Reaccreditation Self-Study

Of The

UNC Charlotte Public Health Programs

Prepared For The

Council On Education For Public Health

UNC CHARLOTTE

College of Health and Human Services

Public Health Sciences

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on behalf of

The Department of Public Health Sciences
The University of North Carolina at Charlotte

August 2021

Abbreviations and Acronyms

APE – Applied Practice Experience (also referred to as “internship”)

APHI – Academy for Population Health Innovation

ARCHES – Academy for Research on Community Health, Engagement and Services

BSPH – Bachelor of Science in Public Health

CASE – Community, Action, Service and Engagement

CEPH – Council on Education for Public Health

CHES – Certified Health Education Specialist

CHHS – College of Health and Human Services

CHPR – Community Health Practice concentration in the MPH

CQI – Continuous Quality Improvement Committee

ERF – Electronic Resource File

EPID – Epidemiology concentration in the MPH

GPA – Grade Point Average

GPHA – Graduate Public Health Association

GRE – Graduate Record Exam

HIAN – Health Informatics & Analytics masters/certificate program

HLTH – prefix for public health courses at UNC Charlotte

HSR – Health Services Research doctoral program

ILE – Integrative Learning Experience (also referred to as “capstone”)

LGBTQ – Lesbian, Gay, Bisexual, Transgender and Queer

MPH – Master of Public Health

NPHW – National Public Health Week

PANU – Physical Activity & Nutrition concentration

PHAB – Public Health Programs Advisory Board

PHAN – Population Health Analytics concentration in the MPH

PHP – Public Health Programs (our CEPH unit of accreditation)

RPT – Reappointment, Promotion, Tenure

PHS – Public Health Sciences

SACSOC – Southern Association of Colleges and Schools Commission on Colleges

SPH – School of Public Health

UNCC – University of North Carolina Charlotte

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Introduction

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

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

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

Charlotte's education and business leaders, aware of the area's unmet needs for higher education, moved to have the Charlotte Center taken over by the city school district and operated as Charlotte College, offering the first two years of college courses. Once Charlotte College became firmly established, efforts were launched to give it a campus of its own. With the backing of Charlotte business leaders and legislators from Mecklenburg and surrounding counties, land was acquired on the northern fringe of the city and bonds were passed to finance new facilities. In 1961, Charlotte College moved its growing student body into two new buildings on what was to become a 1,000-acre campus approximately 10 miles northeast from downtown Charlotte; this is our main campus.

Three years later, the North Carolina legislature approved Charlotte College as a four-year, state-supported college. In 1965, the legislature created the University of North Carolina at Charlotte (UNCC), the fourth campus in the statewide university system. In addition to the 1000 acre campus located approximately 10 miles from downtown Charlotte, in 2011 UNCC opened the Center City campus to serve working professionals in the city center. This urban beach hold serves more than 1,300 students annually who earn bachelor's or master's degrees in business, architecture, urban design, education, public administration or health administration, plus about 2,600 more who participate in certificate and other continuing education options. In addition, The Projective Eye Gallery, located near the lobby, regularly exhibits the work of artists known locally, nationally and internationally. This 11-story building was renamed the Dubois Center in 2020. The two campuses are linked by the Blue Line light rail system.

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**)

UNCC consists of 7 colleges, and 4 schools within those colleges. The institution delivers 75 undergraduate degrees, 65 master's degrees and 24 doctoral degrees as of Fall 2020.

c. number of university faculty, staff and students

UNCC employs 3700 faculty, administrators and staff and serves just over 30,000 students (roughly 24,000 undergraduates and 6000 graduate students). We are the second largest university in terms of enrollment among the 17 institutions comprising the University of North Carolina system.

d. brief statement of distinguishing university facts and characteristics

UNC Charlotte is North Carolina's urban research university. We are located in the NC's largest city (now the 15th largest in the US). UNC Charlotte maintains a particular commitment to addressing the cultural, economic, educational, environmental, health, and social needs of the greater Charlotte region. Because the city lacks a medical school or any other allied health professional schools, the College of Health and Human Services (CHHS) plays a pivotal role within the broader public health and health care environment in the region. Coupled with Atrium Health (the largest health care system in the area) and Novant Health, CHHS collaborates with local and regional public health agencies to influence community health outcomes.

Charlotte is a dynamic geographic center, which has a highly diverse, rapidly expanding population. Our increasing urbanization in the form of greater traffic, high housing costs and lack of affordable housing, and reduced social mobility, is also affecting our surrounding collar counties.

Our student body reflects the racial and ethnic diversity of the surrounding community; 46% of our students are non-White. Blacks are 16% of enrollment, followed by Hispanics (11%), Asians (8%) and international students (5%). Demographic data are provided by the Office of Institutional Research Analytics and are publicly available. Coupled with the racial and ethnic diversity of our students, a significant proportion are first generation college students. UNC Charlotte also has the highest percentage of transfer students in the University of North Carolina system. Thus, our students come to UNC Charlotte with a variety of perspectives and experiences that both enrich our campus and contribute to their ability to succeed in achieving a college or graduate degree.

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 (list may be placed in the electronic resource file)

UNC Charlotte is accredited at the University level of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). Within CHHS, professional degrees offered by the School of Nursing, the School of Social Work and the Department of Kinesiology are accredited by their respective disciplinary agencies (e.g. Commission on Collegiate Nursing Education). Within the Department of Public Health Sciences, which houses our CEPH-accredited Public Health Programs, we also deliver a Master of Health Administration degree accredited by the Commission on Accreditation of Healthcare Management Education (CAHME).

A complete list of all accrediting agencies associated with degrees offered at UNC Charlotte can be seen in the Electronic Resource File (ERF).

ERF→ Accrediting Agencies – see Program Accreditations – UNCC.pdf

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

PHS was established on July 1, 2002, as the Department of Health Behavior and Administration (HBA) within a transformed College of Health and Human Services (CHHS) at UNC Charlotte. In 2003, the Department initiated a series of stakeholder activities as part of its strategic planning and programmatic realignment efforts. These conversations culminated in a vision to transform the unit into a CEPH-accredited program in public health and, eventually, an accredited school of public health.

Since our initial accreditation as a public health program in 2009 (offering the MSPH), and our reaccreditation in 2014, the PHP has continued to strengthen and enrich its public health offerings while continuing to plan and build for growth into a school of public health. In 2007 we began our undergraduate BSPH program. In 2014, we launched our first doctoral program in Public Health Sciences, Behavioral Sciences; in 2016, we revised the MSPH into an MPH degree with a concentration in Community Health Practice. In 2018, we added 2 concentrations (Epidemiology and Population Health Analytics) to the existing MPH. More recently in 2019, an existing doctoral program in Health Services Research (HSR) became housed in the Department and we revised that curriculum to obtain CEPH accreditation. Also in 2019, we added another MPH concentration in Physical Activity and Nutrition.

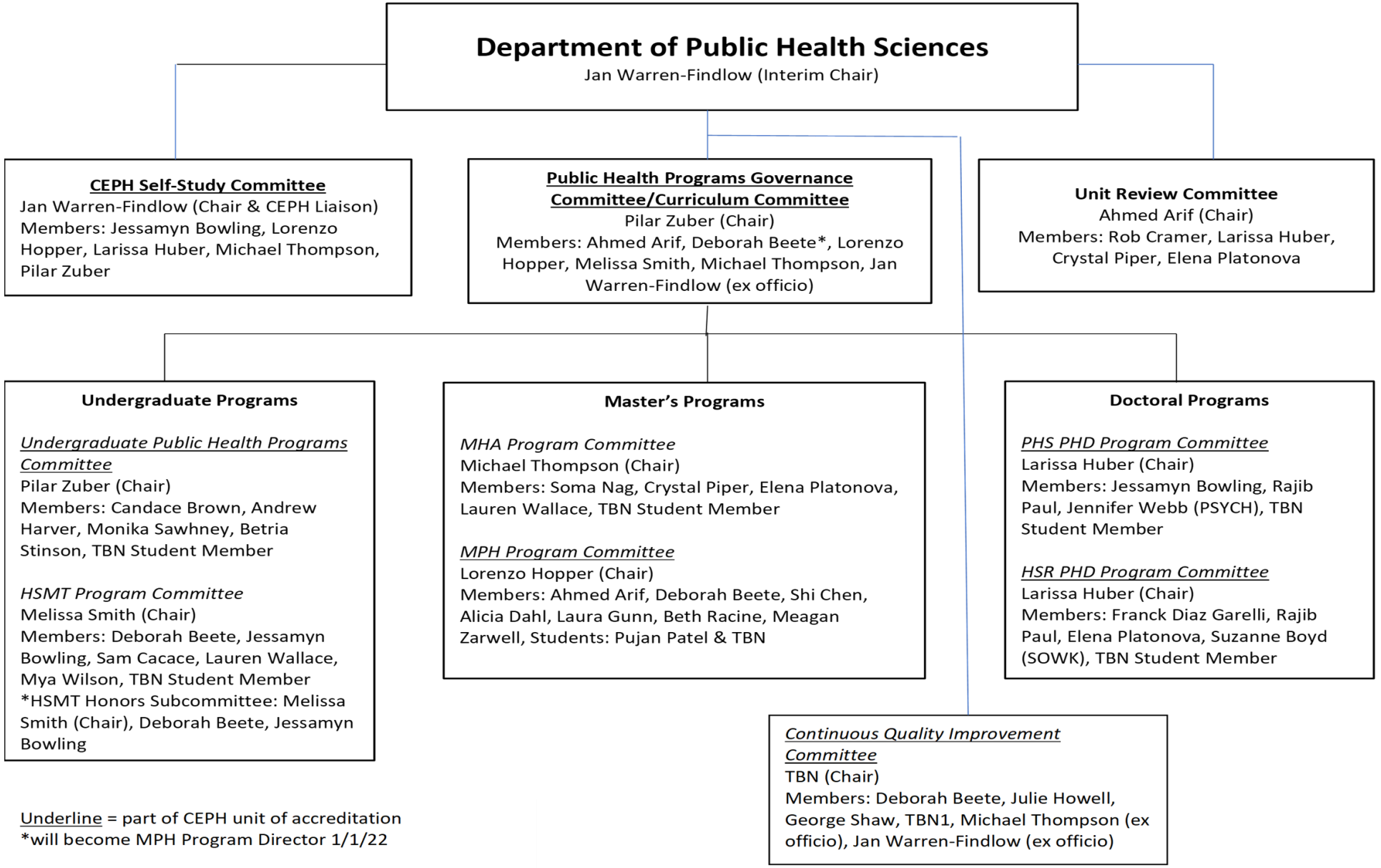
In addition to the PHP, the PHS department also offers a CAHME-accredited MHA, a BS in Health Systems Management, and a minor in public health. We also participate in the delivery of the Health Informatics and Analytics MS degree and a graduate certificate within the School of Data Science.

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

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

Figure A1.1 presents the current organizational structure of the Department of Public Health Sciences (PHS). Committees with underlined titles are specific to the PHP governance. All committees except the CEPH Self-Study Committee are permanent. Dr. Warren-Findlow is currently the CEPH Accreditation Liaison.

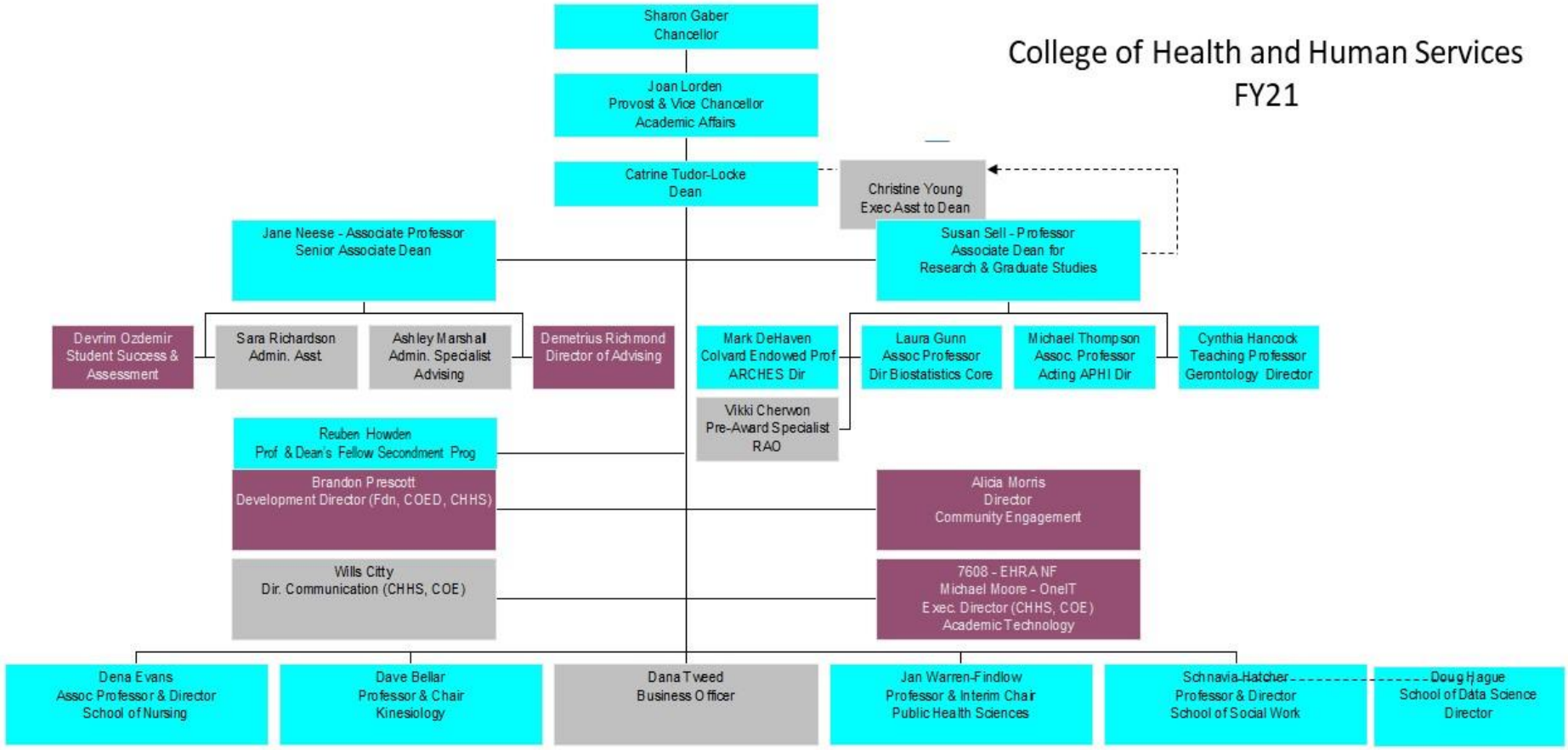
Figure A1.1. Public Health Sciences/PHP Governance Structure, Fall 2021



Underline = part of CEPH unit of accreditation
*will become MPH Program Director 1/1/22

b. the relationship between the school or program and other academic units within the institution. For programs, 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

See Figure below. Other academic units within the College are found in the bottom row. CHHS is one of 7 colleges within UNC Charlotte. Each college is comprised of a mix of professional schools and departments.


College of Health and Human Services
FY21
Sharon Gaber
Chancellor
Joan Lorden
Provost & Vice Chancellor
Academic Affairs
Catrine Tudor-Locke
Dean
Christine Young
Exec Asst to Dean
Jane Neese - Associate Professor
Senior Associate Dean
Susan Sell - Professor
Associate Dean for
Research & Graduate Studies
Devrim Ozdemir
Student Success &
Assessment
Sara Richardson
Admin. Asst
Ashley Marshall
Admin. Specialist
Advising
Demetrius Richmond
Director of Advising
Mark DeHaven
Colvard Endowed Prof
ARCHES Dir
Laura Gunn
Assoc Professor
Dir Biostatistics Core
Michael Thompson
Assoc. Professor
Acting APHI Dir
Cynthia Hancock
Teaching Professor
Gerontology Director
Vikki Cherwon
Pre-Award Specialist
RAO
Reuben Howden
Prof & Dean's Fellow Secondment Prog
Brandon Prescott
Development Director (Fdn, COED, CHHS)
Alicia Morris
Director
Community Engagement
Wills Citty
Dir. Communication (CHHS, COE)
7608 - EHRA NF
Michael Moore - OneIT
Exec. Director (CHHS, COE)
Academic Technology
Dena Evans
Assoc Professor & Director
School of Nursing
Dave Bellar
Professor & Chair
Kinesiology
Dana Tweed
Business Officer
Jan Warren-Findlow
Professor & Interim Chair
Public Health Sciences
Schnavia Hatcher
Professor & Director
School of Social Work
Doug Hague
School of Data Science
Director
July 1, 2020

c. the lines of authority from the school or program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (eg, reporting to the president through the provost)

The PHS interim department Chair (Warren-Findlow) leads the PHP and reports to the Dean of the College of Health and Human Services (Catrine Tudor-Locke). The Dean of CHHS reports directly to the Provost (Joan Lorden), who reports to the UNCC Chancellor (Sharon Gaber).

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

Not applicable.

3) An instructional matrix presenting all of the school or program's degree programs and concentrations including bachelor's, master's and doctoral degrees, as appropriate. 2 Present data in the format of Template Intro-1.

The matrix must

- show undergraduate and graduate degrees
- distinguish between professional and academic degrees for all graduate public health degrees offered
- identify any public health degrees/concentrations that are offered in distance learning or executive formats
- SPH only: distinguish public health degrees from other degrees

Instructional Matrix - Degrees and Concentrations						
Bachelor's Degrees					**Categorized as public health***	**Campus based**
Community Health			BS		X	BS
Master's Degrees			**Academic**	**Professional**		
Community Health Practice				MPH	X	MPH
Epidemiology				MPH	X	MPH
Physical Activity and Nutrition				MPH	X	MPH
Population Health Analytics				MPH	X	MPH
Doctoral Degrees			**Academic**	**Professional**		
Public Health Sciences: Behavioral Sciences			PhD		X	PhD
Health Services Research			PhD		X	PhD
Joint Degrees			**Academic**	**Professional**		
	Existing concentration	**Joint-specific concentration**				
Health Informatics	X*			MPH-MS	X	MPH
Anthropology	X*			MPH-MA	X	MPH

4) Enrollment data for all of the school or program's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2. Schools that house "other" degrees and concentrations (as defined in Criterion D19) should separate those degrees and concentrations from the public health degrees for reporting student enrollments. For example, if a school offers a BS in public health and a BS in exercise science, student enrollment data should be presented separately. Data on "other" degrees and concentrations may be grouped together as relevant to the school.

The PHP at UNC Charlotte currently enrolls 234 students total as indicated by degree in the table below.

Degree		**Fall 2021 Enrollment**
Master's		
	MPH - Community Health Practice	36†
	MPH - Epidemiology	36‡
	MPH - Physical Activity & Nutrition	10
	MPH - Population Health Analytics	6
		89
Doctoral		

	PhD Public Health/Behavioral Sciences	23
	PhD Health Services Research	14
Bachelor's		
	BSPH	108

†includes 3 dual MPH-MA Anthropology

‡includes 3 dual MPH-HIAN and 3 dual MPH-MA Anthropology and 1 dual MPH-MHA

A1. Organization and Administrative Processes (SPH and PHP)

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

School or program faculty have formal opportunities for input in decisions affecting the following:

- **degree requirements**
- **curriculum design**
- **student assessment policies and processes**
- **admissions policies and/or decisions**
- **faculty recruitment and promotion**
- **research and service activities**

The school or 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 (eg, participating in instructional workshops, engaging in program- or school-specific curriculum development and oversight).

Required documentation:

1) List the school or program's standing and significant ad hoc committees. For each, indicate the formula for membership (eg, two appointed faculty members from each concentration) and list the current members. (self-study document)

Programs should generally focus the response on the specific committees that govern the unit of accreditation, not on departmental or school committees that oversee larger organizational units. (self-study document)

The UNC Charlotte Public Health Programs (PHP; the CEPH unit of Accreditation) and the Department of Public Health Sciences within which it resides, administer our portfolio of professional and academic programs through a formalized process of engaged faculty governance. Figure A1.1 diagrams our current organizational structure and specific faculty members.

Department Chair. The Chair of Public Health Sciences is the unit's academic and administrative leader. All of the unit's governance committees report to the Chair. The Chair serves as the unit's hiring authority and has responsibility for orienting new faculty and staff, assigning department mentors and evaluating performance.

Workload expectations are set at the college level by the Dean, in keeping with university, system, and state policies and procedures. The CHHS workload policy outlines expectations and requirements for pre-tenure, tenured, and non-tenure track faculty, including minimum expectations for teaching, service, and research and how it is evaluated as part of the annual performance review.

In collaboration with Program Directors, the Department Chair is responsible for the coordination of the Unit's strategic planning. The Chair ensures these plans are consistent with broad College and campus goals. The Chair is responsible for the overall management and implementation of unit's undergraduate and graduate degree programs and the course offerings needed to deliver them. In addition, the Chair is

responsible ensuring effective student recruitment and retention programs. The Chair works with program Directors in the development of faculty teaching assignments, class schedules, and clinical/agency requests (internship placement sites). The Chair, in collaboration with the Dean, Associate Dean for Academic Affairs, and faculty, is responsible for planning of programming, monitoring of content, and evaluation of student outcomes in departmental courses. Included in the latter is the successful coordination of all assessment and accreditation activities. The Chair also sets goals for the Department in cooperation with the Dean, other chairs, and faculty to direct continuing development of our educational programs.

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

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

At present, the Department and the PHP are led by the interim Department Chair (Warren-Findlow), who currently also oversees all CEPH accreditation activities and ASPPH reporting. Prior to AY2020-21, Dr. Warren-Findlow was the MPH Program Director and the CEPH Accreditation Liaison. Historically, responsibility for CEPH accreditation oversight resided within the role of MPH Program Director. As the Department leadership change coincided with our self-study process, Dr. Warren-Findlow elected to continue to direct the self-study until reaccreditation was completed and the new MPH Program Director gained some experience in managing the MPH Program.

The CEPH Self-Study Committee is an ad hoc committee established in 2019 for the express purpose of conducting the self-study. Given the expanding portfolio of programs and concentrations within our CEPH unit of accreditation, there was a need to engage a broader base of faculty in these processes. In consultation with the former Department Chair (Forthofer), members were selected by the CEPH Accreditation Liaison and then MPH Program Director (Warren-Findlow) to include each PHP Program Director and key individuals involved in the overall efforts of the unit. These appointments were confirmed by the Department faculty. This committee will disband at the end of calendar year 2021 after a decision has been made on our reaccreditation. At that time, the continual monitoring of our progress toward our stated goals will be overseen by the ***Continuous Quality Improvement Committee*** (see below for more details).

The Public Health Programs Governance Committee (PHPGC) is a standing committee which also serves as the Department Curriculum Committee. The PHPGC consists of all the appointed program directors (3 of 6 are in the PHP) and is led by the Department Chair. When the group is led by the Department Chair, the body functions as an academic administrative team to facilitate teaching assignments, course scheduling, policy changes and as a clearing house for academic issues that may need to be handled at the College or University level. The PHPGC ensures consistency across programs at the same level (for example the MPH and MHA) and provides a sounding board for Program Directors. When the group functions as the Curriculum Committee, the Department Chair is ex officio to the PHPGC, a Chair is chosen from among the members on an annual basis. Curriculum changes are discussed and approved with an eye toward appropriate scaffolding of curricula, accreditation issues, course scheduling and interdependencies among degrees. The overall charge of the PHPGC is to

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

Degree Program Committees. There are 4 PHP standing program committees: The BSPH program and the Public Health minor are governed by the ***Undergraduate Public Health Programs Committee***; the ***MPH Program Committee***, the ***PHS PhD Program Committee*** and the ***HSR PhD Program Committee***. Each degree in the PHP is led by a Program Director, who chairs their respective program committee. The two PhD programs are led by one individual (Huber). The Program Director is responsible for the daily operation of the program and reports to the Department Chair. Graduate-level Program Directors also have a nominal reporting relationship to the Dean of the Graduate School. The MPH and PHS PhD Program Directors (Lorenzo Hopper and Larissa Huber, respectively) also oversee a budget of approximately $30,000 to $40,000/year for each program generated from student-based tuition increment funds.

Program Directors are tasked with leading their respective program committees. They determine how advising will be implemented – either centrally by the Director or distributed, usually by Program Committee faculty. For example, advising is distributed by concentration within the MPH with the Program Director handling off-cycle students (dual degree, part-time, spring admissions and early entry). Whereas BSPH advising is conducted by the Program Director.

Each program committee consists of 3-6 faculty who teach and/or advise in the program and one or more student representatives. Faculty are appointed to a program committee based on discussions between the Department Chair and the Program Director. The primary criteria for serving on a program committee is teaching in that specific degree program, regardless of rank. For the MPH, there is 1 faculty member from each concentration and 1 or more from the core curriculum. The student member is typically elected or appointed to the position by the program's affiliated student organization or other student-directed means. The student member fully engages in all policy and similar decisions, but is excluded from student-specific discussions and decisions (e.g., participates in the discussion of admissions policy, but not the review of a specific applicant). Each program committee meets monthly throughout the academic year.

The ***Continuous Quality Improvement Committee***, established in 2020 will integrate program improvement, assessment, and accreditation reporting efforts for all of our programs under one structure. The committee consists of 4 faculty and 1 staff member with the Department Chair and Associate Chair serving as ex-officio. Faculty were invited by the Department Chair to ensure that participation occurred across faculty ranks, and which included individuals who had taught students at multiple levels (undergraduate and graduate) and across degree programs. Members serve a 2 year term.

The ***Public Health Advisory Board*** is a standing committee of external community professionals who supports the PHP and is charged with "providing strategic guidance and oversight of public health programs and supporting the development and expansion of programs to ensure that the needs of the region are met." The Advisory Board meets twice per year. The MPH Program Director has primary responsibility for managing membership of the Public Health Advisory Board members to ensure it represents our diverse base of community stakeholders, including key employers, public health

professionals and alumni from our Public Health Programs and that it has the expertise and insights needed to guide our graduate and undergraduate programs. Members are appointed to staggered, renewable three-year terms. Meeting agendas include a report from the Chair, brief updates from each Program Director regarding enrollment, graduation and key milestones. Discussion topics include proposed curricular changes, revision of our mission and vision statements, feedback on preparedness of our graduates and their competency levels, etc… Many Advisory Board members also participate in MPH Poster Day, as APE preceptors, guest lecturers and serve as dissertation committee members.

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

Degree requirements are determined by individual degree program committees in consultation with the CEPH Accreditation Liaison (Warren-Findlow, who is also currently the interim Department Chair) to ensure consistency with accreditation standards, as well as University policies for minimum credit hours. Requirements are also reviewed by the PHPGC, Department faculty, the Chair and then curriculum committees at the College and University level. The Public Health Advisory Board is also consulted for feedback.

b. curriculum design

Curriculum design is the sole province of individual degree program committees in consultation with the CEPH Accreditation Liaison (Warren-Findlow) to ensure consistency with accreditation standards. Curricula are also reviewed by the PHPGC in their Curriculum Committee function, approved by Department faculty, the Chair and then curriculum committees at the College and University level. The Public Health Advisory Board is also consulted for feedback.

c. student assessment policies and processes

Student assessment policies and processes are established within each degree program committee.

d. admissions policies and/or decisions

Admissions policies and/or decisions are made entirely within an individual program committee. Revisions to admissions policies follow the same review hierarchy as items 2a and 2b, but only within the Department. Within the University and College-level academic governance framework and without compromising university defined minimum standards, degree programs are free to enact more stringent or more explicit requirements and expectations. These policies and procedures are developed by the respective program committees, the Advisory Board and the PHPGC. Enacting certain procedures or policies may require review and approval by higher level (College, Graduate School, University) governance structures. These program specific policies are communicated to students through the student handbook and the program website. For example, recent decisions to waive the GRE during the pandemic and/or to waive the GRE for applicants with 2 years of public health or health-related work experience were determined by the MPH Program Committee.

ERF → A1 Documentation: MPH Pgm Committee Charge; MPH Admissions Process; MPH Student Advising Responsibilities

e. faculty recruitment and promotion

Faculty recruitment is the responsibility of the Department Chair and guided by policies of the College and University. The Chair appoints a search committee and selects members from across the ranks with the goal of having a diverse committee representing the breadth of the Department. Membership of each faculty search committee consists of at least three faculty and is determined following approval of faculty lines by the Provost and Dean. Membership is tailored to the specific position being recruited; thus, faculty are appointed on an *ad hoc* basis for each search. All search committee members undergo training (Best Practices for Inclusive Faculty Recruitment) offered by the ADVANCE Faculty Affairs and Diversity Office to reduce bias in faculty searches. The search committee is responsible for all aspects of the search, including position description and placement of advertisements, screening and selection of candidates, and applicant interviews. All candidate pools are reviewed by the University Equity Officer for diversity of applicants in comparison to national statistics. After conducting applicant interviews and obtaining feedback from the Department faculty, staff and students, the committee forwards an assessment of each candidate's qualifications, their priority ranking and whether any candidates are deemed not viable. The Chair negotiates an offer with the strongest candidate with the approval of the CHHS Dean.

Support for ***faculty promotion*** is provided at multiple levels. New faculty entering the Department are assigned a mentor from within the unit to guide the individual through their first year. The mentor typically works with the faculty member to identify possible research ideas for internal grant submissions, advise on teaching and help to orient the individual to the overall workload of being an academic – this is especially important for junior faculty in their first position. In addition, junior faculty are also assigned a mentor outside of the unit through the ADVANCE program at the University level to help provide a broader perspective on academic life. Within PHS, the Chair also meets monthly with new junior faculty to guide them to meet the expected performance metrics and to answer any questions. Mentoring continues in year two, albeit in a more informal way with many new faculty continuing with their current mentors but some may also gravitate to other individuals for whom they have developed shared research collaborations or a personal relationship. In 2021, we implemented a Monthly Mentoring program (M^2) to provide more mentoring "on demand" as needs vary over the course of the academic year. These sessions are also open to more senior faculty to co-lead and share the wisdom in a group setting. This strategy also had a dual purpose in helping junior and senior faculty interact and get to know one another better during the pandemic.

During annual performance review meetings, the Chair reviews performance in the context of RPT including publication productivity and quality, submissions for external funding, teaching evaluations and service levels. Recommendations for any changes are provided and faculty are directed to appropriate resources. For example, the Center for Teaching and Learning offers multiple workshops to improve teaching effectiveness. The Center for Research Excellence offers workshops on locating funding mechanisms and grant proposal writing. The Research Accountability Office within the College provides access to external grant consultants through Hanover Research Consulting.

Mandatory reviews for reappointment and tenure are conducted by ***The Unit (Department) Review Committee*** (URC). The URC is a standing committee, which reviews and advises the Department Chair on faculty candidates for reappointment, promotion, and tenure (RPT). The URC also conducts the annual review of the Chair, reviews tenured faculty on a five-year basis, establishes rank and tenure for newly hired faculty, and advises on emeritus status. In AY 2021, the URC undertook an extensive process to develop a procedure document outlining their committee composition, scope of activities, decision-making processes and the framing of their deliverables.

The committee consists of a minimum of five tenured faculty and one lecturer (as needed for lecturer reappointment and promotion). The committee size and composition is set to provide ample perspectives, ensure sufficient diversity with respect to gender and race/ethnicity, and to reduce the workload given the scope of the Committee's work. Eligible members are tenured Associate or Full Professors, and senior lecturers. Committee members are nominated (or self-nominate) in Spring and voted on by Department faculty. Each member serves a 2 year term; terms are staggered to ensure continuity.

All tenured members serve as voting members for tenure-track faculty reappointment, promotion and tenure and post-tenure reviews. For promotions, all Department faculty at the desired rank or above have the opportunity to review and provide feedback on the promotion candidate's dossier. The lecturer member votes on promotion to senior lecturer and participates in all discussions on URC committee policies and procedures. All URC recommendations are considered advisory to the Chair.

f. research and service activities

(self-study document)

The Chair, in supporting the efforts of the College Research Administration Office, is responsible for monitoring and promoting research and scholarly activities within the Department, including any particular program designed to encourage and incentivize research within the Department. The Chair works with each member of the faculty to set appropriate research goals related to the individual's focused research agenda and then evaluates faculty progress toward the fulfillment of those goals. The Chair can also help identify potential collaborators within the unit, college and University. Publication productivity and quality are determined using Unit-specific standards (see ERF). Funding targets should be sufficient to maintain a productive program of research and support student research activities and student funding.

In similar ways, the Chair works with each member of the faculty to set appropriate service goals and then evaluates faculty progress toward the fulfillment of those goals. Typically, initial service loads are one unit-level committee in the first year (often a degree program committee), with a gradual increase in number, scope and participation levels as the individual approaches tenure. This does not preclude faculty from volunteering for additional internal or professional service opportunities. Service at the unit, college and university levels are expected and community service is desired. In both activities (research and service), the goal is to develop the faculty member to become a leader in their discipline and to develop a local/regional/national/international reputation.

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 school or program. (electronic resource file)

ERF→ A1 Documentation – College Faculty Handbook, PHS policies, Student Degree Program Handbooks

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. (self-study document)

PHP faculty are involved in a broad array of committees that aid in student success, curriculum development, faculty recruitment and retention, and student admissions. The work of these programs and departmentally-based committees feeds into the larger College and University faculty governance system. As summarized in Table A.1.1, our faculty serve on many of these College and University-wide committees.

Table A.1.1 Faculty Service on College and University Committees				
Committee	**Level**	**Position**	**Name**	**Years**
CHHS College Curriculum Committee	College	Chair	Warren-Findlow	2015-2020
CHHS College Review Committee	College	Chair	Huber	2020-2021
CHHS Faculty Organization	College	President, President-elect	Paul	2020-2021, 2019-2020
CHHS Faculty Organization	College	Treasurer	Shaw	2020-2021
PHS Continuous Quality Improvement Committee	Department	Chair	Harver	2020-2021
Admission Advisory Committee	University	Member	Zuber	2018-2019
Chancellor's Substance Abuse and Suicide Prevention Committee	University	Member	Portwood	2015-2019
CHHS Dean Search Committee	University	Member	Huber	2018-2019
Graduate Student Funding Task Force	University	Member	Thompson	2018-2019
Levine Scholar's Program Selection Committee	University	Member	Harver	2019-2021
CHHS Diversity, Inclusion and Equity Committee	College	Member	Dahl	2020-2021

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. (electronic resource file)

Most of our permanent faculty teach across levels of degree programs. For example, epidemiologists teach in the BSPH and MPH programs. Faculty with social and behavioral expertise teach in the MPH and PhD programs. Some sit on multiple program committees. This cross-teaching allows us to ensure the curricula are appropriately scaffolded and non-duplicative across degrees.

Involvement of Adjunct and Part-time Faculty

We engage adjunct faculty (those whose primary faculty appointments are outside PHS but who teach in our programs) and part-time faculty (temporary contract faculty hired to deliver specific courses) through several mechanisms. While these faculty are under no obligation (and are not financially compensated for such efforts), we invite our adjunct and part-time faculty to all monthly department meetings and retreats, and to the program committee meetings associated with their courses. For example, in October 2020, 7 of our adjunct/part-time faculty members joined the October Department meeting. We also hold a semesterly orientation for our part-time and adjunct faculty. In addition, we include our part-time and adjunct faculty in our department message listserv and ensure they are aware

of university events and resources such as the part-time faculty learning community and other professional development/faculty development resources available to them. Full-time and part-time faculty in the BSPH program often interact to coordinate their courses. For example, we offer 2 sections of the BSPH capstone and the faculty collaborate on assignments and content to ensure consistency.

All part-time faculty are given a peer teaching observation (PTO) their first semester and/or every time they deliver a new course to facilitate their development as an instructor and to maintain consistency of content and assessments for accreditation requirements. These reviews are conducted by full-time faculty in the respective program. For example, a faculty member teaching in the BSPH program will review a part-time faculty person teaching a BSPH course. PTOs are used to determine contract renewals and to provide increases in contracted teaching rates.

Many of our adjunct/part-time faculty are recurrent and engage at a high level, while others limit their involvement. For example, part-time faculty teaching in Fall 2020 had a high participation rate in campus workshops to deliver effective online courses. Three of our recent permanent faculty hires were adjunct instructors for several years (Beete, Hopper, Nag) and can inform onboarding practices to better engage our part-time instructors.

ERF→ A1 Documentation – PHS Department meeting minutes; Orientation-Training

A1-6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

The PHP benefits from an engaged faculty who are student-centered, committed to serving our diverse student body to facilitate their academic success, and who share a common goal of becoming a School of Public Health. Our adjunct and part-time faculty and our community stakeholders are similarly committed to the success of our programs and students. A recent leadership change in the Department has provided opportunities for advancement and some new approaches. The University has excellent resources to help with the adjustment to online course delivery and our faculty were well-positioned to pivot relatively quickly to remote learning.

Weaknesses

The rapid growth of our Department faculty in response to a new undergraduate degree in our department (but outside of the PHP), has provided significant benefits but also many challenges. The size of our faculty has doubled; the balance has shifted from predominantly tenured faculty to pre-tenure faculty; the racial and ethnic composition of the unit has increased; and our number of lecturers has doubled (revealing some discord regarding the importance of teaching vs. research). Our ability to efficiently integrate and acculturate new permanent and part-time faculty and manage the dramatic influx of new students has been stretched. These challenges were further exacerbated by the COVID-19 pandemic and the awareness of the increased vulnerability of our students – financially, technologically, academically, and mentally.

While we have maintained research productivity in this past 18 months of COVID and we think teaching excellence, it has been a strain to maintain strong relationships both among faculty and among students.

Plans for Improvement

Rebuilding our Department culture has become a priority. There is a concerted emphasis at the Chair and Dean levels on increased faculty governance and transparency in decision-making. The work of the ad hoc CEPH Self-study Committee will, post-accreditation, be the responsibility of a new Continuous Quality Improvement Committee to ensure consistent monitoring of our metrics, better coordination of data reporting efforts across our programs and to engage a wider base of faculty than just program directors. This effort, coupled with the custom student data and reporting system we have under development, will better distribute the assessment workload while increasing understanding of, and commitment to, our assessment and improvement processes. There is a goal to require more training on connecting with students and linking them to mental health and financial services. The Department is also committed to improving the inclusion, diversity, equity and access for students, faculty and staff, which has driven many new processes in the last year.

A2. Multi-Partner Schools and Programs

Not applicable

A3. Student Engagement

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

A3-1) Describe student participation in policy making and decision making at the school or program level, including identification of all student members of school or program committees over the last three years, and student organizations involved in school or program governance, if relevant to this criterion. Schools should focus this discussion on students in public health degree programs.

Students have multiple ways to provide input on a regular basis with respect to their degree program. All students complete online course evaluations at the end of each semester. These are seen by individual instructors and the Department Chair and used to discuss improvement in future course delivery. Course evaluation items and comments related to curriculum sequencing and content will be conveyed to the Program Director to discuss at Program Committee meetings. Students in the PHP also complete end of year surveys in the Spring semester to provide input on Program Director, faculty, and advisor availability as well as class sizes. Students are also invited or can request a periodic listening session with their respective Program Director. Both the BSPH and MPH Program Directors serve as advisors to their respective student public health association groups.

Each degree program committee has one or more student representatives who attend all meetings. The student reps are chosen by the students in the degree program. They serve as liaisons between the students and the Program Committee. For example, the MPH student rep is elected during annual spring elections for the Graduate Public Health Association (GPHA) executive officers. The MPH Graduate Assistant to the MPH Program Director also attends all meetings and provides input and some continuity across cohorts.

Students involved in the PHP degree program committees are below.

	2017-2018 AY	**2018-2019 AY**	**2019-2020 AY**	**2020-2021 AY**
PhD Committee				
Health Services Research	Abbas Hamedani	Laura Clark	Taavy Miller	Farida Yada
Public Health Sciences	Ashley Banks/ Faustina Bello-ogunu	Faustina Bello-ogunu	Seun Adeyemi	Tasha Gill
MPH Committee				
	Danielle Connor Victoria Jercich*	Hannah Liddle Julia Stullken*	Medjatu Kuyateh Julia Stullken*	Ashlyn Hyde Pujan Patel*
BSPH Committee				

	None	Kyla Wiles	Rachel Scott	

*Graduate assistant who also contributes to discussion.

The Graduate Public Health Association is a student-run organization which holds events for graduate students to help them progress through their degree and to participate in community service. The purpose of GPHA is to foster an environment that contributes to the enhancement of the academic and professional concerns, goals, and careers of the graduate student and others interested in the professions of public health at UNCC. GPHA is also a place where students can share any concerns that they have with their courses, classmates, among others General member meetings are held once per month and the group attempts to host at least one programming meeting (e.g. community service, professional development) per month as well. At the undergraduate level, the Public Health Association is involved in governance as the executive board attends the BSPH program committee meetings. The PHA has been on pause during the pandemic since spring 2020, but expects to resume activities in the fall 2021.

Comments from PhD student reps were largely positive indicating they felt their voice was heard and that involvement in this way is important.

> "It did provide insight into the workings of the department and/or program, and even the graduate school. And, I was able to share that with other students. Even small things such as printing, computer difficulties, temperature and storage space in student offices, etc. - we were able to bring these and either get direct answers or directed to the appropriate people to help with the issue. I kept students updated with these happenings via e-mail. The committee also sought student input on some things related to accreditation, such as the new mission statement. I brought the final contenders to the students and then gathered student opinions, critiques, and suggestions back to the committee to use. I think things like that are important when it comes to the involvement of students in the happenings of the program because without students, there is no program; and, I think more than anything students want to feel as though they have a voice and can create positive change in their environments (i.e. this program). The PhD student rep is one way that students can begin to have that collective voice."

However, there is annual turnover with student reps which affects their ability to understand the scope of program concerns and processes and thus poses a barrier to being an effective representative. For example,

> "I did not always feel equipped to provide input as I was not always aware of what exactly would be paramount to include or exclude (i.e. contributing to comprehensive exam or proposal defense rubric, etc). This was especially the case if I had not yet undergone the experience to know how a student would feel or what precise changes to suggest to improve the experience or potential outcomes. Additionally, sometimes, I did not know what to contribute due to a lack of understanding about how exactly the department works or the program, especially in relation so the graduate school policies. I will say that as a student though, there were some concerns or complaints that I was unable to voice due to the nature of a graduate program and usual politics." *PhD representative*

Increased need for transparency was also indicated as an issue, in terms of when the committee went into closed session and why. Some student reps had difficulty discerning when an issue was a personal one for only one student and when it affected the cohort.

A3-2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Students have multiple formal and informal avenues to participate in program decision-making. All program committees have student representatives engaged in policy making processes. Representatives are chosen by the students themselves. Student input is valued by faculty.

Weaknesses

Students struggle to understand some of the complexities around processes and decisions that are not entirely under the control of the Program Committee/Director. For example, some policies are largely determined by the Graduate School while others are decided at the college level (distribution of space and equipment).

Plans for Improvement

The GPHA may need to consider having additional student representatives from the MPH program, one from each concentration to better represent the concerns of all students.

A4. Autonomy for Schools of Public Health

Not applicable

A5. Degree Offerings in Schools of Public Health

Not applicable

B1. Guiding Statements

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

The school or program defines a *mission statement* that identifies what the school or program will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the school or program's setting or community and priority population(s). The school or program defines *goals* that describe strategies to accomplish the defined mission. The school or program defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

Together, the school or program's guiding statements must address instruction, scholarship and service and

- **must define the ways in which the school or program plans to 1) advance the field of public health and 2) promote student success.**
- **may derive from the purposes of the parent institution but also reflect the school or program's own aspirations and respond to the needs of the school or program's intended service area(s).**
- **are sufficiently specific to allow the school or program to rationally allocate resources and to guide evaluation of outcomes.**

B1-1) A one to three page document that presents the school or program's vision, mission, goals and values.

Our mission and vision statements reflect both the unique situation of UNC Charlotte and the communities that we serve. We created these statements as part of our strategic plan to apply for accreditation as a School of Public Health (SPH) with the Department of Public Health Sciences becoming the unit of accreditation. Our application for SPH status (submitted in spring 2019 to CEPH) was denied because of our organizational structure. As a result, this self-study is based on our current status as a public health program seeking re-accreditation. However, it is important for reviewers to note that many of our efforts, post 2016, when CEPH revised the accreditation criteria, were completed within the context of our becoming a SPH.

Our mission and vision statements were crafted over an 18 month period (spring 2017 through fall 2018) by an ad hoc SPH Program Implementation and Planning Committee (PIC). This internal committee included:

- Elected faculty from all levels (part-time faculty, assistant professors, associate professors, full professors, and non-tenure-track faculty);
- Gender, racial and ethnic, and sexual orientation diversity;
- Instructors from all degree programs, both public health programs in the current unit of accreditation and the non-public health programs, which would be included in the proposed SPH;
- the Department Chair; and
- the CEPH/ASPPH liaison, who at that time was also the MPH Program Director, and served as Chair of the PIC.

The final statements were achieved by consensus through several rounds of review by the larger PHS faculty, our Public Health Advisory Board and our students.

We focused on several important themes that characterize Charlotte and UNC Charlotte which include:

- Charlotte's position as one of the fastest growing cities in the US;
- implications for infrastructure, environment and financial well-being to support growth;
- acknowledgement that Charlotte is a pro-immigrant city;
- Mecklenburg County's designation as majority-minority;
- our categorization as a Hispanic hyper-growth region;
- a growing lesbian, gay, bisexual, transgender and queer population; and
- Charlotte's ranking as 50th out of 50 in terms of socio-economic mobility among major urban areas.

We also wanted to acknowledge that the rapid growth of Charlotte has ripple effects on our neighboring counties as they experience increased traffic, higher housing costs and changes in the demographics of their population. In terms of health challenges, Charlotte has a growing murder rate, increasingly high rates of sexually transmitted diseases and HIV, interpersonal violence as well as chronic diseases. We are also one of the top sex trafficking hubs in the nation because of the intersection of major highways in our city.

UNC Charlotte plays a unique role in the region in terms of providing affordable clinical and health-related education. Further, UNC Charlotte students comprise a highly diverse student body both from a racial and ethnic perspective but also from a socioeconomic viewpoint – reflecting our role as an "access" institution. Over 40% of UNC Charlotte students are considered first generation scholars; students who frequently need additional supports to successfully navigate the university experience and achieve their goals. UNC Charlotte also has the highest percentage of transfer students in the University of North Carolina system. UNC Charlotte has been the fastest growing university within the UNC system for several years now. We are a destination school for students who want an urban experience. The opening of the new light rail extension connecting our campus to downtown Charlotte increases our integration with the city center.

These themes formed the basis for our focus on key concepts of health equity, the effects of increasing urbanization and the need for seamless integration of academia, public health practice, health service providers and the community.

These new statements now appear on our website and printed materials.

Vision: **Healthy communities partnered with responsive population health systems.**

Mission: **Advance health equity and well-being in an urbanizing world.**

Our goals grew out of the new Vision and Mission statements and were developed within the framework of how we would advance the field of public health and promote student, faculty and community success. Goals:

- **Goal 1** (instructional): We develop leaders to promote health equity.
- **Goal 2** (research): We engage in scholarship to strengthen the public health evidence base.
- **Goal 3** (service): We collaborate with partners and stakeholders to advance population well-being.

Values:

Collaboration. We value creative, team-based, interdisciplinary, and multidisciplinary approaches to improve the public's health.

Community Engagement. We value public engagement and work with communities to build and foster lasting relationships.

Diversity. We celebrate the value of multiple backgrounds, views, and orientations to meet the public health needs of all population groups.

Innovation. We embrace idealism, excellence, entrepreneurship, and creativity to generate solutions that improve the health and well-being of all.

Professionalism. We follow a code of conduct guided by integrity, ethical standards, and respect for others.

Health Equity. We believe that all people have the right to live in environments that optimize health and well-being.

Social justice. We advocate for fair and equitable opportunities for all members of society.

In academic year 2020-21, during our 5 year strategic planning process, PHS confirmed our existing CEPH mission, vision and goals and added an internal goal to "Foster a collaborative environment for continued growth." This last goal was in direct response to doubling of the number of faculty in the department, the fivefold increase in the number of students, and a commitment to better understanding of the emotional, financial and academic needs of these new students, who are not part of the PHP.

B1-2) If applicable, a school or program-specific strategic plan or other comparable document (electronic resource file).

ERF – PHS Strategic plan 2020-2025

B1-3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

We used a rigorous and collaborative process to develop a mission and vision based on the unique public health issues of our region as well as the assets and challenges of the University to meet the educational needs of our students. The Public Health Advisory Board consisting of alumni and key community partners played a significant role in that development. Goals and targets were vetted by faculty in multiple discussions and helped to drive our 2020 Strategic Planning process. The *ad hoc* SPH

PIC has evolved into a permanent committee (the Continuous Quality Improvement Committee [CQIC]) to oversee our multiple accreditation processes.

Weaknesses

The conversion of the SPH PIC to the Continuous Quality Improvement (CQI) Committee represents a pause in our drive to become the second accredited SPH in North Carolina. However, the SPH PIC was not meant to be a long-term body but rather an internal working group to help develop the application for SPH status. Had our application for SPH status been approved, we had planned a larger committee to include external stakeholders within the University and the community. The CQIC will ensure monitoring of our progress on key goals and facilitate a timely response for improvement. The CQIC will bolster our data tracking and evaluation infrastructure.

The organizational change needed to obtain SPH status will require some significant planning and investment by the University at a time when the pandemic; safety of our faculty, students, and staff; and reduced revenues are priority issues. That said, UNC Charlotte is also in the process of developing their 5-year strategic plan and there is momentum at that level for a SPH.

Plans for Improvement

None noted.

B2. Graduation Rates

The school or program collects and analyzes graduation rate data for each public health degree offered. The school or program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

The maximum time to degree for the MPH is 7 calendar years (as outlined in the Graduate Catalog) beginning with the student's first term in the degree program, regardless of whether the student attends on a part-time or full-time basis or if the student is earning a dual degree. The maximum time to degree for the PhD is 9 calendar years beginning with the student's first term, and regardless of whether the student attends on a part-time or full-time basis. Students earning a bachelor's degree have an internal* tracking limit of 5 calendar years, beginning with their first semester in the upper division of the BSPH program.

*The time limit is specific to the BSPH program and only used for internal tracking. UNC Charlotte does not have a limit on time to degree for undergraduate students.

B2-1) Graduation rate data for each public health degree

All degree programs have graduation rates exceeding the minimum targets. The BSPH program graduation rates range from 80% for the 2019-20 cohort to 97% for the 2015-2016 cohort. MPH graduation rates have risen steadily after eliminating the thesis and moving to a capstone course option. The 2013-14 master's cohort had a 71% graduation rate and the 2018-19 had a 100% graduation rate. The most recent cohort (2019-20) has a low graduation rate to date as that cohort includes a substantial number of early entry students (those joining the program during the last year of completing their undergraduate degree), our first cohort of spring admission students, and several dual degree students, all of whom are not on the normal 2 year cycle. The PHS PhD program has graduation rates of 67% for both cohorts. The Health Services Research PhD program has had its first graduate this summer. Dr. Shelby Veri will be attending medical school this fall.

Students in BSPH Degree, by Cohorts Entering Between 2013-14 and 2020-21									
	Cohort of Students	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
2013-14	# Students entered	48							
	# Students withdrew, dropped, etc.	4							
	# Students graduated								
	Cumulative graduation rate								
2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)	44	42						
	# Students withdrew, dropped, etc.	1	2						
	# Students graduated	40							
	Cumulative graduation rate	83.3%							
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	40	39					
	# Students withdrew, dropped, etc.	0	1	1					
	# Students graduated	3	35						
	Cumulative graduation rate	89.6%	89.7%						
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)		4	38	47				
	# Students withdrew, dropped, etc.		1		2				
	# Students graduated		2	33					
	Cumulative graduation rate	89.6%	88.1%	84.6%					
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)		1	5	45	46			
	# Students withdrew, dropped, etc.					2			
	# Students graduated			4	41				
	Cumulative graduation rate	89.6%	88.1%	94.9%	87.2%				
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)		1	1	4	44	37		
	# Students withdrew, dropped, etc.						1		
	# Students graduated		1	1	4	38			

	Cumulative graduation rate	89.6%	90.5%	97.4%	95.7%	82.6%			
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)					6	36	54	
	# Students withdrew, dropped, etc.						1	3	
	# Students graduated					6	31		
	Cumulative graduation rate	89.6%	90.5%	97.4%	95.7%	95.7%	83.8%		
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)						4	49	62
	# Students withdrew, dropped, etc.						1		
	# Students graduated						4	43	
	Cumulative graduation rate	89.6%	90.5%	97.4%	95.7%	95.7%	94.6%	79.6%	

Students in MPH Degree, by Cohorts Entering Between 2013-14 and 2020-21									
	Cohort of Students	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
2013-14	# Students entered	21							
	# Students withdrew, dropped, etc.	2							
	# Students graduated	1							
	Cumulative graduation rate	5%							
2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)	18	20						
	# Students withdrew, dropped, etc.	4	3						
	# Students graduated	10	1						
	Cumulative graduation rate	52%	5%						
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	4	16	23					
	# Students withdrew, dropped, etc.	0	0	2					
	# Students graduated	4	8	0					
	Cumulative graduation rate	71%	40%	0					
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	8	21	22					

	# Students withdrew, dropped, etc.		0	1	2				
	# Students graduated		3	11	1				
	Cumulative graduation rate	71%	60%	48	5				
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)		5	9	19	25			
	# Students withdrew, dropped, etc.		0	1	0	1			
	# Students graduated		3	6	13	0			
	Cumulative graduation rate	71%	75%	74	61	0			
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)		2	2	6	24	21		
	# Students withdrew, dropped, etc.				0	0	0		
	# Students graduated		1	2	6	20	0		
	Cumulative graduation rate	71%	80%	83%	91%	80%	0		
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)		1			4	21	30	
	# Students withdrew, dropped, etc.							1	
	# Students graduated		1			4	20	0	
	Cumulative graduation rate	71%	85%	83%	91%	96%	95%	0	
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)						1	29	38
	# Students withdrew, dropped, etc.							1	1
	# Students graduated						1	14	
	Cumulative graduation rate	71%	85%	8%3	91%	96%	100%	47%	

Students in Public Health Sciences PhD Degree, by Cohorts Entering Between 2013-14 and 2020-21*†									
	Cohort of Students	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
2013-14	# Students entered	N/A							
	# Students withdrew, dropped, etc.								
	# Students graduated								
	Cumulative graduation rate								

2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A	3						
	# Students withdrew, dropped, etc.		0						
	# Students graduated		0						
	Cumulative graduation rate		0%						
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A	3	3					
	# Students withdrew, dropped, etc.		0	0					
	# Students graduated		0	0					
	Cumulative graduation rate		0%	0%					
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A	3	3	2				
	# Students withdrew, dropped, etc.		1	0	0				
	# Students graduated		0	0	0				
	Cumulative graduation rate		0%	0%	0%				
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A	2	3	2	5			
	# Students withdrew, dropped, etc.		0	0	0	0			
	# Students graduated		0	0	0	0			
	Cumulative graduation rate		0%	0%	0%	0%			
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A	2	3	2	5	6		
	# Students withdrew, dropped, etc.		0	0	0	0	0		
	# Students graduated		2	1	0	0	0		
	Cumulative graduation rate		67%	33%	0%	0%	0%		
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A		2	2	5	6	7	
	# Students withdrew, dropped, etc.			0	0	1	0	0	
	# Students graduated			1	0	0	0	0	

	Cumulative graduation rate		67%	67%	0%	0%	0%	0	
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A		1	2	4	6	7	2
	# Students withdrew, dropped, etc.								
	# Students graduated						1		
	Cumulative graduation rate		67%	67%			17%		

Students in Health Services Research PhD Degree, by Cohorts Entering Between 2013-14 and 2020-21†									
	Cohort of Students	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
2013-14	# Students entered	N/A							
	# Students withdrew, dropped, etc.								
	# Students graduated								
	Cumulative graduation rate								
2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A	N/A						
	# Students withdrew, dropped, etc.								
	# Students graduated								
	Cumulative graduation rate								
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A	N/A	N/A					
	# Students withdrew, dropped, etc.								
	# Students graduated								
	Cumulative graduation rate								
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A	N/A	N/A	N/A				
	# Students withdrew, dropped, etc.								
	# Students graduated								
	Cumulative graduation rate								
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A	N/A	N/A	N/A	N/A			

	# Students withdrew, dropped, etc.								
	# Students graduated								
	Cumulative graduation rate								
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A	N/A	N/A	N/A	N/A	5		
	# Students withdrew, dropped, etc.						0		
	# Students graduated						0		
	Cumulative graduation rate						0%		
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A	N/A	N/A	N/A	N/A	5	2	
	# Students withdrew, dropped, etc.						0	0	
	# Students graduated						0	0	
	Cumulative graduation rate						0%	0	
2020-21	# Students continuing at beginning of this school year (or # entering for newest cohort)	N/A	N/A	N/A	N/A	N/A	5	2	3
	# Students withdrew, dropped, etc.								
	# Students graduated						1		
	Cumulative graduation rate						20%		

*We were advised by the CEPH staff to combine the PHS and HSR tables into one but we have elected not to do that given the differences in when these 2 degrees were implemented (HSR was not part of the PHP until 2018) and differences in full-time versus part-time enrollment, which affect degree progression.

†Students graduating in summer 2021 were included in AY2020-21 as the University no longer makes a distinction between summer terms.

B2-2) Data on public health doctoral student progression in the form of Template B2-2

Template B2-2: Doctoral Student Data for year 2021

Template B2-2: Doctoral Student Data for year 2021	Public Health Sciences	Health Services Research
# newly admitted in 2021	5	0
# currently enrolled (total) in 2021	24	16
# completed coursework during 2020	6	1
# advanced to candidacy (cumulative) during 2020	8	2
# graduated in 2020	1	3

We admitted no new, HSR PhD students for Fall 2021. Applications and acceptance rates have fluctuated widely in the past 4 years. Given the large percentage of part-time students in the program, it is difficult to schedule required courses when only 1-2 students might need it. We are currently strategizing with the School of Data Science on possible curriculum changes to HSR.

During the 2020-21 academic year, 6 PHS PhD students and 1 HSR PhD completed their coursework. Despite the challenges of the ongoing pandemic, 8 PHS PhD students and 2 HSR PhD students successfully defended their dissertation proposals and advanced to candidacy.

B2-3) 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. (self-study document)

Graduation rates for all public health CEPH-accredited degree programs meet the minimum established goals. For each degree, cumulative graduation rates have been steadily improving over the last 7 years. Graduation rates for the MPH improved dramatically when we implemented a capstone course as an integrated learning experience (ILE) option in Spring 2017 and then phased out the thesis/project option by December 2019. All MPH students now complete the ILE with a concentration-specific capstone course. BSPH graduation rates have exceeded 90% in over the last 5 years. PHS PhD rates are at 67% for the 2 years of available data. The HSR PhD has not yet had a cohort graduate since the degree became accredited.

B2-4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

Graduation rates are consistent with CEPH targets and present an improving trend. The implementation of an MPH capstone course as the ILE has significantly reduced students' time to degree and thus decreased their financial burden.

Weaknesses:

For the CHPR/PANU and EPID concentrations in the MPH, the capstone course is only offered in Spring semester which affects course sequencing for early entry, Spring admitted students, and dual degree students. As of Fall 2020, these students comprise approximately 37% of our MPH student body. Additional faculty resources would be needed to offer these 2 capstone courses in Fall. The COVID-19 pandemic impacted the ability of some of the PhD students to complete their research due to challenges with accessing resources and collecting data. Several of these students were also moved into teaching roles to offset budget reductions in related to the hiring of adjunct faculty. Low

enrollment in HSR affects our ability to deliver required courses when needed in order to have a smooth progression through the program.

Plans for improvement:

The HSR curriculum is currently under review.

B3. Post-Graduation Outcomes

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

The school or program chooses methods that are explicitly designed to minimize the number of students with unknown outcomes. This expectation includes collecting data that accurately presents outcomes for graduates within approximately one year of graduation, since collecting data shortly before or at the exact time of graduation will result in underreporting of employment outcomes for individuals who begin their career search at graduation. In many cases, these methods will require multiple data collection points. The school or program need not rely solely on self-report or survey data and should use all possible methods for collecting outcome data.

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

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

B3-1. Post-Graduation Outcomes for BSPH	2017-18 Number and percentage	2018-19 Number and percentage	2019-20 Number and percentage	2020-21* Number and percentage
Employed	37 (80%)	27 (63%)	20 (54%)	
Continuing education/training (not employed)		8 (19%)	8 (22%)	
Not seeking employment or not seeking additional education by choice		0		
Actively seeking employment or enrollment in further education		1 (2%)	6 (16%)	
Unknown	9 (20%)	7 (16%)	3 (8%)	
Total	46	43	37	46

*Post-graduation outcomes are not available for this time period

B3-1. Post-Graduation Outcomes for MPH	2017-18 Number and percentage	2018-19 Number and percentage	2019-20 Number and percentage	2020-21† Number and percentage
Employed	15 (68%)	20 (69%)	23 (92%)	7 (47%)
Continuing education/training (not employed)	3 (14%)	4 (14%)	1 (4%)	1 (6%)
Not seeking employment or not seeking additional education by choice				
Actively seeking employment or enrollment in further education				7 (47%)
Unknown	4 (18%)	5 (17%)	1 (4%)	
Total	22	29	25	15

†All graduated in Spring 2021 and are 3 months out from graduation

B3-1. Post-Graduation Outcomes for PHS PhD	2017-18 Number and percentage	2018-19 Number and percentage	2019-20 Number and percentage	2020-21 Number and percentage
Employed		3 (100%)	1 (100%)	NA
Continuing education/training (not employed)				
Not seeking employment or not seeking additional education by choice				
Actively seeking employment or enrollment in further education				
Unknown				
Total	NA	3	1	0

B3-2) 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. (self-study document)

Post-graduation outcomes for the public health degree programs have consistently met the minimum established goals of 80% employed or continuing their education within 12 months of graduation.

BSPH and MPH students graduating in Spring 2020 entered a bleak job market and the overall unemployment rate in the US rose to 20%. Despite widespread hiring freezes in summer 2020, the majority of our graduates are now employed.

PHS PhD graduates are all employed: Research Assistant Professor; Public Health Analyst for CDC; Director of Research and Evaluation, State-level PRAMS Coordinator and Epidemiologist; and Director of Research and Evaluation at a non-profit organization.

The HSR PhD program implemented a new curriculum in Fall 2019. There have been no graduates of this new curriculum yet.

B3-3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

Post-Graduation outcomes are consistent with CEPH targets. The integration of specific professional development and career resources and advising into the MPH capstone courses has improved students' confidence and skills in conducting a job search. PhD students are well-trained to pursue careers in academia, government and practice.

Weaknesses:

It took some MPH graduates from Spring 2020 the full year to find employment during the pandemic. Students frequently report wanting more career advice and professional development, which is primarily provided during their last semester in their concentration-specific ILE. The pressures of schoolwork, finances, family and stress of being on the job market were a factor in many students delaying their job search activities.

Plans for improvement:

Build in career advising earlier in the program with local partners and alumni participating.

B4. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the school or 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 school or 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.

The school or program documents and regularly examines its methodology as well as its substantive outcomes to ensure useful data.

B4-1) Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation

We conducted online surveys with quantitative and qualitative items with MPH and BSPH alumni in summer 2020. Program alumni are surveyed every 2 years by the PHP; another alumni survey will be fielded in 2022. The college also surveys alumni 3 years after graduation but these response rates are extremely low.

MPH Alumni were surveyed in May-June 2020 (see Table B4-1 MPH Alumni Perceptions). Among recent graduates (n=20), who would have been exposed to the new curriculum, scores (out of 5) indicate that alumni are moderately to extremely confident in their methodological and data analytic skills (range 65% "analyze quantitative and qualitative data…." to 85% "Select quantitative and qualitative data collection methods"). Relevance to their current position ranged from 60% ("analyze quantitative and qualitative data….") to 65% ("Interpret results of data analysis"). These data were particularly useful given the new concentration in Epidemiology and Population Health Analytics and the reorganization of the quantitative skills classes in the MPH core courses.

With respect to community health skills, which was the focus of their training for most of our alumni, confidence ranged from 75% ("design a population-based policy/program/project…") to 95% ("assess population needs/assets…."). Relevance to current employment ranged from 35% to 60%, either because students are in a more analytical position or are still early in their career and haven't moved into the role to apply these skills.

Among competencies related to advocacy, policy and leadership, new graduates reported being moderately to extremely confident for these items, ranging from 70% on "Advocate for political/social or economic policies…." to 80% on "Apply negotiation and mediation skills…". However, these skills were less relevant to their current positions (50% or less). These same skills were more relevant for our more seasoned graduates, ranging from 54% to 69%.

Newer and older graduates were highly confidence on competencies related to communication skills, interprofessional collaboration and systems thinking. Three-fourths of newer graduates report being moderately to extremely confident on oral and written communication; 80% reported the same confidence for working interprofessionally and applying systems thinking. Older alumni reported 100% for all of these skills.

These survey data confirm current student feedback. We became aware based on informal qualitative student feedback that the MPH curriculum may need more emphasis on preparing students to work with data, particularly among CHPR students.

BSPH Alumni were surveyed in June-July 2020. Recent graduates (2018-19; n=39) reported very high confidence levels (>90%) on domains related to the "overview of public health," "identifying and addressing population health challenges," "determinants of health," "overview of the health system," and "health communications." The only scores that were less than 90% were for competencies related to "economic dimensions of healthcare" at 79% and "regulatory and government agencies" at 88%.

The relevance of these competencies to alumni current employment ranged from 45% who reported it was moderately to extremely relevant to 71%. These percentages were higher for those who reported being employed in public health.

PhD Alumni were not formally surveyed in 2020. There are only 4 graduates from the PHS doctoral program and none from HSR, so survey results would not be definitive. However, HSR PhD students and alumni were involved in an extensive 10-year review of the HSR PhD program and curriculum that was conducted by an external consultant during 2016-2017 academic year. As part of this review, students and alumni participated in surveys and focus groups. Many of the concerns and suggestions put forth by students and alumni were incorporated into the curriculum revision that was implemented in Fall 2019. In addition, all PHS PhD students and alumni were surveyed via Qualtrics in late Fall 2019 regarding the perceived usefulness of required courses in the curriculum and whether there were additional courses they would like to see incorporated in the curriculum. Seventy-five percent of students and alumni participated in the survey. Results were presented to the PHS PhD Program Committee in February 2020. The PHS PhD Program Committee has been exploring possible modifications to the curriculum, however, the COVID-19 pandemic has limited the ability to implement these changes.

B4-2) Provide full documentation of the methodology and findings from alumni data collection

MPH/MSPH Alumni were surveyed in May-June 2020 using a list of 184 email addresses from 201 MPH/MSPH students (92%) who have ever graduated from the program. The response rate was 30%. Thirty-six percent graduated in the last 2 years, when we offered multiple concentration options.

Our MPH analysis focused on students who graduated in 2019 and beyond (who would have been exposed to the revised curriculum; n=20).

BSPH Alumni were also surveyed in May-June 2020. An online Qualtrics survey was sent to 319 alumni. We received responses from 101 graduates; response rate = 32%. The response rate from most recent alumni (2018 and 2019 graduates) was approximately 46%.

ERF→ Alumni Survey Procedures 2020, MPH Alumni Survey Items, B4-1 MPH Alumni Perceptions, BSPH Alumni Survey 2020, BSPH Alumni Survey Results 2020

B4-3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

<u>Strengths</u>:

Responses suggest that MPH students are generally confident in most key areas but require additional methodological skill building. BSPH students who go on to work in public health feel similarly well-prepared. We now have a sustainable data collection process that will continue to inform our efforts and the CQI committee in conjunction with individual program committees will monitor progress. HSR and PHS PhD students and alumni are involved with providing input about

their experiences in the programs and perceptions of the curriculum. Such involvement will continue and once the programs have a sufficient number of graduates, their input will be invaluable in determining modifications to the curriculum should be made.

Weaknesses:

MPH data on competencies and curricular effectiveness were not consistently collected until 2020. Data on recent graduates with regard to employment and salary are collected yearly for purposes of ASPPH reporting. However, our alumni contact list is incomplete. Our 2020 graduates were the first cohort who completed the fully revised curriculum. They struggled to find employment during the months when data were being collected due to the COVID-19 pandemic. Exit surveys are not conducted consistently within each program. The University conducts an extensive exit interview but does not presently share information with Departments or programs. While possible changes and improvements to the PHS PhD curriculum were identified, implementing such changes at this time has become challenging due to the COVID-19 pandemic and the budgetary constraints it has placed on the University.

Plans for improvement:

In the MPH, we are building in more reinforcement of data analytic skills for CHPR students. We also changed the sequence of some concentration courses to provide reinforcement for quantitative methods immediately following the introductory methods class. The capstone course now includes an assignment requiring students to do some analysis using Excel to reinforce basic skills.

Several possible changes to the PHS PhD are being explored. Given the COVID-19 pandemic and associated budgetary constraints being experienced by the University, such changes are in the planning stages.

B5. Defining Evaluation Practices

The school or program defines appropriate evaluation methods and measures that allow the school or 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 school or program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

B5-1) Evaluation plan

Goals and metrics were developed and approved by faculty during the years 2018 through 2020, consistent with our mission and vision. Data are from numerous sources. The data are collected from 1) PHS faculty annual evaluation summary sheet, 2) doctoral student annual evaluations, 3) student end of year surveys, and 4) BSPH and MPH internship preceptor evaluations. The CEPH Accreditation Liaison (currently Dr. Warren-Findlow) collects and analyzes faculty data during the annual review process. Individual Program Directors collect, analyze and evaluate student data within their respective degree program committees. Recommendations for curricular change are brought forth from degree program committees through the PHS Curriculum Committee and then approved by PHS faculty. All outcomes data are discussed with the CQI and then in PHS faculty/staff meetings.

We also rely heavily on qualitative feedback from students and faculty. Many faculty members conduct mid-course evaluations to assess what techniques are working well for students, where they need review of material, and problems with assignments. Instructors bring this information to their respective degree program committees. Students also provide feedback both informally during class and through student representatives to their respective degree program committees. Because we are a small program, we weigh qualitative feedback heavily in our decision-making about curricular changes.

Template B5-1

Measures	Data Collection Measure	Responsibility for Review
Goal 1 (instructional): We develop leaders to promote health equity.		
1.A PHP will offer 10 events annually focusing on health equity that are open to the public	see j:/PHS/Events	The CEPH Accreditation Liaison presents the data to the CQI for review. Data are then presented to PHS faculty for discussion and recommendations.
1.B 100% of PHP courses will have a diversity objective	Data are provided annually in February on a summary sheet that accompanies Faculty annual reviews forms. The summary sheets are tabulated to determine % by the CEPH Accreditation Liaison.	The CEPH Accreditation Liaison presents the data to the CQI for review. Data are then presented to PHS faculty for discussion and recommendations.
1.C 80% of MPH students will be rated as meets or exceeds on 2 health equity items from internship preceptor evaluation surveys	The MPH Program Director pulls data from the MPH Preceptor Evaluation Survey and calculates the %.	Data are presented and discussed annually with the MPH Program Committee and the CEPH Accreditation Liaison. The MPH Program Committee recommends any necessary curricular changes. Data are also shared with the CQI and the Public Health Programs Advisory Board.
1.D 80% of BSPH students will be rated as meets or exceeds on 2 health equity items from internship preceptor evaluation surveys	The BSPH Program Director pulls data from the BSPH Preceptor Evaluation Survey and calculates the %.	Data are presented and discussed annually with the Undergraduate Programs Committee and the CEPH Accreditation Liaison. The Undergraduate Programs Committee recommends any necessary curricular changes. Data are also shared with the CQI and the Public Health Programs Advisory Board.
1.E 75% of T/TT PIF faculty will have a publication focusing on vulnerable populations	Data are provided annually in February on a summary sheet that accompanies Faculty annual reviews forms. The summary sheets are tabulated to determine % by the CEPH Accreditation Liaison.	The CEPH Accreditation Liaison presents the data to the CQI for review. Data are then presented to PHS faculty for discussion and recommendations.

Goal 2 (research): We engage in scholarship to strengthen the public health evidence base.		
2.A 75% of T/TT faculty will meet Department criteria for publication.	Data are provided annually in February on a summary sheet that accompanies Faculty annual reviews forms. The summary sheets are tabulated to determine % by the CEPH Accreditation Liaison.	The CEPH Accreditation Liaison presents the data to the CQI for review. Data are then presented to PHS faculty for discussion and recommendations.
2.B 50% of Doctoral students will publish annually;	The PhD Program Director tabulates % for each degree program from students' annual progress evaluations.	Data are presented and discussed annually with the joint PhD Program Committee and the CEPH Accreditation Liaison. The PhD Program Committee recommends any necessary curricular changes. Data are also shared with the CQI and the Public Health Programs Advisory Board.
2.C 75% of Doctoral students will present at a peer-reviewed conference annually	The PhD Program Director tabulates % for each degree program from students' annual progress evaluations.	Data are presented and discussed annually with the joint PhD Program Committee and the CEPH Accreditation Liaison. The PhD Program Committee recommends any necessary curricular changes. Data are also shared with the CQI and the Public Health Programs Advisory Board.
2.D 100% of faculty will be engaged in the peer review process	Data are provided annually in February on a summary sheet that accompanies Faculty annual reviews forms. The summary sheets are tabulated to determine % by the CEPH Accreditation Liaison.	The CEPH Accreditation Liaison presents the data to the CQI for review. Data are then presented to PHS faculty for discussion and recommendations.

Goal 3 (service): We collaborate with partners and stakeholders to advance the population well-being.		
3.A 50% of faculty will have an ongoing collaboration with PH community partner	Data are provided annually in February on a summary sheet that accompanies Faculty annual reviews forms. The summary sheets are tabulated to determine % by the CEPH Accreditation Liaison.	The CEPH Accreditation Liaison presents the data to the CQI for review. Data are then presented to PHS faculty for discussion and recommendations.
3.B 50% of T/TT faculty will publish or present with a community partner	Data are provided annually in Spring on a summary sheet that accompanies Faculty annual reviews forms. The summary sheets are tabulated to determine % by the CEPH Accreditation Coordinator.	The CEPH Accreditation Liaison presents the data to the CQI for review. Data are then presented to PHS faculty for discussion and recommendations.
3.C 75% of faculty will include a community partner as part of instruction	Data are provided annually in February on a summary sheet that accompanies Faculty annual reviews forms. The summary sheets are tabulated to determine % by the CEPH Accreditation Liaison.	The CEPH Accreditation Liaison presents the data to the CQI for review. Data are then presented to PHS faculty for discussion and recommendations.
3.D 50% of BSPH students will report volunteering with community-based groups	Data are collected from students in Spring as part of the end of year survey. Responses are tabulated to determine % by the CEPH Accreditation Liaison.	Data are presented and discussed annually with the Undergraduate Programs Committee and the CEPH Accreditation Liaison. The Undergraduate Programs Committee recommends any necessary changes to programming. Data are also shared with the CQI and the Public Health Programs Advisory Board.
3.E 75% of MPH students will report volunteering with community-based groups	Data are collected from students in Spring as part of the end of year survey. Responses are tabulated to determine % by the CEPH Accreditation Liaison.	Data are presented and discussed annually with the MPH Program Committee and the CEPH Accreditation Liaison. The MPH Program Committee recommends any necessary changes to programming. Data are also shared with the CQI and the Public Health Programs Advisory Board.

B5-2) Describe chosen evaluation methods…. The chosen evaluation methods and measures must track the school or program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

Advancing the field of public health

Goals and metrics were selected to ensure broad coverage of training and exposure to issues of health equity and health disparities, consistent with our mission. For each goal, we established metrics to encompass 3 groups: the community, students and faculty.

Goal 1. We develop leaders to promote health equity.

Metric 1.B 100% of PHP courses will have a diversity objective. We want to ensure that students are exposed to health equity issues at all degree levels, across public health disciplines, and in introductory and advanced coursework.

Metric 1.E 75% of Tenured/Tenure Track PIF faculty will have a publication focusing on vulnerable populations (racial/ethnic and sexual minority groups, under and uninsured, immigrants, people with disabilities, etc). This metric ensures that faculty maintain currency on issues surrounding vulnerable populations and is further reinforced by encouraging faculty to attend health equity training and workshops. Faculty cannot be effective at helping students understand health equity issues if they are not sufficiently immersed in that work themselves.

Goal 2. We engage in scholarship to strengthen the public health evidence base.

Metric 2.A 75% of faculty will meet Department criteria for publication. Encouraging faculty to publish regularly, at a consistent level and in higher tier journals establishes our contribution to the scientific field.

Metric 2.C 75% of Doctoral students will present at a peer-reviewed conference annually. Conference presentations provide future scholars with a scaffolded introduction to the dissemination of public health research. Beginning with developing poster and oral presentations in conjunction with the research mentor on that individual's research, to being a first author/presenter on one's own area, and moving from small, regional experiences to a larger, international forum expand the reach of student experiences and research.

Goal 3 (service): We collaborate with partners and stakeholders to advance the population well-being.

Metric 3.A 50% of faculty will have an ongoing collaboration with PH community partner. Instilling the need for faculty to work with community agencies raises the PHP's visibility and promotes us as an engaged partner is solving public health issues; thus creating opportunities for students and faculty. These partnerships will also encourage integration of community organizations and stakeholders into research, strengthening the research approach and broadening the reach and impact of our scholarship both within the community and the profession.

Metric 3.C 75% of faculty will include a community partner as part of instruction. Bringing community partners into the classroom expands students' understanding of public health issues and difficulties in implementing solutions. These opportunities also increase students' opportunities for networking and developing potential relationships leading to internships and/or employment.

Community members receive increased exposure to faculty and students, become aware of the caliber of our students and the rigor of their education, and recognize the PHP as a potential resource.

Promoting student success

Metric 1.C 80% of MPH students will be rated as meets or exceeds on 2 health equity items from APE preceptor evaluation surveys. Having APE supervisors' provide feedback on this key aspect of students' practice experience will contribute to their success in the workplace. Metric 1.D which focuses on BSPH students is similar.

Metric 2.B 50% of Doctoral students will publish annually. Training future researchers in the conduct, publication and dissemination of research is essential to develop appropriate skills among doctoral students, maintain faculty research productivity and strengthen faculty-student mentorship relations. Given the competitive nature of the PhD market, having peer-reviewed publications on a *curriculum vitae* strengthens the marketability of a graduating doctoral student.

Metric 3.E 75% of MPH students will report volunteering with community-based groups. Service engagement is as inherent in public health practice. We instill this idea early with students, beginning at orientation, encouraging them to join APHA, connecting them to University volunteering options, notifying them when community partners need help, etc…

B5-3) 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. (electronic resource file)

ERF→ CQI Meeting minutes and data presented

B5-4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

The PHS Department and the PHP has engaged in a rigorous process to develop goals and corresponding metrics and these are aligned with the 5-year, PHS strategic plan and consistent with the college and University strategic goals.

Weaknesses:

Data from the first 2 years of data collection represented baselines and no actions were taken based on only 2 data points. Tenure-track faculty tend to be more responsive to items related to research productivity as opposed to teaching. Not all student data were consistently collected until 2020. As a small program, we also rely heavily on qualitative data as the majority of our teaching faculty participate on degree program committees. Thus the systematic use of quantitative data was hampered by COVID and late data collection and low response rates in 2020 and 2021. There is also a lag between data collection (primarily in Spring), analysis (Summer), presentation (Fall) and implementation (Spring and/or Fall of next year) of solutions such that problematic issues from a given year, take 2-3 years before we can implement a solution and evaluate the impact.

Plans for improvement:

The implementation of the CQI in AY2020-21 will help us evaluate data on a more regular and consistent basis.

B6. Use of Evaluation Data

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

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

B6-1) 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. (self-study document)

Specific Examples

- In AY20-21, the PHS Department engaged in a year long process to revise our 5 year strategic plan. Faculty quickly identified lack of community engagement at all levels as a key concern. We had rather limited data (Measure 3.A and 3.C) at that time but it indicated that we needed to focus on this issue in multiple ways. These data were coupled with faculty judgement that we were not sufficiently involved in the community. We developed an overarching strategic goal to inventory the breadth and depth of our existing community partners in terms of teaching, research and service. This activity would allow us to get a much better picture of where we had deep and impactful relationships and where we needed to invest more of our capital. Second, we established an *ad hoc* communications committee to be more systematic in publicizing our programs, student successes, alumni, faculty and research. We subsequently decided to engage with social media on Twitter and with a broader audience via a Chair's blog and the University Communications team. We had a strong presence in the media during 2020 as Covid-19 expert resources. Lastly, we wanted to continue to boost student exposure to community collaborators and community issues with increased guest lecturers and community-related assignments. Bringing in more community partners would better prepare students for community-based work in terms of service and academic internships.
- Using recent data (2B) on doctoral students in terms of percentage of students who were publishing and presenting research, we were aware that low levels of publishing/presenting could be due to: lack of in-person conferences but also we had several doctoral students teaching in the undergraduate programs for the first time. These PhD students had completed the HLTH 8601 Teaching Portfolio course and were no longer taking classes. Teaching may have impeded their ability to continue scholarship at a high level. However, we still wanted to increase those research dissemination rates and work with faculty to be more developmental in their interactions with students. As a result, the PhD Program Director made more intentional assignments of students to research mentors and we are implementing a contract of expectations in AY21-22 provide a more robust research experience for the student. Particularly for those research mentor-student pairs where the student assistantship is funded by the program and not by external funds. However, the rates also differ dramatically by doctoral program (HSR=37% and PHS=68%); most HSR students are part-time and work full-time so are not actively engaged in research currently. PHS students are predominantly full-time and work with research mentors on projects.

- Data from 1B were used to revise the course objectives for the HSR curriculum. The HSR Program Committee reviewed and added a diversity objective for each HSR course during the 20-21 academic year. In addition, the Spring 2021 HSR seminar (HSRD 8600) focused on urbanization, racism, and health equity.
- Starting in the 2017-2018 academic year, the BSPH program committee reviewed and revised the BSPH program curriculum. These changes were based on data regarding: decline in applications; time-to-degree for transfer students; and number of credit hours completed by students after matriculation into the upper division. This revision resulted in the reduction of the BSPH Upper Division from 50-credit hours (in addition to a minor) to 33-credit hours (in addition to a minor).

B5-4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

The PHP has now implemented more consistent data collection and for most metrics has multiple years of data available on which to base decision-making.

Weaknesses:

Due to COVID-19 we experienced delays in obtaining and analyzing evaluation data in spring 2020; thus there was a delay in discussing with faculty until August. Given that two-thirds of their annual reporting year is over, it was difficult for faculty to make changes in response. Coupled with the complexities of planning for a hybrid modality and then shifting to remote teaching, the emphasis was on learning and implementing techniques for student engagement and maintaining program fidelity. Data from Spring 2021 were more timely and we were able to review these data within the spring semester.

The majority of the data collected for evaluating criteria related to CEPH goals are not directly related to specific degree programs or their curricula. This was noted in our draft CEPH self-study review (received June 1, 2021) but given faculty schedules during summer we are unable to follow faculty governance procedures and add new measures in time for the final self-study.

We place greater emphasis on our student end of year surveys, which ask about advising, availability, inclusive environment and career resources. Those data are supplemented by student feedback on course evaluation and faculty discussion at Degree Program Committee meetings where they can also obtain student input. Most faculty who teach in the MPH program serve on the MPH program committee (between 50% to 80% depending upon core or concentration courses).

Plans for improvement:

Several key CEPH metrics are now included in the PHS Strategic Plan and we report data for both PIF and faculty as a whole on a more regular basis. The CQI will evaluate data at 3 time points during the academic year.

C1. Fiscal Resources (SPH and PHP)

The school or 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.

Required Documentation:
C1-1) Describe the school or program's budget processes, including all sources of funding.

The University of North Carolina at Charlotte utilizes a hybrid budget process. State allocations to the University are enrollment, activity, and performance-based. University allocations to academic units are a mix of zero-based budgeting and incremental budget models (depending on source of funds), with new resource allocations primarily following a model that considers both enrollment growth and strategic priorities (e.g., activity-based). Allocations to schools and departments (units) are determined through a centralized process in which units present priorities for new resource allocations for the subsequent fiscal year in the Spring of each calendar year. College deans rank priorities at the college level and, in turn, present those to the Office of Academic Affairs. Most state funding allocations are managed in a zero-based budget model in which unspent funds are returned to central holding at the end of each fiscal year (June 30th). However, subsequent year budgets are primarily incremental in that the previous year's allocations typically serve as the base for a given fiscal year's allocations. Requests for new resources (e.g., faculty and staff positions, capital improvements) that are successful in receiving funding typically represent allocations above and beyond the previous year's funding levels.

a) Briefly describe how the school or program pays for faculty salaries. For example, are faculty salaries fully guaranteed, or are faculty expected to raise funds to support salaries? If this varies by individual or appointment type, indicate this and provide examples. For programs, if faculty salaries are paid by an entity other than the program (such as a department or college), explain.

Faculty salaries for 12-month administrative faculty, 9-month tenure-track faculty and 9-month lecturers are fully guaranteed. Faculty salaries for non-tenure-track clinical faculty (if applicable) may include some responsibility for salary support through extramural funds. Faculty salaries for non-tenure-track research faculty are typically 100% funded through extramural funds.

Salaries for part-time (non-University) instructors are primarily covered by the Office of Academic Affairs. Some of these are also covered by Student-Based Tuition Increment funds (specific to a program) when a program hires an outside community expert to teach a particular course.

b) Briefly describe how the school or 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 Department presents priorities for new resources as a component of the broader, centralized budgeting process, including requests for new faculty or staff positions. This process begins in spring. Such resource allocations align, almost entirely, with program growth (measured primarily through increased student enrollment) or strategic priorities (e.g., creation of new degree programs or concentrations within degree programs). For example, the Department was asked to provide estimates of faculty lines needed to support enrollment growth in spring 2021. Given growth in the MPH program between Fall 2020 and Spring 2021 and based on the high rate of applications and acceptances for Fall

2021, we were able to make the case for a new Assistant Professor position. This position was also awarded in an effort to retain a faculty member of color (who was a lecturer) who had a competing offer from another university as a tenure-track assistant professor.

c) Describe how the school or program funds the following:
a. operational costs (schools and programs define "operational" in their own contexts; definition must be included in response)

Operational costs in the Department of Public Health Sciences include all expenses other than university-funded personnel salaries. These costs include personnel-costs not university-funded (teaching assistants and research assistants), materials and supplies, travel, other services (e.g., honoraria, memberships, catering), postage, capital, and equipment. Operational costs are funded through a mix of state funds, educational and technology fees, and undergraduate majors fees. For example, teaching assistants to support instructors teaching in the BSPH program would be funded by undergraduate majors fees. Faculty travel that is not supported by external grant awards is covered by state funds. Program-based expenses related to student enrichment, recruitment and admissions typically comes from student-based tuition increment from the MPH and PHS PhD. The HSR PhD program receives a separate budget from the College.

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

UNC Charlotte does not directly disburse student tuition and fees to academic units. Some portion of our University support is funded through tuition and general fees, such as Education and Technology fees. The College of Health and Human Services employs a college-specific fee structure in which undergraduate students enrolled in majors housed within the College (including the BSPH) incur a small fee each semester. These fees are returned to CHHS which, in turn, utilizes a portion to support the College-level student services infrastructure (e.g., College Advising Center serving lower division undergraduates) and the remainder are apportioned to academic units as a function of enrollment.

Similarly, students in the MPH and PHS PhD programs pay a program-specific fee (termed "student-based tuition increment" or SBTI) each semester based on the number of enrolled credits. These funds are wholly disbursed to the Department and managed by the individual Program Director. For example, MPH tuition increment fees are used to fund students' registration and travel to APHA and the American College of Epidemiology conferences, a graduate assistantship and other marketing and recruiting activities. PHS PhD fees are used to provide students with travel and research-related funds as well as to cover enrichment activities and program operations.

The revenue generated through these fees is managed through unit-specific budgeting processes, with collaboration to share costs for infrastructure utilized by multiple programs (e.g. admissions and data reporting systems or participation in the ASPPH Virtual Recruitment Fair). Summer tuition and fees are managed through a more directly enrollment-driven process with a portion of revenue received disbursed to units after instructional expenses have been covered.

c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples

Given our hybrid budget model and multiple sources of revenue, faculty development costs are funded through multiple avenues. These costs include start-up costs for new hires, ongoing support for professional development and/or research dissemination, and unit-specific faculty development initiatives. The funding source for such costs depends on faculty appointment type. For example, new tenure-track faculty typically receive a commitment for start-up funds of approximately $8,000 over their first two years; these commitments are funded through the unit's operating budget, the unit's allocations from return of facilities & administrative (F&A) costs from grants and contracts and/or one of the unit's endowments for support of faculty in the areas of health services research and health and public policy. Faculty appointed in endowed positions generally receive a larger commitment of start-up funds as well as a commitment for recurring allocations of discretionary funding to support research related to the endowments' purposes. For other faculty, funding for professional development and/or research dissemination that cannot be supported by grants and contracts or investigator-specific F&A return is provided through the department's operating budget, F&A allocations, and, when relevant to programmatic priorities, student fees.

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

The operational budget and faculty development expenses are established through the annual budget call process in the Spring. The Department submits to the Dean an itemized budget request for the above-mentioned categories, along with budget justification. When the College budget for the FY is distributed, the Dean reviews and allocates funds to each department, based on a combination of faculty and staff FTEs and other factors, e.g., demonstrated need for equipment, supplies, etc.

Support for doctoral assistantships (22 assistantships at present, across two doctoral programs) is provided through the University's Graduate School from state operating fund ("general fund") allocations and through direct support from faculty grants and contracts. An assistantship consists of a consistent stipend for a 9-month period and a tuition waiver. Students are still responsible for paying any fees including tuition increment.

Support for assistantships for master's students comes from a variety of sources, depending on the nature of the assistantship, with teaching assistant roles primarily supported through student fees and research assistant roles primarily supported through faculty grants and contracts. Some students receive University level scholarships funded through either general or endowment funds. Some students with high financial need receive tuition assistance funded through program specific student fees. Additional student support in the form of travel for professional development or research dissemination, pilot research, or networking events are typically funded through program specific tuition fees or operating funds allocated by the College.

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

See b) above

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

A portion of Facilities and Administrative ("indirect") costs associated with contracts and grants are distributed directly to academic units (10%). Beginning with the 2017 fiscal year, an additional 10% of these costs are returned to Principal Investigators in the form of discretionary funds, up to $5,000 per year (called PIFA). PIFA funds can be used by the individual researcher to fund any activity related to research or which would boost their research productivity.

C1-2) A clearly formulated school or 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.

PHP only: If a program does not typically have a separate budget, it must present one of the following:

- **A budget statement for the organizational unit that houses the program's budget in the format of Template C1-1 AND an accompanying table, also in Template C1-1 format, that estimates program income and expenditures, line by line, with accompanying narrative explaining the basis for the estimate (eg, approximately 20% of the department's salary funds support the program).**
- **A table that accurately depicts the funding controlled by the program. For example, if the program's only direct allocation is funds for operations and student support, the budget table would address those categories only. A narrative must accompany the table and explain the reasoning for including/excluding categories of income and expenditures.**

Template C1-1 for the PHP (consistent with CEPH and ASPPH annual reports)

Sources of Funds and Expenditures by Major Category, 2015 to 2021						
	2015-16	**2016-17**	**2017-18**	**2018-19**	**2019-2020**	**2020-2021**
Source of Funds						
Tuition & Fees		72,321	81,434	108,292	133,710	143,190
State Appropriation	1,799,265	1,971,643	2,151,839	2,217,890	2,709,964	2,699,398
University Funds	74,432	163,393	299,799	551,950	441,407	411,850
Grants/Contracts	36,118	303,157	518,842	355,021	355,364	537,121
Indirect Cost Recovery	8,238	117,686	122,381	82,894	85,876	115,283
Endowment		1,092			1,029	3,752,488†
Gifts			1,652	1,574	13,799	14010
Total	1,918,053	2,629,292	3,175,947	3,317,621	3,741,149	7,673,340
Expenditures						
Faculty Salaries & Benefits	1,584,334	1,842,841	1,940,662	2,178,177	2,647,292	2,614,384
Staff Salaries & Benefits	87,579	84,089	92,107	73,486	77,672	85,014
Operations	70,722	100,427	142,977	109,213	85,286	72,220
Travel	39,917	35,219	40,365	42,515	20,135	0
Student Support	52,835	259,618	296,557	522,220	456,641	478,955

University Tax					0	
Other (explain)	71680*		89327**			
Total	1,835,387	2,322,194	2,512,668	2,925,611	3,287,026	3,185,573

*includes Program Director stipends

**actual grant expenditures

†Data were previously unavailable and reflect market value of endowments for Professor positions. A major portion of which is salaries.

Currently, the PHS Department has an annual operating budget of approximately $4 million, not including the market value of endowment investments. Approximately 77% of this operating budget is allocated to faculty salaries and fringe benefits; salaries for faculty in the PHP comprise 80% of total faculty salaries. Prior to AY20-21, approximately 2% of the total budget was allocated to faculty development, including on-campus faculty development activities, conference and workshop travel, and support for start-up costs for new hires. Approximately 10% of the annual budget was allocated to student stipends, travel or other student support. Due to the pandemic, budget cuts were made in Fall 2020. These did not affect faculty salaries but did affect development activities, travel, student enrichment and support. All contractual funding (startup funds and graduate assistantships) were honored for the year.

Overall, we have seen steady growth in funds for the PHP over the last 5 years. These increases are largely due to new faculty hires to support the 3 additional MPH concentrations we implemented as well as a second PhD program in Health Services Research. Funds for student support through tuition increments have also contributed to these increases as enrollment growth drives those funds.

C1-3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

The PHP is sufficiently funded and we benefit from receiving student-based tuition increment funds to supplement and enrich our programs. All faculty salaries are fully funded, which allows them to invest in teaching and instruction without concerns of having to cover a portion of their salary. We have been able to secure replacement faculty lines as individuals have retired or separated from the institution. We have also been able to leverage a portion of some faculty lines provided for a new undergraduate degree (not part of the PHP) to teach in the PHP.

Weaknesses

The current fiscal climate will severely restrict already tight resources for the coming 3-5 years based on NC state budget estimates and communication from University administration. Already in AY20-21, we have been asked to cut 5% of our overall budget (roughly $148,000) from only our state funded allocation (75% of that dollar amount). While this is a temporary cut and University and PHP enrollment are up, permanent cuts are anticipated for the next few years.

Growth in the MPH program will soon necessitate additional faculty instructional resources to support multiple sections of core courses and/or offer them in both spring and fall semesters.

Plans for Improvement

We continue to advocate for additional faculty lines to support the PHP content areas. Our faculty teach across accredited and non-accredited programs, and across degree levels. We are also proposing to add a student-based tuition increment to the Health Services Research PhD program at the same level as what is currently assessed on the Public Health Sciences PhD program. While we have no wish to increase financial burden for our students, we are also aware that there is a perceived stigma that the

Health Services Research PhD program is lower quality because it does not have this fee. Even with this fee, our doctoral programs are still very affordable compared to others in the state and region.

C2. Faculty Resources

The school or 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.

Primary instructional faculty, as defined in these criteria, provide the basis for initial levels of review of the adequacy of a school or program's resources. This criterion employs a three-step review (outlined in C2-A through C2-C) in assessing adequacy of faculty resources.

Definitions

- **SPH only: Primary instructional faculty must meet BOTH requirements outlined below:**
- **Employed full-time as faculty members appointed in the school (ie, 1.0 FTE in the unit of accreditation). The school uses the university's definition of "full-time." Individuals appointed in the school with honorary appointments in other disciplines or occasional teaching/advising duties outside the school may count as primary instructional faculty members in some circumstances, but the primary expectation of the individual's employment must be activities associated with the school.**
- **Have regular responsibility for instruction in the school's public health degree programs as a component of employment. Individuals whose sole instructional responsibility is advising individual doctoral or research students do not meet CEPH's definition of primary instructional faculty, nor do faculty whose regular instructional responsibilities lie with non-public health degrees within the school, if applicable.**

PHP only: Primary instructional faculty must meet ALL THREE requirements outlined below:

- **Employed full-time as faculty members at the home institution/university. The program uses the university's definition of "full-time."**
- **Have regular responsibility for instruction in the program as a component of employment. Individuals whose sole instructional responsibility is advising individual doctoral or research students do not meet CEPH's definition of primary instructional faculty.**
- **Spend a majority of time/effort (ie, 0.50 FTE or greater) on activities associated with the program, including instruction. Research and service effort should also be included in the FTE allocated to the program if the research or service projects impact the program and its students. The program defines FTE allocations consistently and transparently and can clearly account for all time, effort and instructional or other responsibilities spent on degree programs outside the unit of accreditation.**

<u>C2-A) Minimum faculty requirement by accreditation unit (SPH and PHP)</u>

Schools employ, at a minimum, 21 primary instructional faculty.

Programs employ, at a minimum, three primary instructional faculty.

The PHP consist of 26 UNCC faculty teaching across our 6 concentrations and 3 degree levels (bachelors, masters and doctoral). All faculty have full-time appointments within the University and 81% are within the PHS Department. Faculty consists of 21 PIF, and 13 non-PIF who are employed within the University and/or by surrounding community partners (See Template C2-1 below).

C2-B) Minimum faculty requirement by range of offerings (SPH and PHP)

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.

To provide this basic breadth and range and to assure quality, schools and programs employ, at a minimum, three faculty members per concentration area for the first degree level offered.

Each additional degree level in a concentration requires the addition of one faculty member. Thus, a concentration area that solely offers master's degrees requires three faculty members. A concentration offering bachelor's and master's degrees OR master's and doctoral degrees requires four faculty members. A concentration with bachelor's, master's and doctoral-level degrees requires a minimum of five faculty members.

Additional definitions and specifications for these faculty requirements differ between schools and programs, due to the differing appointment and resource structures in these organizational units. Definitions and specifications are as follows:

SPH

The three faculty per concentration for the first degree level include the following:

- **Two primary instructional faculty members**
    - **These individuals may count among the two faculty (or additional faculty required for adding a degree level) in no more than one additional concentration.**
- **One additional faculty member of any type (faculty from another university unit, adjunct faculty, part-time faculty or primary instructional faculty associated with another concentration area).**

The additional faculty member required for adding a degree level in a concentration area must be a primary instructional faculty member.

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.

PHP

Programs that meet the requirements associated with schools in C2-A (ie, programs that have 21 or more primary instructional faculty dedicated solely to the program (ie, 1.0 FTE)) may opt to follow the definitions listed above for school faculty.

For all other programs, the three faculty per concentration for the first degree level include the following:

- **Two primary instructional faculty members**
    - **These individuals may count toward the two faculty (or additional faculty required for adding a degree level) in one additional concentration ONLY IF they are allocated to the program at 1.0 FTE and are not shared with other educational programs. Primary instructional faculty who are dedicated to the program at FTE between 0.50 and 0.99 may only count toward the required faculty members in a single concentration.**
- **One additional faculty member of any type (faculty from another university unit, adjunct faculty, part-time faculty or primary instructional faculty associated with another concentration area). The additional faculty required for additional degree levels must be primary instructional faculty.**

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.

SPH & PHP

All identified faculty must be qualified to provide instruction in the concentration area, as defined in Criterion E1.

Criterion E assesses an individual's qualifications vis-à-vis his or her association with a concentration, degree level and type of degree (eg, professional or academic).

In multi-partner schools and programs (ie, institutions responding to Criterion A2), faculty may be drawn from any of the participating institutions to demonstrate compliance with this aspect of the criteria.

All named faculty have primary instructional responsibility. Sufficient faculty are distributed across degrees and concentrations to meet the minimum requirements for PHP. Notably, the Community Health Practice concentration has 4 named PIF (6 total). We have sufficient faculty that named PIF do not need to be dually counted.

C2-C) Faculty resource adequacy, beyond minimum eligibility (SPH and PHP)

In addition to meeting the minimum quantitative standards above, the size of the school or program's faculty complement is appropriate for the size of the student body and supports and encourages effective, regular and substantive student-faculty interactions.

The school or program documents the adequacy of the faculty complement through multiple quantitative and qualitative measures, including the following: advising ratios; availability of faculty to supervise MPH integrative learning experiences and doctoral students' final projects; and data on student perceptions of class size and faculty availability.

The PHP has 3 additional PIF beyond the 19 minimum required for our degree levels and areas of concentration.

C2-C1) A table in the format of Template C2-1, demonstrating the adequacy of the programs instructional faculty resources

The school or program need not list all faculty but must list sufficient faculty to demonstrate compliance with C2-B and C2-C. For example, if the school or program exceeds the number of faculty needed to document compliance (as defined in these criteria), the school or program may note the number of faculty available in addition to those identified by name in Template C2-1.

The data reflect the most current academic year at the time of the final self-study's submission and should be updated at the beginning of the site visit if any changes have occurred since self-study submission. (self-study document)

Template C2-1 Faculty x concentration x degree - UNCC					
	FIRST DEGREE LEVEL			**SECOND DEGREE LEVEL**	**ADDITIONAL FACULTY+**
CONCENTRATION	**PIF 1***	**PIF 2***	**FACULTY 3^**	**PIF 4***	
Community Health Practice BSPH MPH	Zuber 1.0	Hopper 1.0	Beete 1.0	Sawhney 1.0	PIF: 2 , Non-PIF: 1
Epidemiology MPH	Arif 1.0	Huber 1.0	Chen 1.0		PIF: 0 , Non-PIF: 4
Physical Activity & Nutrition MPH	Dahl 1.0	Racine 1.0	Brown 1.0		PIF: 0 , Non-PIF: 2
Population Health Analytics MPH	Gunn 1.0	Diaz Garelli 1.0	Shaw 1.0		PIF: 0 , Non-PIF: 2
Behavioral Sciences PhD	Bowling 1.0	Zarwell 1.0	Reeve 0.5		PIF: 0 , Non-PIF: 1
Health Services Research PhD	Paul 1.0	Cramer 1.0	Platonova 0.5		PIF: 0 , Non-PIF: 3
	Named PIF	19			
	Total PIF	21			

	Non-PIF	13			

C2-C2) Explain the method for calculating the FTE for faculty in the templates and evidence of the calculation method's implementation. For schools only, all primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1. Programs must present calculation methods for primary instructional and non-primary instructional faculty.

Faculty teaching in the PHP consist of lecturers, tenured faculty (associate professor and above) and those who are on the tenure track but are not yet tenured. Lecturers with a terminal masters degree teach at the undergraduate level and those with a doctoral degree teach at both the undergraduate and masters level. Each rank has a differential teaching load (see last row in table below), which is used to determine the weight that is according for each course they teach in the PHP. FTE credit is calculated based on teaching in the PHP, having a leadership role over a PHP degree program, serving on a PHP governance committee, working with students on research or teaching, and serving on or chairing a doctoral dissertation committee.

The table below describes the weights given in the faculty FTE calculation.

PIF FTE Calculation		**Based on 9-month appointment**		
Priority		**Lecturer**	**Tenured Faculty**	**Not tenured yet**
1	Number of courses taught in the PHP (% applied per course)	12.5%	20%	25%
2	Director of a PH program	50%	50%	50%
3	Serve on a PHP program committee including advising and admissions	25%	25%	25%
4	Supervise a PHP student on research or teaching; serve on a dissertation committee	20%	20%	20%
5	Chair a Doctoral Student Dissertation	NA	30%	30%
	Number of courses that reflect 100% of teaching for a 9-month academic year	8	5	4

C2-C3) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates

After determination of whether or not the faculty member has taught in the PHP in the last year, then weights are applied based on the number of courses taught. Weights are determined based on rank and prescribed teaching load. Additional PHP effort is then calculated in the priority order specified.

C2-C4) Data for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.

a) Advising ratios (faculty and, if applicable, staff) by degree level (bachelor's, master's, doctoral), as well as the maximum and minimum. If both faculty and staff advise, present and calculate both ratios.

Advising ratios are seen below in Table C2-C4A for students at each degree level. The BSPH has one concentration and the Program Director performs all initial advising to ensure consistency. While the ratio of advisor to advisees is high, student satisfaction is also very high. Based on our latest data, 83% of students "agree" or "strongly agree" that their advisor is available and responds when needed; 92% indicate that the advisor is knowledgeable and 88% indicate that the Program Director (advisor) is available and/or responds when needed.

Advising in the MPH is covered jointly by the MPH Program Director, who handles new incoming students for the first semester, and then shifts to distributed advising by concentration. The MPH Program Director advises all part-time, dual degree and spring-admitted students. Both PhD programs have centralized advising by the Program Director initially and then distributed advising by the student's research mentor beginning in Year 2.

Template C2-2. Faculty regularly involved in advising, mentoring and the integrative experience

Table C2-C4A			
General advising & career counseling			
Degree level	**Average**	**Min**	**Max**
Bachelor's	92	92	92
Master's	12	8	21
Doctoral - PHS	2	1	9

Table C2-C4B & C4C		
Supervision/Advising of bachelor's cumulative or experiential activity		
Average	**Min**	**Max**
35	35	35
Advising in MPH integrative experience		
Average	**Min**	**Max**
7	2	10

Mentoring/primary advising on thesis, dissertation or DrPH integrative project			
Degree	**Average**	**Min**	**Max**
DrPH			
PhD	1.6	1	4
Master's other than MPH			

b) If applicable, average number of baccalaureate students supervised in a cumulative or experiential activity

BSPH supervision in the cumulative/experiential activity occurs by the capstone (HLTH 4600) instructor with an average student:instructor ratio of 35:1. We now offer 2 sections of this course each year to ensure appropriate supervision of the Capstone e-portfolio as the course is writing and oral intensive.

c) Average number of MPH students supervised in an integrative learning experience (as defined in Criterion D7), as well as the maximum and minimum

MPH students also complete a concentration-specific capstone course as their ILE. Course enrollment has not exceeded 20 students to date.

d) Average number of DrPH students advised, as well as the maximum and minimum

Not Applicable

e) Average number of PhD students advised, as well as the maximum and minimum

PhD dissertation supervision has not exceeded a mean of 2 students per faculty member. PHS PhD students are largely supervised by faculty within the PHS Department. HSR PhD students frequently have dissertation chairs from outside the unit, given the interdisciplinary nature of the program, maturity of the program and the extensive affiliate faculty who participate.

f) Average number of academic public health master's students advised, as well as the maximum and minimum

Not Applicable

C2-C5) Quantitative data on student perceptions for the most recent year

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

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

Present data by degree level (bachelor's, master's, doctoral), at a minimum. If the school or program wishes to collect and present data by degree (MPH, MS, PhD, DrPH, etc.), degree data may be presented. Schools should only present data on public health degrees and concentrations.

Though the self-study requires only the most recent year, the school or program may wish to present additional years of data for context. For example, if the most recent year's results are anomalous, additional data may be helpful.

Quantitative data on student perceptions are collected each spring. In addition to availability of instructors, we also ask about availability of academic advisors and the Degree Program Director. Most recent data (Spring 2021) for all 4 degree programs are presented below in Table C2-5. Response rates are slightly lower than normal as the AY20-21 survey was conducted online due to the shift in remote learning in response to the COVID-19 pandemic.

Satisfaction with the availability of Program Directors, advisors and instructors ranges from 84% (agree or strongly agree) to 100% for the PhD. Satisfaction with class sizes ranges from 75% in the BSPH to 100% in the PhD. We also analyzed data by MPH concentration and all rates of satisfaction with availability were 86% or above. Satisfaction with course sizes ranged from 89 to 100%.

Percent who reported "Agree/Strongly Agree" in Spring 2021				
Program (response rate)	**BSPH (57%)**	**MPH (68%)**	**HSR PhD (50%)**	**PHS PhD (75%)**
Question	**2021 N=65**	**2021 N=44**	**2021 N=9**	**2021 N=15**
Program instructors are available to meet within a reasonable timeframe.	87.8	86.4	100	100
My advisor is available and/or responds to me when needed.	83.1	79.5	100	100

My Program Director is available and/or responds to me when needed.	87.7	84.1	100	100
The program class sizes are conducive to my learning.	75.4	84.1	100	100

Supplemental data for the past 4 years can be seen in the ERF.

ERF → C2-5 End Of Year Survey Results 2018-2021

C2-6) Qualitative data on student perceptions of class size and availability of faculty. Schools should only present data on public health degrees and concentrations. (summary in self-study and full results/backup documentation in electronic resource file)

In Fall 2020, an external reviewer conducted a focus group with MPH students. Students were difficult to recruit for this virtual focus group. Seven students participated; six were second year students. Students praised the availability and accessibility of faculty and program directors with 100% responding "met my expectations". Faculty were quick to respond to emails and to schedule appointments. Students did not mention any concerns related to class sizes of faculty availability.

BSPH students were not available to participate in focus groups despite repeated attempts and PhD students had participated in focus groups the year before related to the curriculum so we did not collect data again.

C2-7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

The PHP has sufficient depth of instructional resources. There is a strong level of faculty expertise which is distributed across degree levels. Faculty are well-versed in the program requirements and there is generally stability in faculty advisors among the PHP programs. Student perceptions of faculty, advisor and Program Director availability are generally high. Class sizes are deemed appropriate.

Weaknesses:

We had great difficulty in recruiting students to participate in virtual focus groups. These were originally planned for Spring 2020, then postponed due to our shift to remote learning. In fall, there was a general sense that students were massively overwhelmed by the level of engagement required in remote learning.

Plans for improvement:

No plans at this time. We remain a relatively small program at all levels and class sizes and availability have not been a major issue.

C3. Staff and Other Personnel Resources (SPH and PHP)

The school or 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.
"Staff" are defined as individuals who do not have faculty appointments and for whom staff work is their primary function. "Other personnel" includes students who perform work that supports the program's instructional and administrative needs (eg, individuals who enroll first as students and then obtain graduate assistant or other positions at the university are classified as "other personnel," while individuals hired into staff positions who later opt to complete coursework or degrees are classified as "staff").

C3-1) A table defining the number of the school or 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. (self-study document)

The PHS Department consists of 3 full-time administrative staff and 2 part-time staff. No individual staff person is solely devoted to the PHP; all staff also contribute to our BS in HSMT and MHA programs, which are not in the CEPH unit of accreditation. However, the PHP comprises two-thirds of our degree program offerings. All staff contribute to the PHP to varying degrees depending upon the activity. Full-time staff persons are responsible for: budget tracking, expenditures, travel and reimbursement, course scheduling, processing internship agreements, event planning, marketing and other administrative duties that are not related to a specific degree program. One part-time staff person has responsibilities associated with establishing data systems and data analysis and the other is involved in student recruitment and event planning. All staff participate in accreditation activities as needed.

Template C3-1. Staff support

Role/function	FTE to Dept	FTE to PHP	
Administrative Support Associate	1	.5 - SG	Supports Chair w/budgets, PhD admissions & student travel; supports MPH Pgm Director
Administrative Support Specialist	1	.5 - JH	Handles BSPH & MPH internship processing; organizes events; supports BSPH pgm director
University Program Specialist	0.75	.10 - MS	Conducts onsite recruitment for PHP degree programs
University Program Specialist	1	.25 - LB	Assists with accreditation & special projects
University Program Associate	0.5	.10 - AC	Works on MPH Admissions

Additionally, we have a full-time, 12-month, Associate Chair who coordinates recruitment and hiring of part-time /adjunct faculty, peer reviews of teaching, course scheduling, and other academic issues affecting the PHPs.

The PHP are supported by additional shared staff available within the College-wide infrastructure, including a Business Support Specialist, the CHHS Advising Center, and staff devoted to research pre-

award and post-award grant processes, communications and media relations, community relations and development.

C3-2) Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel. (self-study document)

Each Program Director has one, half-time (20 hrs/wk) graduate assistant or part-time student worker assigned to him/her to assist in program operations. These other personnel typically perform tasks related to: communication (degree program website updates, creating flyers for events and recruitment materials, attending Degree Program Committee meetings and taking minutes, creating newsletter content, and social media posts), meeting with prospective students to give campus tours, and connecting prospective students with resources on campus.

C3-3) Provide narrative and/or data that support the assertion that the school or program's staff and other personnel support is sufficient or not sufficient. (self-study document)

Based on current degree program size, staff and other personnel support is minimally sufficient. A Director of Public Health Practice who would track community engagement, internship opportunities and internship procedures is needed.

C3-4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

Because staff are not solely assigned to any one degree program, we have significant cross-training of staff, which allows us to have overlapping skill sets. Due to COVID, all staff have teleworking capabilities. Supplemental student workers (other personnel) assigned to Program Directors obtain valuable communication skills and form a bridge for new students entering the programs. These students help to supplement staff.

Weaknesses:

We have identified the need for a Director of Practice and Community Engagement who would establish and maintain relationships with key agencies to facilitate student internships, community engagement opportunities and research opportunities.

Plans for Improvement:

Additional resources have been requested in spring 2021 to support MPH enrollment growth. The AY21-22 budget has not yet been finalized so we have no information about potential new faculty lines.

C4. Physical Resources (SPH and PHP)

The school or 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.

C4-1) Briefly describe, with data as applicable, the following.

Overview. The Department of Public Health Sciences (PHS) is housed within the College of Health and Human Services (CHHS) on the main UNC Charlotte campus. CHHS occupies a 138,000 square foot, state-of-the-art building which includes: 23 classrooms, 3 computer labs, 4 skills laboratories, 5 research labs, 10 conference rooms, and approximately 100 offices. The entire building, as do most of the campus and its common areas, boasts both guest and secure wireless connectivity.

PHS occupies some 40 offices spread among 5 suites within the building. All full-time faculty and full and part-time staff have individual office space. Part-time faculty, doctoral students, and graduate/research/teaching assistants are housed in multiple shared spaces based on a "hoteling" model. These spaces contain lockers for personal belongings.

For teaching, the PHP courses are primarily delivered in classrooms in the CHHS building (priority access), but we also deliver select classes at our Dubois Center at UNC Charlotte Center City (equal access) or elsewhere on our main campus (secondary or tertiary access).

- **Faculty Office Space**. PHS/PHP faculty have offices on the 3rd and 4th floors of CHHS. Our main suite contains 26 offices. Additional faculty offices are located in 4 smaller suites located on the third floor, each containing 4-7 offices and common work areas: our "undergraduate programs" suite, the Health Analytics suite, the Academy for Population Health Innovation (APHI) suite, and the Academy for Research on Community Health, Engagement and Services (ARCHES) suite. PHP faculty are distributed across all the available suites.

- **Staff Office Space**. All full and part-time staff have dedicated offices or a cubicle within these suites.
  Graduate/teaching/research assistants have hoteling or dedicated space and equipment as dictated by their assignments. For example, research assistants working with confidential data are typically housed in a lockable room with filing cabinets. Part-time faculty and some graduate assistants are assigned to shared (college controlled) hoteling space on the fourth or third floors, respectively.

  PHS has a dedicated conference room, which seats 12 comfortably (pre-COVID) and equal access to four shared conference rooms. We can request access to conference rooms controlled by other college units.

- **Classrooms.** Classrooms range in capacity from 20 to 255 students. All are equipped with podia computers, projection equipment, microphones, document cameras, and LAN internet connectivity. The college has several specialty classrooms rooms including a teleconferencing classroom, Living/Learning Lab (Apartment), a Health Assessment Lab, and two interaction/observation labs, which have been used by PHP faculty when the need arises. For

example, during the MPH Capstone Course (ILE) the interaction labs are used for mock interviews.

When reserving space for course delivery, we have priority access to rooms in CHHS, but compete on a first come, first served basis with other college units. Rooms can be reserved provided the course enrollment utilizes at least 85% of the classroom space.

- **Shared Student Spaces.** Each of the four floors within CHHS has one or more student common areas for small group collaboration. Smaller areas are also available within department suites. The large atria on the first and third floors provide several large conference tables with seating for group work and multiple moveable arm chairs for smaller collaborations. Outlet sticks are provided to facilitate laptop and phone charging for students using these spaces. Vending machines are located on the first and second floors and offer soft drinks, snacks, free condoms, and laptop rentals.

  The Department allocates ten work-stations distributed among two offices and three departmental common areas for graduate and undergraduate student activities.

- **Laboratories**. The department houses neither specialty laboratories nor programs/concentrations that require them.

C4-2) Provide narrative and/or data that support the assertion that physical space is sufficient or not sufficient.

PHS resides in a modern, well-equipped, and appropriately spacious and apportioned environment. It can effectively execute its mission and serve its students. Physical space is currently sufficient but dedicated doctoral space continues to be an issue when we return to on-campus instruction. Additional faculty lines would also result in new faculty being housed in somewhat more peripheral office space.

C4-3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

<u>Strengths</u>

Our physical space is sufficient and our technology is current and available to support student learning and faculty research endeavors.

<u>Weaknesses</u>

That ability is increasingly challenged by evolving space needs associated with changing work and education processes, increasing faculty counts and student enrollments, and the increasing number and diversity of our offerings. At present, dedicated space for PhD students is insufficient. Approximately half of our doctoral students are full-time and need space to conduct research on-campus. This issue also affects our ability to build doctoral student cohesion and to create a stimulating intellectual environment of peers.

The COVID-19 pandemic is further straining space resources as we learn to adapt to significantly reduced classroom capacities and change scheduling approaches and move more learning to online or

hybrid delivery. Of particular concern is the immediate effect of reduced elevator capacity on access to our upper floor classrooms and offices.

Plans for Improvement

The interim Department Chair continues to make dedicated doctoral space a high priority item.

C5. Information and Technology Resources (SPH and PHP)

The school or 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.

C5-1) Briefly describe with data, if applicable, the following:

- **Library Resources.** The J. Murrey Atkins Library offers over 3.8 million volumes, including 1.2 million e-books, over 650 databases, and approximately 222,000 journals, the vast majority available electronically, including from off campus via a VPN. The library is part of the UNC System network and has extensive interlibrary loan capacity. The 11-story building has 285,000 square feet with 1,928 seats and 324 computers available for student use. The space includes 57 reservable study rooms and specialized technology integration rooms such as Area 49 that houses a visualization lab, a gaming lab, and a production studio. Atkins provide academic (in class) support as well as one-on-one assistance. Atkins has a designated health collections librarian who is versed in health resources to support our college and who consults faculty on procurement priorities.
- **Student Access to Hardware and Software**. Since Fall 2019, all PHP students are required at matriculation to have their own laptops that are sufficient to run statistical software. This requirement was superseded in 2020 by an identical university-wide requirement. As described in full here, ITS provides students a variety of services, including software that they may install on their own machines. This array is not quite as robust as the faculty offerings, but is more than adequate. A full current listing of licensed software is found here. Specialized software and class-specific datasets are sometimes provisioned through cloud solutions such as citrix server and apporto.

  All classrooms are Wi-Fi enabled (both guest and secure networks) to facilitate student use of technology while in the room, including accessing the learning management system and testing software. All students must utilize dual factor authentication (duo). Students access most university systems and their Google for Education Suite applications via the my.uncc.edu portal.

  CHHS maintains a dedicated student computer laboratory in CHHS 370. This facility houses 51 computer workstations equipped with Microsoft Windows and the campus standard software including SAS, SPSS, and Office 365. Additionally each workstation has an array of discipline-specific software assigned to and utilized by students and faculty across the College. Three additional computers classrooms (CHHS 342, 384, 386, with capacities for 24, 27, and 23 students, respectively) are prioritized for classroom instructional use and are outfitted identically as the larger CHHS 370. With the new laptop requirement and wifi enabled classrooms, these labs are seeing less demand and are subject to repurposing as testing sites or reconfiguration into general classrooms.

  In addition, students are able to rent laptops through the Atkins library in the event that their own technology is insufficient for a particular assignment or they experience a hardware failure. One of these self-checkout kiosks is located on the 1st floor of CHHS. It contains approximately xx laptops.

- **Faculty Access to Hardware and Software**. The University provides each faculty and staff member with a computer, usually a laptop with docking station and two monitors. These work computers are managed and provisioned through a centralized process that allows faculty and staff to supplement the basic installations with a variety of specialized software ranging from bibliographic to statistical to productivity, including Windows10, MS Office 365, Adobe Creative Cloud, SAS, SPSS, Stata, and Nvivo. A full current listing of licensed software for faculty and staff is found here, many titles of which faculty and staff may simultaneously install on a home/personal machine as well. In addition, CHHS provides faculty and staff with access to specialized research software and databases not provided by the University.

  Faculty and staff also receive Google Suite for Education applications (mail, calendar, meet, chat, drive, etc) and Drobox for Education. The university uses the Canvas learning management system and supports WebEx and Zoom videoconferencing services. Faculty access most university systems and their Google for Education Suite applications via the my.uncc.edu portal.

  Separately ITS is designing a custom software solution for the Department to facilitate student recordkeeping including admissions, competency assessment, degree progression, graduation and alumni tracking. The initial delivery of this system occurred in summer 2020, which included the admissions module. This system is integrated with centralized university systems (e.g. Banner) to minimize redundancies and improve accuracy.

- **Technical Assistance Available for Students and Faculty.** The university provides robust technical support to students, faculty, and staff. Services provided via ITS are accessed by a dedicated telephone support help desk (staffed during normal business hours), an online ticket system, or via email. Faculty in classrooms have immediate access to support via a "Classroom Support" button on their classroom podium.

  In addition, vendors provide support to several campus products including Canvas and Cisco/WebEx, which provides 24/7 chat and phone support to both faculty and students.

  Primarily focused on faculty development, the Center for Teaching and Learning provides training and technical assistance that improve educational effectiveness, including utilizing the learning management system, integrating related technologies such as poll everywhere, adapting courses to online delivery, and instructional design to meet Quality Matters standards. CTL does provide a limited set of student focused trainings such as Canvas for Students. Since March of 2020, CTL has provided extensive resources in the form of workshops, one-on-one trainings and webinars to full-time and part-time faculty and all teaching assistants to aid in the shift to remote instruction. These trainings consisted of introductions to new technology, best practices for student engagement, accessibility standards for online instruction and additional resources. The PHS Department was able to make a relatively smooth transition to online instruction with these aids.

C5-2) Provide narrative and/or data the support the assertion that information and technology resources are sufficient or not sufficient.

UNC Charlotte provides all faculty and students adequate information and technology resources. Its many centralized systems and site licensed software packages are robust, secure, and well maintained. The campus is implementing its centralized OneIT strategic plan which further strengthens these resources.

In addition, the campus is supporting the development of a custom software solution integrated with several of the campus-wide systems to support our accreditation needs for student record keeping and reporting functions.

Most technology resource on campus are managed through Instructional Technology Services (ITS) under the new OneIT initiative. ITS deploys its support through staff distributed across the library, college, and business units. CHHS has been able to maintain the very responsive technical support team that we have had for over a decade.

C5-3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

Technological innovation is a priority for UNC Charlotte. Students, faculty and staff are well-equipped from a hardware and software perspective to complete their assignments. The PHS Department had already established a laptop requirement for all students, which was subsequently adopted by the College. This occurred prior to Spring 2020 and the pandemic. In general, in the shift to remote learning beginning in March 2020, the university was responsive to the needs of their constituency and PHS/PHP experienced few difficulties.

Weaknesses

The COVID-19 pandemic highlighted the students' reliance on UNCC for connectivity. Many students working from home had wifi issues, which affected their ability to participate in remote learning. This also affected students' productivity in virtual internships.

Plans for Improvement

An investment in wifi hotspot devices that can be rented may be warranted.

D1. MPH Foundational Public Health Knowledge

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

Grounding in foundational public health knowledge is measured by the student's achievement of the learning objectives10 listed below, or higher-level versions of the same objectives.

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 Services11
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)

The school or program validates MPH and DrPH students' foundational public health knowledge through appropriate methods, which may include the following:

- **The school or program verifies students' previous completion of a CEPH-accredited bachelor's degree in public health or MPH degree**
- **The school or program implements a test or other assessment tools that address the learning objectives listed above, or higher-level versions of the same objectives**
- **The school or program offers an online or in-person course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the same objectives**
- **The school or program includes the learning objectives listed above, or higher-level versions of the same objectives, in courses required of all MPH or DrPH students**

D1-1) 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 school or program. (self-study document)

Template D1-1

Content Coverage for MPH (all concentrations)	
Content	Course number(s) or other educational requirements
1. Explain public health history, philosophy and values	HLTH 6200 Case Studies in Public Health
2. Identify the core functions of public health and the 10 Essential Services	HLTH 6200 Case Studies in Public Health
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	HLTH 6200 Case Studies in Public Health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	HLTH 6200 Case Studies in Public Health
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	HLTH 6200 Case Studies in Public Health
6. Explain the critical importance of evidence in advancing public health knowledge	HLTH 6200 Case Studies in Public Health
7. Explain effects of environmental factors on a population's health	HLTH 6200 Case Studies in Public Health
8. Explain biological and genetic factors that affect a population's health	HLTH 6200 Case Studies in Public Health
9. Explain behavioral and psychological factors that affect a population's health	HLTH 6200 Case Studies in Public Health
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	HLTH 6200 Case Studies in Public Health
11. Explain how globalization affects global burdens of disease	HLTH 6200 Case Studies in Public Health
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	HLTH 6200 Case Studies in Public Health

D1-2) 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. (electronic resource file)

All incoming MPH students, including early entry, student's with an accredited undergraduate degree in public health and dual degree students, take HLTH 6200 Case Studies in Public Health during their first year in the program (80% will take it in their first semester). HLTH 6200 is a 3 credit course delivered

using active learning principles. It was designed to orient students to the unique public health challenges experienced in the Charlotte region while simultaneously exposing them to foundational public health content, emerging issues in the field, credible resources for public health professionals, team functioning, and basic skills needed to progress successfully through the degree (e.g., writing in the discipline and presenting data in tables).

The content which covers the foundational public health objectives is delivered through a series of topics that include a case study activity as the assessment. Students learn the foundational knowledge within the context of investigating a specific public health issue such as Obesity or Urbanization and Cities. Each case study activity has a different assessment and they vary from a 2 page problem statement to a historical timeline to an educational infographic.

This same course is required of all doctoral students (PHS and HSR PhD) who do not matriculate with an MPH.

ERF→ HLTH 6200 Case Studies in Public Health Syllabus; MPH Student Handbook; MPH Internship Handbook; HSR PhD Student Handbook; PHS PhD Student Handbook

D1-3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

The case studies framework in HLTH 6200 allows for flexibility to rotate topics allowing us to integrate new material as public health challenges and opportunities emerge. For example, in 2020 we shifted from Zika to COVID-19 and incorporated contact tracing certification.

Weaknesses:

This course is currently limited to 1 section, taught only in Fall and is delivered face-to-face (although now with COVID it is online).

Plans for improvement:

This course was taught as an online, synchronous course in Fall 2020. As we move toward SPH, we anticipate that this content will be adapted to an online, 3 credit equivalent module available for all students in the unit of accreditation, which would include all MPH students.

D2. MPH Foundational Competencies

All MPH graduates demonstrate the following competencies.

The school or program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each competency below, 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 school or 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.

These competencies are informed by the traditional public health core knowledge areas, (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences), as well as cross-cutting and emerging public health areas.

Evidence-based Approaches to Public Health

1. Apply epidemiological methods to the breadth of settings and situations in public health practice
2. Select quantitative and qualitative data collection methods appropriate for a given public health context
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
4. Interpret results of data analysis for public health research, policy or practice

Public Health & Health Care Systems

5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
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

Planning & Management to Promote Health

7. Assess population needs, assets and capacities that affect communities' health
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
9. Design a population-based policy, program, project or intervention
10. Explain basic principles and tools of budget and resource management
11. Select methods to evaluate public health programs

Policy in Public Health

12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence

13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
15. Evaluate policies for their impact on public health and health equity

Leadership

16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
17. Apply negotiation and mediation skills to address organizational or community challenges

Communication

18. Select communication strategies for different audiences and sectors
19. Communicate audience-appropriate public health content, both in writing and through oral presentation
20. Describe the importance of cultural competence in communicating public health content

Interprofessional Practice

21. Perform effectively on interprofessional teams

Systems Thinking

22. Apply systems thinking tools to a public health issue

D2-1) List the coursework and other learning experiences required for the school or 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. (self-study document)

Requirements for MPH degree (45 credits)		
Course number	**Course name***	**Credits (if applicable)**
Core Requirements (all MPH Students; 15 credits)		**15**
HADM 6100	Introduction to U.S. Healthcare System	**3**
HLTH 6200	Case Studies in Public Health	**3**
HLTH 6211	Evidence-based Methods in Public Health	**3**
HLTH 6212	Health Promotion Program Management	**3**
HLTH 6213	Policy and Leadership	**3**
Applied Learning Experience (all MPH Students; 3 credits)		**3**
HLTH 6471	Public Health Internship	**3**
Electives (all MPH Students; 6 credits) - choose 2		**6**
HLTH 6000	Special Topics in Public Health	**3**

HLTH 6090	International Comparative Health Systems	**3**
HLTH 6101	International Health	**3**
HLTH 6102	Environmental Health	**3**
HLTH 6103	Maternal and Child Health Systems	**3**
HLTH 6104	Population Perspectives on Nutrition and Physical Activity	**3**
HLTH 6105	Gender and Sexual Health	**3**
HLTH 6225	Health Education and Health Promotion	**3**
HLTH 6226	Community Health Methods	**3**
HLTH 6228	Social Determinants of Health	**3**
HLTH 6273	Infectious Disease Epidemiology	**3**
HLTH 6274	Chronic Disease Epidemiology	**3**
HLTH 6276	Environmental and Occupational Epidemiology	**3**
HCIP 6380	Introduction to Health Informatics	**3**
Interprofessional Elective (all MPH students; 3 credits)		**3**
	One master's level course from any discipline outside of the Dept of Public Health Sciences or, a course specifically designed to promote interprofessional education and communication	**3**
Concentration (18 credits) - see below		**18**
		45

Requirements for MPH degree, Community Health Practice Concentration (CHPR)		
Course number	**Course name***	**Credits (if applicable)**
HLTH 6220	Applied Health Behavior Change	**3**
HLTH 6225	Health Education and Health Promotion	**3**
HLTH 6226	Community Health Methods	**3**
HLTH 6227	Community Health Planning and Evaluation	**3**
HLTH 6228	Social Determinants of Health	**3**
HLTH 6230	Community Health Practice Capstone	**3**
		18

Requirements for MPH degree, Epidemiology Concentration (EPID)		
Course number	**Course name***	**Credits (if applicable)**
HCIP 6102	Health Care Data Analysis	**3**
HLTH 6270	Epidemiologic Methods	**3**
HLTH 6271	Public Health Data Analysis	**3**
HLTH 6260	Analytic Epidemiology	**3**

HLTH 6280	Epidemiology Capstone Course	**3**
Plus one of the following:		
HLTH 6273	Infectious Disease Epidemiology	**3**
HLTH 6274	Chronic Disease Epidemiology	**3**
HLTH 6275	Reproductive Epidemiology	**3**
HLTH 6276	Environmental and Occupational Epidemiology	**3**
		18
Requirements for MPH degree, Physical Activity and Nutrition Concentration (PANU)		
Course number	**Course name***	**Credits (if applicable)**
HLTH 6104	Population Perspectives on Nutrition and Physical Activity	3
HLTH 6220	Applied Health Behavior Change	3
HLTH 6230	Community Health Practice Capstone	3
HLTH 6277	Nutritional Epidemiology	3
KNES 5232	Physiology of Human Aging	3
KNES 6110	Assessment of Physical Activity Across the Lifespan	3
		18
Requirements for MPH degree, Population Health Analytics Concentration (PHAN)		
Course number	**Course name***	**Credits (if applicable)**
HCIP 5376	Introduction to Programming for Health Informatics	**3**
HCIP 6102	Health Care Data Analysis	**3**
HCIP 6108	Intermediate Decision Analysis in Healthcare	**3**
HCIP 6160	Database Systems	**3**
HCIP 6250	Capstone: Problem Solving in Healthcare Analytics	**3**
HCIP 6380	Introduction to Health Informatics	**3**
		18

This information can also be found in our MPH Student Handbook, and the Graduate Catalog.

All MPH students, including Early Entry and Dual Degrees, complete the core curriculum consisting of 5 didactic courses (15 credits), the APE/internship (3 credits) and 18 credits of concentration courses, which include a concentration-specific ILE (3 credits). Students opting to complete a Graduate certificate (e.g., Emergency Management or Health Informatics) may substitute courses from those certificates for their required and Interprofessional electives with the permission of the MPH Program Director.

Dual degree students complete all core, APE and concentration courses. Elective requirements can be met with courses from their second degree.

D2-2) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies listed above (1-22). If the school or program addresses all of the listed foundational competencies in a single, common core curriculum, the school or 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 school or program must present a separate matrix for each combined degree. If the school or program relies on concentration-specific courses to assess some of the foundational competencies listed above, the school or program must present a separate matrix for each concentration.

D2-2. Assessment of Competencies for MPH -All Concentrations		
Competency	*** Course number(s) or other educational requirements**	**Specific assessment opportunity**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	HLTH 6211 Evidence-Based Methods in Public Health	Students identify types of epidemiological study designs, exposures, outcomes, and epidemiological measures used in public health practice [E]
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	HLTH 6211 Evidence-Based Methods in Public Health (Quant); HLTH 6212 Health Promotion Program Management (Qual)	HLTH 6211 - Students are provided with different case scenarios to identify preferred mode of data collection methods. [E] HLTH 6212 - Grp Project 3: Students design an evaluation plan including qualitative and quantitative methods of evaluation with appropriate process and outcome measures. [A]
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	HLTH 6211 Evidence-Based Methods in Public Health (Quant); HLTH 6213 Policy & Leadership	HLTH 6211 - Students apply quantitative methods to analyze public health problems. [A] HLTH 6213 - Students analyze qualitative data as part of a written policy analysis on a current public health policy issue. [A]
4. Interpret results of data analysis for public health research, policy or practice	HLTH 6211 Evidence-Based Methods in Public Health	Students analyze specific research questions and interpret results using secondary dataset [A]
Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	HADM 6100 Intro to US Health Care System	Students respond to reflection questions on a group forum site related to this competency. [A] See International Comparisons Reflection (p. 3)
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	HADM 6100 Intro to US Health Care System	Students develop a structured advocacy statement for a solution to address a concern associated with a vulnerable population. [A]
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	HLTH 6212 Health Promotion Program Management	Grp 1 Project: Needs assessment for a vulnerable and/or minority population using secondary data sources. [A]

8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	HLTH 6212 Health Promotion Program Management	Grp 2 Project: Health promotion program design and objectives for a vulnerable and/or minority population. [A]
9. Design a population-based policy, program, project or intervention	HLTH 6212 Health Promotion Program Management	Grp 2 Project: Health promotion program design and objectives for a vulnerable and/or minority population. [A]
10. Explain basic principles and tools of budget and resource management	HLTH 6212 Health Promotion Program Management	Grp 3 Project: Implementation plan for the health promotion program including a budget, staffing plan and timeline. [A]
11. Select methods to evaluate public health programs	HLTH 6212 Health Promotion Program Management	Grp 3 Project: Implementation plan for the health promotion program including a budget, staffing plan and timeline. [A]
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	HLTH 6213 Policy and Leadership	Students complete a written policy analysis on a current public health policy issue. [A]
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	HLTH 6212 Health Promotion Program Management	Grp Project 1: As part of the needs assessment, students identify relevant stakeholders and design a plan to establish an ongoing coalition. [A]
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	HLTH 6213 Policy and Leadership	Students prepare an advocacy opinion assignment by writing a guest editorial for the local newspaper advocating for a current public health policy issue. [A]
15. Evaluate policies for their impact on public health and health equity	HLTH 6213 Policy and Leadership	Students complete a written policy analysis on a current public health policy issue. [A]
Leadership		
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	HLTH 6213 Policy and Leadership	Students complete a leadership self-assessment and prepare a written response to a case study (part B) requiring them to apply these skills. [A]
17. Apply negotiation and mediation skills to address organizational or community challenges	HLTH 6213 Policy and Leadership	Students complete a Leadership Case Study Assignment designed to demonstrate an understanding of how and when to apply principles of leadership. [A]
Communication		
18. Select communication strategies for different audiences and sectors	HLTH 6212 Health Promotion Program Management	Grp 2 Project: Health promotion program design and objectives for a vulnerable and/or minority population. [A]

19. Communicate audience-appropriate public health content, both in writing and through oral presentation	Concentration-specific capstone course: HLTH 6230*, HLTH 6280* or HCIP 6250	Students deliver a formal presentation to community partners and are assessed using a standardized rubric. Students complete a final written project with a format specific to their concentration (e.g. community-based grant proposal). [C]
20. Describe the importance of cultural competence in communicating public health content	HLTH 6212 Health Promotion Program Management	APHA assignment where students investigate how they will become involved and how the organization reflects cultural competence. [A]

Interprofessional Practice		
21. Perform effectively on interprofessional teams	Concentration-specific capstone course: HLTH 6230, HLTH 6280 or HCIP 6250	Students are exposed to IPEC content in HLTH 6200 (see D1-1) as well as in HLTH 6471. In addition, all students are required to take one, 3 credit elective course outside the department (e.g. Social Work, Gerontology, Psychology, Counseling, etc...). For the final assessment, as part of their capstone experience, students watch a video and respond to open-ended questions; then complete a reflection about their field experiences. [C]
Systems Thinking		
22. Apply systems thinking tools to a public health issue	HLTH 6200 Case Studies in Public Health	Using a case study based on "The business of food", students develop a stock and flow diagram of food production in the US and its effect on health. [A]

Legend

[A] - Assignment

[C] - Capstone/Integrated Learning Experience (ILE)

[E] - Exam

[I] - Internship/Applied Practice Experience

All MPH students, including early entry and dual degree students, and regardless of concentration, complete 20 of 22 of the foundational competencies in a single core curriculum. Competencies #19* and #21 are assessed in each of the concentration-specific capstone/ILE courses. Competency #21 is assessed in the ILE but the activity and assessment are completed by all students in the same activity (in 2021, this consisted of a video simulation, reflection paper, and self-assessment) and are assessed by a single instructor.

*Community Health Practice, Physical Activity and Nutrition, and Epidemiology students make a formal poster presentation based on their internship/APE experience. This presentation is developed and delivered during their respective capstone courses. The focus of the poster presentation is to present the skills students gained during their APE and the deliverables they produced. This content is presented within a public health framework of the student's choice. The goal is to prepare students to market their public health skills to potential employers. Community partners are invited to come and hear students' presentations, and they evaluate the students' materials and delivery. For example, in 2020, 7 community partners representing 3 local health departments, the emergency medical service, and our largest health care system, evaluated 18 student presentations. Each student received 2 evaluations from community partners and 1 from an instructor.

Students enrolled in the Population Health Analytics concentration present their capstone consulting projects to their community-based consulting clients during HCIP 6250.

D2-3) 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. (electronic resource file)

ERF→ MPH Syllabi – see also Supplemental; MPH Student Handbook

D2-4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

The MPH offers a rigorous core curriculum addressing the CEPH Foundational Competencies with 4 concentrations available to students. The re-design of the curriculum in 2016 allowed us to strengthen the practice focus of the degree and increase our concentration offerings. Concentrations now have a more in-depth focus (18 credits) than in our previous curriculum (9 credits).

Weaknesses:

The sequencing of concentration courses can make it difficult for students who are part-time, early entry or spring admissions to progress through the program without adding on a 5th semester. The pandemic has affected our original implementation of a workshop with community partners to solidify students' interprofessional experience. Virtual applied practice experiences in 2020 and some in 2021 have further hampered students' ability to participate in interprofessional teams and be immersed in organizational culture to gain that broad perspective that is needed. We have now moved to using a video simulation project to assess this competency (#21).

Plans for improvement:

We are advocating to design and implement a college-wide, interprofessional communication strategy that would be regularly delivered and open to students across the College and the campus.

D3. DrPH Foundational Competencies

Not Applicable

D4. MPH Concentration Competencies

MPH and DrPH graduates attain competencies in addition to the foundational competencies listed in Criteria D2 and D3. These competencies relate to the school or program's mission and/or to the area(s) of concentration.

The school or 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 list of competencies may expand on or enhance foundational competencies, but the school or program must define a specific set of statements that articulates the depth or enhancement for all concentrations and for generalist degrees. It is not sufficient to refer to the competencies in Criterion D2 or D3 as a response to this criterion.

The school or 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.

These assessment activities may be spread throughout a student's plan of study.

Because this criterion defines competencies beyond the foundational competencies required of all MPH and DrPH students, assessment opportunities typically occur in courses that are required for a concentration or in courses that build on those intended to address foundational competencies. Assessment may occur in simulations, group projects, presentations, written products, etc.

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

D4-1) 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 school or program will present a separate matrix for each concentration. (self-study document)

D4. Assessment of Competencies for MPH in Community Health Practice Concentration		
Competency	**Course number(s) and name(s)**	**Specific assignment(s) that allow assessment**
1. Synthesize the evidence-based literature on theory-driven interventions	6220 Applied Health Behavior Change	Students develop a brief report of interventions for a specific health behavior including a description of methods and a results table of relevant interventions and their characteristics. [A]
2. Plan health education/promotion	HLTH 6225 Health Educ. & Health Promotion	Students prepare a detailed lesson plan, including the assessment and grading rubric, on a health topic of their choice. [A]

3. Implement health education/promotion	HLTH 6225 Health Educ. & Health Promotion	Students deliver a detailed lesson and assess its effectiveness. [A]
4. Conduct evaluation and research related to health education/promotion	HLTH 6226 Community Health Methods	Students conduct a series of assignments using qualitative and quantitative data collection techniques and write a final report describing their results. [A]
5. Administer and manage health education/promotion	HLTH 6227 Planning & Evaluation	In small groups, students develop an evaluation plan (including budget and staffing) for their program following the CDC Program Evaluation Framework, which they present in oral and written form (as a comprehensive written evaluation plan). [A]
6. Serve as a health education/promotion resource person	HLTH 6225 Health Educ. & Health Promotion	Students develop an instructor's guide for delivering a lesson plan for a lesson based on active learning principles. [A]
7. Advocate for health promotion programs, providing a balanced assessment of the available evidence	HLTH 6228 Social Determinants of Health	Students are assigned readings and then write a policy brief for a local legislator. [A]

[A] Assignment

[E] Exam

D4. Assessment of Competencies for MPH in <u>Epidemiology</u> Concentration		
Competency	**Course number(s) and name(s)**	**Specific assignment(s) that allow assessment**
1. Critically evaluate epidemiology literature.	HLTH 6270 Epi Methods	Students read and critically evaluate an article published in an epidemiologic journal and comment on possible limitations including selection bias, information bias, and nondifferential misclassification. [A]
2. Assess the distribution and determinants of a disease for a given population using meaningful epidemiological measures.	HLTH 6270 Epi Methods	Students calculate measures of disease frequency and association using tabular data from recent studies published in epidemiologic journals. [E]
3. Identify important sources of epidemiologic bias and their impact on study results.	HLTH 6260 Analytic Epi	Students analyze secondary dataset and develop a manuscript or a report for presentation. Students will discuss presence and implications of biases on their study results. [E - take home]

4. Demonstrate an ability to formulate a research question and apply appropriate methods to analyze, interpret, and present epidemiologic data	HLTH 6260 Analytic Epi	Students formulate a research question and analyze secondary dataset and develop a manuscript or a report for presentation. [E - take home]
5. Manage, clean, describe, and display data.	HCIP 6102 Health Care Data Analysis	Students analyze data using a statistical software package and provide a written report including professionally formatted results tables [A].
6. Apply appropriate statistical methods to manipulate and analyze public health data.*	HLTH 6271 Pub Hlth Data Analysis	This competency is assessed using a final exam. Students analyze a secondary dataset and answer questions related to descriptive statistics and hypothesis testing [E - take home].
7. Synthesize and apply available epidemiologic methods based on disease transmission, causation and outcomes.	Any Epidemiology elective: HLTH 6273 Infectious Disease Epi; HLTH 6274 Chronic Disease Epi; HLTH 6275 Reproductive Epi; or HLTH6276 Environ. & Occupational Epi; HLTH 6227 Nutritional Assessment & Epidemiology	This competency is assessed using an exam to demonstrate understanding of methods specific to the content area [E].
8. Design and conduct field epidemiologic activities such as outbreak investigations and surveillance activities.	HLTH 6280 MPH EPI Capstone	Students work in small groups to plan an epidemiologic field activity for implementation and dissemination in specific population [A].

D4. Assessment of Competencies for MPH in <u>Physical Activity and Nutrition</u> Concentration		
Competency	**Course number(s) and name(s)**	**Specific assignment(s) that allow assessment**
1. Select appropriate physical activity assessment tools based on age and health status	KNES 6110 PA Assessment across the Lifespan	In small groups, students analyze clinical and descriptive information about a fictional individual and then determine appropriate tools to assess the necessary components of PA or fitness level. [A]

2. Synthesize the evidence-based literature on theory-driven interventions related to PA and/or nutrition	HLTH 6220 Applied Health Behavior Change	In small groups, students develop a brief report of interventions for a specific health behavior including a description of methods and a results table of relevant interventions and their characteristics. [A]
3. Critique state and national policies related to nutrition and physical activity.	HLTH 6104 Pop. Perspectives on Nutrition and PA	Students identify a state or national policy targeting nutrition or physical activity and conduct a written review and critique. Students also lead a 20-minute class discussion on the policy, reflecting on course concepts. [A]
4. Debate the pros and cons of a specific physical activity or nutritional intervention to try and slow down/stop the aging process for a particular physiological system.	KNES 5232 Physiology of Aging	Students create a video presentation with specific references to support their position.[A]
5. Synthesize and identify relevant nutritional epidemiologic methods.	HLTH 6277 Nutritional Assessment and Epidemiology	Students conduct a review of available nutrition measures and recommend an appropriate assessment tool to evaluate an intervention with middle-school children. [A]

D4. Assessment of Competencies for MPH in <u>Population Health Analytics</u> Concentration (PHAN)		
Competency	**Course number(s) or other educational requirements**	**Specific assignment(s) that allow assessment**
1. Apply best practices in the design of new and/or critique of existing population health data sources	HCIP 6160 Database Systems for Health Informatics	This competency is assessed using a group project (the last of 3 such projects in the course) [A]
2. Analyze the impact of changes in technology on health care systems	HCIP 6380 Intro to Health Informatics	mHealth App Review with Instruction. Student will identify 8 apps to evaluate related to the mHealth domain assigned to the class. Students will use the criteria from the common class codebook to evaluate and analyze the applications.

3. Write programming code(SAS, R, SPSS, Stata, Python, or similar analytic programming language) to analyze a dataset of any size.	HCIP 6102 Health Care Data Analysis	This competency is assessed in the Data Analytics Team Project where students identify a dataset of interest, develop a hypothesis, select appropriate methods to test it, develop programming code to execute the analysis, run their analysis in a statistical software package and, finally, present their findings in written and oral form [A]
4. Apply advanced statistical techniques and hypothesis testing methods in drawing evidence-based conclusions from data analyses.	HCIP 6108 Decision Analysis	This competency is assessed via the statistical analysis protocol component of the multi-part class project. [A] The Statistical analysis plan is the 3rd deliverable of the semester long team project, following after concept proposal and protocol. In the context of their chosen project/question, students will present and defend their statistical analysis plan, including identification of data types, the proposed measures/analyses, and choice of analytic software.
5. Use data visualization tools to enhance presentations to stakeholders.	HCIP 6380 Intro to Health Informatics	This competency is assessed with a Case Analysis Presentation. [A] Students present and defend their case analysis reports. The scoring rubric includes assessment of their use of data visualizations as part of making an effective, persuasive presentation.

*The CEPH staff indicated in their technical review that the EPID competency #6 should be rephrased to more clearly specify the advanced skill required. We will revising this competency statement in Fall 2021 through our usual faculty governance processes.

D4-2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school or 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.

Not applicable

D4-3) Include the most recent syllabus for each course listed in Template D4-1

ERF→ D4 MPH Syllabi by Concentration; MPH Student Handbook

D4-4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

The revised 2016 criteria gave us the opportunity to implement 3 new concentrations. In each instance, competencies and assessments were developed by concentration faculty teaching in the MPH program working in subcommittees. Because we completely redesigned the core curriculum, we were able to offer more depth of instruction (6 courses instead of 3) than our previous concentration allowed. Competency assessments simulate "real-world" tasks that students can expect to complete in the workforce.

The Community Health Practice concentration competencies are based on NCHEC domains. MPH Epidemiology concentration competencies reflect the recommendations of the American College of Epidemiology with regard to master's level training in epidemiology as well as the Centers for Disease Control and Prevention and the Council of State and Territorial Epidemiologists competencies for governmental public health agencies.

Weaknesses:

At the time we implemented the Population Health Analytics (PHAN) concentration, the Department supervised the masters in Health Informatics and Analytics (HIAN) program as well as a corresponding graduate certificate. We were responsible for staffing the instructors for those courses as well as the curricular content. The MPH-PHAN concentration is based on a subset of those courses. Epidemiology students also take one of these courses.

In 2020, the University moved the HIAN masters and graduate certificate programs into the newly formed School of Data Science (SDS). SDS delivers degree programs on behalf of a consortium of 4 colleges of which, the College of Health and Human Services is one. We now have limited participation in the curricular development and implementation of those courses (courses with HCIP prefixes). While we do staff the majority of the courses specifically listed in the PHAN concentration, it is increasingly difficult to maintain any fidelity to the approved curriculum as the majority of the students served by these courses are not in the MPH program. Further, only 1-2 students/year choose the PHAN concentration despite 1) the enhanced salary upon graduation and 2) the cost effectiveness of the MPH-PHAN as compared to the HIAN or a dual MPH and HIAN, which carries a hefty program increment fee.

While population health analytics is increasingly important to the field of public health, we are struggling to market this concentration effectively and have sufficient input into the curriculum to ensure that content, competencies and assessments are aligned.

Plans for improvement:

Competencies and assessments will be re-evaluated after 2 cohorts of students have graduated within each concentration (Fall 2021 for CHPR, EPID and PHAN; 2023 for PANU) and based on CEPH site visit feedback. Any needed revisions with input from alumni will be considered at that time. We continue to work with SDS to improve curricular fidelity as well as ensure CEPH concentration competencies are met.

D5. MPH Applied Practice Experience

MPH students demonstrate competency attainment through applied practice experiences.

Applied practice experiences may be concentrated in time or may be spread throughout a student's enrollment. Opportunities may include the following:

- **a practicum or internship completed during a summer or academic term**
- **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/or not-for-credit activities**

Applied practice experiences may involve governmental, non-governmental, non-profit, industrial and for-profit settings or appropriate university-affiliated settings. To be appropriate for applied practice experience activities, university-affiliated settings must be primarily focused on community engagement, typically with external partners. University health promotion or wellness centers may also be appropriate.

The school or program identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved. Activities meeting the applied practice experience should be mutually beneficial to both the site and the student.

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. 22

The school or 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, journal entries, completed tests, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the school or program or by individual students) in any physical or electronic form chosen by the school or program.

The materials may originate from multiple experiences (eg, applied community-based courses and service-learning courses throughout the curriculum) or a single, intensive experience (eg, an internship requiring a significant time commitment with one site). While students may complete experiences as individuals or as groups in a structured experience, each student must present documentation demonstrating individual competency attainment.

Combined degree students have opportunities to integrate and apply their learning from both degree programs through applied practice experiences.

The school or program structures applied practice experience requirements to support its mission and students' career goals, to the extent possible.

D5-1) Briefly describe how the school or program identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies. (self-study document)

MPH students complete 160 hours of supervised experiential learning in the form of an internship where they apply the core skills they have obtained from their first year of coursework. Students must complete the 15 credit hours of MPH core courses and at least one elective or concentration course for 3 credits (18 credits total) to be eligible for the APE/internship. Students who matriculate in Fall typically complete their APE in the summer.

Because the APE is typically completed in the first year and is based upon application of core skills all 5 APE competencies are from the 22 MPH Foundational Competencies. These competencies were selected both for their level of integration and the need for the student to have a broad sense of how their APE agency, focus and internship tasks are related to the larger field of public health.

Up until summer 2021, students did not have unique competencies for their internships. Their APE deliverables are tied to products developed specifically for their agency, to meet agency objectives, not to a competency. After our self-study draft review per comments from CEPH staff, we altered our internship to include having students select 2 competencies that their deliverables would fulfill, once their internship started and all agency objectives were finalized. These will then be reflected in their APE portfolio as we move forward.

Dual MPH-HIAN students complete 1 internship, which has a combined public health and informatics focus. Dual MPH-MA Anthropology students complete a 2 semester, 6 credit combined APE and thesis project. The first semester meets MPH APE requirements and embeds the student within the agency. In the second semester, the student uses the data and products from the APE to complete a research thesis meeting the MA requirements. A public health faculty member is a member of the thesis committee.

Practice-based products that demonstrate MPH competency achievement: All Concentrations	
Specific assignment(s) that demonstrate application or practice	**Competency as defined in Criteria D2 and D4***
In the internship report discussion (Section 4.2), students identify additional possible community partners for their organization who could help them achieve their goals.	13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
In the internship report discussion (Section 4.3), students describe a policy change that would increase the organization's effectiveness in achieving their health outcome.	14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
In the internship report (Section 4.1), students describe how their communication and interaction styles varied depending upon	18. Select communication strategies for different audiences and sectors

circumstance and how they might adjust their own communications in the future.	
Preceptor's rating to the student's competency level for this item on survey (#16 demonstrate leadership)	21. Perform effectively on interprofessional teams
In the internship report (section 4.4), students describe the public health issue, which was the focus of the APE using a stock and flow diagram.	22. Apply systems thinking tools to a public health issue

Materials and Process

All students have access to internship planning materials at the beginning of their first semester in the MPH Program through a permanent Canvas Project site ("Projects MPH Internship"). This site details the APE/internship process from Planning through Wrap Up and includes all needed forms and documents as well as the MPH Internship Manual. In addition, once the student is enrolled in the Internship course HLTH 6471, additional materials with semester-specific deadlines are posted on the Canvas course site where students upload portfolio materials.

Internship Site selection

Students are responsible for selecting sites that meet their individual interests. Students are encouraged to consider several parameters related to public health (see p. 4, MPH Internship Manual) when creating a list of possible sites. A list of previous internship sites are available on the Canvas project site; students are further encouraged to speak with second year students who have completed their internships. Students can then reach out to sites on their own or consult with their advisor or Internship Coordinator before contacting possible sites.

Goals and Objectives

After the student has made contact and has a tentative agreement with the site for placement, the student negotiates a list of goals and objectives that she will complete during her internship. These preliminary goals and objectives along with the required contact information for the site and preceptor are completed in Appendix A and sent to the Internship Coordinator for review and approval. Students are encouraged to negotiate 2-4 objectives that align with the agency's needs and result in some form of independent project or task for which they can take ownership. Each objective should result in 2 concrete deliverables that contributes to the agency's mission or service delivery. Objectives are written using verbs from higher order tasks using Bloom's taxonomy (e.g. develop, create, evaluate, analyze, synthesize). All deliverables are then compiled into the APE portfolio; a single report shared with the agency preceptor.

Portfolio

The APE portfolio consists of a professional report, which beginning in summer 2020, is sent to the agency preceptor, documenting the student's internship activities. An outline of the report can be found on p. 18 of the MPH Internship Manual. Briefly, students describe the background of the public health problem addressed by their internship, their objectives and the deliverables produced to meet the stated objectives, and a reflection section. The deliverables produced by each student are included at the end of the report as appendices. Students also complete a self-assessment of the experience using an online survey and internship preceptors also complete an online survey assessment of the student intern. The final APE portfolio is graded by the internship instructor (faculty member who is generally the MPH Program Director) using a standardized rubric.

D5-2) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience. (electronic resource file)

ERF → D5 HLTH 6471 Internship Syllabus; MPH Student Handbook, MPH Internship Manual

D5-3) 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 school or program must provide samples of complete sets of materials (ie, the 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 school or program has not produced five students for which complete samples are available, note this and provide all available samples. (electronic resource file)

These materials are organized by year, semester and the concentration of the student. Please note that the format of the report changed between 2019 and 2020. ***Our APE is not concentration-specific*** as the majority of students complete the internship after the first year of courses; thus deliverables do not necessarily align with a specific concentration focus *per se.* Students do not have sufficient concentration depth at that time to have a concentration-specific internship.

ERF → D5 APE Student Products by year

Samples of student APE projects from summer 2020 indicate a range of experiences and skills acquired by our MPH students. NOTE: The specific deliverables created for the agency are typically in the appendices at the end of each student's internship report. We have also included the final grading rubric and student's competency attainment scores.

Our first dual MPH-MA students are completing their internship in summer 2021 so we do not have completed deliverables from them.

Christeon Gaskin's (EPID) APE presentation is now posted on the CDC Nutrition and Obesity Policy Research and Evaluation Network (NOPREN) website. Christeon received a stipend for his work from NOPREN. The poster series is posted here: https://nopren.org/covid19/ and Direct link to the recording is here: https://nopren.org/wp-content/uploads/2020/09/zoom_0.mp4 (Christeon's presentation starts on minute 27:40).

Donna Schultz (EPID) completed her APE with a local United Way agency and focused on social and economic mobility, a pressing public health concern in Charlotte.

Andrew Long (PHAN) conducted his APE with an organization working with mental health professionals. He evaluated aspects of Collegiate Recovery Communities for substance abuse at regional universities.

Breana Turner (CHPR) completed her internship in Girls On The Run in Northern Virginia where she planned and implemented a social media campaign.

Ashley Finke (EPID) is a dual MPH-HIAN student who completed her internship through our Academy of Population Health Innovation (APHI) working on a project with the McLeod Center to implement a smoke-free environment.

D5-4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

The portfolio in the format of a comprehensive, professional report provides a writing-intensive and discipline-specific assessment within the context of public health practice. The submission of the portfolio to the preceptor and agency provides additional professional development for the student as well as feedback to the internship site on the practice experience. The portfolio deliverables are directly related to the needs of the APE agency.

Weaknesses:

Historically, students find it difficult to conceptualize the type of APE experience they want, identify appropriate agencies, and select and obtain internship sites. This issue was particularly acute during the 2020 COVID-19 pandemic. However, we feel strongly that it is important that students take the initiative in thinking about what aspects of public health they want to explore, learn to use available resources, and develop professional networking skills to find an internship.

Plans for improvement:

As the MPH Program grows, we may need to add more instructors given the writing intensity of the APE course. In Summer 2020, we added online synchronous sessions with students to reinforce some important concepts around systems thinking and stock and flow diagrams. These will be integrated into future course implementations.

D6. DrPH Applied Practice Experience

Not Applicable.

D7. MPH Integrative Learning Experience (ILE)

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.

The ILE represents a culminating experience and may take many forms, such as a practice-based project, essay-based comprehensive exam, capstone course, integrative seminar, etc. Regardless of form, the student produces a high-quality written product that is appropriate for the student's educational and professional objectives. Written products might include the following: program evaluation report, training manual, policy statement, take-home comprehensive essay exam, legislative testimony with accompanying supporting research, etc. Ideally, the written product is developed and delivered in a manner that is useful to external stakeholders, such as non-profit or governmental organizations.

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 ILE is completed at or near the end of the program of study (eg, in the final year or term). The experience may be group-based or individual. In group-based experiences, the school or program documents that the experience provides opportunities for individualized assessment of outcomes.

The school or 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).

Combined (dual, joint, concurrent) degree students should have opportunities to incorporate their learning from both degree programs in a unique integrative experience.

Beginning in 2017, all MPH students completed a 3-credit capstone course for their ILE in Community Health Practice. In 2019, with the implementation of concentrations in Epidemiology and Population Health Analytics, we shifted to a concentration-specific capstone course for the ILE. Currently, CHPR and PANU students take the same capstone course (HLTH 6230).

For the majority of MPH students (those who matriculate in Fall and are full-time), the ILE occurs in their final semester of the program, and after their internship has been conducted. For students who enter the program in Spring, some part-time students, some early entry students and some dual degree students, the capstone course may be taken in their next to last semester.

Each capstone course combines 3 major elements that lead to the synthesis of learning and competencies:

1. A written product that integrates multiple competencies,
2. An oral presentation to stakeholders, and
3. Professional development activities which help the students integrate their training and skills into relevant public health frameworks that will be familiar to employers.

D7-1) 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 school or program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.

<table>
<tr><th colspan="2">D7-1. MPH Integrative Learning Experience (ILE) for Community Health Practice Concentration</th></tr>
<tr><th>Integrative learning experience (list all options)</th><th>How competencies are synthesized</th></tr>
<tr><td>Final written Project: Community-based grant proposal</td><td rowspan="3">Three foundational competencies (8, 19 & 21) and two CHPR competencies (1 & 5) are assessed in this CHPR/PANU capstone course (HLTH 6230). Competency attainment is demonstrated through an individual community-based grant proposal for a vulnerable population; a poster and oral presentation to community stakeholders on the student’s APE, and reflection and assessment of students' participation in interprofessional teams. Written products are reviewed by the course instructor. The poster and oral presentation are reviewed by the course instructor, other faculty members and community partners.</td></tr>
<tr><td>Final oral project: Poster and oral presentation</td></tr>
<tr><td>Interprofessional activity, reflection and self-assessment</td></tr>
<tr><th colspan="2">MPH ILE for Physical Activity and Nutrition Concentration</th></tr>
<tr><th>Integrative learning experience (list all options)</th><th>How competencies are synthesized</th></tr>
<tr><td>Final written Project: Community-based grant proposal</td><td rowspan="3">Three foundational competencies (8, 19 & 21) and two CHPR competencies (1 & 5) are assessed in this CHPR/PANU capstone course (HLTH 6230). Competency attainment is demonstrated through an individual community-based grant proposal for a vulnerable population; a poster and oral presentation to community stakeholders on the student’s APE, and reflection and assessment of students' participation in interprofessional teams. Written products are reviewed by the course instructor. The poster and oral presentation are reviewed by the course instructor, other faculty members and community partners.</td></tr>
<tr><td>Final oral project: Poster and oral presentation</td></tr>
<tr><td>Interprofessional activity, reflection and self-assessment</td></tr>
<tr><th colspan="2">MPH ILE for Epidemiology Concentration</th></tr>
<tr><th>Integrative learning experience (list all options)</th><th>How competencies are synthesized</th></tr>
<tr><td>Final written Project: Case study and field team report</td><td rowspan="2">Three foundational competencies (13, 19 & 21) and two EPID competencies (7 & 8) are assessed in this</td></tr>
<tr><td>Final oral project: Poster and oral presentation</td></tr>
</table>

Interprofessional activity, reflection and self-assessment	EPID capstone course (HLTH 6280). Competency attainment is demonstrated through a team-based, outbreak investigation project; a poster and oral presentation to community stakeholders on the APE, and reflection and assessment of students' participation in interprofessional teams. Written products are reviewed by the course instructor. The poster and oral presentation are reviewed by the course instructor, additional faculty members and community partners.
MPH ILE for Population Health Analytics Concentration	
Integrative learning experience (list all options)	**How competencies are synthesized**
Final written Project: Case study and field team report	Three foundational competencies (4, 19 & 21) and two PHAN competencies (4 & 5) are assessed in this PHAN capstone course (HCIP 6250). Competency attainment is demonstrated through a team-based, strategic consulting project; an oral presentation to the consulting client, and reflection and assessment of students' participation in interprofessional teams. Written products are reviewed by the course instructor. Drafts of materials and the presentation are reviewed biweekly by the consulting client.
Final oral project: Oral presentation to community-based client	
Interprofessional activity, reflection and self-assessment	

D7-2) Briefly summarize the process, expectations and assessment for each integrative learning experience.

For MPH-CHPR and MPH-PANU students, each student completes a community-based grant proposal within the HLTH 6230 MPH Community Health Practice Capstone course. Students are encouraged but not required to base their grant proposal off of a project they worked on during their APE. Students also create and present a poster displaying the key skills they learned during their APE and presenting them within a public health framework. The students present their posters to community-based partners, which may include their APE preceptors as well as other stakeholders. This event (MPH Poster Day) also includes the Epidemiology concentration students. Students have the opportunity to showcase their skills as practice for being on the job market. In Spring 2020, this event was held virtually via Zoom. Each student gave a 3-5 minute lightning talk on their poster and then responded to questions from the audience (1 community partner, 1 non-MPH faculty member). The MPH capstone instructors also rated the subsequent video recordings.

MPH-EPID students complete an investigative outbreak simulation case study within the HLTH 6280 Epidemiology Capstone course. MPH-PHAN students work in groups on a consulting project with a local agency in their capstone course (HCIP 6250). Students create a professional written report based on the charge from the agency and a presentation back to the client.

D7-3) Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students. (electronic resource file)

ERF → D7 ILE Syllabi for HLTH 6230, HLTH 6280 and HCIP 6250; MPH Student Handbook

D7-4) 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. (electronic resource file)

ERF → D7 ILE Rubrics

D7-5) Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)

ERF → D7 ILE Products by concentration

D7-6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

The specified products in each ILE are essential skills for the concentration. The assignments are writing-intensive and discipline-specific assessment within the context of public health practice. The oral presentation component to community-based stakeholders highlights the students' integration of their experience and offers practice to prepare them for the job market.

Weaknesses:

We are working on better integrating the ILE competencies to the rubrics and feedback that are provided to students. We need to offer HLTH 6230 and HLTH 6280 in both Fall and Spring in order to improve off-cycle students' time to degree. We have not yet had any PANU students progress far enough in the curriculum to have taken the ILE.

Plans for improvement:

We need to offer HLTH 6230 Community Health Practice Capstone and HLTH 6280 Epidemiology Capstone in both Fall and Spring in order to improve off-cycle students' time to degree.

D8. DrPH Integrative Learning Experience

Not applicable.

D9. Public Health Bachelor's Degree General Curriculum (SPH and PHP, if applicable)

The overall undergraduate curriculum (eg, general education, liberal learning, essential knowledge and competencies, etc.) introduces students to the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.

- **the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease**
- **the foundations of social and behavioral sciences**
- **basic statistics**
- **the humanities/fine arts**

Required documentation:

D9-1) List the coursework required for the school or program's public health bachelor's degree. (self-study document)

Students earning the BSPH complete 120 total credit hours. At present, this coursework consists of General Education courses (40-44 credits), public health pre-requisite courses (21 credits), the BSPH major courses (33 courses), a minor or second major, and then any unrestricted electives needed to meet the total for graduation. The degree is focused on the area of Community Health Practice, consistent with one of our MPH concentrations.

<u>General Education Courses</u>

Development of Fundamental Skills of Inquiry (9-10 credit hours)

First-Year Writing Courses (3-4 credit hours)

- UWRT 1103 - Writing and Inquiry in Academic Contexts I and II (3), *or*
- UWRT 1104 - Writing and Inquiry in Academic Contexts I and II with Studio (4)

Mathematical and Logical Reasoning (6 credit hours)

- MATH 1100 - College Algebra (3) *(or higher level)*
- STAT 1222 - Introduction to Statistics (3)

Inquiry in the Sciences (10 credit hours)

Natural Sciences (7 credit hours) Select two courses, one of which must be taken with its corresponding laboratory (L) course:

- ANTH 2141 - Our Place in Nature: Introduction to Biological Anthropology (4)
- ANTH 2141L - Our Place in Nature: Introduction to Biological Anthropology Lab (0)
- BINF 1101 - Introduction to Bioinformatics and Genomics (4) *(both lecture and lab)*
- BIOL 1110 - Principles of Biology I (3)
- BIOL 1110L - Principles of Biology I Laboratory (1)
- BIOL 1115 - Principles of Biology II (3)

- CHEM 1111 - Chemistry in Today's Society (3)
- CHEM 1111L - Laboratory in Chemistry (1)
- CHEM 1112 - Chemistry in Today's Society (3)
- CHEM 1112L - Laboratory in Chemistry (1)
- CHEM 1200 - Fundamentals of Chemistry (3)
- CHEM 1203 - Introduction to General, Organic, and Biochemistry I (3)
- CHEM 1203L - Introduction to General, Organic, and Biochemistry I Laboratory (1)
- CHEM 1204 - Introduction to General, Organic, and Biochemistry II (3)
- CHEM 1204L - Introduction to General, Organic, and Biochemistry II Laboratory (1)
- CHEM 1251 - General Chemistry I (3)
- CHEM 1251L - General Chemistry I Laboratory (1)
- CHEM 1252 - General Chemistry II (3)
- CHEM 1252L - General Chemistry II Laboratory (1)
- ESCI 1101 - Earth Sciences-Geography (3)
- ESCI 1101L - Earth Sciences-Geography Laboratory (1)
- GEOG 1103 - Spatial Thinking (4) (includes both lecture and lab)
- GEOL 1200 - Physical Geology (3)
- GEOL 1200L - Physical Geology Laboratory (1)
- GEOL 1210 - Earth History (3)
- GEOL 1210L - Earth History Lab (1)
- ITIS 1350 - eScience (4)
- ITIS 1350L - eScience Laboratory (0)
- KNES 2168 - Human Anatomy & Physiology for the Health Professions (3)
- KNES 2168L - Human Anatomy & Physiology for the Health Professions Laboratory (1)
- KNES 2169 - Human Anatomy & Physiology for the Health Professions II (3)
- KNES 2169L - Human Anatomy & Physiology for the Health Professions II Laboratory (1)
- METR 1102 - Introduction to Meteorology (3)
- PHYS 1100 - Conceptual Physics (3)
- PHYS 1100L - Conceptual Physics Laboratory (1)
- PHYS 1101 - Introductory Physics I (3)
- PHYS 1101L - Introductory Physics I Laboratory (1)
- PHYS 1102 - Introductory Physics II (3)
- PHYS 1102L - Introductory Physics II Laboratory (1)
- PHYS 1130 - Introduction to Astronomy (3)
- PHYS 1130L - Introduction to Astronomy Laboratory (1)
- PHYS 1201 - Sports and Physics (3)
- PHYS 1201L - Sports and Physics Laboratory (1)
- PHYS 1202 - Introduction to Physics in Medicine (3)
- PHYS 1203 - Physics of Music (3)
- PHYS 1203L - Physics of Music Laboratory (1)
- PHYS 2101 - Physics for Science and Engineering I (3)
- PHYS 2101L - Physics for Science and Engineering I Laboratory (1)
- PHYS 2102 - Physics for Science and Engineering II (3)
- PHYS 2102L - Physics for Science and Engineering II Laboratory (1)
- PSYC 1101 - General Psychology (3)
- PSYC 1101L - General Psychology Laboratory (1)

Social Sciences (3 credit hours) Select one of the following:

- ANTH 1101 - Introduction to Anthropology (3)
- DTSC 1302 - Data and Society B (3)
- ECON 1101 - Economics of Social Issues (3)
- ECON 2101 - Principles of Economics - Macro (3)
- ECON 2102 - Principles of Economics - Micro (3)
- GEOG 1105 - The Location of Human Activity (3)
- POLS 1110 - American Politics (3)
- SOCY 1101 - Introduction to Sociology (3)
- SOWK 1101 - The Field of Social Work (3)

Themes of Liberal Education for Private and Public Life (12 credit hours)

Arts and Society (3 credits) Select one of the following:

- LBST 1101 - The Arts and Society: Dance (3)
- LBST 1102 - The Arts and Society: Film (3)
- LBST 1103 - The Arts and Society: Music (3)
- LBST 1104 - The Arts and Society: Theater (3)
- LBST 1105 - The Arts and Society: Visual Arts (3)

Liberal Studies Courses (9 credit hours) <u>Three</u> 2000-level LBST courses chosen from the four categories below are required.

- LBST 2101 - Western Cultural and Historical Awareness (3)
- LBST 2102 - Global and Intercultural Connections (3)
- LBST 221X - Ethical and Cultural Critique (Select ONE)
  - LBST 2211 - Ethical Issues in Personal, Professional, and Public Life (3)
  - LBST 2212 - Literature and Culture (3)
  - LBST 2213 - Science, Technology, and Society (3)
  - LBST 2214 - Issues of Health and Quality of Life (3)
  - LBST 2215 - Citizenship (3) (SL)
- LBST 2301 - Critical Thinking and Communication (3)

Advanced Communication Skills (6-9 credit hours)

Writing in the Disciplines (W) (6 credit hours)

- HLTH 4400 – Public Health Internship (3)
- HLTH 4600 – Public Health Capstone (3)

Oral Communication (O) (3 credit hours)

- HLTH 4600 – Public Health Capstone (3)

Critical Thinking and Communication

- LBST 2301 - Critical Thinking and Communication (3)

Pre-Public Health Courses

Pre-Public Health Foundation Courses (21 credit hours)

Prerequisite Core Courses (15 credit hours)

- HLTH 2101 - Healthy Lifestyles (3)
- HLTH 2102 - Foundations of Public Health (3)
- HLTH 2103 - Foundations of Global Health (3)
- STAT 1222 - Introduction to Statistics (3)
- BIOL 1110 - Principles of Biology I (3) or BIOL 1115 - Principles of Biology II (3)

Health-Related Communication Courses (6 credit hours) Select two of the following:

- COMM 1101 - Public Speaking (3) (O)
- COMM 2100 - Introduction to Communication Theory (3)
- COMM 2105 - Small Group Communication (3)
- COMM 2107 - Interpersonal Communication (3)
- COMM 3115 - Health Communication (3)
- COMM 3130 - Communication and Public Advocacy (3)
- COMM 3135 - Leadership, Communication, and Group Dynamics (3)
- COMM 3141 - Organizational Communication (3)

Public Health Major Core Courses (33 credit hours)

- HLTH 3102 - Comparative Healthcare Systems (3)
- HLTH 3103 - Behavior Change Theories and Practice (3)
- HLTH 3104 - Research and Statistics in Health (3)
- HLTH 3104L - Research and Statistics in Health Lab (1)
- HLTH 3105 - Public Health Education and Promotion (3)
- HLTH 3106 - Determinants of Health (3)
- HLTH 3400 - Public Health Internship Preparation (1)
- HLTH 4102 - Healthcare Administration (3)
- HLTH 4104 - Epidemiology (3)
- HLTH 4105 - Program Planning and Evaluation (3)
- HLTH 4105L - Program Planning and Evaluation Lab (1)
- HLTH 4400 - Public Health Internship (3) (W)
- HLTH 4600 - Public Health Capstone (3) (O, W)

Minor or Second Major

Students pursuing the BSPH degree are expected to pursue coursework complementary to Public Health through the completion of a minor or second major. The choice of minor or second major should be considered in terms of individual educational and professional aspirations. Students may choose any minor on campus except the Minor in Public Health, or choose a second major.

NOTE: Effective for the Fall 2022 catalog year, the University no longer allows undergraduate degree programs to require students to complete a minor or second major.

Unrestricted Elective Courses

As needed to complete the credit hours required for graduation. Study abroad courses are included.

Degree Total = 120 Credit Hours

2) Provide official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online, or include copies of any documents that are not available online. (electronic resource file)

The BSPH is a rigorous and competitive upper division major. Students apply at the end of their sophomore year for admission in Fall of their junior year. The upper division coursework consists of 33 credits. BSPH Program Information is available through the University of Charlotte Undergraduate Catalog: https://catalog.uncc.edu/preview_program.php?catoid=27&poid=6802&returnto=2441

D9-3) Provide a matrix, in the format of Template D9-1, that indicates the courses/experience(s) that ensure that students are introduced to each of the domains indicated. Template D9-1 requires the school or program to identify the experiences that introduce each domain. (self-study document)

Template D9-1 BSPH	
Domains	**Courses and other learning experiences through which students are introduced to the domains specified**
Science: Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease	Students are required to take BIOL 1110 or 1115 as of Fall 2018. To fulfill the health and disease requirement, all BSPH students take HLTH 4104 Epidemiology.
Social and Behavioral Sciences: Introduction to the foundations of social and behavioral sciences	Students select one from the following to fulfill their General Education requirements: Introduction to Anthropology; Economics of Social Issues; Principles of Economics - Macro; Principles of Economics-Micro; The Location of Human Activity (Geography); American Politics; Introduction to Sociology
Math/Quantitative Reasoning: Introduction to basic statistics	STAT 1222 Introduction to Statistics is required for BSPH students before admission to the major.
Humanities/Fine Arts: Introduction to the humanities/fine arts	Students take one of the following among Arts and Society courses (LBST 1101 series) in: Dance, Film, Music, Theater, or Visual Arts.

D9-4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Students earning the BSPH degree receive a well-rounded education as the basis for more intensive learning and experience in the field of public health. Each required domain is introduced in several general education courses and reinforced in Pre-Public Health and BSPH courses. As students complete general education courses prior to matriculation into the upper division, they come into the program with a strong foundation which is reinforced in the public health-specific courses.

Weaknesses

We've noted the policy change related to minors and/or a second major, which we believe negatively affects our students' overall workforce preparedness. The University is also undergoing a major revision to the General Education curriculum schema and this will affect the BSPH moving forward.

Plans for Improvement

The BSPH Program Committee is in the process of reviewing our curricular options to ensure that students are receiving sufficient grounding in a related area to increase the relevance and marketability of their BSPH degree. The BSPH Program Director is an active participant in the revision of the undergraduate general education curriculum at the university level.

D10. Public Health Bachelor's Degree Foundational Domains

The requirements for the public health major or concentration provide instruction in the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (ie, the school or program may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).

- **the history and philosophy of public health as well as its core values, concepts and functions across the globe and in society**
- **the basic concepts, methods and tools of public health data collection, use and analysis and why evidence-based approaches are an essential part of public health practice**
- **the concepts of population health, and the basic processes, approaches and interventions that identify and address the major health-related needs and concerns of populations**
- **the underlying science of human health and disease, including opportunities for promoting and protecting health across the life course**
- **the socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities**
- **the fundamental concepts and features of project implementation, including planning, assessment and evaluation**
- **the fundamental characteristics and organizational structures of the US health system as well as the differences between systems in other countries**
- **basic concepts of legal, ethical, economic and regulatory dimensions of health care and public health policy and the roles, influences and responsibilities of the different agencies and branches of government**
- **basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology**

If the school or program intends to prepare students for a specific credential, the curriculum must also address the areas of instruction required for credential eligibility (eg, CHES).

Required documentation:
D10-1) Provide a matrix, in the format of Template D10-1, that indicates the courses/experience(s) that ensure that students are exposed to each of the domains indicated. Template D10-1 requires the school or program to identify the learning experiences that introduce and reinforce each domain. (self-study document)

Key: I=introduced, C=covered															
Public Health Domains	Course Name and Number														
	HLTH 2102 Foundations of Public Health	*HLTH 2103 Foundations of Global Health*	*HLTH 3102 Comparative Healthcare Systems*	*HLTH 3103 Behavior Chng Theories*	*HLTH 3104 Research & Stats*	*HLTH 3104 Lab*	*HLTH 3105 Pub Hlth Educ & Promo*	*HLTH 3106 Determinants of Health*	*HLTH 3400 Public Health Internship Prep*	*HLTH 4102 Hlthcare Admin*	*HLTH 4104 Epi*	*HLTH 4105 Pgm Plan & Eval*	*HLTH 4105 Lab*	*HLTH 4400 Internship*	*HLTH 4600 Capstone*
Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society															
Public Health History	IC														
Public Health Philosophy	IC														
Core PH Values	IC														
Core PH Concepts	IC														
Global Functions of Public Health		IC													
Societal Functions of Public Health	IC		I												
Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice															
Basic Concepts of Data Collection					I	C									

	Basic Methods of Data Collection					I	C									
	Basic Tools of Data Collection					I	C									
	Data Usage					I	C									
	Data Analysis					I	C									
	Evidence-based Approaches	I						I					I	C		
Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations																
	Population Health Concepts							I					C	C		
	Introduction to Processes and Approaches to Identify Needs and Concerns of Populations	I						I					C	C		
	Introduction to Approaches and Interventions to Address Needs and Concerns of Populations	I			C			C					C	C		
Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course																
	Science of Human Health and Disease											IC				
	Health Promotion				IC											

Health Protection	I			IC											
Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities															
Socio-economic Impacts on Human Health and Health Disparities	I	IC						IC							
Behavioral Factors Impacts on Human Health and Health Disparities				IC				IC							
Biological Factors Impacts on Human Health and Health Disparities	IC							IC							
Environmental Factors Impacts on Human Health and Health Disparities								IC							
Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation															
Introduction to Planning Concepts and Features												I	C		
Introduction to Assessment Concepts and Features												I	C		
Introduction to Evaluation Concepts and Features												I	C		
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as															

well as to the differences in systems in other countries															
Characteristics and Structures of the U.S. Health System			I							C					
Comparative Health Systems			IC												
Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government															
Legal dimensions of health care and public health policy										IC					
Ethical dimensions of health care and public health policy										IC					
Economical dimensions of health care and public health policy										IC					
Regulatory dimensions of health care and public health policy										IC					
Governmental Agency Roles in health care and public health policy										IC					

Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology															
Technical writing												IC	IC	IC*	
Professional writing									I			IC	IC	IC*	
Use of Mass Media							I							I	C
Use of Electronic Technology							IC							I	C
*HLTH 4400 Public Health Internship is a writing intensive course where students create a professional, technical report of their internship activities. All students receive online instruction during the semester regarding technical, professional, mass media and electronic communication.															

Template D10-1 presents the specified domains and associated courses where content is introduced (I) and reinforced (C=covered). Students completing the BSPH are prepared to sit for the Certified Health Education Specialist (CHES credential). The 3000 and 4000 level courses cover the 7 Areas of Responsibility.

D10-2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

The majority of the foundational domains are addressed across multiple courses in the curriculum. This approach provides students with opportunities for exposure to, reinforcement and application of concepts from those domains from several perspectives and at multiple levels.

As part of a curriculum revision in Fall 2019, courses were reordered for more appropriate sequencing. These changes helped to more easily facilitate the introduction and reinforcement of the public health foundational domains through a stronger learning scaffold.

Weaknesses:

While the domain, "basic concepts of legal, ethical, economic and regulatory dimensions of health care and public health policy and the roles, influences and responsibilities of the different agencies and branches of government" is addressed, it is only covered in one course (HLTH 4102- Healthcare Administration). This approach may limit students in the program from understanding these concepts from multiple perspectives.

Areas for Improvement

We continue to work on better integration of some of the aforementioned concepts into other courses to provide reinforcement of knowledge.

D11. Public Health Bachelor's Degree Foundational Competencies

Students must demonstrate the following competencies:

- **the ability to communicate public health information, in both oral and written forms, through a variety of media and to diverse audiences**
- **the ability to locate, use, evaluate and synthesize public health information**

Required documentation:
1) Provide a matrix, in the format of Template D11-1, that indicates the assessment opportunities that ensure that students demonstrate the stated competencies. (self-study document)

Skills		Courses and other learning experiences through which students demonstrate the following skills.	Methods by which these skills are assessed.
Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences			
	Oral communication	HLTH 3103 Behavior Change Theories and Practice	Students deliver an oral presentation of a community-based project proposal
		HLTH 4600 Public Health Capstone	Students deliver an oral presentation based on a Healthy People 2020 or WHO-based topic with students presenting relevant statistics and discussing issues related to the topic.
		HLTH 4600 Public Health Capstone	Students create and present a poster based on their internship experience. Students will present information from the Internship Report in a visual/oral format. The presentations will be in the format of a digital poster presentation.
	Written communication	HLTH 4400 Public Health Internship	Students write a professional, technical report on their internship experience.
		HLTH 4105/4105L Program Planning and Evaluation/Lab	Students write a program proposal based on a needs assessment completed during the semester. The application is for grant funds to support a health promotion program aimed at a health disparity here in Mecklenburg County.
	Communicate with diverse audiences	HLTH 3105 Health Education & Promotion	Students create a health brochure for a low literacy group.
	Communicate through variety of media	HLTH 3103 Behavior Change Theories and Practice	Students use a variety of media to develop a visual campaign to address an unhealthy behavior for a Social Marketing Behavior Change Project

		HLTH 4600 Public Health Capstone	Students create an e-portfolio that presents their academic accomplishments in a professional context. The e-portfolio is developed and delivered using an open-sourced web application that allows students to integrate various forms of multimedia.
Information Literacy: Students should be able to locate, use, evaluate, and synthesize information			
	Locate information	HLTH 4105/4105L Program Planning and Evaluation/Lab	Students complete a Lab assignment focused on data collection for a needs assessment
	Use information	HLTH 4105/4105L Program Planning and Evaluation/Lab	Students incorporate the data into a needs assessment presentation
	Evaluate information	HLTH 4105/4105L Program Planning and Evaluation/Lab	Using needs assessment data, students choose a community priority to plan an intervention
	Synthesize information	HLTH 4105/4105L Program Planning and Evaluation/Lab	Based on the previous needs assessment and priorities, students develop a complete intervention program proposal

ERF → D11 Supplemental Description of Assessments

2) If applicable, include examples of student work indicated in Template D11-1.

ERF → D11 BSPH Foundational Competency Examples – HLTH 3103, HLTH 3105, HLTH 4105, HLTH 4400 and HLTH 4600

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

Strengths

Students in the program have ample opportunities across the curriculum to strengthen public health communication skills. As part of a curriculum revision in Fall 2019, courses were reordered for more appropriate sequencing. Included in this revision was the conversion of the HLTH 4600 Public Health Capstone course from a writing intensive course, to an oral *and* writing intensive course. An oral and/or writing intensive course qualifies based on proportion of the course dedicated to communication, as well as ensuring that those components are integrated to include substantial opportunities for feedback, revision, and reflection for the development of the communication skill(s).

Weaknesses

While students participate in activities that build the ability to locate, use, evaluate, and synthesize public health information, there is more variability in when and how often students are provided

opportunities to develop this competency as a result of changes in faculty teaching assignments across the core courses.

Plans for Improvement

We are developing some key assignments attached to courses each semester to ensure that students consistently have opportunities to develop this competency.

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

Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Schools and programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

Required documentation:

D12-1) Provide a matrix, in the format of Template D12-1, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated. (self-study document)

Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.)	**Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.**
HLTH 3105: Health Perspectives Assignment	In the Health Perspectives assignment, students write a 1-page health philosophy. They then conduct interviews with two people whose age, culture, and/or lifestyle differs from their own. Students then compare and contrast their interviewees' perceptions of health to their own health philosophy and identify programs or community resources that may be useful to the interviewees, connecting their perspectives to theories in health behavior.
HLTH 3105: PhotoVoice Project	Photovoice is a community needs assessment project that is used to identify strengths, weaknesses, and overall health of a community. BSPH students photograph their "hometown", neighborhood, or community (as defined by the student) and reflect on the images. Each photo will be captioned with observations (factors that contribute to public health implications, people, places, things, and what needs to change).
HLTH 3400: Informational Interview	For the Informational Interview assignment, students identify an individual currently working as a public health practitioner in the Charlotte area. With the aid of the instructor, the students develop a set of questions, then schedule and conduct an in-person informational interview. After the interview, students develop and submit a 3-4 page reflection, identifying key themes which they connect to current and past public health concepts, and education and training in public health.
HLTH 4105: Community Needs Assessment Project	BSPH Students work in groups to identify needs and develop proposals for community-based programs that address health concerns relevant to the target populations in North Carolina. The project provides students the opportunity to address current health topics in a practical manner, considering the knowledge, attitudes, skills, and/or behaviors, needs, resources, and potential community partners of the target population.

HLTH 4400: Internship	The Public Health Internship is designed to provide structured and supervised opportunities for practical experience in a public health setting that complements students' academic and professional goals. Students are required to complete 120 hours of onsite work experience with a community organization engaged in health activities related to one or more of the five core disciplines of public health. At the end of the semester, students present their experiences in the submission of a written report.
HLTH 4600: Internship Poster Presentation	The semester after completing the internship experience, students develop and present a poster about their internship experience.
HLTH 4600: Capstone e-Portfolio	The ePortfolio is a carefully selected and purposeful organization of professionally related academic accomplishments that represent the knowledge and skills developed during the BSPH program. The Portfolio reflects the program's Interdisciplinary and Cross-Cutting Competencies, and emphasizes one or more of the five core areas of public health.

D12-2) Include examples of student work that relate to the cumulative and experiential activities. (electronic resource file)

ERF→ D12 BSPH Experiential Samples, BSPH Student Handbook, BSPH Internship Handbook

D12-3) Briefly describe the means through which the school or program implements the cumulative experience and field exposure requirements. (self-study document)

Health Perspectives Assignment:
This experience takes place during the HLTH 3105 Health Education and Promotion course taken during semester 2 in the program. As described in the table, in the Health Perspectives assignment, students begin by writing a 1-page personal health philosophy. Then they schedule and conduct interviews with two people whose age, culture, and/or lifestyle differs from their own. Students then compare and contrast their interviewees' perceptions of health to their own health philosophy and identify programs or community resources that may be useful to the interviewees, connecting their perspectives to theories in health behavior. This project provides students an opportunity to integrate content from semester 1 coursework, as well as identify and assess appropriate resources.

PhotoVoice Project:
This experience takes place during the HLTH 3105 Health Education and Promotion course taken during semester 2 in the program. As described in the table, Photovoice is a community needs assessment project that is used to identify strengths, weaknesses, and overall health of a community. For the project, BSPH students photograph their “hometown”, neighborhood, or community, and reflect on the images. Students are permitted to define what they consider to be their hometown neighborhood or community. After taking the photos, students create captions that include observations regarding the factors that contribute to public health implications, people, places, things, and what needs to change within the neighborhood or community they photographed.

Informational Interview:
The HLTH 3400 course is a 1-credit course taken in semester 2 which prepares students for the Internship experience in semester 3. As part of this course, students conduct an informational interview

with a public health practitioner. For the Informational Interview assignment, students identify an individual currently working as a public health practitioner in the Charlotte area. With the aid of the instructor, the students develop a set of questions, then schedule and conduct an in-person informational interview.

After the interview, students complete and submit a 3-4 page reflection, identifying key themes which they connect to current and past public health concepts, and education and training in public health. Students specifically explore how what they learned in the interview validates, refutes, or reinforces what they have learned about public, and how it connects to concepts and theories learned by that point in the program.

In addition to integrating the information with course concepts, the assignment helps students to explore and identify local public health agencies and practitioners. This provides students an opportunity to understand local public health, as well as work on "soft" skills related to professionalism.

Internship:
Students in the BSPH program are required to complete a 120-hour (3-credit hour) internship during the third semester of the program. Internships are conducted at community organizations in the Charlotte region with which the University and Department have an educational affiliation agreement. Sites are approved by the BSPH Program Director. The persons involved in the internship experience from start to finish include the Agency Preceptor (or mentor at the internship agency), the BSPH Program Director, and the student. Students may also complete an internship with a department faculty member. If this occurs, the faculty member will be the "Agency Preceptor."

The internship site must be able to provide practical experience in one or more of the five core disciplines of public health (health behavior and promotion, epidemiology, biostatistics, environmental and occupational health, and health services administration), and coordinate activities that are comparable to undergraduate students' knowledge and skills.
Preparation and prerequisites for the internship are completed while enrolled in the 1-credit HLTH 3400 Public Health Internship Preparation course during semester 2 of the program. Prerequisites for the internship include: The final internship site form, internship activities and objectives form (developed in conjunction with the agency preceptor), career development plan, and cover letter and resume. Additionally, students must be compliant with College of Health and Human Services minimum requirements such as criminal background check, drug screening, immunizations, bloodborne pathogens training, as well as any additional agency-specific requirements (e.g. CPR certification).

Students are enrolled in the HLTH 4400 Public Health Internship course during the semester in which they complete the practice experience. Throughout the course, the students submit weekly reflection activities, logs of daily journal entries (one entry per each day worked, entries are submitted every 30-40 hours), a midterm evaluation, revisions of prerequisite assignments (activities and objectives form, CV/resume, career development plan), and begin to draft sections of the internship report. The student and agency preceptor each complete a final evaluation of the internship experience. A revised final internship report and signed compendium of hours is submitted at the end of the semester. Students are graded on a letter grade scale. Completion of a minimum of 120 hours is required to pass the course.

Community-based Needs Assessment:
During the HLTH 4105 Program Planning and Evaluation course, BSPH Students work in groups to develop grant proposals for community-based programs that address health disparities relevant to the target populations in Mecklenburg County, North Carolina. The grant proposal consists of a community needs assessment, program plan, and evaluation plan. The project provides students the opportunity to address current health topics in a practical manner, considering the knowledge, attitudes, skills, and/or behaviors, needs, resources, and potential community partners of the target population.

Internship Poster Presentation:
This assignment takes place in the HLTH 4600 Capstone course, which students take in semester 4 of the program. The semester after completing the internship experience, students develop and present a poster about their internship experience. The posters are based on the (now graded) internship reports submitted the previous semester, and are developed in a process that includes drafts, peer review, and revision.

Capstone ePortfolio:
In their final semester, students take HLTH 4600 Public Health Capstone. The Capstone course is the final BSPH course students take, with the possible exception of HLTH 4104 Epidemiology (can be taken any semester), and any remaining minor courses. During the course, students assemble their final ePortfolio. The ePortfolio is a carefully selected and purposeful organization of professionally related academic accomplishments that represent the knowledge and skills developed during the BSPH program. The Portfolio reflects the program's Interdisciplinary and Cross-Cutting Competencies, and emphasizes one or more of the five core areas of public health.

4) Include handbooks, websites, forms and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online, or include electronic copies of any documents that are not available online. (electronic resource file)

ERF→ D12 BSPH Student Handbook, BSPH Internship Handbook

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

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and lifelong learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:

- **advocacy for protection and promotion of the public's health at all levels of society**
- **community dynamics**
- **critical thinking and creativity**
- **cultural contexts in which public health professionals work**
- **ethical decision making as related to self and society**
- **independent work and a personal work ethic**
- **networking**
- **organizational dynamics**
- **professionalism**
- **research methods**
- **systems thinking**
- **teamwork and leadership**

Required documentation:

1) Briefly describe, in the format of Template D13-1, of the manner in which the curriculum and co-curricular experiences expose students to the concepts identified. (self-study document)

D13-1. BSPH

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Advocacy for protection and promotion of the public's health at all levels of society	The concept of advocacy for protection and promotion of the public's health is addressed in the HLTH 2102 and HLTH 3103 coursework.
Community dynamics	Understanding of community dynamics is addressed in several courses (HLTH 2102, HLTH 3103, HLTH 3105, HLTH 3106, HLTH 4105) through the course material. It is further emphasized through the practical experiences of the HLTH 4105 Community-based Grant Proposal Assignment and the HLTH 4400 Public Health Internship
Critical thinking and creativity	Critical thinking is emphasized throughout the curriculum, but is specifically addressed in assignments in the HLTH 3104 and HLTH 4104 courses. Creativity is emphasized in the HLTH 3103, HLTH 3105, HLTH 4105 courses and in the Internship and capstone experiences.
Cultural contexts in which public health professionals work	Cultural contexts are addressed in HLTH 2102, HLTH 3102, HLTH 3103, HLTH 3105, and HLTH 4105 coursework.
Ethical decision making as related to self and society	Ethical decision making is covered in the HLTH 3104 coursework specifically, and is integrated into the coursework for most other courses as well. It is also covered in the course material and the practical experience in the internship

Independent work and a personal work ethic	Students at UNC Charlotte are expected to know and adhere to the Code of Student Responsibility and the Code of Academic Integrity. Statements referencing these codes are required in all syllabi. Additionally, to emphasize independent work in BSPH coursework BSPH students are required to submit proof of completion of a college wide online training module (the "Good Scholar Tutorial" to the BSPH program director by the second week of their first semester in the program, and BSPH faculty use tools such as plagiarism detection software (e.g., Turnitin, VeriCite) for coursework.
Networking	Networking is addressed in the coursework and practical experience of the internship. Networking is further addressed in the capstone course through various activities in which BSPH program graduates and/or other UNC Charlotte PHS students are brought in to present on career-related panels. Additionally, students meet with a representative from the UNC Charlotte Career Development and Advising Center.
Organizational dynamics	Organizational dynamics is included in the coursework for HLTH 2102, HLTH 3102, and HLTH 4102. Additionally, students get a practical experience of organizational dynamics in the internship experience.
Professionalism	We emphasize professionalism in written and oral communication, dress, behavior, etc. This is evident in the student manual and reinforced in internship and capstone experiences.
Research methods	Research methods is covered specifically in the HLTH 3104 coursework and further applied in the HLTH 4104 coursework.
Systems thinking	Systems thinking is addressed in HLTH 3102, HLTH 3104, HLTH 3106, and HLTH 4102 coursework, as well as in practical application in the internship and capstone experiences.
Teamwork and leadership	Students are admitted to and proceed through the BSPH program in cohorts to allow them to develop relationships with a specific group of students. Throughout their coursework they work in groups and teams, and are provided the opportunity to evaluate themselves and their group members. In the internship course, teamwork and leadership are specifically addressed in the coursework as well as in the practical experience.

2) Provide syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course. (electronic resource file)

ERF→ BSPH Syllabi – HLTH 2101, HLTH 2102, HLTH 2103, HLTH 3102, HLTH 3103, HLTH 3104/L, HLTH 3105, HLTH 3106, HLTH 3400, HLTH 4102, HLTH 4104, HLTH 4105/L, HLTH 4400, HLTH 4600

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

Strengths

The cross-cutting concepts are well-integrated across the curriculum as a whole. As students progress through the program, they are presented with multiple opportunities for exposure to and practice of the cross-cutting competencies. Experiential learning activities are part of all or most courses, not just the required internship. Additionally, by integrating each competency across multiple courses and experiences, with faculty setting clear expectations for students, students can better understand the cross-cutting nature of the competencies (i.e., they are not specific to a course or content), and see how they impact their overall professional development.

Weaknesses

While feedback from agency preceptors is generally favorable in terms of student preparation and professionalism, the instrument is not specific enough to allow for assessment of all the competencies.

Plans for Improvement

We plan to revise the internship evaluation instruments in order to solicit more feedback. This additional feedback will provide the direction needed to make any further adjustments for how the cross-cutting competencies are integrated throughout the curriculum.

D14. MPH Program Length

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

Schools and programs use university definitions for credit hours.

D14-1) 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. (self-study document)

Minimum Credit Hour Requirements for the MPH

The MPH is a 45 credit hour degree program. The degree requirements can be seen in Section D2. In summary, students complete:

- 5 core courses (15 credits)
- 1 Applied Practice Experience (APE/internship; 3 credits)
- 6 concentration courses including a concentration specific integrated learning experience in the form of a capstone course (18 credits)
- 2 health-related electives (6 credits) and,
- 1 interprofessional elective (3 credits).

Students enrolled in a formal dual degree program must complete 75% of the required 45 credits for the MPH and 75% of the required credits for the other degree. Currently, we offer a dual MPH and MA in Anthropology and a dual MPH and MS in Health Informatics and Analytics. In the case of the MPH, students complete all core and concentration courses (33 credits), the applied practice experience is applied to both degrees, and courses from the non-MPH degree program count toward the 9 credits of electives. These degrees are typically completed in 3 academic years. Shorter timeframes are possible depending upon the concentration selected.

D14-2) Define a credit with regard to classroom/contact hours. (self-study document)

Definition of a Credit Hour

UNC Charlotte uses the Carnegie definition of a credit hour whereby 1 credit hour is at least 50 minutes of instruction per week and 100 minutes of non-class work per week for a 15 week period of instruction. All permanent courses within the university are explicitly reviewed at the Department, College and University level to ensure appropriate credit hour and workload alignment.

MPH didactic courses are all 3 graduate credits and offered once per week for 165 minutes (with a 15 break). Students are expected to put in an additional 3-4 hours *per credit hour* of work outside of the classroom per week. Thus a full-time course load of 9 credits translates to 9 hours of instructional time and 27-36 hours of out of class time working on projects, assignments, reading or other course-related activities each week.

The APE (HLTH 6471) is offered as an online course with an equivalent work requirement: minimum required, 160 hours of field work plus internship preparation, progress reports, and development of the APE portfolio.

D15. DrPH Program Length

Not Applicable.

D16. Bachelor's Degree Program Length (SPH and PHP, if applicable)

A public health bachelor's degree requires completion of a total number of credit units commensurate with other similar degree programs in the university.
Schools and programs use university definitions for credit hours.
Bachelor's degree programs have publicly available policies and procedures for review of coursework taken at other institutions, including community colleges. These may be incorporated into articulation agreements.

Required documentation:

D16-1) Provide information about the minimum credit-hour requirements for all public health bachelor's 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. (self-study document)

At UNC Charlotte, baccalaureate degrees require completion of a minimum of 120 credit hours, including all requirements for general education, and a major field of study.

D16-2) Define a credit with regard to classroom/contact hours. (self-study document)

UNC Charlotte adheres to the Carnegie unit, which is a nationally recognized equivalency that consists of not less than:

1. 750 minutes of classroom or direct faculty instruction and a minimum of 1500 minutes of out of class student work for one semester hour of credit. Each credit hour corresponds to 50 minutes per week of classroom or direct faculty instruction and 100 minutes of out of class work per week for a 15 week semester, or the equivalent amount of work over a different amount of time; or
2. At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities or instructional modes of delivery as established by the institution including distance education, hybrid, and face-to-face instruction, laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours. (https://provost.uncc.edu/policies-procedures/academic-policies-and-procedures/academic-credit-hour)

D16-3) Describe policies and procedures for acceptance of coursework completed at other institutions, including community colleges. (self-study document)

At UNC Charlotte, evaluation of transfer credits, is coordinated through the Office of Undergraduate Admissions. Official transcripts are evaluated in the Office of Undergraduate Admissions and the results are provided to the applicant and to the major department/college. Determining the applicability of transferred credits to major or program requirements is the responsibility of the department chairperson or program director. General rules governing transfer credit:

1. Only courses taken at a college or university accredited by an accepted accrediting body will be considered for transfer credit.

2. Provisional transfer credit may be granted for study at foreign institutions or a college or university accredited by an accepted accrediting body, but must be validated by 30 credit hours of successful performance in residence at UNC Charlotte.
3. Courses for which credit is accepted must be appropriate for approved University programs and curricula in which the student is enrolled.
4. No credit below C level will be accepted; grade points and averages do not transfer.
5. Transfer credit is awarded only upon receipt in the UNC Charlotte Office of Undergraduate Admissions of an official transcript from the institution where the credit was earned.

Students who hold a baccalaureate degree from a college or university accredited by an accepted accrediting body will not be required to satisfy the UNC Charlotte General Education Requirements for a second degree. Students will be issued a transfer credit report and will have their credit from their first degree evaluated. (https://provost.uncc.edu/policies-procedures/academic-policies-and-procedures/transfer-credit-and-advanced-academic-standing)

Credit for Military Training

The University will approve academic credit for military training equivalent to UNC Charlotte courses required for the students' major, minor, or General Education requirements. The credit must be approved by the student's major department chair, college dean, and the department that offers the course.

Documentation of the training, such as a license of completion, Joint Services Transcript, or notation on the student's DD Form 214, is required. The same requirements apply to transfer or military training credit approved by another institution. Contact the Office of the Registrar for further information.

Credit from Two-Year Institutions

The University accepts a maximum of 64 credit hours from two year institutions for undergraduate students. Remedial and technical courses will not transfer.

Transient Study

Courses undertaken by UNC Charlotte undergraduate degree students at a college or university accredited by an accepted accrediting body may be transferred to the University subject to the following regulations:

1. The University is not obligated to accept any credit from another institution unless the student has obtained the prior approval of the dean of the college in which he/she is enrolled. A “Permit for Transient Study” form should be completed and filed in the UNC Charlotte Office of the Registrar prior to enrollment at another institution.
2. No credit will be accepted for courses below C level for undergraduate students.
3. The student must request that an official transcript be sent to the UNC Charlotte Office of the Registrar upon completion of the course. A form for this purpose is available in the Office of the Registrar at the institution where the course is taken.
4. Students in the College of Liberal Arts & Sciences and students in the University College are not permitted to take courses at another educational institution in the Fall or Spring semester if they are enrolled full-time (12 credits or more) at UNC Charlotte in the same semester, unless it is a course not offered at UNC Charlotte (e.g., American Sign Language).
5. Grades do not transfer.

D16-4) If applicable, provide articulation agreements with community colleges that address acceptance of coursework. (electronic resource file)

UNC Charlotte is part of the North Carolina Comprehensive Articulation Agreement (CAA), a statewide agreement governing the transfer of credits between NC community colleges and NC public universities. https://www.nccommunitycolleges.edu/academic-programs/college-transferarticulation-agreements/comprehensive-articulation-agreement-caa

Additionally, UNC Charlotte provides students with an online Transfer Guide they can use to find the courses completed at another university that they wish to transfer to UNC Charlotte: https://admissions.uncc.edu/transfers/how-credits-transfer/transfer-guides

https://selfservice.uncc.edu/pls/BANPROD/ywsktrar.p_transfer_credit_advisor

D16-5) Provide information about the minimum credit-hour requirements for coursework for the major in at least two similar bachelor's degree programs in the home institution. (self-study document)

The College of Health and Human Services at UNC Charlotte offers seven bachelor's degree programs across four academic units: https://health.uncc.edu/academic-programs

Two similar bachelor's degree program offered by the College of Health and Human Services are Health Systems Management (BS), and Exercise Science (BS). Both programs require 120-credit hours.

- Health Systems Management: https://publichealth.uncc.edu/academic-programs/undergraduate-programs/bachelor-science-health-systems-management-bs
- Exercise Science: https://kinesiology.uncc.edu/academic-degrees-and-programs/undergraduate-degrees/bachelor-science-exercise-science

D17. Public Health Academic Master's Degrees

Not Applicable.

D18. Academic Public Health Doctoral Degrees

Students enrolled in the unit of accreditation's doctoral degree programs that are designed to prepare public health researchers and scholars (eg, PhD, ScD) complete a curriculum that is based on defined competencies; engage in research appropriate to the degree program; and produce an appropriately advanced research project at or near the end of the program of study.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.

These students complete doctoral-level, advanced coursework and other experiences that distinguish the program of study from a master's degree in the same field.

The program defines appropriate policies for advancement to candidacy, within the context of the institution.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

- **The instruction includes assessment opportunities, appropriate to the degree level, that allow faculty to assess students' attainment of the introductory public health learning objectives. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.**
- **The instruction and assessment of students' foundational public health knowledge are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.**

The program identifies at least one required assessment activity for each of the following foundational public health learning objectives.

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 Services16
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)

The UNC Charlotte PHP has two doctoral degrees: the Public Health Sciences PhD, which focuses on the Behavioral Sciences and the Health Services Research PhD program, which focuses on the delivery of health care and the associated outcomes on a population level.

D18-1) List the curricular requirements for each non-DrPH public health doctoral degree in the unit of accreditation, EXCLUDING requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master's, students or b) would not typically be associated with completion of a master's degree in the same area of study.

The school or program may present accompanying narrative to provide context and information that aids reviewers' understanding of the ways in which doctoral study is distinguished from master's-level study. This narrative is especially important for institutions that do not formally distinguish master's-level courses from doctoral-level courses.

The school or program will present a separate list for each degree program and concentration as appropriate.

The Public Health Sciences (Behavioral Sciences) PhD program accepted its first cohort of students in Fall 2014. The program emphasizes investigation of health determinants related to the prevention and management of disease and disability among diverse and vulnerable populations. Students complete coursework that focuses on qualitative and quantitative methods, and the development, application, and measurement of theory to understand the social and cultural factors that influence health behavior. Graduates of the Public Health Sciences PhD program are prepared to conduct large-scale public health research projects and work in academia, government health agencies, healthcare systems, and other health-related settings.

The Health Services Research PhD program is an interdisciplinary program that was begun in Fall 2005. When the program first began, it was administratively housed within the College of Health and Human Services. In Fall 2017, the Health Services Research PhD program's academic home was moved to the Department of Public Health Sciences. Coursework emphasizes advancing skills in research methodology and statistical analysis, and focuses on improving both the practice and delivery of health and human services on the individual, family, organizational, and population levels. Graduates of the Health Services Research PhD program are prepared to conduct interdisciplinary research to create new knowledge supporting innovations in healthcare delivery systems and health policy in a wide variety of settings.

In both PhD programs, all required courses are at the doctoral-level (numbered with 8xxx) with the exception of electives. Students may take any graduate-level class (i.e. master or doctoral level) class, with prior approval of the PhD Program Director, to complete the elective requirement.

Tables A and B (below) list the curricular requirements for the Health Services Research and Public Health Sciences PhD programs, respectively.

Table A. Requirements for PhD degree, Health Services Research		
Course Number	**Course Name**	**Credits**
Theory Courses (12 credits)		
HSRD 8201	Introduction to Health Services Research	3
HSRD 8202	Healthcare Systems and Delivery	3
HSRD 8203	Economics of Health and Healthcare	3
HSRD 8204	Health Policy	3
Methods Courses (12 credits)		
HSRD 8260	Design of Health Services Research	3
HSRD 8261	Healthcare Program Evaluation, Outcomes, and Quality	3
HLTH 8270	Applied Biostatistics: Regression	3
HLTH 8271	Applied Biostatistics: Multivariate Methods	3
Professional Roles and Responsibilities Courses (7 credits)		
HLTH 8601	Ethics and Integrity in Health Research and Practice	3
HSRD 8600	Seminar in Health Services Research (taken 4 semesters)	4
Area of Emphasis Courses (12 credits)		
Students will design an area of emphasis in consultation with their advisor, subject to the Program Director's approval. The area of emphasis should align with the student's intended research focus. The area of emphasis must include at least two of the methodology courses listed below (or alternatives approved by the Program Director). The remaining courses should provide added depth relevant to the area of emphasis (e.g., methods, health issue, population), and may be at the master's or doctoral level.		12
Selectives (choose two of the following, 6 credits):		
HLTH 6260/PPOL 8665	Analytic Epidemiology	3
HSRD 8262	Large Data Sets and Health Services Research	3
HSRD 8263	Advanced Data Analysis for Health Services Research	3
HLTH 8221	Qualitative Research 1: Theory Generation in Behavioral Sciences	3
HLTH 8282	Health Survey Design and Research	3
HLTH 8603	Teaching Portfolio	3
Depth (6 credits)		
Any relevant graduate courses		3
Any relevant graduate courses		3
Dissertation (18 credits)		
HSRD 8901	Dissertation Research (May be taken as 3, 6, or 9 credits)	18
	Total	**61**

Table B. Requirements for PhD degree, Public Health Sciences		
Course Number	**Course Name**	**Credits**
Core Public Health Courses: Methods (15 credits)		
HLTH 8201	Introduction to Quantitative Research Design	3
HLTH 8270	Applied Biostatistics: Regression	3

HLTH 8271	Applied Biostatistics: Multivariate	3
HLTH 8281	Measurement and Scale Development	3
HLTH 8282	Health Survey Design and Research	3
Core Public Health Courses: Professional Seminars (9 credits)		
HLTH 8601	Ethics in the Public Health Profession	3
HLTH 8602	Communicating and Disseminating Research	3
HLTH 8603	Teaching Portfolio	3
Concentration Courses- Behavioral Sciences (12 credits)		
HLTH 8220	Theories and Interventions in Behavioral Science	3
HLTH 8221	Qualitative Research 1: Theory Generation in Behavioral Sciences	3
HLTH 8222	Qualitative Research 2: Theory Generation and Analysis in Behavioral Sciences	3
HLTH 8223	Social Determinants of Health	3
Specialty Content Courses (9 credits)		
Specialty content areas are developed in consultation with the doctoral student's advisor and make use of expertise and course offerings on the UNC Charlotte campus. Coursework in the specialty content focus must be at the 6000-8000 level		9
Dissertation (18 Credits)		
HLTH 8901	Dissertation Research (May be taken as 3, 6, or 9 credits)	18
	Total	63

D18-2) Provide a matrix, in the format of Template D18-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school or program will present a separate matrix for each degree program, but matrices may be combined if requirements are identical. (self-study document)

PHS and HSR doctoral students who matriculate without an MPH are required to take HLTH 6200 Case Studies in Public Health in their first year.

Template 18-1. Foundational Content Coverage for PHS and HSR PhDs		
Content	**Course number(s) or other educational requirements**	**Specific component (reading, lecture, discussion)**
1. Explain public health history, philosophy and values	HLTH 6200 Case Studies in Public Health	Students read "Ten Great Public Health Achievements" in MMWR and Hanlon (2011), "Making the case for a fifth wave in public health" and discuss technological advances in population health.
2. Identify the core functions of public health and the 10 Essential Services*	HLTH 6200 Case Studies in Public Health	Students watch a webinar on revisions to the 10 essential services of public health and complete a case study on workforce development.
3. Explain the role of quantitative and qualitative methods and sciences in	HLTH 6200 Case Studies in Public Health	Students watch 2 videos on the cost of obesity and fat shaming, complete a

describing and assessing a population's health		discussion board and write an obesity problem statement.
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	HLTH 6200 Case Studies in Public Health	Students compare and contrast data from America's Health Rankings, data from the Robert Wood Johnson Foundation, and the Mecklenburg County State of the County Report to understand the health issues of Charlotte, NC.
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	HLTH 6200 Case Studies in Public Health	Students compare and contrast data from America's Health Rankings, data from the Robert Wood Johnson Foundation, and the Mecklenburg County State of the County Report to understand the health issues of Charlotte, NC.
6. Explain the critical importance of evidence in advancing public health knowledge	HLTH 6200 Case Studies in Public Health	Students read Birkhead Chapters 11 (Epidemiology and Statistics) and 12 (Health Education and Information), and complete an infographic to communicate evidence-based HIV information
7. Explain effects of environmental factors on a population's health	HLTH 6200 Case Studies in Public Health	Students watch 2 videos on the Zika virus, which discuss multiple environmental factors that contributed to the spread of Zika; they then complete a quiz and case study.
8. Explain biological and genetic factors that affect a population's health	HLTH 6200 Case Studies in Public Health	Students watch 2 videos on the cost of obesity and fat shaming, complete a discussion board and write an obesity problem statement.
9. Explain behavioral and psychological factors that affect a population's health	HLTH 6200 Case Studies in Public Health	Students watch 2 videos on the cost of obesity and fat shaming, complete a discussion board and write an obesity problem statement.
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	HLTH 6200 Case Studies in Public Health	Students watch 1 video and respond to a discussion board about chronic stressors and living conditions; in groups, they apply the Ethical Analysis Framework from the Good Decision Making in Real Time training to the COVID-19 stay-at-home order
11. Explain how globalization affects global burdens of disease	HLTH 6200 Case Studies in Public Health	Students are exposed to concepts around globalization with respect to case study materials on: Zika, obesity and the Future of Cities.
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	HLTH 6200 Case Studies in Public Health	Students watch videos on "The Business of Food" and food waste; they then complete a case study on "The business of food" focusing on agricultural practices.

D18-3) Provide a matrix, in the format of Template D18-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. Note: these competencies are defined by the school or program and are distinct from the introductory public health learning objectives defined in this criterion. (self-study document)

The HSR PhD program has 5 competencies. The competencies and associated assessment opportunities are detailed below. Assessment opportunities emphasize theories and methods relevant to health services research. The PHS PhD program has 16 competencies. Assessment opportunities for these competencies involve social-behavioral theory, quantitative and qualitative methods, and presenting research and information to diverse audiences.

Assessment of Competencies for PhD in Health Services Research	
Competency	**Specific assessment opportunity**
1. Demonstrate mastery of core knowledge and theoretical frameworks related to health services research and the larger health and healthcare delivery systems.	Paper - Students review one theory relevant to their health services research area of interest (e.g., physical disease, population, topic specific).
2. Formulate and defend problem/case statements in health services research.	Proposal - Students submit a health service research or evaluation proposal which utilizes a quantitative method.
3. Design theory grounded, contextually and culturally relevant, and ethically appropriate research studies that address pressing health services research needs.	Quantitative Proposal - Students submit a health service research or evaluation proposal which utilizes a quantitative method. Assignment - Students prepare a hypothetical informed consent document for IRB review that relates to their research interests.
4. Effectively manage and implement a health services research study protocol and interpret its findings.	Paper - Students develop a program evaluation proposal in an area of their choice while also demonstrating command of course material.
5. Communicate and disseminate research findings tailored to professional and lay audiences and advocate for practice and policy changes consistent with those findings.	Manuscript - Students select a vulnerable population/population at risk relevant to their area of specialization within the PhD program for in-depth study. Presentation- Students present the research findings from their vulnerable population/population at risk manuscript to a multidisciplinary, lay audience.

Assessment of Competencies for PhD in Public Health Sciences	
Competency	**Specific assessment opportunity**
1. Relate the historical foundations of public health, health behavior, health promotion, and health education to current major public health behavioral and social problems and controversies.	Paper - Students complete a literature synthesis paper aimed at development of a research problem and scholarly review of literature.
2. Synthesize research on risk and protective factors associated with the major sources of human morbidity and mortality.	Paper - Students complete a literature synthesis paper aimed at development of a research problem and scholarly review of literature.
3. Design theory-based public health interventions that take into account social ecological, cultural, and life span factors.	Paper - Students analyze one phenomenon of academic interest in theoretical depth, leading to the development of a theoretically sound intervention approach to the problem.
4. Analyze health and well-being outcomes of major public health prevention interventions.	Paper - Students analyze one phenomenon of academic interest in theoretical depth, leading to the development of a theoretically sound intervention approach to the problem.
5. Develop psychometrically sound, culturally appropriate quantitative measurement tools.	Proposal - Students complete a final paper in the form of a research proposal that proposes the process for development and validation of a scale for a chosen construct.
6. Generate theoretical explanations for public health problems as the basis for public health or behavioral science interventions.	Paper - Students analyze one phenomenon of academic interest in theoretical depth, leading to the development of a theoretically sound intervention approach to the problem.
7. Create an analytic synthesis of the research literature that substantiates a public health practice or an etiology of a public health problem.	Paper - Students complete a literature synthesis paper aimed at development of a research problem and scholarly review of literature.
8. Organize existing knowledge gaps into testable causal processes, hypotheses, and research questions about public health problems.	Quantitative Proposal - Students submit a health service research or evaluation proposal which utilizes a quantitative method.
9. Design rigorous qualitative and quantitative research studies in ways that answer the research question.	Course Assignment - Students develop and complete a detailed protocol for selecting publicly available images related to their topic of interest. Project - Students conduct a rapid assessment field survey.
10. Justify selection of sampling strategy, design method, and measurement tools for conducting rigorous, culturally appropriate public health research.	Project - Students conduct a rapid assessment field survey.
11. Plan standardized research protocols for primary data collection using quantitative, qualitative, or mixed methods.	Proposal - Students develop a qualitative research proposal related to their area of research, which must include human participants. Project - Students conduct a rapid assessment field survey.

12. Select and utilize statistical or analytic software to execute appropriate quantitative and qualitative data analysis.	Dissertation Defense
13. Explain results from either qualitative or quantitative data analysis in relationship to generating new knowledge or revising existing theories.	Dissertation Defense
14. Tailor presentation of research findings as needed to communicate effectively with diverse audiences.	Course Assignment - Students effectively present their current research in just 5 minutes using a limited number of slides.
15. Apply principles of responsible conduct of research (RCR) to research involving individuals, families, and communities.	Course Assignment - Students prepare a hypothetical informed consent document for IRB review that relates to their research interests.
16. Apply principles of teaching scholarship across diverse student bodies and situations.	Course Assignment - Students deliver a 50-minute lecture to a public health class.

D18-4) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

Typically, the school or program will present a separate list and explanation for each degree program, but these may be combined if requirements are identical.

Students in the Public Health Sciences PhD program with a concentration in Behavioral Sciences are required to take 21 credits in public health research methods. All students take the same classes to meet this requirement. Fifteen of these credits (5 classes) are part of the required core methods classes while six credits (2 classes) are counted as part of the concentration courses in Behavioral Sciences. These courses provide students with a comprehensive understanding of how formative and summative methods can be used to develop rigorous measures of social and behavioral health outcomes. There is an emphasis on primary data collection. These methods classes are:

HLTH 8201 Introduction to Quantitative Design (3 credits)
HLTH 8270 Applied Biostatistics: Regression (3 credits)
HLTH 8271 Applied Biostatistics: Multivariate (3 credits)
HLTH 8281 Measurement and Scale (3 credits)
HLTH 8282 Health Survey Design and Research (3 credits)
HLTH 8221 Qualitative Research 1: Theory Generation in Behavioral Sciences (3 credits)
HLTH 8222 Qualitative Research 2: Theory Generation and Analysis in Behavioral Sciences (3 credits)

Students who are interested in research methods may choose to take additional methods classes as part of their specialty content focus.

Health Services Research PhD students are required to take 12 credits (4 classes) in research methods. These courses focus on secondary data analysis of clinical and behavioral health outcomes. Students also create an area of emphasis that aligns with their intended research focus. As part of this area of emphasis, students must select at least another 6 credits (2 classes) in research methodology.

The required research methods classes are:

HSRD 8260 Design of Health Services Research (3 credits)
HSRD 8261 Healthcare Program Evaluation, Outcomes, and Quality (3 credits)
HLTH 8270 Applied Biostatistics: Regression (3 credits)
HLTH 8271 Applied Biostatistics: Multivariate (3 credits)

Additional research methods classes that may be used to fulfill the area of emphasis requirements include:

HLTH 6260 Analytic Epidemiology (3 credits)
HLTH 8221 Qualitative Research 1: Theory Generation in Behavioral Sciences (3 credits)
HSRD 8262 Large Datasets and Health Services Research (3 credits)
HSRD 8263 Advanced Data Analysis for Health Services Research (3 credits)
HLTH 8282 Health Survey Design and Research (3 credits)

D18-5) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper. (self-study document)

The dissertation is an original research project conceived, conducted, analyzed, and interpreted by the student to demonstrate expertise in her/his chosen area within public health or health services research. Students develop their dissertation topic in conjunction with their Dissertation Committees. Dissertation Committees consist of four individuals: Dissertation Chair, two PhD faculty members who provide additional expertise in the proposed research methodology and/or content, and a faculty member who is designated as the Graduate School Representative. The proposal defense is an open session presentation to the student's Dissertation Committee and other faculty and students in the doctoral programs. Upon successfully passing the proposal defense, the student becomes a candidate and can begin her/his research. The final dissertation defense is open to all members of the University community and is a public research presentation whereby the student makes a formal presentation of her/his research. Graduate School and program policies related to the dissertation process can be found in the PhD handbooks.

D18-6) Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program. (electronic resource file)

ERF→ PhD Student Handbooks

Additional university-level policies can be found on Graduate School Guidance on Three Manuscript Dissertations and the 2020-2021 Graduate Catalog.

D18-7) Include completed, graded samples of deliverables associated with the advanced research project. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)

ERF→ D18-7 Dissertations

D18-8) Briefly explain how the school or program ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course. (self-study document)

Both the Public Health Sciences and Health Services Research PhD programs are designed as post-master's programs. Students who graduated with an MPH or MSPH from a CEPH-accredited school or program are assumed to have met the prerequisite foundation courses in public health. Students without this background are required to complete HLTH 6200 Case Studies in Public Health (3 credit class), HLTH 6211 Evidence-based Methods (3 credit class), and HLTH 6271 Public Health Data Analysis (3 credit class), or equivalent courses, prior to admission or during their course of study. These prerequisite classes do not count towards the required doctoral coursework. HLTH 6200 Case Studies in Public Health is a 3 credit, graduate class that covers the twelve introductory public health learning objectives (please see Table D18.1).

D18-9) Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)

ERF→ D18 – PhD HSR Syllabi and PhD PHS Syllabi

D18-10) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

Both doctoral programs have robust curricula specific to the stated concentration area. The majority of course work (80-86% of courses) is at the doctoral level. Because a substantial number of our students also obtain their master's degree at UNC Charlotte, we have paid extra attention to course design to ensure that appropriate scaffolding and rigor of content differentiate masters and doctoral curricula.

Weaknesses

Previously, the Health Services Research PhD was administratively housed at the college-level and not in a specific academic department. While this placement emphasized the interdisciplinary nature of the program, it did present other challenges for students and faculty. In Spring 2017, as part of a 10 year review, an external consultant evaluated the Health Services Research PhD program. She provided a detailed report to the College of Health and Human Services following a two-day site visit. During the site visit, she conducted a number of interviews and focus groups with Health Services Research PhD students, Health Services Research faculty, and employers of Health Services Research PhD alumni. One of the main recommendations was transitioning the Health Services Research PhD program to an academic department home. Subsequently the program was moved to the Department of Public Health Sciences in Fall 2017. The PHS Program Director was assigned to oversee both doctoral degrees at that time. The Program Director and the Health Services Research PhD Program Committee revised the curriculum to provide additional structure, rigor and to be consistent with CEPH accreditation. The improved curriculum should attract more students.

Although the number of faculty in the Department of Public Health Sciences has increased, many of these individuals are junior faculty members. While these junior faculty members have provided valuable mentored research opportunities to students, they do not yet have sufficient experience to chair dissertation committees. Thus, the enrollment growth of the doctoral programs has been inhibited due to the relatively small number of senior faculty members.

Plans for Improvement

The curriculum for the Public Health Sciences is in the process of being reviewed given that several cohorts of students have now successfully completed the course sequences and graduated. Students and alumnae provided feedback via a Qualtrics survey during Spring 2020. Specifically, they were asked to rate and provide comments on the usefulness of each class in the curriculum, and to indicate any gaps in the curriculum. The Public Health Sciences PhD Program Committee is in the process of reviewing the results to determine if there are additional improvements that can be made. Likewise, the Health Services PhD Program Committee is monitoring student feedback from the new curriculum that was recently put into place to determine if any additional changes are needed**.**

Based on the preliminary review of the self-study document and feedback provided by CEPH, a shorter set of competencies has been developed for the Public Health Sciences PhD Program. These competencies will be reviewed by the Public Health Sciences PhD Program Committee during the 2021-2022 academic year with a projected implementation of Fall 2022. The proposed, streamlined competencies are:

1. Design theory-based public health interventions that take into account social ecological, cultural, and life span factors.
2. Develop original research questions and design rigorous qualitative and quantitative research studies that address those questions.
3. Demonstrate effectiveness in disseminating research findings in both oral and written form to diverse audiences.
4. Apply principles of responsible conduct of research (RCR) to research involving individuals, families, and communities.
5. Apply principles of teaching scholarship across diverse student bodies and situations.

D19. All Remaining Degrees

Not Applicable.

D20. Distance Education

Not Applicable.

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.

E1-1) 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 indicated below, the PHP has a robust complement of well-trained, primary instructional faculty with sufficient expertise in each of our focal areas. There are 13 tenured, 7 tenure-track, and 2 non-tenured faculty teaching in the PHP. PIF are sufficient to support the degrees and concentrations as specified by CEPH. We have 6 faculty in Community Health Practice, 4 in Health Services Research and 3 in each of the other 4 concentration/degree areas for a total of 19, with 3 non-primary faculty.

Template E1-1. Primary Instructional Faculty Alignment with Degrees Offered						
Name*	**Title/ Academic Rank**	**Tenure Status or Classification^**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Current instructional area(s)+**
Arif, Ahmed	Professor	Tenure	PhD	University of Texas at Houston	Epidemiology	Epidemiology (MPH)
Beete, Deborah Ann	Lecturer	Non-Tenure	MPH, Mdiv	Columbia University, McCormick Theological Seminary	Community Health	Community Health Practice (BSPH/MPH)
Bowling, Jessamyn	Assistant Professor	Tenure-Track	PhD	Indiana Univeristy Bloomington	Public Health	Behavioral Sciences (PhD)
Boyd, Suzanne	Associate Professor	Tenure	PhD	Virginia Commonwealth University	Social Work	Health Services Research (PhD)
Brown, Candace	Assistant Professor	Tenure-Track	PhD	Virginia Commonwealth University	Health Related Science/Gerontology	Physical Activity & Nutrition (MPH)
Chen, Shi	Assistant Professor	Tenure	PhD	Pennsylvania State University	Entomology and Operations Research with Graduate Minor in Statistics	Epidemiology (MPH)
Cramer, Rob	Associate Professor	Tenure	PhD	University of Alabama, Tuscaloosa	Clinical Psychology	Health Services Research (PhD)

Dahl, Alicia	Assistant Professor	Tenure-Track	PhD	University of South Carolina	Health Promotion, Education & Behavior	Physical Activity & Nutrition (MPH)
Diaz Garelli, Franck	Assistant Professor	Tenure-Track	PhD	University of Texas Health Science Center	Health Informatics	Population Health Analytics (MPH)
Gunn, Laura	Associate Professor	Tenure	PhD	Duke University	Statistics and Decision Sciences	Population Health Analytics (MPH)
Harver, Andrew	Professor	Tenure	PhD	Ohio University	Experimental Psychology	Community Health Practice (BSPH/MPH)
Hopper, Lorenzo	Assistant Professor	Tenure-Track	PhD	University of North Carolina at Chapel Hill	Maternal and Child Health	Community Health Practice (BSPH/MPH)
Huber, Larissa	Professor	Tenure	PhD	Emory University	Epidemiology	Epidemiology (MPH)
Paul, Rajib	Associate Professor	Tenure	PhD	Ohio State Univeristy	Statistics	Health Services Research (PhD)
Platonova, Elena	Associate Professor	Tenure	PhD	University of Alabama at Birmingham	Healthcare Strategic Management	Health Services Research (PhD)
Racine, Elizabeth	Professor	Tenure	DrPH	Johns Hopkins University	Maternal and Child Health and Health Economics and Finance	Physical Activity & Nutrition (MPH)
Reeve, Charlie	Professor	Tenure	PhD	Bowling Greene State University	Psychology	Behavioral Sciences (PhD)
Sawhney, Monika	Associate Professor	Tenure	PhD	Tulane University	Public Health (International Health)	Community Health Practice (BSPH)
Shaw, George	Assistant Professor	Tenure-Track	PhD	University of South Carolina	Library and Information Sciences	Population Health Analytics (MPH)

Warren-Findlow, Jan	Professor	Tenure	PhD	University of Illinois at Chicago	Community Health Sciences	Community Health Practice (BSPH/MPH)
Zarwell, Meagan	Assistant Professor	Tenure-Track	PhD	Louisiana State University	Public Health	Behavioral Science (PhD)
Zuber, Pilar	Lecturer	Non-Tenure	PhD	University of North Carolina at Charlotte	Health Services Research	Community Health Practice (BSPH)

E1-2) 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.

Template E2-1 lists those adjunct and part-time faculty who have taught most recently and regularly in the PHP. This list includes other faculty on campus as well as community and industry partners. We are fortunate to have a wide range of qualified individuals working in a variety of public health settings who are willing to provide their expertise to our students. Most teach 1-2 times per year.

Template E1-2. Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name*	**Academic Rank^**	**Title and Current Employment**	**FTE or % Time Allocated**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in Template C2-1**
Coffman, Maren	Tenured	Associate Professor of Nursing at UNCC	20%	PhD	University of Connecticut	Nursing	Behavioral Sciences (PhD) and HSR PhD
Ersek, Jennifer	Adjunct Faculty	Oncology Specialty Representative for Merck	25%	PhD	University of South Carolina	Epidemiology	Epidemiology (MPH)
Kilic, Alper	Adjunct Faculty	Interpreter	13%	MS	Humboldt-Frei University, Berlin	International Health	Epidemiology (BSPH)
Kuntz, John	Adjunct Faculty	Senior Vice President, Bank of America	6%	PhD	University of South Carolina	Epidemiology	Community Health Practice (BSPH/MPH)
Lowe, Timothy	Adjunct Faculty	Director, Research Services, Premier, Inc.	19%	PhD	Rutgers University	Health Services Research	Population Health Analytics (MPH)
Moore, Michael	Adjunct Faculty	Interim Executive Director of Digital Strategy for Colleges at UNCC	13%	PhD	Virginia Polytechnic Institute	Instructional Design and Technology	Population Health Analytics (MPH)
Odum, Susan	Adjunct Faculty	Senior Research Scientist at OrthoCarolina Research Institute, Inc.	6%	PhD	University of North Carolina at Charlotte	Health Services Research	Behavioral Sciences (PhD)

Scheid, Teresa	Tenured	Professor of Sociology, UNCC	30%	PhD	North Carolina State University	Sociology	Behavioral Sciences (PhD)
Stinson, Betria	Adjunct Faculty	Substance Abuse Program Coordinator UNC Charlotte	13%	MPH	UNC Greensboro	Public Health	Community Health Practice (BSPH/MPH)
Tudor-Locke, Catrine	Tenured	Professor & Dean, College of Health & Human Services, UNCC	10%	PhD	University of Waterloo	Health Studies and Gerontology	Physical Activity and Nutrition (MPH)
Turner, Michael	Tenured	Associate Professor of Kinesiology, UNCC	20%	PhD	University of Tennessee	Education (Exercise Physiology)	Physical Activity and Nutrition (MPH)

E1-3) **Include CVs for all individuals listed in the templates above.**

ERF → E1 Faculty CVs

E1-4) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

All PIF listed in Template E1-1 have academic training and research experience aligned with our PHP concentrations and degrees. These same individuals serve as academic advisors and on degree program governance committees. For the PhD programs, most also supervise students on research projects and dissertation research.

Adjunct faculty presented in Template E2-1 bring other broader perspectives to the curriculum and students while also emphasizing public health practice and research.

E1-5) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Strengths

PHP has a full complement of well-trained PIF and adjunct faculty in the specified degree areas. Adjunct faculty bring a wealth of practice and industry experience into the classroom to enrich students' understanding of the discipline from a workplace perspective.

Weaknesses

Enrollment growth in the MPH program, which we attribute to the additional concentrations, implementation of a spring admissions cycle, GRE waiver, and pandemic "bump"; are straining our existing resources. In particular, we could use additional depth in epidemiology as these faculty are highly productive in research and often have course buyouts resulting in a reduced teaching load. Finding qualified adjuncts in epidemiology is difficult.

Plans for Improvement

In March 2021, we presented increasing enrollment data in an effort to obtain new faculty lines. We have not yet had resolution on this proposal.

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.

E2-1) 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.

We value practice-based connections for our faculty and students that can enhance professional development and learning opportunities for both groups. In terms of hiring full-time faculty with practice-based experience, we do not have practice appointment tracks within our Department. Practice experience is a valuable characteristic in any new faculty member slated for the PHP. We have hired faculty with professional practice experience and training.

- **Dr. Jan Warren-Findlow** worked in public health practice for 2 years at Planned Parenthood where she was employed in a clinical capacity and later in Development. She teaches about the relevance of advocacy and outreach in public health in HLTH 6200 Case Studies in Public Health.
- **Dr. Elizabeth Racine** worked in public health practice for 5 years as a WIC nutritionist, 2 years as a Social Science Analyst at the USDA, and 4 years as a research manager at Westat managing NIH-initiated research projects. Dr. Racine uses these experiences to help students understand the breadth of public health employment opportunities.
- **Ms. Deborah Beete** worked in public health practice for 20 years conducting a variety of community-based projects: assessments, evaluations, programing, grant writing, funding management, etc. Much of her work focused on HIV/AIDs projection and detection services. Ms. Beete's experience provides students with real world examples of the public health work activities they are likely to encounter working in community public health practice.
- **Dr. Meagan Zarwell** was a field supervisor for the National HIV Behavioral surveillance in New Orleans where she supervised data collection and analysis activities. She brings this experience into the classroom when instructing Community Health Practice and Epidemiology students in HLTH 6226 Community Health Methods.
- **Dr. Alicia Dahl** served as a program evaluator for a USDA healthy eating project in the School District of Philadelphia. She brings this experience into her HLTH 6227 Program Planning and Evaluation class for MPH Community Health Practice students.
- **Dr. Andrew Harver** has a long history of working on air quality issues and their effects on respiratory diseases, serving on the Mecklenburg County Asthma Coalition and the Clean Air Carolina NC Breathe Annual Conference. Dr. Harver teaches BSPH students the role of service and advocacy in the BSPH Capstone course.

Faculty have also continued community-based collaborations in a variety of ways. The Academy of Population Health Innovation (APHI) is a partnership between PHS and Mecklenburg County Public Health Department. Through APHI, faculty and students link to local area safety net providers via MedLink as well as HIV and substance use providers. In 2020, APHI was able to provide several MPH students with virtual internships with one of their community partners, the McLeod Center. The Academy for Research on Community Health and Engagement and Services (ARCHES) works with the local University City neighborhood to coordinate services for this low-income, minority population. Faculty and students work in the UCity Family Zone to improve the health and well-being of local residents.

In additional to the Mecklenburg County Public Health Department, we also have strong linkages with collar counties of Gaston and Cabarrus. In Gaston, we routinely collaborate with the Gaston County Department of Health and Human Services. In Cabarrus, we have strong ties with the Cabarrus Health Alliance, which operates as the local health authority. We also maintain strong working relationships with Atrium Health, Novant Health and Caromont Health systems.

In addition, we hire part-time instructors who bring their rich and current practice experiences into the classroom.

- **Dr. Susan Odum**, PhD utilizes her practice expertise as a Senior Research Scientist at the Atrium Health Musculoskeletal Institute to teach the doctoral course, HLTH 8601 Ethics and Integrity in Health Research and Practice.
- **Betria Stinson** is a health educator in the Center for Wellness Promotion at UNC Charlotte. She has taught MPH students how to plan, implement and evaluate health interventions for college students in one of our core courses, HLTH 6212 Health Promotion Program Management. Students in this course design and plan a campus-based intervention for National Public Health Week. In fall 2021, Ms. Stinson will join the PHS Department as a full-time lecturer.
- **Dr. Jennifer Ersek** has taught undergraduate Epidemiology frequently while working for our local hospital system as well as in her current position with a pharmaceutical company. Dr. Ersek is successful at relating to our students (as an MSPH alumna) and providing our students with a number of “real world” epidemiologic case studies from her previous work at the Levine Cancer Center.
- **Dr. Jon Studnek**, Deputy Director at Mecklenburg EMS Agency teaches epidemiology in our BSPH program. Dr. Studnek oversees all research and quality improvement initiatives for the county 911 service. He brings knowledge of how GIS mapping of 911 hotspots can aid in determining where to locate emergency service vehicles during the day based on time, season, traffic and local events.

We also engage students in faculty-led projects through which individual faculty members serve the community.

- UNC Charlotte has a summer community service program called Charlotte Community Scholars (CCS). PHS faculty (i.e. Drs. Bowling, Harver, and Racine) serve as a mentor to PHS undergraduate students who work full-time for 10 weeks on a faculty-led community based (public health practice) project. The students receive a stipend ($4,000) and the faculty mentor receives a stipend ($500). In a recent project, a student working with Dr. Bowling

explored the reproductive needs of Muslim women in the Charlotte area. This work, while now originally intended to result in research, resulted in a contribution to the literature. The reference from this work is Eksheir, S., & Bowling, J. (2020). Perceived reproductive health needs among Muslim women in the southern US. *McGill Journal of Medicine*, *18*(1).

- **Dr. Alicia Dahl** is implementing "Take a Timeout," with MPH student, Abby Coffey. This project is a skills-based podcast series targeted to collegiate athletes coping with mental health challenges during the COVID-19 epidemic.
- **Dr. Elizabeth Racine** supervised a doctoral student, Caitlan Webster, as she worked with community partners (neighborhood association and Atrium Health) to examine the barriers to food security in the Gibson Village community in Concord NC.
- **Dr. Jessamyn Bowling**-is PI on a project titled Evidence-based sexuality peer education for colleges in NC, which includes two PHS BSPH students, Cody Williams and Zoe Cantu-Backhaus. This project was an assessment of facilitators and barriers on campuses for establishing a peer sexuality program at community colleges, historically Black colleges and universities, and historically white institutions. Williams was responsible for co-conducting focus groups with both faculty/staff and students. Both Williams and Cantu-Backhaus assisted with analyses and dissemination of findings.
- **Dr. Robert Cramer** is working on a project titled Mental Health Services Enhancement and Needs Assessment for North Carolina Residents Impacted by COVID-19. This roject includes PhD student Andrea Kaniuka, MA, who led needs assessment data collection and cleaning, served as project coordinator involving liaising with Psychology For All (Charlotte area community partner), and co-authoring public health-focused dissemination materials.

We invite practitioners to serve as guest lecturers in professional seminar series and courses. In 2020, two-thirds of faculty included a community partner as a guest lecturer in one or more of their classes.

- In our MPH Capstone courses, we engage public health practitioners to conduct mock interviews, provide job seeking advice, and assess and provide feedback on student poster presentations. In the Epidemiology Capstone course (HLTH 6280), Dr. Ken Huber from Carolinas Medical Center spoke about "Epidemiology in Healthcare Settings". MPH alumna Patricia Dowbiggin, who works as a Quality Improvement Specialist for MEDIC 911, rated MPH posters for our most recent capstone along with the Stephen Eaton, Acting Director of the Gaston County Health and Human Services Department and community partners from Mecklenburg County Public Health.
- In the MPH Policy and Leadership course, public health advocate, Nicole Dozier with the NC Justice Center, spoke with students about how to communicate public health messages to policy decision makers.
- Additional guest speakers have been: Haeley Rimmer from Time Out Youth; Lara Schneider, Research and Planning Administrator from South Carolina's Department of Health and Environmental Control; and Christine Kukich from the American College Health Association.
- Leigh Yount, MSPH alumna and Health Education Supervisor for Gaston County Department of Health and Human Services, presented on grant-funded, sex education programs in local health departments in the HLTH 6212 Health Promotion Program Management class.

E2-2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

The PHS PHP has a wealth of established relationships with local and regional community partners who serve as resources to our students and faculty. These relationships provide opportunities for adjunct instructors, guest lecturers, and other forms of involvement with our programs. Similarly, our partnerships have opened doors for students to obtain meaningful internships and employment opportunities.

Weaknesses

As our Epidemiology concentration enrollment grows, greater exposure to epidemiology practitioners is needed. An identified need is to have a Director of Community Practice to develop, nurture and track relationships with community-based organizations. We have strong ties but we need regular and focused investment as we face increasing competition in the public health and health services market.

Plans for Improvement

We will reach out to state epidemiologists to bolster our ties with Epidemiology practitioners. We now have an MPH alumnus working at the North Carolina Department of Health and Human Services. We are looking at developing a long-term organizational plan as part of our efforts to move toward SPH status, which would include the role of Director of Community Practice.

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.

E3-1) 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.

All faculty are required to participate in research and/or professional development related to their teaching area. This information is part of the CHHS Faculty Annual Review (FAR) document completed by all faculty and administrators. Currency in research can take the form of attendance at, or participation in, conference presentations; research publications; workshop attendance or other professional endeavors that aid them in staying current in their area of interest and/or related methodologies. For full-time faculty members, all such activities are listed, described and their relationship to the individual's teaching, research, or service agenda must be explained in annual reviews and dossiers for promotion. These activities are required for full-time faculty to advance in their rank (see CHHS RPT Handbook).

ERF→ CHHS Faculty Annual Review; CHHS RPT Handbook

UNCC and PHS require faculty to be exposed to and apply best practices in pedagogy. The University provides opportunities for full-time and part-time faculty to maintain currency in their instructional skills through these mechanisms:

1. The UNC Charlotte Center for Teaching and Learning which "enhances the University's mission of teaching and learning excellence, provides enterprise level instructional technologies, and champions the advancement of scholarly teaching."

2. The UNC Charlotte Graduate School offers mentor training to graduate faculty who seek to be better research mentors for students. A number of PHS faculty have participated including: Platonova Shaw, Dahl, Warren-Findlow, Zarwell, and Sawhney.

E3-2) 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.

Course evaluations are completed online by students at the end of each semester. The evaluation data are collected, compiled, and analyzed by central administration. Results are made available online after grades have been submitted to the individual faculty member and his/her department chair. The reports include summaries from student input and comparisons to university norms; qualitative comments are

also provided. Student course evaluations are a required component in the faculty member's annual performance review and in the Reappointment, Promotion, and Tenure (RPT) dossier.

All PT and FT teaching faculty are required to have Peer Teaching Observations (PTO). The PTO is meant to be formative and development, not specifically evaluative. Conduct of a PTO for an individual instructor is dependent upon rank, timing of the next reappointment/promotion review, whether the individual is teaching a course for the first time, or whether the instructor is new to the Department. The Associate Chair tracks who needs a PTO in any given semester. Summaries of PTOs are included in annual review documents and RPT dossiers. PTOs for adjunct faculty are used to determine whether the instructor will receive a contract renewal for subsequent teaching.

ERF→ Peer Teaching Observation Materials (CHHS and PHS)

E3-3) 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 Center for Teaching and Learning (CTL) provides ongoing support for teaching excellence within the University. All programming is open to part-time and full-time faculty and teaching assistants. Programming ranges from Quality Matters course certification to learning how to use Zoom breakout rooms to facilitate student engagement. CTL also runs the TOP (Teachers Observing Peers) program where faculty members can observe designated senior teaching faculty who use interactive teaching methods. Dr. Zuber is a TOP faculty member. CTL also sponsors an Adjunct Faculty Learning Community. Most of our part-time faculty have taken advantage of a variety of CTL workshops to learn the intricacies for the learning management system (Canvas), how to increase engagement in remote teaching, and managing large classes to name a few.

Below are some specific CTL and UNC System programmatic support initiatives for continuous improvement in faculty instructional roles:

1. Center for Teaching and Learning: Active Learning Academy: This is a learning community designed to find ways to better utilize classroom spaces, engage different learning styles, and keep energy flow positive in the classroom.
   Examples of faculty that participated: Drs. Alicia Dahl, Monika Sawhney and Pilar Zuber

2. UNC System Digital Learning Initiative: Designing Effective Online Courses: Hands-on workshop approach covering essential topics any faculty member will need to move their courses online quickly and effectively (2 weeks to complete
   Examples of faculty that participated: Drs. Shi Chen, Elizabeth Racine, Alicia Dahl, Monika Sawhney and Pilar Zuber

3. Center for Teaching and Learning: New Faculty Teaching Academy: Learning community designed for new faculty members to gain skills in effective teaching and course design
   Examples of faculty that participated: Drs. Alicia Dahl and George Shaw

4. UNCC Graduate School, Graduate Faculty Mentor Training: This training provides an essential understanding of best mentor practices to help graduate students meet their needs while also progressing a research program forward.
   Examples of faculty that participated: Drs. Alicia Dahl, Elena Platonova, George Shaw, and Jan Warren-Findlow

5. UNCC Academy Affairs: Communication Across the Curriculum (CxC: CxC works with faculty, academic partners, and administration to engage, support, and celebrate the use of communication to enhance teaching and learning. PHS has been involved in the CxC effort since 2009.
   Examples of faculty that participated: Drs. Jessamyn Bowling, Andrew Harver, Elizabeth Racine, and Pilar Zuber
   https://cxc.uncc.edu/

6. UNC Charlotte Center for Teaching and Learning offers Quality Matters training to help faculty develop and enhance online teaching.
   Examples of faculty that participated: Ms. Deborah Beete and Drs. Franck Diaz Garelli, Laura Gunn, Elizabeth Racine, and Elena Platonova
   https://teaching.uncc.edu/Online-Course-Design

7. The Center for Teaching and Learning sponsors a small grant competition to encourage interdisciplinary teaching and learning initiatives.
   Example of faculty that participated: Dr. Andrew Harver

   https://teaching.uncc.edu/services-programs/sotl

E3-4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.

UNC Charlotte places a strong emphasis on teaching excellence, teaching effectiveness is an essential component for faculty retention and advancement, even for faculty on the research tenure-track. All part-time and full-time faculty receive student course evaluations for each course taught in Fall and Spring semesters. Faculty performance is assessed on a scale of 1 (strongly disagree) to 5 (strongly agree) on 4 items. Faculty are expected to perform at the level of +/- 1 standard deviation from the overall Department mean (typically 4 or higher), or to obtain a minimum score of 3. Student ratings on 4 items are required reporting:

1. Overall I learned a lot in this course
2. Overall, this instructor was effective
3. I am free to express and explain my own views in class
4. This course increased my knowledge of the subject matter

PT and FT faculty also receive periodic Peer Teaching Observations (PTO). Frequency of PTO depends upon status (FT/PT), rank, and time to promotion. Senior faculty and lecturers observe junior faculty and part-time instructors. Full professors observe others at their level. PTO is meant to be formative and developmental but may also serve as a potential counter balance to student evaluations.

Both PTO and student course evaluations are included, reviewed, and considered in the faculty member's annual review and/or contract renewal and pay scale in the case of part-time faculty. These evaluations are also considered in reappointment, promotion, and tenure reviews.

E3-5) 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.

Outcome Measures for Faculty Teaching Activities				
Outcome Measure	**Target**	**Year 1 CY 2018**	**Year 2 CY 2019**	**Year 3 CY 2020**
a. Annual/periodic review of faculty productivity, relation of scholarship to instruction*	100%	63%	60%	78%
b. Participation in professional development related to instruction	75%	77%	74%	90%
c. Peer evaluation of teaching	75%	59%	70%	75%
d. Conducted peer teaching evaluation	75%	68%	78%	85%
e. Implementation of grading rubrics		N/A	N/A	74%

*Tenure-track/tenured faculty will meet or exceed Department standards for research productivity

a. Tenure-track/tenured faculty will meet or exceed Department standards for research productivity. PHS expectations for research productivity are an average of 2 peer-reviewed publications/year over a 3 year period. Numbers tend to be lower in years where we have had hired multiple junior faculty who only report on a 4 month period in that first year.
b. The needs of our students and the instructional tools change frequently, particularly so in this last year as we shifted to remote instruction. Therefore, to ensure that the majority of our faculty are meeting the needs of our students, we encourage participation in instructional/pedagogical workshops. Many of these workshops are delivered by the UNCC Center for Teaching and Learning so they provide tips on effective use of our learning management system (Canvas) and the various tools that are integrated into that facility. Faculty report their workshop attendance on their annual review documents.

c. The statistic denotes the percentage of faculty receiving a peer teaching observation (PTO) that year. Faculty report their receipt of PTO on their annual review documents. There is a regular defined schedule of how frequently faculty receive a PTO based on rank, progression toward promotion, and/or year of promotion.

d. The statistic denotes the percentage of faculty who conducted a PTO that year; the PTO could be for PT or FT faculty. Each semester, senior faculty are assigned to conduct peer reviews of 1-2 faculty members. This assignment ensures that the workload is spread evenly among the faculty and that the faculty being observed have a variety of observers from which to gain insights. It also gives faculty an opportunity to interact around a common activity. Faculty report their conduct of PTO on their annual review documents.

e. This indicator denotes the % of BSPH and MPH courses using standardized rubrics to ensure consistency of grading and impartiality to assigning grades. We only began collecting data in 2020.

E3-6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

UNC Charlotte has a strong teaching mission and commitment to teaching excellence. The PHS Department and PHP faculty are dedicated to effective teaching and continuous quality improvement in this area. All PHP faculty use our Canvas learning management system. Canvas was the course delivery vehicle for the last 18 months of remote instruction. Remote instruction resources were made available to all faculty, full and part-time, and doctoral student instructors. Faculty engaged in a variety of workshops to facilitate remote learning, student engagement and the implementation of active learning principles. PHP faculty were leaders in the use of the e-portfolio concept as a method of assessment in the BSPH capstone.

Weaknesses

As our sensitivity to issues of structural racism has increased, we are more aware that student course evaluations are not a rigorous method to evaluate teaching. Students are biased toward faculty of color and this can result in lower satisfaction in their courses.

Plans for Improvement

The pandemic has increased faculty members' comfort with teaching online. While we are not looking at developing online degrees, for student scheduling flexibility and physical space logistics we have identified MPH courses that we are considering offering online on a permanent basis. We are also encouraging faculty to be trained on Quality Matters basic principles to ensure minimal consistency across courses, improved student engagement, and basic accessibility features.

We are also looking at other ways to evaluate teaching such as inclusion of best practices and using a growth mindset to motivate students. Our goal is to move away from quantitative ratings which lack statistical meaning.

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.

E4-1) Describe the program's definition of and expectations regarding faculty research and scholarly activity.

UNC Charlotte's mission in research and scholarly activity is "in the discovery, dissemination, synthesis, integration, and application of knowledge." UNC Charlotte also "requires that all members of the faculty are productively engaged in research, scholarship, creative, and other professional activities appropriate to their discipline or profession."

See https://health.uncc.edu/node/1649#Dossier

Criteria for reappointment, promotion and tenure for CHHS states that "clear documentation of appropriate productivity in this area is required for any recommendation for reappointment, promotion, or conferral of permanent tenure." CHHS notes that "it is the responsibility of the Unit to ensure that the [faculty] candidate and reviewers at all levels understand what constitutes appropriate evidence and documentation of productive engagement within the discipline or profession, and the quality and significance of the work."

PHS follows the College criteria for research and scholarship outlined in the UNC Charlotte CHHS RPT Dossier Handbook. In general, these criteria indicate two scholarly, peer-reviewed publications per year and pursuit of external funding as appropriate for the faculty member's research agenda. As indicated in this document, our faculty recognize and support varying types of scholarship that, in addition to publications in refereed professional journals, may also include books, book chapters, and other works of clearly-identified scholarly significance. Grant-writing, scholarly presentations at professional conferences, and collaborative research activities are valued.

E4-2) Describe available university and program support for research and scholarly activities.

UNC Charlotte has set a goal to achieve Carnegie Classification R1 status within the next decade. In AY20-21, the University constituted an R1 Commission to better understand the issues involved with achieving this level of research funding. PHS was represented by Dr. Beth Racine. The R1 Commission solicited proposals for existing and emerging research, areas of unique distinction, and areas for future

investment. PHS submitted several interdisciplinary proposals. The selected areas have not been announced as of this writing. The University has not yet put forth a coordinated investment plan in how research endeavors will be supported beyond our existing activities. These are outlined below.

- CHHS Quick Start New Faculty Orientation: New faculty are encouraged to participate in a two-year orientation session. Throughout these sessions, junior faculty are encouraged to apply to internal Faculty Research Grants, engage in ADVANCE mentoring sessions, grant proposal writing workshops, and to lean on other junior faculty for support.
- CHHS Research and Administrative Office (RAO): The RAO provides proposal management support to faculty as well as budget management support once a proposal is awarded. The RAO administers the Biostatistics Core, which supports 2 biostatisticians (PHS faculty Dr. Laura Gunn and Dr. Rajib Paul) to provide statistical guidance to faculty at any point in the research process.
- Faculty Research Grants: The university Office of the Vice Chancellor for Research and Economic Development, sponsors this program. The Faculty Research grant program is designed to assist faculty in conducting well-defined, purposeful, new research or creative or scholarly activities. The program is divided into two categories: continuing faculty, and newly appointed assistant professors. Awards are currently set at up to $8000 for single investigators and $16,000 for joint proposals.
- Ignite Planning Grants: The university Office of the Vice Chancellor for Research and Economic Development, sponsors this program. Ignite planning grants are intended to enhance existing areas of excellence, accelerate the development of emerging research strengths, and foster interactions between UNC Charlotte faculty and potential collaborators at other institutions.
- Hanover Research Consulting: The UNC Charlotte College of Health and Human Services sponsors this program. Faculty are encouraged to seek assistance from Hanover Research Consultants. The Consultants review grant proposals and assist faculty identify funding opportunities.
- Catalyst Proposal Development Summer Program: The UNC Charlotte College of Health and Human Services sponsors this program administered campus-wide through the Office of Research and Economic Development. This is a competitive 6-week summer grant writing workshop for faculty. The primary "deliverable" at the end of the program is a grant proposal ready for submission to an external funder.
- PHS Faculty Mentoring: New junior faculty are paired with a senior faculty member in their first year. Senior faculty mentors are encouraged to work with their mentees to help them plan, develop, fund, and disseminate their research and scholarly activities. In spring 2020, the Department initiated a Monthly Mentoring (M^2) program to give all faculty and doctoral student instructors an opportunity to learn and share advice related to teaching, career trajectory, research, finding appropriate target journals, and so forth. The first session was on finding external reviewers for tenure and tenure track faculty who are submitting materials for promotion. The second was on pedagogical best practices to encourage a growth mindset in students. In addition, the Department Chair meets monthly with new faculty during their first year to discuss issues and connect them with resources.

E4-3) 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.

- Qualitative Instrument Development and Data Collection: In **Dr. Beth Racine's** undergraduate Foundations of Global Health course (HLTH 2103), students are taught how to develop an interview guide, how to test the interview guide, and how to conduct a qualitative interview with a university student from another country.
- Literature Synthesis: In Dr. **Jessamyn Bowling's** doctoral course HLTH 8223 Social Determinants of Health, students are taught how to conduct a literature synthesis. Students are encouraged to work with Dr. Bowling to submit the synthesis for peer review. One project was recently published. Kaniuka, A.R., **Bowling, J.** (in press). Suicidal Self-Directed Violence among Gender Minority Individuals: A Systematic Review. *Suicide and Life-Threatening Behavior.*
- Interprofessional Collaboration on the topic of suicide prevention – This course was delivered in Spring 2019 to undergraduate and masters level students by **Dr. Robert Cramer**. The focus of this grant-funded course was to teaching interprofessional skills and perspectives within the context of suicide prevention. Dr. Cramer won the 2020 APHA Award for Excellence for his work in suicide prevention. Students learned 1) how to conduct suicide prevention work in interdisciplinary student teams, and 2) use research data to inform design of public health education materials and other translational materials. They then presented their projects to community-based stakeholders. This course is slated for delivery again in Spring 2022.

E4-4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.

- Dr. Alicia Dahl submitted and was awarded an grant funded by the National Collegiate Athletic Association (NCAA) to develop a series of podcasts targeted to college athletes who are struggling with mental health issues. This work was the idea of BSPH student (and now MPH student), **Abby Coffey**.
- Drs. Ahmed Arif and Rajib Paul worked with PhD student, **Oluwaseun Adeyemi** to examine urban and rural spread of COVID-19 using spatial-time series analyses. Dr. Adeyemi (graduated in summer 2021) participated actively when the senior authors conceptualized the research in this article. Additionally, he helped with data acquisition and cleaning, computer programming for analysis, manuscript editing, and EndNote bibliography for the manuscript which was published in the *Journal of Rural Health*.
- Dr. Jan Warren-Findlow has been engaged in primary data collection on blood pressure and hypertension self-care activities (H-SCALE) which involved 2 PhD students (**Karina Aguilar and Lisa Krinner**), 1 nursing student (**Jeri Ryan**) and 2 MPH students (**Donna Schultz and Julia Stulken**) to collect and analyze data and submit conference abstracts to APHA. One MPH student learned data management and analysis; and one student learned data analysis skills. Ms. Krinner is drafting the first publication and Ms. Aguilar established the research protocols and learned SPSS skills. Data collection was halted in March 2020.

- Dr. Beth Racine has three doctoral students engaged in funded research projects related to food choice decision-making and food insecurity. In 2018-2019 and 2019-2020, one PHS student (**Caitlin Webster**) collected photo voice data for a community-based participatory research study looking at the needs of a low-income community in Cabarrus County, NC. In the 2019-2020 and 2020-2021 academic years, one HSR student (Stephens) managed, cleaned, integrated, and analyzed UNC Charlotte student food transaction data to determine the impact of food guideline changes in the UNC Charlotte food environment. In the 2020-2021 and 2021-2022 academic years, a PHS student (**Melanie Mayfield**) conducted 60 qualitative interviews with parents in Cabarrus County to better understand the factors that influence the family's food choices.

E4-5) Describe the role of research and scholarly activity in decisions about faculty advancement.

As previously stated, research and scholarship is expected for tenure and tenure-track faculty. Faculty are evaluated on the number of publications, quality of journal outlets as determined by journal impact factor and acceptance/rejection rate, conference presentations, internal and external submissions for funding, and funding awards. Productivity and quality achievement in this area are included in considerations for tenure and promotion reviews and for annual performance. The following are the expectations for each rank:

Assistant Professor promotion to Associate Professor: Traditionally, faculty are at the rank of "Assistant" for 6 years. At the being of their sixth academic year they submit a promotion dossier to the college. Assistant professors wishing to advance to Associate with tenure are expected to, for example: demonstrate participation in team and/or interdisciplinary science, meet the CHHS expectations for pre-tenure publication productivity (8-10 publications that meet the PHS publication criteria, with evidence of first or mentored/senior authorship), have sought internal and/or external funding at a level consistent with expectations in the field.

Associate Professor promotion to Professor: An Associate Professor will submit a dossier for promotion consideration in fall after alerting the PHS Chair of their intentions during the previous spring semester. Expectations for research and scholarly activity include: a leadership level research agenda, an established national or international reputation, and satisfactory expectations for research leadership and productivity.

E4-6) 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.

Metrics are consistent with our mission, vision and goals. Data are collected and reported on a calendar year basis. The influx of new tenure-track/tenured faculty has caused some fluctuations as new faculty start in August and thus have a truncated reporting year in their first reporting cycle.

E4-1) Outcome Measures for Faculty Research and Scholarly Activities - % of PIF Meeting Target Levels				
Outcome Measure	**Target**	**Year 1 (CY 2018) %**	**Year 2 (CY 2019) %**	**Year 3 (CY 2020) %**
Met or exceeded the 3 year average of 2 publications per year	100%	63*	60**	82
% of T/TT presenting at professional conferences	80%	79	85	88
% of faculty mentoring bachelors, masters or doctoral students on research	75%	74	74	94
Faculty publishing on vulnerable populations/health disparities	80%	78	57	94

*1 PHP faculty on FMLA and 2 others were new hires and had a 4 month reporting timeframe

**4 new hires; 1 was on FMLA and all with only a 4 month reporting time frame

E4-7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

All tenured and tenure track faculty have scholarship requirements and reporting on these activities occurs annually as part of faculty performance reviews. The University and the College offer significant resources to support research activities. PHS is committed to mentoring junior faculty in multiple ways: one-on-one with an assigned, formal Department mentor; with an ADVANCE mentor who is external to the Unit; and in group mentoring allowing junior faculty to share common concerns and hear insights from multiple senior faculty. Students are involved in faculty research, which benefits the student's learning as well as the faculty person's productivity.

Weaknesses

In the last 3 years, we have hired many junior faculty members who are still ramping up their research agendas after moving to a new environment. Their focus tends to be on mastering teaching with new preps at this stage. Certainly COVID-19 has increased the efforts needed to be a successful instructor in a remote learning environment. The initial focus has been on transferring content to a remote learning environment in an engaging manner, and rather less on streamlining some of the assignments and grading which add to faculty burden. Nevertheless, tenure track faculty are generating sufficient research but are also not yet as effective at it (e.g. a manuscript may need to be submitted to multiple journals before being reviewed and accepted). COVID-19 has also lengthened the time a manuscript is

under review at a given journal as peer reviewers are harder to find. A few faculty members, who engage in primary data collection, have had portions of their research halted. They are being encouraged to find secondary sources related to their research question in order to maintain a sufficient publication pipeline. Many of these issues will age out with mentoring and experience.

Plans for Improvement

As the Department has expanded and faculty areas of interest have broadened, most notably into topics such as data analytics and machine learning, we have needed to adjust our understanding of acceptable research dissemination formats and venues for those fields. We will be reviewing new criteria for publication and dissemination rigor that encompasses these areas in Fall 2021.

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.

E5-1) Describe the program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.

UNC Charlotte is designated as a Carnegie Foundation for the Advancement of Teaching Community-engaged institution. In this context, community engagement would equate to professional practice. At the University level, community engagement efforts are led by Byron White, Associate Provost for the Office of Urban Research and Community Engagement.

Within the Department, structured avenues for professional practice are through the Academy for Research on Community Health, Engagement and Services (ARCHES) and the Academy for Public Health Innovation (APHI). Both of these internal organizations recently moved from the College into the PHS Department. ARCHES is led by Dr. Mark DeHaven, a PHS faculty member. (APHI) is led by PHS faculty members Drs. Mike Dulin and Michael Thompson. APHI is a contractual partnership between UNC Charlotte and our local health department, Mecklenburg County Public Health.

The CHHS Faculty Handbook outlines expectations for service. Service encompasses the "unit (department), College, and University; public and professional service to build professional expertise." The Public Health Sciences program follows the service definition developed by the College of Health and Human Services.

Extramural service is reported during faculty annual performance reviews and considered when a faculty member is reviewed for promotion and tenure. For example, for Assistant Professors applying for promotion to Associate Professor with tenure, one of the criteria reviewed is "Serves as an involved member and developing leader in relevant community organizations and initiatives, making increasingly significant and effective contributions" another is "Demonstrates sustained and focused involvement in and leadership of relevant professional organizations, and advocates for one's profession, with significant results of high quality." Additional criteria by faculty position are provided in the CHHS Reappointment, Promotion, and Tenure Handbook.

E5-2) Describe available university and program support for extramural service activities.

Extramural service is valued and supported at many levels throughout the university. The following are examples of how extramural service is supported:

At the University System level:

- The University of North Carolina System encourages faculty and staff to engage in 24 hours of paid community service each year. To support this policy, UNC Charlotte identifies community volunteer needs and communicates these opportunities to faculty and staff.

At the University level:

- The UNC Charlotte Office of Undergraduate Research offers undergraduate honors students an opportunity to work for a community organization over the summer for pay. This is called the Charlotte Community Scholars Program. Each summer a group of Public Health Sciences faculty participate in the Program as mentors for the students.
- UNC Charlotte highlights its commitment to community engagement by awarding a faculty member each year for the Bonnie E. Cone Professorship in Civic Engagement. The awardee is then the UNC Charlotte nominee for the UNC System Wide Governor James E. Holshouser, Jr. Award for Excellence in Public Service.
- The Office of the Provost at UNCC directs a program called Campus Compact. Campus Compact is a network of researchers across campus that conduct community engaged research. The group meets 1-2 times per semester to discuss potential interdisciplinary community projects and research and well as to learn about current community engaged projects.

At the Department level:

- The University and the Mecklenburg County Public Health Department collaborate to form APHI which links UNCC public health faculty with county public health department staff to work on projects, write grants, discuss data analysis strategies, etc. APHI is administratively housed in PHS, who has primary oversight. All PHS faculty are encouraged to participate in APHI. To engage PHS faculty, APHI holds monthly speaker events (APHI Public Health Topic Events) and holds an annual showcase to introduce college faculty to health department staff (APHI Annual Nexus Event-Engaging Community Partners Public Health 3.0).
- ARCHES is a group of researchers from across campus that work to address complex community needs in a local neighborhood.
- Faculty external service activities are highlighted on the PHS website and program newsletters.
- PHS general funds can be requested by faculty to support external service activities.

E5-3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

Dr. Rob Cramer recruited PhD student, Andrea Kaniuka, to serve as the editorial assistant and editorial co-author for his co-edited special issue on public health approaches to suicide prevention for *Suicide and Life-Threatening Behavior*. This experience helped teach Andrea more about the peer-review process.

Dr. Alicia Dahl recruited a graduate student to develop Twitter content for the Society of Behavioral Medicine Women's Health Special Interest Group. This opportunity provided the graduate student with education about health communication strategies.

Dr. Lorenzo Hopper volunteers with the Carolina Youth Coalition as a College Mentor (https://www.carolinayouth.org/). He brought a group of 15 high school students from this group to audit both of his HLTH 2101 and HLTH 3106 courses in fall 2019. Dr. Hopper highlighted the Carolina Youth Coalition program and the work they do as a way to address educational inequities. As a result, there is a BSPH student interning with them now.

Dr. Beth Racine is the co-chair of the WIC Learning Collaborative which is a network of researchers supported by the CDC Nutrition and Obesity Policy & Research Network (NOPREN) and Robert Wood Johnson Foundation (RWJF) Healthy Eating Research (HER). In summer 2020 one of the PHS doctoral students (Morium Bably) assisted with the Collaborative communication logistics. This work gave Ms. Bably the opportunity to learn more about the WIC program and get to know USDA WIC researchers. One of whom is helping Ms. Bably with her dissertation using USDA WIC data.

E5-4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

Dr. Beth Racine included several students in her food assistance policy service. For one MPH student, this formed his APE/internship where he honed his GIS skills.

Dr. Alicia Dahl conducted an assessment of the effectiveness of the smoking ban in Mecklenburg County parks. She included multiple undergrad students who surveyed park users and took photos of smoking ban signs and evidence of smoking activity.

Dr. Jan Warren-Findlow, who recently taught the doctoral course HLTH 8602 Communication and Dissemination of Research, routinely includes doctoral students on manuscript reviews. This activity promotes participation in the peer review process and helps to build the students' academic reputation. She has used her experiences as a peer reviewer and Associate Editor to discuss ethical decisions around manuscript reviewing and how to write constructive reviews with that course. Most recently she included two PHS doctoral students as manuscript reviewers for a recent issue on adverse child experiences for the *American Psychologist*.

E5-5) 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.

E5-5) Outcome Measures for Faculty Service Activities - % of PIF Meeting Target Levels				
Outcome Measure	**Target**	**Year 1 (CY 2018) %**	**Year 2 (CY 2019) %**	**Year 3 (CY 2020) %**
Percent of PIF participating in extramural service activities	100%	84	95	100
Percent of faculty engaged in community-based service	75%	NA	NA	58
Public/private or cross-sector partnerships for engagement and service	10	NA	NA	4

E5-6) Describe the role of service in decisions about faculty advancement.

Extramural service is expected for tenure and tenure-track faculty, as well as lecturers. Quantity and impact of extramural service (see the CHHS Handbook for Reappointment, Promotion and Tenure) are included in considerations for tenure and promotion reviews and for annual performance. Service expectations are graduated as faculty progress in their careers. Pre-tenure junior faculty typically begin with service on a departmental program governance committee (such as the MPH Program Committee) based on their teaching assignment. Pre-tenured faculty are also encouraged to engage in conference abstract and manuscript reviews to begin building their reputation within their chosen professional organizations and in the larger area of discipline. The majority of extramural service performed by PHP faculty is related to service to the profession: abstract reviews, conference program planning committees, manuscript and grant reviews. Community-based service is supported at all levels to connect the individual with key community partners and within the broader Charlotte area. College and University service are emphasized more as the individual approaches tenure and thereafter.

E5-7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

UNC Charlotte has a stated commitment to community and professional service. The PHS Department and PHP faculty are dedicated to continuous quality improvement in this area. Improving our level of community engagement now forms a significant arm of our 5-year strategic plan. Community-based service is embraced by our Community Health Practice and Behavioral Sciences faculty.

Weaknesses

Given the number of community organizations in the Charlotte region and the pressing needs of the area, the PHS program faculty and staff have insufficient direct engagement with community partners. This gap limits the opportunities for our students and reduces our overall ability to have a positive effect on community health. In particular, few epidemiologists or data analytics faculty are community engaged. We do not currently have a systematic process in place to measure the number of community-based projects or public/private or cross-sector partnerships that faculty are engaged in.

Plans for Improvement

The Department has launched a social media campaign using twitter to promote our faculty and programs to a broader audience of potential students, organizations and the public. As part of our strategic plan, we are inventorying our community partnerships to assess the breadth and depth of our ties and identify gaps that we need to address.

F1. Community Involvement in School or Program Evaluation and Assessment (SPH and PHP)

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

With regard to obtaining constituent input on student outcomes and on the strengths and weaknesses of the school or program's curricula:

- **The school or program defines qualitative and/or quantitative methods designed to provide useful information.**
- **Data from supervisors of student practice experiences may be useful but should not be used exclusively.**
- **The school or program documents and regularly examines its methods for obtaining this input as well as its substantive outcomes.**

F1-1) 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. (self-study document)

The program solicits regular input from community members and alumni through the UNC Charlotte Public Health Programs Advisory Board. The advisory board is comprised of invited members who represent local health departments, state and county governments, local hospital systems, the university, business/industry, and non-profit organizations. The board members are diverse in their racial/ethnic identities, career levels, and content areas. Most importantly, we have four advisory board members who are alumni; one from each degree program (see Table F1).

Table F1. Advisory Board Members (AY2020-21)
**alumni designation*

Name	Title and Affiliation	Term
Patricia Dowbiggin, MPH, EMT-Paramedic*	Quality Improvement Analyst MEDIC – Mecklenburg EMS Agency	2019-2021
Marquis Eure, MPH, CHES	Contract Coordinator, Ryan White Program Mecklenburg County Health Department	2021-2024
Stephen Eaton, MPH	Division Director of Public Health Gaston County Health and Human Services Department	2021-2024
Danielle K. Gilliard-Pella, MPH	Health Scientist, Centers for Disease Control and Prevention	2020-2022
Donald K. Jonas, PhD	Assistant Vice President, Social Strategy & Impact Atrium Health	2021-2024
Michael P. Kennedy, MGA, MPH, CHES	Public Health Education, Grants and Special Projects Coordinator Mecklenburg County Health Department	2021-2024

Susan Long-Marin, DVM, MPH	Epidemiology Manager Mecklenburg County Health Department	2021-2024
April McTindal, CHES*	Population Health Management Consultant USI Insurance Services	2021-2024
Bonnie Coyle, MD	Public Health Director Cabarrus Health Alliance	2021-2024
Yhenneko J. Taylor, PhD*	Director, Health Services Research Center for Outcomes Research and Evaluation (CORE) Atrium Health	2021-2024
Janice Williams, MS Ed	Injury Prevention Specialist Carolinas Center for Injury Prevention and Control Atrium Health	2019-2021
Erin Vinoski Thomas, PhD*	Research Associate Professor at Georgia State University	2019-2022

F1-2) Describe how the school or 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.

Advisory Board. The Public Health Programs Advisory Board (PHAB) provides strategic direction to the Department of Public Health Sciences, guiding the evolution of academic, service, and research programs to ensure our offerings will meet the current and future public health needs of the Charlotte region, of North Carolina, and beyond. The PHAB also provides a formal linkage between our academic environment and the practice settings in which we and our students and graduates must operate. The PHAB meets once per semester for approximately an hour and a half. A typical agenda includes a review of minutes/approval; introductions for new members or visitors; department chair updates regarding relevant university, college, and department news; CEPH accreditation updates; program updates including enrollment, graduation and curricular changes; and new business. All major curricular changes (new concentrations, resequencing of courses, changes to required core or concentration classes, new degrees) are reviewed, discussed and when appropriate, approved by the PHAB.

In summer 2020, we conducted a community/employer survey to assess preparedness of our BSPH and MPH students with respect to the skills and needs of local agencies and employers. The survey was sent to BSPH and MPH internship preceptors over the last 3 years, PHAB members, and other local employers. This timing allowed us to collect data on the new curricula for both the BSPH and MPH as well as additional skills needed to handle pandemics and emergency preparedness. We plan on this survey being conducted every other year.

F1-3) Describe how the program's external partners contribute to the ongoing operations of the school or program. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and evaluation measures
First drafts of Mission and Vision statements were internally crafted by our SPH Program Implementation Committee (PIC) and then discussed with all degree program directors and then shared with all department faculty members to solicit their input.

In April 2018, we shared these tentative statements with the PHAB. The PHAB consists of community partners from the surrounding county health departments (Mecklenburg, Cabarrus and Gaston), our largest health care system (Atrium Health), a non-profit low-income clinic, and alumni from our Bachelor's, Masters and the Doctoral programs. PHAB members also reflect the key disciplines of public health as well as our concentrations of interest. The PHAB expressed that our initial versions of mission and vision phrasing was too abstract ("academic"), not sufficiently inclusive of the surrounding rural areas, and not sufficiently proactive. The statements were difficult to understand without a lengthy explanation.

Based on the PHAB feedback we crafted revised statements. These briefer and more concrete statements were then unveiled to the entire PHS department during our August 2018 retreat. The vision and mission were formally adopted by the PHS Department in August 2018 and were subsequently adopted by each degree program (public health and non-public health) in September-October 2018. Student groups have also adopted these statements. Revised statements were shared with the PHAB in October 2018 and we received positive feedback.

b) Development of the self-study document

Our initial plans were to share the self-study draft (completed in November 2020) with the PHAB in February 2020. However, we were slow in making revisions after our mock site review. Our April 2021 draft was shared with PHAB members and the public at the time we sent to CEPH for their initial review. Comments will then be incorporated into our final draft submitted in August 2021.

c) Assessment of changing practice and research needs

Advisory Board. The UNC Charlotte Public Health Programs Advisory Board assures that the undergraduate and graduate public health programs, as designated to the Council on Education for Public Health (CEPH), are informed and responsive to the dynamic needs of the field of public health. Consistent with the National Institute's for Learning Outcomes Assessment (NILOA) Transparency Framework (https://assessment.uncc.edu/student-learning-outcomes/niloa-transparency-framework-unc-charlotte) adopted by UNC Charlotte, the Board's scope of responsibility includes:

1) Assessing demand for public health graduates and the competitiveness of our graduates for such positions;
2) Assessing the adequacy of our curriculum and co-curricular training in meeting those needs;
3) Recommending changes to our program content and/or method of delivery to ensure our graduates remain competitive and we remain responsive to current and anticipated workforce needs; and
4) Identifying opportunities and resources to expand the scope, visibility, and stature of the program in fulfilling its mission.

At the most recent PHAB meeting in March 2021, board members discussed the need for graduates to be flexible, regardless of job title. During the pandemic, mobilizing sufficient public health resources to complete testing, contact tracing and now mass vaccinations required an "all hands on deck" approach. As one board member stated: "We've got epidemiologists directing traffic for vaccinations." In response, we discussed the need for flexibility when in the field within the capstone course in the spring 2021 semester and during the summer 2021 internship course. Future coursework will incorporate similar messages.

A recurring theme is that student interns struggle to adapt to the community environment, which is largely a reflection of their youth. We discussed that few students come into the MPH with prior work experience in public health.

ERF→ F1 PHP Advisory Board Charge

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

In summer 2020, we surveyed relevant employers and community partners on the competency and skills of our public health graduates as well as the respondents' professional development needs. Community partners provided feedback on program graduates' ability to perform competencies in an employment setting (see Community Partner Survey Results Summer 2020 in the Electronic Resource File).

Community partners' ratings of UNC Charlotte PHS students' skill levels indicated most undergraduate students met (n=13, 50%) or exceeded expectations (n=10, 39%). Regarding graduate skill level, most community partners found students exceeded expectations (n=15, 58%), with the remainder meeting expectations (n=9, 35%). When asked which skills would better prepare public health graduates to work in the field, quantitative methods/research skills were the most noted for BSPH graduates (n=10, 30%) and MPH graduates (n=9, 33%). Across both programs, professionalism and community experience were also highly suggested skills.

We asked respondents to rate skills that were important for newly hired public health employees. We received 39 responses which are summarized in Table 2 of the Electronic Resource File. All respondents indicated "work in interdisciplinary teams" as very or extremely important for newly hired public health employees. This skill was followed by the ability to collect/analyze data (n=32, 82.10%) and advocate for policy change (n=21, 53.9%). Within our curriculum, group-work assignments are common practice to address teamwork skills. The MPH program hosts an interdisciplinary professional development day in the Spring to further advance this skill.

To incorporate this feedback into the relevant BSPH and MPH curricula, data were shared with program directors and program committees. In the MPH, quantitative skills vary by concentration with EPID and PHAN students taking mostly methods classes that reinforce analytic skills introduced in the core curriculum. Whereas for CHPR and PANU students, the focus tends to be more on the process of evaluation with less emphasis on data collection

and analysis. In 2020, we changed the sequencing of 2 courses in order to provide greater reinforcement of primary data collection and analysis skills prior to the internship, especially for CHPR and PANU students. With respect to teamwork, we introduce these skills the first semester along with a process to evaluate group functioning. It is our intention to include this group functioning form consistently across any MPH courses with group projects. This will reinforce that working in teams is a professional skill, be able to evaluate your own skills and talents and that of other colleagues is important, and that understanding how to facilitate any group of individuals to work effectively is important for working professionals.

The BSPH Program Committee has not yet taken specific action on the quantitative methods/research skills comment.

F1-4) Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3. (electronic resource file)

Meeting minutes from the past 5 years of Advisory Board meetings are available in the Electronic Resource File (ERF) as well as details about the community partners survey.

ERF→ Community Employer Survey folder; Public Health Advisory Board folder

F1-5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

We have an engaged and diverse advisory board representing the broader Charlotte region who provide regular input on our curriculum and students' preparedness to enter the workforce. The majority of the board members have had personal interactions with our students and graduates as employers and internship preceptors and/or with the curriculum as an alumni.

Weaknesses

Community participation in the assessment of changing practice and research needs, other than through the PHAB, has not been a regular practice. We have largely relied on qualitative data. A periodic quantitative survey on that aspect as well as the assessment of program graduates' abilities to perform those skills is needed.

Plans

The PHP will seek input from community partners (board members, internship preceptors, and employers) semi-annually moving forward. Additionally, the implementation of the Continuous Quality Improvement Committee will help us monitor and respond to available data. At the college level, we now have a new Director of Accreditation and Assessment who will help to conduct some of our needed annual surveys.

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.

F2-1) Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate. (self-study document)

Students are introduced to service, community engagement, and professional development activities through five main avenues: program orientation, student organizations, faculty-led efforts, internships, and coursework.

Orientation. The MPH program orientation introduces students to the concept that community service is a staple/foundational requirement for public health practitioners. At orientation, current MPH students describe various community service opportunities that are available through UNC Charlotte, ARCHES, the Graduate Public Health Association (GPHA), or other to incoming students.

Student Organizations. Within the BSPH program, students have the opportunity to join the Undergraduate Public Health Association (PHA) chartered student organization. The organization's mission is to promote awareness of career and academic issues and to serve the student community by creating an educational, cultural, and social environment related to the field of public health.

All MPH students are encouraged to come active members of the Graduate Public Health Association, a chartered student organization. The purpose of GPHA is to foster an environment that contributes to the enhancement of the academic and professional concerns, goals, and careers of the graduate student and others interested in the professions of public health at the University of North Carolina at Charlotte. GPHA members are required to complete a minimum number of services hours as part of their membership.

PhD students are encouraged to participate in community service, but are not required.

Faculty-led efforts for community and professional service provide opportunities for students across all programs. For example, many of the faculty engaged in research, train graduate research assistants through mentored peer-reviews for professional outlets (e.g., abstract reviews for conferences, manuscript reviews). For example, Dr. Jan Warren-Findlow mentored 2 PHS doctoral students interested in adverse childhood experiences on manuscript reviews for a special issue of *American Psychologist,* which was guest edited by another faculty member, Dr. Sharon Portwood.

Internships across the BSPH and MPH programs provide an opportunity for students to engage in professional development activities through their APE mentors. Connecting students to local organizations may also encourage service opportunities after the internship hours are met.

Coursework. The concepts of community service and professional involvement are reinforced in public health coursework. For example, in the MPH core course on Health Promotion Program Management (HLTH 6212), first year students are asked to investigate the American Public Health Association website, determine which section they would join and which sessions they would attend if they went to the annual meeting in Fall. In spring of the following year, these same students are given the

opportunity to apply for funding to attend APHA the following fall. In this same course, MPH students also interview campus stakeholders such as the Office of Disability Services or Center for Wellness Promotion to collect data for a needs assessment project on college student health.

BSPH students engage with the community in several courses at various levels: For example, in HLTH 2102 students are in the field, determining where to place "this is public health" stickers. In HLTH 3103, they conduct a motivational interview with a public health leader. In HLTH 3105, they conduct a photovoice project in their community.

Based on a Spring 2021 end of year survey, 61% of BSPH respondents (n=65) indicated volunteering in the community; 61% of MPH students (n=44) also volunteered; and 40% of doctoral students volunteered. Volunteering included: through a campus student or other organization, through a non-profit agency, through church or some other activity/venue.

F2-2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years. (self-study document)

Graduate Public Health Association

The Graduate and Professional Student Government (GPSG) requires fifteen (15) service hours per semester and thirty (30) hours per academic year to maintain club status through the university. To maintain eligibility in the GPHA, each member was strongly encouraged to obtain five (5) hours of community service per semester. In 2019-2020, the GPHA recorded 145.25 hours of community service. Volunteer activities with a focus on one or more of the social determinants of health were accepted both through the school and through community-based efforts. Sixteen out of twenty-five paying members (64%) completed the service hour recommendation prior to March 16, 2020. Considering the COVID-19 pandemic, required hours were waived by both the GPSG and GPHA for the spring semester 2020. The current situation has also affected the National Public Health Week event hosted annually by the GPHA. A list of the organizations where service hours were completed by students is below.

- Academic Support Service (UNC Charlotte)
- Atrium Health University City
- Beds for Kids
- Burke United Ministries
- Camino Community Center Food Pantry
- Charlotte Children's Festival
- Charlotte CROP Walk benefiting Loaves & Fishes and Second Harvest Food Bank
- Foundation for Suicide Prevention
- J Iverton Riddle Development Center
- NC MedAssist

National Public Health Week (NPHW)

Each year the GPHA organizes one or more events during NPHW to promote wellness in the campus community. For the academic year 2019-2020, the club opted to host the Third Annual GPHA Public Health Fair. The fair would focus on interpersonal violence and highlight other health topics as defined by the national NPHW organization. On-campus and off-campus organizations were contacted in addition to a keynote speaker to address interpersonal violence and coping strategies. A total of nineteen (19) on and off-campus organizations had responded at the time of cancellation.

In 2019, the GPHA Public Health Fair had 2 outside speakers, over 300 student attendees and 20+ organizations. In 2018, GPHA sponsored a university-wide art competition as part of National Public Health Week. "This is Public Health: Art and Design at UNC Charlotte" included student artists from CHHS and the College of Arts and Architecture. Art themes ranged from substance abuse and mental health to LBGTQ+ health. Over 200 attendees voted on favorites; 3 students from Art & Art History were awarded $150 Amazon gift cards.

This year, GPHA hosted a series of events aligned with the NPHW identified themes for each day.

ERF→ NPHW 2021

Community Action, Service, and Engagement

The Community Action, Service, and Engagement committee (CASE) was created in 2019 by professors and staff in the Department of Public Health Sciences as a way to deepen community involvement among faculty, staff, and students. Working with community partners provides opportunities to enhance students' understanding and awareness of public health issues in the local community, beyond what is learned in the classroom. In addition to short-term volunteer opportunities, CASE aims to create long-lasting relationships that translate to meaningful community impact.

On April 6th, 2019 during National Public Health Week, students and faculty helped Habitat for Humanity build a house for a Charlotte family in need.

Faculty and staff helped to source and donate two Welcome Home Kits to Housing First Charlotte-Mecklenburg and Urban Ministries. These kits contain household items for individuals who have recently experienced long-term homelessness and are getting back on their feet. On October 3rd, GPHA helped to sort and package the kits that will be delivered to Urban Ministries.

Faculty-led service opportunities

A faculty member (Dr. Alicia Dahl) partnered with the Mecklenburg County Health Department to assist in the evaluation of a tobacco-free parks policy. Through this partnership, two graduate students and six undergraduate students dedicated time to survey park-goers and assess signage at over 80 parks in the Charlotte-Mecklenburg area. Students learned about evaluation methods and data collection.

PhD student reporting

A list of volunteer hours was reported by PhD students with the following organizations:

- STAR House in Columbus, OH
- American Red Cross, Disaster Action Team
- Children and Family Services Center
- Burke United Christian Ministries soup kitchen
- American Foundation for Suicide Prevention
- Charlotte Humane Society
- Slash Stigma, Drug and Alcohol Coalition of Iredell County

F2-3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

As an urban institution, there are ample opportunities for students to engage in community service and professional development. The GPHA is an active chapter and supports National Public Health Week events on campus.

Weaknesses

The BSPH program student organization does not outline a service hour requirement, which could be improved upon and modeled after the GPHA.

Plans for Improvement

We are working on having greater involvement with the Academy for Research on Community Health, Engagement and Services (ARCHES). ARCHES works closely with the UCity Family Zone, a nearby socioeconomically fragile neighborhood, consisting of 100 agency partners, who are potential internship sites, mentors and collaborators. Improving our community engagement is a high priority for the Department and the PHP.

F3. Assessment of the Community's Professional Development Needs

The school or program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities. Examples could include periodic meetings with community members and stakeholders, formal or informal needs assessments, focus groups with external constituents, surveys that are administered or co-administered to external constituents and use of existing data sets.

F3-1) Define the school or program's professional community or communities of interest and the rationale for this choice.

We define our professional community of interest as the broader public health system within the city of Charlotte and the state of North Carolina. Our rationale for this choice is that UNC Charlotte is the leading urban research institution with strong community ties to the city and state. Our academic programs focus on the social determinants of health, health systems, community-based practices, and research. Situated within a university system, our faculty and students are connected to colleagues in other public health programs and being located in an urban setting, we are surrounded by organizations focused on improving population health: primary, secondary and tertiary care providers including safety net clinics; health research and consulting organizations; non-governmental organizations; local and surrounding county health departments; the city of Charlotte; the Charlotte-Mecklenburg school system and other numerous entities.

F3-2) Describe how the school or program periodically assesses the professional development needs of its priority community, and provide summary results of these assessments. Describe how often assessment occurs.

We periodically assess the professional development needs of our priority community through a variety of means across national, state, and local resources.

Drawing on the CDC's Public Health Workforce Development Action Plan (see Electronic Resource File), we use this as a recommendation for preparing future public health professionals. This document outlines shared priorities for capacity building within the public health workforce. Priorities include 1) Data for Decisions: Collect needed data about workforce gaps and training needs to inform decisions about public health workforce development, 2) Crosscutting Competencies: Promote essential crosscutting skills to complement public health workers' discipline-specific skills 3) Quality Standards for Training: Use accepted education and training standards to guide investments towards high quality products, 4) Training Decision Tools and Access: Provide tools for public health workers to define their training needs and locate high-quality trainings that address these needs, and 5) Funding Integration: Integrate workforce development into funding requirements to build workforce capacity and improve program outcomes.

Locally, we reference a state report "Driving the Future: Assessment of the North Carolina Local Public Health Workforce" as a guide for the professional development needs of our state and county. This report included feedback from 82 of 84 local health departments in North Carolina. Training and development priorities included strategic skill sets in policy engagement, change management, data analytics, diversity and inclusion, and resource management. The majority of employees in the public health workforce will be entering retirement range in the next 5-10 years (>50%) (see Electronic Resource File).

Within the Charlotte-Mecklenburg area, we assess professional development needs through a bi- annual survey of community partners and alumni as part of our Community Partner Survey. In 2020, leadership training (27%) was the top reported professional development need for community members who work in the public health field (see Table 1). This was followed by cultural competency, continuing education, and public health policy/law (all 14%).

Table 1. Top Professional Development Needed for Community Members by Length of Time in Agency

Community/Employer Professional Development Needs	N	%
1-5 years	20	
Leadership Training	4	20.0
Cultural Competency	3	15.0
5-10 years	13	
Leadership Training	5	38.5
11+ years	8	
Continuing Education	3	37.5

Professional development topics varied by program alumni, with BSPH alumni (n=40) reporting a need for Continuing Education/Professional Certifications (32.5%) and MPH alumni (n=23) reporting Software Systems/Data Analysis needs (45.5%). Complete findings are shared in the Electronic Resource File.

Table 2. Top Professional Development Topics Needed by Currently Employed Alumni

Topic	% reported by currently employed BSPH alumni (N=40)	% reported by currently employed MPH alumni (N=23)
Business	17.5	17.4
Continuing Education/Professional Certifications	32.5	21.7
Software Systems/Data Analysis	15.0	45.5

Business: marketing, team dynamics, consulting, logistics, project management, finance/budgets
Continuing Education/Professional Certifications: courses related to current events, professional certifications, CHES/MCHES, emergency preparedness, ethics
Software systems/data Analysis: Excel, R, SAS, Stata, Python, Tableau; data analysis

Community partners and alumni from both BSPH and MPH programs expressed *preference for online workshops/webinars as the professional development delivery mode*, with the least preference for face-to-face graduate certificate programs.

The Academy for Population Health Innovation (APHI) was established in 2016 as a unique affiliation between Mecklenburg County Public Health and The University of North Carolina at Charlotte. The partnership acts as a framework to strengthen cooperation, coordination, and exchange of resources that enhance both organizations' mission to improve population health. APHI members, including faculty, students, and health department employees, collaborate to identify health issues and improve public/population health concerns.

APHI's mission is to develop innovative solutions to address the Charlotte area's most pressing community health needs and priorities. APHI supports innovation and implementation of evidence-based community health practices, coordination of training programs and professional education, securing external funding for research, and expanding MCPH's ability to systematically collect, analyze, and interpret health-related data needed for the implementation and evaluation of public health practice. In AY20-21, APHI responded to requests for additional training in cultural competence with a series on webinars (APHI Innovation Series) open to all public health agencies and providers.

ERF→ F3 LHD Survey Final 2019; Action Plan-Public Health Workforce Development

F3-3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths:

The professional development needs of our defined community align with the public health workforce needs, which provides us with an opportunity to integrate specific training activities into our curricula. Professional development needs will be assessed bi-annually through an alumni survey and a community/employer survey.

Weaknesses:

The demand for online delivery of workforce training and the use of microcredentials and continuing education unit (CEUs) has grown with COVID. These formats are inconsistent with the higher education model of delivering content through degree programs. We are struggling to meet the needs of working professionals given the current business model.

Plans for improvement:

Professional development data will be reviewed by the Continuous Quality Improvement committee to suggest recommendations for moving forward on specific topics and delivery formats.

F4. Delivery of Professional Development Opportunities for the Workforce

The school or 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.

F4-1) Describe the school or 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.

We participate in offering a 15 credit, graduate certificate program in Health Informatics and Analytics in conjunction with the School of Data Science. This graduate certificate is directly related to professional development needs for increased tools to enhance data-driven decision-making in the health care industry.

A few of our faculty provide professional development activities for the workforce during the academic year. The majority of professional development opportunities are provided by the Academy for Population Health Innovation (APHI), which hosts lunch & learn series open to students, faculty and public health department employees; and twice yearly APHI Innovation speaker series, and an annual meeting for professional development and networking (APHI Nexus).

F4-2) Provide two or three examples of education/training activities offered by the school in the last three years in response to community-identified needs. For each activity, include the number of external participants served (i.e. individuals who are not faculty or students at the institution that houses the school or program).

One such professional development activity was hosted by an Assistant Professor, Dr. Franck Diaz Giarelli, on the topic of "Clinical Data Quality for Secondary Use in the Learning Healthcare System" in October 2019. This training was part of the Informatics Research Seminar Series through Duke's Center for Health Informatics.

An annual LGBTQ Symposium for Healthcare Professionals: Spanning the Spectrum event was hosted by the Charlotte Area Health Education Center (AHEC). The goal of the 2019 LGBTQ Symposium was to increase health providers' knowledge base in order to provide culturally competent care for LGBTQ patients throughout their life spectrum. This symposium was based upon the recent educational needs assessment results. Experts provided information on full spectrum care for LGBTQ populations. Dr. Jessamyn Bowling served as a moderator for the sexual health panel and also presented on Gender Identity – Pronouns 101 and Effective Communication. Attendees (n=22) were able to receive continuing education credits for attendance.

A February 2021 webinar on "Exploring racism and anti-racism in education, health and human services" was delivered as part of the APHI Innovation Series in conjunction with 2 community groups: Race Matters for Juvenile Justice and the Charlotte Racial Justice Consortium. Attendance was approximately 172 individuals with 96 individuals being non-UNCC participants. The previous APHI Innovation series held in November 2020 had 181 participants with 86% of them from Mecklenburg County Public Health.

F4-3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

We offer a graduate certificate program in Health Informatics and Analytics, a key field identified by our alumni and community workforce. We also offer professional development activities through the Academy for Population Health Innovation.

Weaknesses

We do not have many CHES certified faculty, which limits our ability to develop programming that can offer CHES CEUs. Our capacity to deliver some of the desired workforce training is limited. The University is emphasizing undergraduate and graduate certificates through our usual instructional methods and platforms, which does not meet the needs or resources of the public health workforce.

Plans for Improvement

We will work more closely with APHI, which has more extensive resources, to more closely tailor some professional development offerings. We will also involve our newer hires who are CHES certified so that CEUs can be provided.

G1. Diversity and Cultural Competence

The school or program defines systematic, coherent and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship and community engagement efforts.

The school or program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Schools and programs advance diversity and cultural competency through a variety of practices, which may include the following:

- **incorporation of diversity and cultural competency considerations in the curriculum**
- **recruitment and retention of diverse faculty, staff and students**
- **development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination**
- **reflection of diversity and cultural competence in the types of scholarship and/or community engagement conducted**

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 school or 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 school or program's scholarship and/or community engagement.

UNC Charlotte values diversity, as defined by "the acknowledgment of the many facets of human difference". UNC Charlotte is a Minority Serving Institution (MSI) and one of the most diverse public universities in the state, with 47% of students identifying as racial or ethnic minority groups according to Fall 2020 enrollment numbers.

This commitment is also reflected in our College's diversity vision statement: "A university community where all can work, learn, and fully participate as their true selves in an environment free from harassment, uncivil actions, and disrespect." The CHHS principles related to diversity include the following: As members of the College of Health and Human Services community:

- We believe that a diverse faculty, staff, and student body are critical to advancing teaching, scholarship, and community engagement at UNC Charlotte.

- We are committed to educating our faculty, staff, and students to interact effectively and respectfully in the global community.
- We recognize and encourage the voices that are seldom heard and will engage in courageous conversations to build a genuinely inclusive community.
- We prepare our faculty, staff, and students to end prejudice, discrimination, and oppression.

The PHS Department and the PHP subscribe to these principles, which are consistent with our mission, vision and values. Our academic community reflects our commitment to working with diverse populations. Our overall student population is approximately 69% racial and ethnic minority at the undergraduate level and 41% minority in the MPH program, and 25% to 29% at the doctoral level (HSR vs. PHS). Roughly half of the PHP faculty are people of color. Many of our students and faculty are first generation students.

G1-1) List the school or program's self-defined priority under-represented populations;

explain why these groups are of particular interest and importance to the school or 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. (self-study document)

Our student priority population is *economically disadvantaged* students. As UNC Charlotte is an access institution seeking to improve the economic mobility of the region, we align with the needs of our community in providing access to a quality academic experience for students in need. We define economically disadvantaged students as those with substantial unmet need for the cost of college as determined by students seeking Pell grants or based on FAFSA unmet need. The majority of these economically disadvantaged students are students of color and/or those who are first generation college students.

Our faculty priority population are *first generation college students and/or Latinx/Hispanic faculty members*. For first generation, we refer to faculty members whose parents/guardians did not attend college or university, or obtain an advanced degree. Nationally, 47% of undergraduate students at 4-year, public institutions are first generation college students, thus, it is important to have faculty representation that aligns with our student body. Further, 10% of undergraduate and 5% of graduate students at UNCC are Latinx/Hispanic and the population of our surrounding community is 14% Latinx/Hispanic. Latinx is also a growing proportion of future college students, for which it is important to have representative faculty. We use the Office of Management and Budget's definition of Latinx/Hispanic, "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race."

	AY 2017-2018	AY 2018-2019	AY 2019-2020	AY 2020-2021
Economically disadvantaged students				
Pre-Public Health				63/121 = 52%
BSPH Program*				54/101 = 53.5%
MPH Program				39/56 = 70%

PhD Programs				
First generation Faculty	--	--	9	9/30 = 30%†
Latinx/Hispanic Faculty	1	1	2	2

*Data are from Fall 2020 Financial Aid Census – includes first generation only, Pell grant recipients, and Pell recipient and first generation.

†Data are at the Department level

We used a collaborative process to identify these populations, in which we held open discussion among faculty members and staff at two separate all-faculty meetings in conjunction with presentation of data related to various demographic groups.

G1-2) List the school or 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.

We do not currently have specific goals for increasing representation and persistence of students and/or faculty. In general, we seek a student body and faculty that is racially and ethnically representative of our regional area. In the city of Charlotte, the population is 49% White, 35% African American and 16% other races. Mecklenburg County is less diverse with 64% White and 14% identifying as Hispanic.

With respect to supporting student persistence, within the BSPH program, since AY2017, we have had 15.6% (n=27) of students who did not graduate when expected, with nearly 26% of those not graduating as of yet (n=7). Nearly half (44%, n=12) of those with delays were racial and ethnic minority students, though only 7% (n=2) were Latinx/Hispanic and none were first generation students.

For the MPH program, 100% of full-time students who begin in the Fall semester, graduate in May of their second year. Students admitted in the spring cycle, typically have an extra semester. Our goal is for full-time students to graduate within 2.5 years.

Within the Public Health PhD program we aim to have students graduate within 6 years. Since the program started in 2014, we have had 66% of the students graduate within that expected timeframe (4 out of 6, 1 student was terminated and 1 is still enrolled). Within the Health Services Research PhD program, the curriculum approved by CEPH only began in 2018 so we do not yet have reliable data on students' persistence. However, as the program is also largely part-time, the metrics for any given set of students will have a large variation. One trend affecting students is the desire to obtain full-time employment after finishing their course work, this will reduce loan indebtedness but students overestimate their energy level to complete a dissertation when working a full-time job.

G1-3) List the actions and strategies identified to advance the goals defined in 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school- or program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies. (self-study document)

Economically disadvantaged students. Many students from economically disadvantaged backgrounds are first generation college students, with a median parental income of $41,000 compared to $90,000 for continuing-generation students (Center for First-Generation Student Success, 2016). The campus has made this a focal campaign to let students know that UNC Charlotte is a school that supports first generation students. To support the persistence of students, we started a first generation college student organization in the fall of 2020. First Generation Niners, led by faculty member Dr. Lorenzo Hopper started with 3 undergraduate students and 1 graduate student (constituting the executive board). This organization serves the entire university, PHP or our department. This organization assists students in navigating academic processes, raises awareness about faculty and staff who were first generation students, and aids students in sharing resources, such as funding opportunities. Their Instagram page (@firstgenniners) has over 100 followers, they are starting a monthly newsletter, and have 10 regular members (which is anticipated to increase with recent relationships between the organization and UNC Charlotte admissions to access a listserv of 7,000 students, and returns to in-person activities post-pandemic).

However we recognize there are other different kinds of diversity that are less obvious which do not appear on admissions applications or are made public in faculty searches. The BSPH program application review is primarily based on the personal statement, not GPA, as many of our undergraduate students are working multiple jobs and/or heavily involved in family caregiving or service activities. To increase representation of our priority students, we are shifting away from using GRE scores (for MPH students) to have a more holistic review that is less focused on biased, standardized exams that discourage racial minority and/or economically disadvantaged students from applying and/or being accepted. The PhD program currently does not use GRE scores in its initial round of application reviews but verifies admissions decisions with GRE scores *post hoc*. With respect to faculty, we are recruiting in more diverse outlets for faculty, ensuring racially and ethnically diverse search committees, and conducting more personal recruitment outreach.

We are in the process of reviewing all department and program policies to promote equity for students, faculty and staff. Importantly, this includes how we award graduate assistantships and other scholarships, as well as other issues that may encourage or inhibit students' ability to complete their degree.

First generation faculty. Although we do not have specific recruitment strategies or specific goals to target first generation faculty, we do communicate heavily about who our students are and who we as a faculty are when recruiting faculty candidates. Further, we have enhanced our retention abilities. In AY2019-2020 we provided an external coach to meet individually with all new faculty members and help them develop appropriate professional goals for their position and level. All incoming faculty regardless of level are paired with a faculty mentor within the department to guide them through their first year. Starting in AY2020-2021 we are implementing monthly mentoring meetings, with different priority topics each month (e.g. identifying external reviewers for tenure dossiers, teaching with a growth

mindset). These meetings allow for mentoring from senior faculty to junior faculty and assist in skill building for all faculty, but highlight topics of which first generation faculty may be less aware.

Latinx/Hispanic faculty. All of our position postings are specifically posted in journals, organizations, and listservs targeting higher proportions of first generation as well as Latinx/Hispanic faculty members. Examples of these include: WorkplaceDiversity.com Network and Hispanic Outlook. In efforts to retain these faculty, we involve them in mentorship programs as mentioned under first generation faculty. We also ensure that faculty are aware of the Latinx Staff and Faculty Caucus on campus.

G1-4) 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. (self-study document)

Our department has generally worked to increase the number of faculty engaged in cultural awareness and greater sensitivity to student concerns. We have faculty participate in trainings and ongoing dialogues related to gender and sexuality (e.g. SafeZone training), and dismantling racism (such as Racial Equity Initiative trainings and ongoing reading groups with texts such as *White Fragility*). From 2018-2019, the number of faculty attending a health equity training increased from 32 to 80%. We have standardized our departmental syllabi to include information about food insecurity resources on campus and use of pronouns. The MPH Program requires a diversity objective in all of its courses. Faculty are encouraged and assessed on whether they publish on vulnerable populations. We have also increased the percentage of faculty who include outside speakers in their courses. These efforts are consistent with our goal to "develop leaders to promote health equity in communities." Without exposure to equity issues, community leaders and organizations, students and faculty will not be prepared to address these key issues.

Structurally, we have encouraged pedagogical training on Quality Matters and principles of Universal Design to make courses and course materials more accessible for all students. Instructors have also integrated active learning principles to ensure small group discussion and engagement and encouraging students to transfer non-academic experiences into the classroom and make connections with the material. The majority of courses have students focus on a project to examine or improve a health disparity issue. For example, in the MPH-PHAN capstone course (HCIP 6250) students work with a large local healthcare organization (Premier, Inc.) to develop projects focusing on disparities in healthcare access and outcomes using a variety of data sources.

	AY 2017-2018	**AY 2018-2019**	**AY 2019-2020**	**AY 2020-2021**
Attended a Health Equity Workshop (not collected from BSPH or MPH students)*				
PhD Students	--	--	37%	†
Faculty	--	32%	52%	80%

Included a community partner or stakeholder as part of instruction				
Faculty	--	55%	78%	65%

*This item will be added to the student end of year survey completed each spring

†Data are not yet available

G1-5) Provide quantitative and qualitative data that document the school or 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. (self-study document)

As of Fall 2021, 46% of MPH students report a racial or ethnic minority identity and a corresponding number of faculty (46%) also identify within racial or ethnic minority categories. That said, it is always our goal to exceed our targets. We have made concerted efforts in the last year to ensure that all degree program governance and faculty governance committees have diverse representation so that students and faculty see models of themselves in decision-making positions.

Student representation. In terms of increasing representation of students, we've indicated difficulties in knowing how many of the applicants to the PHP at the graduate level are economically disadvantaged. That said, we know that the total cost of an MPH at UNC Charlotte is substantially less than other accredited ASPPH schools or programs ($17,372 vs average $42,953 for in-state, and $46,217 vs $59,613 for out-of-state). To the extent that price is a key concern for economically vulnerable students, we should be a primary destination. Further, recent surveys asking current students about their experiences applying through SOPHAS and the associated costs, indicate that our graduate students are very application fee-sensitive. Most indicated that they applied to only 1 or 2 programs, and that if we were in SOPHAS, the increased cost would have been a deterrent to applying.

One ongoing challenge in attracting economically disadvantaged students is the relatively low of level of financial aid that we can provide. Even for those students who are offered graduate assistantships, these only pay a stipend, and there is no tuition waiver. While all students are nominated for financial aid awards, the Graduate School awards these on a first-come, first-serve basis instead of prioritizing diverse or disadvantaged students. There are very few public health specific scholarships available to our students within our department. One that we are working on getting funding, the Camina Davis Memorial Scholarship, will likely achieve its funding goal this year.

An emerging issue is the increased cost of living in Charlotte making affordable housing for students scarce. Housing near the light rail system (the Blue Line), which runs right onto campus, is incredibly costly and consists of primarily high-end apartments and condos with luxury amenities. Other housing requires students to have a car and then pay for on-campus parking. The shift to online learning during the pandemic has really highlighted this issue as students stayed or moved home and now are resisting moving to campus to finish their degree. Because our degree programs are small, we are unable to offer multiple sections of the same course in different delivery modes to accommodate this issue. There is a concern that some students will not finish their degree.

Faculty representation. In terms of recruitment, we have more success recruiting diverse faculty at the lecturer and assistant professor levels. For example, we hired 2 new lecturers, both African American, this summer. However, we are in our third year of recruiting an endowed professor/scholar in the health policy field. Despite having diverse search committees and intensive and personal outreach to qualified candidates, attracting higher ranked diversity candidates has been difficult. Some challenges are likely due to salary limitations. While we are able to offer relatively competitive salaries at the assistant professor level, we have substantial salary compression at the associate and full professor level with little flexibility.

In terms of retention, we have been able to promote and retain faculty of color. Recently a lecturer of color, who wanted to pursue a tenure-track research position, was able to obtain a competing offer from another institution. The Department was able to advocate for this individual and UNC Charlotte created a new tenure-track, assistant professor line and made a matching offer (actually much higher) than the other institution. We were also able to fill the vacant lecturer line with another person of color.

We will have a turnover in leadership with the MPH Program Director beginning in CY2022. In the past, Program Directors were appointed by the Chair without any transparency. As Program Directors receive a stipend and act as part of an academic leadership team with special access to the Chair, these roles were viewed by other faculty as elite and coveted. This year we had an open call to all faculty in the department, regardless of rank, to apply for the position if interested. We were able to "hire" an experienced lecturer with an MPH and extensive community practice experience to fill this slot beginning January 1st, 2022.

Importantly, the Department and the PHS has been committed to improving the overall climate in terms of how students and faculty of color are treated within everyday interactions.

G1-6) Provide student and faculty (and staff, if applicable) perceptions of the school or program's climate regarding diversity and cultural competence.

Each academic year in spring, all PHP students are surveyed regarding the cultural and learning environment for diverse students. The tables below present data for the last 4 academic years by degree.

Percentage of BSPH and MPH Students Indicating Agree or Strongly Agree to Diversity Statements over the Last 3 Years								
Program	**BSPH**				**MPH**			
Question	**2018 N=71**	**2019 N=73**	**2020 N=42**	**2021 N=65**	**2018 N=32**	**2019 N=46**	**2020 N=44**	**2021 N=44**
The PHS Department promotes diversity and inclusion of marginalized populations.	84.5	82.2	88.1	87.7	65.6	78.3	86.4	86.4
The program supports a learning environment that is conducive to diverse students with different needs.	71.8	72.6	71.4	84.6	65.6	67.4	79.6	79.5

Percentage of Doctoral Students Indicating Agree or Strongly Agree to Diversity Statements over the Last 3 Years								
Program	**HSR PhD**				**PHS PhD**			
Question	**2018 N=3**	**2019 N=9**	**2020 N=8**	**2021 N=9**	**2018 N=13**	**2019 N=11**	**2020 N=17**	**2021 N=15**
The PHS Department promotes diversity and inclusion of marginalized populations.	66.6	100	87.5	77.8	69.2	90.9	82.4	66.6
The program supports a learning environment that is conducive to diverse students with different needs.	66.6	77.7	87.5	88.9	69.2	63.6	88.2	60.0

Among students, we see steady numbers in the BSPH, strong improvement in the assessment of inclusion within the MPH program, and inconsistencies in the PhD programs depending upon degree. In terms of learning environment, there is room for improvement across the board. We anticipated that some of these concerns would be exacerbated with the last round of data collection (Spring 2021) given the transition to remote learning where our students in particular struggle with inadequate technology, increasing financial difficulties, and greater family responsibilities.

In the 2019 employee climate survey (conducted every 2 years, university-wide), faculty and staff were generally positive about the cultural climate of the Department. Greater faculty and staff diversity are needed rather than student diversity. Similarly, student admissions practices were reported as more fair than hiring practices. Faculty and staff reported lower levels of marginalization and relatively high levels of feeling safe and supported. Colleagues were viewed as less understanding and committed to diversity and inclusion, as compared to the former department chair.

Anecdotally, these issues were heightened in 2020 as events such as police shootings of Black Americans, the Black Lives Matter movement and other salient issues came to the forefront of public health conversations both internally and externally. The university-wide, climate survey was recently conducted again in Spring 2021 but data are not yet available. Many of these issues have driven the Department's 5-year, strategic planning process.

PHS Department Faculty and staff climate perceptions AY 2018-2019 (n=16)	
Question	**Average score** (Strongly disagree [1] to Strongly agree [5])
My unit currently has a climate supportive of diversity/inclusion	4.13
My unit makes efforts to enhance a climate supportive of diversity/ inclusion	4
I believe my unit would benefit from having more diverse faculty and staff	4.25

I believe my unit would benefit from having more diverse students	4.06
My supervisor has a strong UNDERSTANDING of diversity/inclusion	4.13
My supervisor has a strong COMMITMENT to diversity/inclusion	4
My colleagues have a strong UNDERSTANDING of diversity/inclusion	3.8
My colleagues have a strong COMMITMENT to diversity/inclusion	3.9
My unit tends to marginalize some employees or students	3.46
I feel safe and supported in my unit	4.13
I have confidence in my unit leadership for diversity/inclusion	4.06
My unit is fair in its hiring practices	3.75
My unit is fair in its admission practices	4.14
Open ended detail on responses:	I entered Neither agree or disagree for the question about my unit benefiting from having more diverse students because I think that the student body in our unit is already relatively diverse. While they can still be more diverse, I don't think that there are major concerns with the current diversity of our students.
	Already have diverse student and diverse staff/faculty
	Certain programs within my unit are more diverse than others
	Recruitment of diverse graduate students and those from disadvantaged background (social mobility) priority

G1-7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

We have effectively recruited and admitted economically disadvantaged students to our programs. We continue to develop more strategies to improve their academic success and reduce their financial burden. Our faculty are diverse in terms of race/ethnicity and a large number were first generation college students themselves. Faculty of color are being promoted and retained, in terms of the major markers of career advancement.

Weaknesses

We recognize that within the Department we have had issues with inequities and a lack of support for faculty of color on a day-to-day basis. While we recognize the need to increase our faculty from

Latinx/Hispanic backgrounds, we also need to establish a culture that continues to support faculty success in small and large ways.

Plans

As part of our Departmental 5 year strategic plan for 2020-2025, we have begun a full-scale equity review of all unit policies related to faculty: hiring, promotion and tenure, and annual review process. Similar, each degree program is reviewing admissions, funding, grading and progression policies to ensure equity in success and degree progression. We are committed to creating an environment where our priority populations and diverse peoples can be supported and successful so that when resources do become available, the environment will be attractive to these students and faculty.

H1. Academic Advising

The school or 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 school or 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.

H1-1) Describe the school or program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering. (self-study document)

Academic advising is defined as a collaborative process in which the student and advisor discuss and evaluate the student's progress toward personal, academic, professional, and lifelong learning goals. This requires regular and periodic communication to ensure that the student is progressing in the appropriate academic program, as well as utilizing available University, Departmental, and Program resources. Academic advising assists the student in achieving a meaningful and productive educational experience. Formal advising within the PHP begins with the application as applicants are assisted from initial program entry to the completion of the degree.

Public Health (BSPH) Degree

Students who declare the Pre-Public Health (PRPH) major and are interested in the BSPH program are directed to visit with the Office of Student Services in the College of Health and Human Services about preparatory coursework for the Public Health major (BSPH). The Pre-Public Health Advising Checklist is used as a reference guide to develop schedules. Once accepted into the BSPH program (typically fall of their junior year), students receive academic advising through BSPH faculty and the Program Director. Students are given the *BSPH Student Handbook* as a guide and reference. The handbook contains a BSPH Academic Advising Record for students as well. The Program Director advises the student initially and then refers the student to their full-time, assigned BSPH faculty advisor. BSPH students are responsible for communicating with their advisor at the beginning of each semester.

Master of Public Health (MPH) Degree

Upon acceptance to the graduate school and admission to the MPH program, the applicant is advised by the MPH Program Director for their first semester. By default, MPH Program Director serves as the academic advisor for all MPH students prior to matriculation. In some cases (part-time students, students admitted in the spring semester, and dual degree students), the MPH Program Director will serve as a student's primary academic advisor throughout their degree. Full-time students who begin in Fall are assigned to a concentration-specific academic advisor prior to spring registration.

The academic advisor's name is listed in DegreeWorks along with the MPH Program Director, who serves as backup for all students. Academic advisors are assigned based on the student's concentration. This advisor works with the student throughout the program of study. Students are advised about appropriate courses, sequencing of courses, the internship, and additional matters appropriate for preparing students to meet their career objectives. Students are expected to communicate with their advisor prior to registering for a given semester and when planning their internships and throughout their progressions through the degree. Students are given the *MPH Student Handbook* and MPH Internship Manual as guides and references. Early-Entry and Dual Degree applicants work with the MPH Program Director and follow similar academic advising protocols for the MPH portion of their studies.

The MPH Program Director also does group advising in the fall and spring around finding and negotiating an applied practice experience (internship). These advising sessions are also offered one-on-one and are designed to assist students with searching and securing placement for the APE. Students are encouraged to connect with senior MPH students to hear about their experiences finding and negotiating APE placement.

Doctor of Philosophy (PhD) Public Health Sciences & Health Services Research

Student matriculating into either the PHS PhD program or the HSR PhD program are initially advised by the PhD Program Director, who oversees both degrees. Students are given the *PhD Student Handbook* as a guide and reference and the Program Director provides structured academic advising to all students during their first year of study. During the second year of the program, the professor who has been acting as the student's research mentor also becomes the student's academic advisor. For full-time students this individual is typically the professor who is supervising the student's graduate assistantship. For part-time students this individual is a professor who shares similar research interests. The Program Director provides mentors/academic advisors with advising materials in a shared Dropbox folder. Mentors/academic advisors meet with students and complete a course registration sheet with them each semester. The Program Director reviews and approves each sheet to ensure timely degree progression before students register for their classes.

H1-2) Explain how advisors are selected and oriented to their roles and responsibilities. (self-study document)

Advisors within the BSPH, MPH, and PhD programs are initially the Program Directors because they know the program details best and the public health career field through their experience working with internship preceptors and employers. BSPH and MPH Program faculty serving on program committees are later assigned as advisors to provide additional support/advising to ensure that students are progressing through the programs efficiently.

BSPH students are primarily advised by the Program Director for the 2 years they are in the program.

MPH students are advised by the Program Director in order to register for the first semester and are then matched with faculty advisors based on their declared concentration (Community Health Practice (CHPR); Epidemiology (EPID); Physical Activity and Nutrition (PANU); Population Health Analytics (PHAN)) in the middle of their first semester. Dual degree, part-time, early entry, and off-cycle MPH

students continue to be advised by the Program Director. Advisors are assigned in Banner and the students appear in Advisors' Degree Works list. Faculty are oriented to the role and responsibilities of student advising in MPH Program Committee Meetings.

For PhD students, after the first year of study, the academic advising moves from the PhD Program Director to the assigned research mentor. The PhD Program Director shares advising documents with research mentors/academic advisors through a shared Dropbox folder. The folder contains suggested course sequences, registration checklists, and course registration sheets. Each semester, the PhD Program director contacts research mentors/academic advisors to remind them of important registration dates and where to find registration information. While the PhD Program Director emails all students about registration and makes course recommendations, the research mentors/academic advisors can provide students with additional guidance on selecting electives and other coursework that will complement their research interests. Ultimately, the PhD Program Director reviews and approves all course registration sheets to ensure timely degree progression.

H1-3) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students. (electronic resource file)

ERF→ H1 Student Handbooks

BSPH Student Handbook (Cohort 14)

BSPH Student Handbook (Cohort 15)

MPH Student Handbook

MPH Internship Handbook

PhD Public Health Sciences Student Handbook

PhD Health Services Research Student Handbook

Additional electronic Advising Resources can be found on our Department website at https://publichealth.uncc.edu/student-resources/student-resources

H1-4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

Students complete end of year surveys each spring to assess their satisfaction with academic advising. These are typically collected during class. All responses are anonymous. Hardcopy responses are entered into an Excel spreadsheet for analysis.

In 2020 and 2021, due to COVID-19, surveys were administered using Qualtrics. A link to the survey was sent out by each Degree Program Director to their list of active students. Students also received a 2nd reminder. Surveys were open for approximately 3 weeks. In 2020, response rates were noticeably lower, ranging from 28% (BSPH) to 86% (MPH). In response to the shift to remote learning on 3/14/2020, we also asked some key questions regarding the impact on students' work and academics and the level of satisfaction with communication surrounding the pandemic and our change in operations.

In 2021, response rates were better for the BSPH but lower for MPH. Advising satisfaction among BSPH students has shown steady improvement. For MPH students, there was a decrease in this last year as we transitioned to a new program director and we had enrollment growth. Doctoral student satisfaction is the same or better, hovering around 90%.

Public Health Programs By Degree and Year Percent of "Agree/Strongly Agree" Responses by Survey Date

	Public Health Programs End of Year Survey Responses by Survey Date															
Program	**BSPH***				**MPH****				**HSR PhD†**				**PHS PhD‡**			
Question	**2018 N=71**	**2019 N=73**	**2020 N=42**	**2021 N=65**	**2018 N=32**	**2019 N=46**	**2020 N=44**	**2021 N=44**	**2018 N=3**	**2019 N=9**	**2020 N=8**	**2021 N=9**	**2018 N=13**	**2019 N=11**	**2020 N=17**	**2021 N=15**
My advisor is available and/or responds to me when needed.	56.3	57.5	78.6	83.1	93.8	82.6	93.2	79.5	100	100	87.5	100	92.3	90.9	100	100
My advisor is knowledgeable about the curriculum and program requirements.	71.8	82.2	97.6	92.3	96.9	76.1	79.6	75.0	100	100	87.5	88.9	92.3	90.9	94.1	93.3
My Program Director is available and/or responds to me when needed.	--	--	64.3	87.7	--	--	90.9	84.1	--	--	87.5	100	--	--	100	100

*Total BSPH Students

2018= 92; 71/92 = 77%
2019= 85; 73/85 = 86%
2020= 152; 42/152 = 28% Survey response rate
2021=115; 65/115 = 57%

**Total MPH Students:

2018= 49; 32/49 = 65%
2019= 52; 46/52 = 89%
2020= 51; 44/51 = 86% Survey response rate
2021=65; 44/65 = 68%

†HSR PhD

2018= 20; 3/20 = 15%
2019= 23; 9/23 = 39%
2020= 19; 8/19 = 42% Survey response rate
2021=18; 9/18=50%

‡PHS PhD

2018= 12; 12/12 = 100%
2019= 18; 11/18 = 61%
2020= 20; 17/20 = 85% Survey response rate
2021=20; 15/20 = 75%

H1-5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each. (self-study document)

At the beginning of each academic year, the PhD, MPH and BSPH Program Directors, in conjunction with the department chair and faculty, each conduct an orientation for newly admitted program students to discuss program policies and expectations, and to answer any questions the students may have. They are also available for one-on-one meetings with students, if desired.

During MPH orientation, the MPH Program Director provides students with an overview of the program including concentrations, course scheduling, advising, and internship requirements. Second-year students and GPHA are invited to join the orientation to meet the incoming students and field any questions that require a student perspective. The orientation session also includes information on how to be successful (not just grades and rules) but enrichment, intellectual curiosity and community engagement. Additionally, students meet program faculty and staff for networking and introductions.

During the PhD orientation, the PhD Program Director reviews important information related to course scheduling, advising, graduate assistantships, and the use of professional development funds. She also does a brief overview of policies and procedures related to the comprehensive/qualifying examination and dissertation process.

The Center for Graduate Life (CGL) and the Graduate School has a Graduate Student Onboarding website that is also available to graduate students. This site is meant to be a curated guide for new graduate students, providing them with the most basic information they need and links to sites where they can learn more.

H1-6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

Faculty members within our department have won awards or received recognition for their mentorship and advising to our PHP students from our College of Health and Human Services. Students receive both individual and group advising throughout their degree progression from program faculty and the individual Program Directors. Faculty advisors are relatively stable from year to year and are drawn from faculty that teach in the program, thus they have good knowledge of the curriculum and degree progression.

Weaknesses

There are not many opportunities other than GPHA for MPH cohorts to share experiences and work together. To a certain extent, this issue is decreasing as there are more off-cycle students who crossover the cohorts because their plans of study are different.

Plans for Improvement

We are currently implementing a peer-to-peer mentoring program in the MPH program to facilitate discussion and integration between 1st and 2nd year students. We plan to explore various means of providing academic advising virtually to improve availability of faculty to our students.

H2. Career Advising

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

Required documentation:

H2-1) Describe the school or 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. Schools should present data only on public health degree offerings. (self-study document)

At the University level, career advising is available in many forms including individual, phone, freshman group, international, Honors, and open advising. The University Career Center (UCC) within the Division of Academic Affairs provides comprehensive, innovative services and resources for diverse populations of students, alumni, and employers that prepare UNC Charlotte graduates for the competitive global market. The UCC provides students with: professional headshots for social network pages such as LinkedIn, resume and cv review, one-on-one mock interviews, list more – these are available for students at all levels as well as UNCC alumni.

In addition, the PHP provides career resources for both currently enrolled students and alumni through several mechanisms. Examples include connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc. Also, the PHP Program Directors maintain an email distribution list for alumni, which is used to post job announcements and other professional development opportunities. They also share alumni updates provided by individual graduates to show current students where alumni found their place in the public health workforce via the Public Health Programs newsletter. Program specific details are provided below.

BSPH Degree

The BSPH Capstone e-portfolio focuses on student opportunities to synthesize and integrate student knowledge and understanding of community health issues acquired throughout the program with an emphasis on students' career goals. The student e-portfolio includes a resume, examples of student work, and personal statements of how students see themselves integrating their learning with public health practice. As part of the Capstone course (HLTH 4600), BSPH students also complete Career Building Activities, which include mock written responses to job advertisements and mock interviewing.

Undergraduate students are encouraged to join the Public Health Association (PHA). The purpose of PHA is to foster an environment that contributes to the enhancement of the academic and professional concerns, goals, and careers of public health students and others at the University of North Carolina at Charlotte interested in the professions of Public Health at UNCC.

Typically, in the 2nd to last semester, the MPH Program Director delivers a presentation to BSPH students focusing on applying to graduate school. The emphasis is on developing relationships with current professors so that recommendation and reference letters will be easier to obtain and more meaningful; discussing pros and cons of attending graduate school immediately following the bachelor's degree versus working a few years and then applying; as well as writing a compelling personal statement and framing the student's academic experience.

MPH Degree

Career advising for students interested in the MPH program frequently begins when potential applicants first make contact with the Director of the MPH Program. Students often are unfamiliar with the potential career options with an MPH and specifically for opportunities related to the specific concentrations. These initial discussions ensure that 1) the student is applying to the appropriate degree; 2) that they are thinking through their interests to select the concentration that most aligns with their interests; and 3) they understand differences in salary, setting and type of work associated with each concentration. This is an ongoing conversation during the students' first semester as they are required to commit to a particular concentration prior to registration for the 2nd semester.

Throughout the duration of the MPH program, the Program Director communicates regularly with students regarding career and employment opportunities, particularly graduate research assistantships and teaching assistantships, which can boost a student's ultimate marketability upon graduation. Other full-time faculty also send internship and employment opportunities to the students via the student Google Group, email or personal communication. The MPH student manual also contains information related to Public Health Employment search databases.

Career advising is integrated into the curriculum during the Internship/APE and Capstone/ILE course experiences. A key goal of the APE is to have students receive mentoring and career advice from their APE preceptors. This expectation is outlined in the Internship Appendix A (see MPH Student Internship Manual). Students frequently report that the opportunity to work side-by-side with public health career professionals and be mentored by them is one of the most important aspects of their internship experience.

The concentration-specific ILE provides tailored career advice for graduating students. Second year MPH students deliver poster presentations from their internship experience during the ILE where regional public health community partners, many of whom are potential employers, come and evaluate their work. The focus of the poster presentation is having the student integrate the skills they acquired during the APE into a meaningful public health framework as an opportunity to market those skills in a professional presentation. MPH Poster Day is a great networking event where students can showcase their experience and interpersonal skills to a variety of public health professionals and get important feedback.

Also during the ILE, students engage in multiple career development activities including: mock interviews with relevant public health professionals, resume writing and feedback, cover letter writing, salary negotiation tips, curating a professional online presence via LinkedIn and conducting an information interview with a public health professional that they have not previously met.

ILE students also attend an MPH Alumni Job Panel. Recent alumni, representing the various concentrations, are asked to present about how they found their first job, any job hunting or interviewing advice they had, what their first job is like, salary ranges, and other relevant information. The majority of the session is question and answer from students to the panelists. In Spring 2020, we had 7 panelists representing CHPR, EPID and PHAN concentrations. Two panelists obtained employment out-of-state; three worked at local health departments; two at research institutes; there were also representatives from a large healthcare system, NGO and a university student wellness center. In 2021, we had 5 recent graduates representing 3 concentrations (we have not had a Physical Activity & Nutrition graduates yet). All students highlighted the importance of networking, maintaining professional connections with professors, using LinkedIn, and having confidence in themselves.

In addition, MPH students are encouraged to join the Graduate Student Public Health Association (GPHA). The purpose of GPHA is to foster an environment that contributes to the enhancement of the academic and professional concerns, goals, and careers of public health students and others at the University of North Carolina at Charlotte interested in the professions of Public Health. Finally, the MPH program recently created and maintains a Linkedin page (linkedin.com/in/mph-program-unc-charlotte) where students and alumni can join to see employment opportunities and network with other public health professionals. GPHA also hosts multiple outside speakers and panels to aid students in finding internships and discuss career opportunities.

PhDs in Public Health Sciences & Health Services Research

The Graduate School at UNC Charlotte and the Center for Graduate Life (CGL) offer a broad array of professional development activities, including workshops; career fairs; funding opportunities; graduate level course on leadership, research and teaching; sponsoring the Three-Minute Thesis competition; and special guest speakers, throughout the year. CGL professional development workshops range from stress management, developing a LinkedIn profile, networking tips and online write-a-thons to help students complete their dissertation. All Ph.D. students receive email notices about CGL opportunities directly from the Graduate School.

Within the degree program, the primary resources for career development are the student's research mentor and the PhD Program Director. PhD students are assigned a research mentor aligned with their interests when they first join the program. The research mentor helps the student develop research skills, communication skills and other skills necessary to succeed in their desired career path. The PhD Program Director routinely emails employment announcements and professional development opportunities to all PhD students and alumni. The PhD Program Director also holds sessions where alumni of the programs discuss their employment histories and experiences with the job market.

In addition, each spring doctoral students complete a mandatory annual progress report in conjunction with their research mentor and/or dissertation chair where they submit a CV, description of their progress and any milestones they've achieved and a brief description of their career goals. Evaluations are reviewed by the Program Director. Each student receives an Annual Review Letter of Progress.

ERF→ Capstone and ILE Syllabi – HLTH 4600, HLTH 6230, HLTH 6280, HCIP 6250

H2-2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities. (self-study document)

Similar to academic advising, career advising within the BSPH, MPH, and PhD programs is provided primarily by the Program Directors because of their experience working in public health. Other faculty offer their experiences and insights into careers in public health to assist or undergraduate and graduate students. This expectation is set forth and reemphasized at monthly Departmental meetings. All faculty automatically receive accounts on Hire-A-Niner to allow viewing of active job postings, employers that visit our campus and the wide array of career events that are available to our students.

H2-3) 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. (electronic resource file)

Lacci, Kandice, MPH '19 Kandice served as Dr. Lorenzo Hopper's teaching assistant during her tenure in the MPH program. During the second semester of her first year in the program, she reached out and inquired about doctoral programs. Dr. Hopper met with Kandice on multiple occasions and discussed the difference between the PhD and DrPH degrees, research interests, and his journey to obtaining his PhD. Dr. Hopper suggested reaching out to some PHS faculty who obtained a DrPH degree to learn about their journeys. Kandice decided to apply to and was ultimately accepted into our PhD in Public Health Sciences program. She is currently a second-year doctoral student. She and Dr. Hopper continue to meet periodically to discuss her research interest and progress.

Siddiqui, Nida, MSPH '17

Nida contacted Dr. Warren-Findlow who was the MPSH/MPH Program Director at the time in August 2019. She wanted advice about either obtaining a 2nd Masters in Biostats versus a PhD. They chatted by phone for about an hour in relation to her career goals around being a lead biostatistician at the cancer surveillance center where she works. Nida currently works at Emory University doing melanoma clinical research trials. Several topics were discussed including: the differences between masters training vs. doctoral; avoiding repetition of her MPH course work (focus on searching for MS as opposed to MPH programs); funding at masters level vs. PhD; and whether epidemiology and biostatistics would be viewed interchangeably for what she wanted to do. Dr. Warren-Findlow suggested thinking about if there was cancer-specific epi/biostats programs as that would enhance her market value and she could make a larger contribution to a cancer research team. She also recommended reaching out to Dr. Huber (an epidemiology researcher). Nida discussed applying to an ORISE fellowship in cancer epi and Dr. Warren-Findlow subsequently wrote her a letter of recommendation.

Dickenson, Samantha*, *MSPH '14

Starting in June 2015 (via email) Samantha asked Dr. Warren-Findlow (her former thesis Chair) for feedback on a personal statement for the Northeastern Education Leadership PhD program and a letter of recommendation. Dr. Warren-Findlow provided detailed feedback on the personal statement and wrote a letter of recommendation. Samantha was ultimately admitted. When she left her specialist job at CEPH, she forwarded Dr. Warren-Findlow the job opening to send onto other students. Dr. Warren-Findlow also was a reference for her in 2016 when she was applying for new positions. Subsequently they spoke together at APHA in Denver in 2016. Samantha graduated in 2018 and she let Dr. Warren-Findlow know and she was highlighted in the Spring 2019 Public Health Programs newsletter. Dr. Dickenson is now with the NIH Office of Equity, Diversity, and Inclusion.

Hickman, Glenn MPH '20

In the Summer of 2020 (via LinkedIn) Glenn asked Dr. Hopper (former instructor and current MPH Program Director) for feedback on an interview presentation for a job within the Levine Cancer Institute. He was required to develop a 10-minute presentation on "Challenges and Opportunities in Underserved Populations." Dr. Hopper provided detailed feedback on the presentation and Glenn ultimately was offered the job. On July 24th, Glenn emailed Dr. Hopper to thank him for the feedback and training and to inform him that you had joined Atrium Health Levine Cancer Institute as a Cancer Program Development Specialist.

H2-4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

Each spring, PHP students are asked about their feelings toward the level of satisfaction with the career advising received while in our programs. They are also asked about the opportunities and resources that they feel are made available to aid in the job search. The results from the last four years are as follows.

Despite the numerous resources available, student ratings' of career advising support are poor. Approximately 60% of BSPH students are satisfied. Satisfaction among MPH and PhD students went down from 2021 to 2020, potentially due to the anonymity and uncertainty of conducting employment searches in a virtual world. Some of our students are not on social media and so using various platforms such as LinkedIn in an effort to present themselves out on the market has been a hurdle. Generally satisfaction is higher among second year MPH students and 4th year PhD students as there is greater emphasis on career advising later in the degree program.

Public Health Programs By Degree and Year Percent of "Agree/Strongly Agree" Responses by Survey Date

	Public Health Programs End of Year Survey Responses by Survey Date															
Program	**BSPH***				**MPH****				**HSR PhD†**				**PHS PhD‡**			
Question	**2018 N=71**	**2019 N=73**	**2020 N=42**	**2021 N=65**	**2018 N=32**	**2019 N=46**	**2020 N=44**	**2021 N=44**	**2018 N=3**	**2019 N=9**	**2020 N=8**	**2021 N=9**	**2018 N=13**	**2019 N=11**	**2020 N=17**	**2021 N=15**
I am satisfied with the career advising I am receiving while enrolled in the program.	46.5	52.1	52.4	58.5	46.7	41.3	65.9	47.7	100	66.6	87.5	77.8	46.2	72.7	76.5	66.7
Career resources and employment opportunities are made available to aid me in my job search post-graduation.	39.4	34.2	35.7	61.5	75.0	56.5	65.9	63.6	66.6	66.6	75.0	66.7	46.2	45.5	88.2	73.3

*Total BSPH Students

2018= 92; 71/92 = 77%
2019= 85; 73/85 = 86%
2020= 152; 42/152 = 28% Survey response rate
2021=115; 65/115=57%

**Total MPH Students:

2018= 49; 32/49 = 65%
2019= 52; 46/52 = 89%
2020= 51; 44/51 = 86% Survey response rate
2021=65; 44/65=68%

†HSR PhD

2018= 20; 3/20 = 15%
2019= 23; 9/23 = 39%
2020= 19; 8/19 = 42% Survey response rate
2021=18; 9/18=50%

‡PHS PhD

2018= 12; 12/12 = 100%
2019= 18; 11/18 = 61%
2020= 20; 17/20 = 85% Survey response rate
2021=20; 15/20=75%

H2-5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

The University of North Carolina at Charlotte has extensive career advising services available to students at all levels and these resources have been integrated into the curriculum. The BSPH and MPH Programs have implemented several additional career advising activities and opportunities embedded within the capstone and ILE. Career advising is available both at the course and individual level throughout a student's degree.

Weaknesses

Much of our career advising remains informal and *ad hoc*, which can result in some students not getting the help they need to transition from school to a professional career. During the pandemic, students had a harder time connecting with faculty and finding a mentor to guide them to different opportunities. MPH students did identify career advising as an area of improvement for the program.

Plans for Improvement

Students have suggested more opportunities to get to know faculty. There may be opportunities to facilitate more student – alumni networking for career enrichment.

H3. Student Complaint Procedures

The school or 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 school or program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

H3-1) Describe the procedures by which students may communicate any formal complaints and/or grievances to school or program officials, and about how these procedures are publicized. (self-study document)

Each degree program has a specific procedure in place for handling student complaints, which is outlined in the degree program student manual. In addition, a student may pursue a formal grievance if he or she believes that a member of PHS has violated his or her rights. Depending upon the issue, or if no resolution is possible after working with the Program Director or Department Chair, there are several avenues for students to report formal complaints and grievances to UNCC administration. During the course of an academic career, students may have issues around courses, grades, degree requirements, and individual faculty members, which may require timely advice and counsel. Given the many levels and avenues for raising complaints, we define a "formal complaint" as those issues which require the degree Program Committee to take action; these are items outside the purview of the Program Director.

University Grievance and Appeal Procedures

The Office of the Dean of Students serves as a resource center for those students seeking information regarding grievance and appeal procedures. Students enrolled in courses at the University of North Carolina at Charlotte who would like to file a complaint regarding their experience may refer to the University Policy: 411 UNC Charlotte Student Grievance Procedure.

The primary objectives of this Student Grievance Procedure are to ensure that students have the opportunity to present grievances to the University regarding a certain action or inaction by a member of the University community and that the University has a consistent way of resolving those grievances in a fair and just manner.

Additional resources are available from the Office of the Registrar. Upon request from any student, the Office of the Dean of Students will provide guidance about the appropriate system for redress of a particular complaint. The Department of Public Health Sciences also has a number of ways students can express concerns.

This information is provided to students electronically in the College of Health and Human Services (CHHS) student handbook as well as the degree specific student handbooks.

Additional online resources for students:

- Student Grievance Report
- UNC General Administration Office of Post-Secondary Education Complaints

- Title VII of the Civil Rights Act
- Title IX of the Education Amendments
- University Policy 411, Student Grievance Procedure
- University Policy 406, Code of Student Responsibility, Chapter 8, Sexual Misconduct Complaint Procedures
- University Policy 407, Code of Student Academic Integrity
- Admission Appeals Process
- University Policy 410, Policy and Procedure for Student Appeals of Final Course Grades
- Traffic and Parking Appeals
- Grievance Procedure related to delivery of special services to students with disabilities

PHP Program Specific Procedures

Program Directors are expected to handle student concerns as outlined in the PHS Student Complaint Policy.

ERF→ Student Complaint Policy

Course Complaints

To resolve course disputes, students are encouraged to first discuss the issue with the course instructor. If the issue cannot be resolved at that level it should be brought to the Program Director. Program Directors (PDs) are best qualified to advise students about issues they are having with the curriculum or with program instructors. Students have more familiarity with the PD and the PD has more knowledge about the curriculum and frequently the student as well. If the student does not feel comfortable speaking with the Program Director, the student is also able to bring concerns to the Program Committee by speaking to a student representative. If the issue cannot be resolved, then the student can request a formal resolution with the Department Chair by sending a written description of the issue to the Department Chair.

BSPH/MPH Internship/APE Complaints

Students with an issue or concern with an off-site practicum preceptor are guided to first contact the BSPH or MPH Program Directors.

Grievances

Students who wish to appeal a policy of the BSPH Program may do so by submitting a written appeal to the Department Chairperson in accordance with the "Academic Grievance Policy of the College of Health and Human Services." This appeal will be reviewed, and judgment made by the faculty of the department.

The Undergraduate Public Health Programs Committee provides students with a venue to communicate concerns through the program committee student members. The student representatives discuss issues with their peers and then relay these concerns to the program committees, where the students are directed to the appropriate body to hear their concern if it is not within the committee's purview.

This information is provided to students electronically within the BSPH student handbook.

MPH students elect a student representative to the MPH Program Committee. This representative is responsible for bringing forth any student concerns. At MPH Program Committee meetings, the student representative gives a report of the status of GPHA, relays student concerns, and offers a student's perspective on program initiatives as necessary. While students are free to raise concerns at any time, the MPH Program Director formally meets with GPHA at least once each semester.

Similarly, each doctoral program has an elected student representative to the PHS and HSR Program Committees.

The student complaint procedure is documented in the MPH and PhD Student Handbooks.

H3-2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal. (self-study document)

As described earlier, a student may pursue a grievance if he or she believes that a member of the University community has violated his or her rights. Upon request from any student, the Office of the Dean of Students will provide guidance about the appropriate system for redress of a particular complaint.

If a student decides not to present his or her grievance to the person alleged to have caused the grievance or if the student is not satisfied with the response, he or she may present the grievance in writing to the chair or director (hereinafter "administrator") of the department or area where the person alleged to have caused the grievance is employed. An informal investigation is conducted by the administrator as warranted to resolve any factual disputes.

Upon the student's request, the administrator shall appoint an impartial fact-finding panel of no more than three persons to conduct an investigation. Based upon the report of the fact-finding panel if any, the administrator shall make a determination and submit his or her decision in writing to the student and to the person alleged to have caused the grievance within ten calendar days of receipt of the panel's report. The written determination shall include the reasons for the decision, shall indicate the remedial action to be taken if any, and shall inform the student of the right to seek review by the appropriate vice chancellor (or chancellor if the administrator is a vice chancellor).

Within ten calendar days of receipt of the administrator's decision, a student who is not satisfied with the response of the administrator after the initial review may seek further review by submitting the written grievance, together with the administrator's written decision, to the appropriate vice chancellor. Within 15 calendar days of receipt of the request for review, the vice chancellor shall submit his or her decision in writing to the student and to the person alleged to have caused the grievance. The written disposition shall include the reasons for the decision, and it shall direct a remedy for the aggrieved student if any.

The student may elect to appeal the vice chancellor's decision to the Chancellor. Any such appeal must be filed not later than fifteen calendar days after the student receives the vice chancellor's decision.

H3-3) 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. (self-study document)

There have been a small number of student grievances submitted in the last three years.

- There was a formal complaint by a BSPH student who requested accommodation but did not receive it. This was resolved after meeting with the instructor.
- Two issues that did not go to the Chair, but to the Associate Dean for Graduate Studies, involved doctoral students. One, involved the termination of a student from the PHS PhD program. Another issue, which is unresolved, was brought by a faculty member, and concerns a student who changed dissertation committee chairs some 10 weeks before the dissertation proposal defense. The faculty member has requested to be included on any resulting dissertation publications given the investment that he made in getting the student to that point.

H3-4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths

The avenues and support received from the University, College, and Department of Public Health Sciences is a strength that we intend to continue to focus on for our students. The Program Committees provide a formal mechanism by which students can express program concerns and needs in a safe and confidential setting. The Graduate Public Health Association and Public Health Association (undergraduate) foster an environment where students can discuss programmatic concerns with each other. Program committee meetings with the professional associations representatives and Program Directors provide a level of anonymity for the student and enhance opportunities for dialogue regarding concerns.

Weaknesses

The number of procedures available to students can be overwhelming, particularly at the University level. Successful resolution frequently depends upon the student's understanding of the specific procedure, the student's persistence in pursuing the matter and dealing with the various protocols, the university office involved, and the instructor's interpretation of the policy. These situations have been exacerbated with COVID-19 as several policies have been loosened but the changes are so numerous that faculty have struggled to stay current with the nuances and consequences.

Plans for Improvement

Our goal is to establish an environment where students are comfortable voicing their concerns to instructors and/or the Program Director. The process should be streamlined and transparent at least within an individual degree.

H4. Student Recruitment and Admissions

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

H4-1) Describe the school or program's recruitment activities. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings. (self-study document)

The public health faculty, staff, and CHHS academic advisors have made great effort to market the PHP degrees to incoming students. These efforts appear to be working as we are welcoming 64 new BSPH students into the newest Fall 2020 cohort. This is an increase of 18.5% from the previous cohort. Our early entry programs and dual degree programs work to streamline qualified students into our graduate MPH program. We welcomed 29 new MPH students in the Fall 2020 cohort.

Electronic Networking

The Department of Public Health Sciences website (https://publichealth.uncc.edu/) is one means of recruiting students as it contains an introductory overview of the degree programs and contact information for the department faculty and staff. The Prospective Students section of the website provides information on *Programs We Offer, Admissions,* and *Student Resources.* The website also highlights recent news from the department, alum spotlight news, and campus events.

Our website contains program links designed to provide potential applicants with progressively deeper levels of program information. Newsletters, FAQs, and contact information links are highlighted here. Students tend to contact our degree program directors directly via email if they are interested in learning more about one of our academic programs.

On a national scale, our programs are present on the ASPPH Degree Program Finder site. The MPH and PhD programs participate in the joint recruitment efforts led by ASPPH: Career Eco virtual graduate school fairs and *This is Public Health Virtual Fair (*https://thisispublichealth.org/event/virtual-fair/), hosted by ASPPH. These events are a great way to meet SOPHAS members, current graduate students, and admissions representatives from over 60 schools and programs of public health. In October 2018, UNC Charlotte was a host site for an on-campus TIPH fair in the region with over 100 student attendees.

MPH Program

Every fall the MPH Program does a mass recruitment mailing to all public and private colleges and universities in North Carolina who have relevant undergraduate feeder programs. Emails with flyer attachments and links are sent to program directors supervising diverse programs such as: biology, computer science, statistics, sociology, kinesiology, and other health-related degrees including public health. We do a similar mailing on-campus to relevant undergraduate degrees.

Interested students are able to request a visit with the MPH Program Director or a graduate student. These visits (either virtually or in person) provide prospect students with an opportunity to see the campus and speak with the Program Director or a current student. We request two business days to schedule a visit but do our best to accommodate all requests.

PhD Program

Every fall the PhD Program Director emails an introductory letter and flyer to Program Directors from relevant feeder programs (e.g. MPH, MHA, and other health-related master's programs) across the Southeast region. The Program Director and current PhD students from the programs also participate in virtual fairs sponsored by ASPPH and APHA. Advertisements for the PhD programs have also been placed in *American Journal of Public Health* and *Nation's Health*. Many times, applicants find information about the PhD programs through their own Google searches. With advance notice, the Program Director can plan a visit for potential applications to meet with faculty and current students in the department.

On-Campus Networking

Undergraduate students taking pre-public health courses or Prospect for Success classes (HAHS 1100) are informed about the BSPH program and the steps needed to qualify for the major. The strong academic abilities of undergraduate students and high interest in health contribute to the potential for attracting well-qualified students from our undergraduate ranks into the MPH program. To capture the interest of these recruits, the MPH Program Director and faculty regularly advertise the MPH program in BSPH courses. The director and faculty also speak to student organizations on campus about public health and the MPH Program.

Off-Campus Networking

Personal contact and recruitment by MPH faculty members, students, and alumni often occurs at

professional conferences such as APHA and through contacts made through community service and research projects in which the faculty and students frequently engage. Each year, faculty and staff represent the PHP at APHA and provide information on our degree programs to attendees. The MPH Program Director or his designee also makes campus visits or entertains groups from other campuses (e.g. Johnson C. Smith University or Appalachian State).

Inquiry-to-Admission Mentoring

Potential program applicants often email the Program Directors with an initial inquiry about the program. The director replies to each email to provide basic information and a link to our program webpage. The inquirer is encouraged to contact the director again to ask additional questions as

needed. The director a keeps record of these initial contacts and provides on-going information as needed to those who progress to the application process.

H4-2) 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. Schools should discuss only public health degree offerings. (self-study document)

Public Health (BSPH) Degree

Students must apply for admission into the Public Health (BSPH) Major in February of the desired Fall semester of matriculation. Eligible students have completed 60 hours including HLTH 2101, HLTH 2102, HLTH 2103, Quantitative courses (6 hrs), Science courses (7 hrs), and Social Science courses (3 hrs), by the time they matriculate into the BSPH Major. Students are not required to be a pre-Public Health major in order to apply to the BSPH program. Students will complete any remaining Pre-Public Health courses when admitted to the Public Health Major. Admission into the BSPH Major is competitive and based on a minimum GPA of 2.5 and application for admission. The Program Director reviews applications for basic eligibility (GPA and credit hours). Program committee members then review de-identified personal statements (stripped of GPA) to determine admission. More information on BSPH admissions is provided on the BSPH program webpage.

Master of Public Health (MPH) Degree

Eligible students to the MPH Program must have a minimum GPA of 3.0 out of 4.0, acceptable GRE scores (currently waived), submit all relevant transcripts, three letters of recommendation and a personal statement identifying their chosen concentration. There are no required prerequisite courses or majors. We accept students from all backgrounds consistent with the interdisciplinary nature of the field of public health.

The MPH Program Committee conducts a holistic review of student applications. Two faculty members review each application and provide a recommendation to admit or deny for each student. The program does not provide provisional admissions. There are currently no maximum number of students to whom we offer admission, so recommendations are based on the merits of the applicant individually, not relative to other applicants. The Department provides a Youtube video on the website with more information on what makes an application competitive. This 13 minute video helps to answer application questions and has nearly 1,000 views.

Exceptional undergraduate students may apply for the early-entry program and begin graduate coursework in their senior year. Any undergraduate student may apply, regardless of whether or not they have a health related major or minor. For a complete list of requirements for early entry, see the University Catalog or the MPH program webpage. Early entry applicants must meet the same admissions criteria as students applying who have already earned their bachelors degree.

Admission information, application forms and materials can be found in The University Catalog or the MPH program webpage.

ERF→ MPH Admissions Process

PhD in Public Health Sciences

All applicants must complete an online application to the Graduate School. The University Catalog, application forms and PhD Admissions Requirements can be obtained from the PhD program webpage or Graduate Admissions. Applicants are reviewed by the PHS Program Committee using a holistic review process which includes "fit" within the program and with a potential mentor's area of research.

ERF→ HSR PhD Applicant Assessment Form; PHS PhD Applicant Assessment Form

H4-3) Select at least one of the following measures that is meaningful to the school or program and demonstrates its success in enrolling a qualified study 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 that follows, the school or program may add measures that are significant to its own mission and context.

- **Quantitative scores (eg, GPA, SAT/ACT/GRE, TOEFL) for newly matriculating students**
- **Percentage of designated group (eg, undergraduate students, mid-career professionals, multi-lingual individuals) accepting offers of admission**
- **Percentage of priority under-represented students (as defined in Criterion G1) accepting offers of admission**
- **Percentage of newly matriculating students with previous health- or public health-related experience**
- **Number of entering students with distinctions and/or honors from previous degree (eg, National Merit Scholar)**
- **Percentage of multilingual students**

Schools should present data only on public health degree offerings.

For our criteria we have selected:

1. quantitative scores for newly matriculating students;
2. percentage of designated group accepting offers of admission; and
3. percentage of under-represented students (economically disadvantaged) accepting offers of admission.

Table 1. Quantitative Scores for New Students			
	AY2018-19 Mean GPA, GRE percentile	**AY2019-20 Mean GPA, GRE percentile**	**AY2020-21 Mean GPA, GRE percentile***
BSPH	3.41; NA	3.25; NA	3.39; NA
MPH	3.36; V=45 & Q=33	3.41; V=52 & Q=35	3.48; V=48 & Q=34
HSR PhD	3.70; V=68 & Q=61	3.75; V=51 & Q=43	3.84; V=73 & Q=40

PHS PhD	3.82; V=61 & Q=49	3.81; V=63 & Q=44	3.88; V=82 & Q=51

*AY2020-21 included many GRE waivers due to the Covid-19 pandemic.

Table 2. Percentage of designated group (racial/ethnic minorities) accepting offer of admission			
	AY2018-19 %	**AY2019-20 %**	**AY2020-21 %**
BSPH	37	76	54
MPH	27	27	24
HSR PhD	NA	50	100
PHS PhD	33	50	40

Table 3. Outcome Measures for Recruitment and Admissions				
Percentage of newly matriculating students who are economically disadvantaged				
	Target	18-19	19-20	20-21
BSPH*	45%	NA	33/82=40%	43/101 = 43%
MPH†	35%		10/30 = 33%	10/31=32%
PhD - PHS†	50%			½ = 50%
PhD - HSR	50%			

*% of BSPH students who are Pell Grant recipients

†% of MPH/PhD students with umnet need > $20,000

H4-4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Strengths:

The BSPH and MPH Programs are growing and visibility is improving for the department. The department is engaged with recruitment both on and off campus, locally, regionally and nationally. The *This is Public Health Virtual Fair* is a great way extend our outreach and let potential students know of our program.

Weaknesses:

We cannot obtain data for economically disadvantaged students who apply but do not accept our offer of admissions. Obtaining data for economically disadvantaged students is difficult, even for students enrolled in our PHP. Graduate student data are only available for enrolled students who completed a FAFSA.

Plans for improvement:

We are currently implementing a social media strategy to further highlight our PHP degree programs, student metrics, and student accomplishments as well as student involvement/achievement in the community. We are also planning to revamp the department website to make it more engaging for prospective students and highlight our work within the Charlotte community. We will continue to work with the CHHS Office of Accreditation and Assessment, the Institutional Research Office and the Office of Financial Aid to obtain needed data.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the school or 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.

Required documentation:

H5-1) 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

Academic Calendar: https://registrar.uncc.edu/printable-calendar

Public Health (BSPH) Degree

- Link to BSPH admissions policies: https://publichealth.uncc.edu/degrees-and-programs/phs-undergraduate-programs/bachelor-science-public-health-bsph
- Link to Application Information: https://publichealth.uncc.edu/degrees-and-programs/phs-undergraduate-programs/bachelor-science-public-health-bsph/fall-2018
- Link to Student Handbook: https://publichealth.uncc.edu/sites/publichealth.uncc.edu/files/media/BSPH_student_handbook_2016%202018%20Cohort%2010.pdf

Master of Public Health (MPH) Degree

- Link to Graduate Admissions: https://gradadmissions.uncc.edu/programs/public-health-mph
- Link to website: https://publichealth.uncc.edu/academic-programs/graduate-programs/master-public-health-mph
- Link to MPH admissions requirements: https://publichealth.uncc.edu/degrees-and-programs/phs-graduate-programs/master-public-health-mph/mph-admission-requirements
- Link to MPH Internship Student Manual: https://publichealth.uncc.edu/sites/publichealth.uncc.edu/files/media/2021-2022%20Internship%20Manual.pdf
- Link to MPH Student Handbook: https://publichealth.uncc.edu/sites/publichealth.uncc.edu/files/media/2021-2022%20Student%20Handbook%20DRAFT%237_PP.pdf

Doctor of Philosophy (PhD) Public Health Sciences

- Link to PhD admissions requirements: https://publichealth.uncc.edu/academic-programs/graduate-programs/phd-public-health-sciences/application-and-admissions
- Link to PhD PHS Handbook: https://publichealth.uncc.edu/academic-programs/graduate-programs/phd-public-health-sciences/about-our-program/phs-phd-handbook

- Link to student resources: https://publichealth.uncc.edu/academic-programs/graduate-programs/phd-public-health-sciences/about-our-program/student-resources

Doctor of Philosophy (PhD) Health Services Research

- Link to PhD admissions requirements: https://publichealth.uncc.edu/academic-programs/graduate-programs/phd-health-services-research/application-and-admissions
- Link to PhD PHS Handbook: https://publichealth.uncc.edu/sites/publichealth.uncc.edu/files/media/HSR%202020-2021%20Handbook_060120_4.pdf
- Link to student resources: https://publichealth.uncc.edu/degrees-and-programs/phs-graduate-programs/phd-publich-health-services-research/about-our-program-4