find a job in any of the following ways?

- I was offered a job at my internship site (1)
  - I was offered a job at an organization that was affiliated with or worked with my internship site (2)
  - I was offered a job at an organization doing similar work to my internship (3)
  - Other (please specify) (4) \_\_\_\_\_
  - Did not help me find a job (5)
- 

Q13 Did your professional paper help you find a job or help you with your career?

- Yes (1)
- In some ways (2)
- No (3)

*Skip To: Q15 If Did your professional paper help you find a job or help you with your career? = No*

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Q14 How did your professional paper help you find a job or help you in your career?

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Q15 For each of the public health competencies listed below, please tell us if you feel you achieved the competency during the ECU MPH program, how confident you are in applying it currently, and how often you need to apply the competency in your current position or program.

	Do you feel that you achieved this competency during the ECU MPH program?			How confident are you in your ability to apply these competencies now?			In your current position or program, how often do you need to apply each of these competencies?		
	Achieved (1)	Partially achieved (2)	Did not achieve (3)	Very confident (1)	Somewhat confident (2)	Not confident (3)	Frequently (1)	Rarely (2)	Never (3)

Apply descriptive statistical techniques commonly used to summarize public health data (1)

Apply common statistical methods for inference (2)

Interpret results of statistical analysis found in public health studies (3)

Use vital statistics and other public health records in the description of population health characteristics and in public health research and evaluation (4)

Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety (5)

Describe a public health problem in terms of magnitude, person, time, and place (6)

Calculate basic epidemiology measures (7)

Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiological data (8)

Recognize the principles and limitations of public health screening programs (9)

Identify the main components and issues of the organization, financing, and delivery of health services in the US (10)

Use the principles of program planning, development, budgeting, management, and evaluation in organizational and community initiatives (11)

Describe the role of social and community factors in both the onset and solution of public health problems (12)

Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice (13)

Use evidence-based approaches in the development and evaluation of social and behavioral science interventions (14)

Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions (15)

Develop cogent and persuasive written materials regarding public health topics (16)

Deliver oral presentations using recognized criteria for effective information dissemination (17)

Demonstrate sensitivity to varied cultural, ethnic, and socioeconomic backgrounds of individuals and groups (18)

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Q16 Based on your experience, are there any competency or knowledge areas that should be added or emphasized more in the ECU MPH program?

- Yes (1)
- No (2)

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*Display This Question:*

*If Based on your experience, are there any competency or knowledge areas that should be added or emphasized more in the ECU MPH program? = Yes*

Q17 What competency or knowledge areas should be added or emphasized more?

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Q18 Are there any competency or knowledge areas that should be deleted or emphasized less in the ECU MPH program?

Yes (1)

No (2)

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*Display This Question:*

*If Are there any competency or knowledge areas that should be deleted or emphasized less in the ECU... = Yes*

Q19 What competency or knowledge areas should be deleted or emphasized less?

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Q20 Please indicate your level of agreement with each of the following statements.

The ECU MPH program.....

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
Included reasonable expectations (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided an appropriate sequence for learning (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively challenged me to learn and grow (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enabled me to develop relevant professional skills (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corresponded with the general working requirements of public health professionals (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipped me to be effective in my current position or graduate project (for students) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q21 Please indicate your level of agreement with each of the following statements.

The ECU MPH program experience included adequate opportunities to.....

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
Interact with faculty (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interact with other students (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage in community- based projects (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engage in public health research (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q22 Please indicate your level of agreement with each of the following statements.

Given the opportunity, I would .....

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)
Recommend this program to others (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Still complete this program (if I could go back in time) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q23 What was the most valuable aspect of the ECU MPH program? Why?

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Q24 What would you like to see changed in the ECU MPH program? Why?

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