REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT

CAMPBELL UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Campbell University. The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in September 2017 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Campbell University is a private, Christian university located in a rural community in southeastern North Carolina. The university enrolls nearly 6,500 students in eight schools: arts & sciences, law, business, education, pharmacy and health sciences, osteopathic medicine, divinity and engineering. The university has been expanding in recent years, particularly in the health sciences. The medical school, for example, enrolled its first class of students in 2013, the physical therapy program began in 2014, and the nursing program began in 2016.

The College of Pharmacy and Health Sciences (CPHS) houses degrees in pharmacy, pre-pharmacy and pharmaceutical sciences and also houses the School of Nursing, the School of Physical Therapy, the Physician Assistant Program and the Department of Public Health, which houses the MSPH program. The MSPH, and the joint degrees that include the MSPH, are the department's sole degree offerings.

The public health program began in 2012 but underwent a number of transitions, including those in key faculty roles, after its first year of operations, so the program has operated in its current form for approximately four years. The program was founded to focus on rural public health issues, particularly those that are germane to communities near the university. The program has also maintained a strong focus since its founding on dual degree students; by design, a majority of the program's enrollees have been dual degree students, with the largest populations completing pharmacy and physician assistant programs. The dual degree programs of study are structured to ensure that students complete nearly all of the requirements for the public health degree before beginning the second degree program, and attrition has been minimal to non-existent, with nearly all students who attempt a dual degree option completing both degrees.

The program's application to begin the accreditation process was accepted in 2013, and this is the program's initial review for accreditation.

Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

a. **The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.**

b. **The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.**

c. **The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.**

d. **The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.**

e. **The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.**

f. **The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.**

These characteristics are evident in the Campbell University public health program. The program is located in a regionally-accredited university, and the program's students and faculty have the same rights, privileges and status as other similar programs within the university. The program's primary faculty, and the faculty complement as a whole, bring a variety of disciplinary areas of expertise and regularly engage in collaboration across disciplines within the program and across the university and community. The program encourages the development of public health values through maintaining strong relationships with community partners throughout the public health sector and related areas. The program has adequate resources and has developed and implemented a systematic process for planning and evaluation of its teaching, research and service activities.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The mission states "With deep commitments to service learning and action research, the Campbell University Master of Science in Public Health program prepares students to be public health professionals by engaging rural communities as valuable and accessible partners in achieving health equity." There are nine value statements that reflect fundamental public health principles.

Three goal statements for achieving the program's mission are aligned with the strategic plan of the College of Pharmacy and Health Sciences. There is one goal each for service, instruction and research. Each goal has five to seven objectives by which the program measures its progress.

The self-study document contains examples that demonstrate the ways in which the program's attentiveness to its mission clearly frames its instructional, service and research activities. At the onset of the program, a small group of faculty, administrators and stakeholders developed mission, values, goals and objectives as part of a feasibility study to recommend the program. Since then, the guiding statements have undergone a number of changes as broader constituent input has been received. There is now an annual calendar for review with various stakeholder groups.

The site visit substantiated the program's allegiance to the mission. Students and faculty spoke about the importance of education about rural public health. Students appreciated their grounding in cultural humility. External partners were enthusiastic about the strong engagement by the program. The mission and value statements are readily available to the public on the program's website.

1.2 Evaluation and Planning.

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

This criterion is met. The program has both outcome and process measures for each goal. The self-study identifies data collection instruments and responsible persons for each measure. Results are systematically collected according to a regular annual schedule. Evaluation and monitoring is carried out at monthly department meetings and via stakeholder meetings and review of end-of-year reports. Program adjustments have been made based on stakeholder feedback on monitoring results.

It was clear to site visitors that program leaders regularly seek input from both students and external partners. Each group was familiar with the self-study document and believed that their contributions had been heard and valued.

Over the past three years, the program has been successful in meeting most of its targets. The self-study notes that this is by design, in terms of the process measures—the program crafted them to be consistently met rather than as aspirational or "stretch" measures. The program views outcome measures as stretch objectives but it is nonetheless successful in meeting most of these. Some of the latter measures were made more stringent in successive years as the program matured and stabilized.

The self-study process began in July 2013 with the submission of the accreditation application. While the effort was sustained through a period of considerable transition and turnover, the document was ultimately assembled during the academic year 2016-17 after early program changes stabilized. Through attendance of a CEPH accreditation workshop and consultative visit, the program worked to address both 2011 and 2016 criteria simultaneously. In the months prior to the submission of the preliminary self-study, the program received comments from stakeholders, including administrators, students and community partners, and the program continued to solicit input as program leaders prepared the final self-study document.

1.3 Institutional Environment.

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

This criterion is met. Campbell University was founded in 1887 as Buies Creek Academy with 16 students and has transformed into a university that enrolls nearly 6,500 students. The university is located in Buies Creek, North Carolina and in recent years has extended campuses in Camp Lejeune, Fort Bragg/Pope Air Field and Raleigh. Campbell also has partnered with Tunku Abdul Rahman College in Kuala Lumpur, Malaysia since 1979 to offer a Bachelor of Science degree. Campbell University is accredited by the Southern Association of Colleges and Schools Commission on Colleges and the university's programs also hold specialized accreditation in fields such as pharmacy and nursing.

The university has eight schools: arts & sciences, law, business, education, pharmacy & health sciences, osteopathic medicine, divinity and engineering. The College of Pharmacy and Health Sciences (CPHS) is home to the School of Nursing, the School of Physical Therapy, the School of Health Sciences, the Physician Assistant Program and the Department of Public Health, which houses the Campbell University Program of Public Health (CUPHP). The CUPHP solely includes the MSPH and the joint degrees that make up the unit of accreditation.

The chair of the department is responsible for leadership of the CUPHP. The chair's position is equivalent to the directors of the Physical Therapy Program, the Physician Assistant Program and the Nursing

School within the college. The chair reports to the associate dean of health sciences, who reports to the CPHS dean. The dean of the college reports to the vice president for academic affairs & provost, who reports to the university president. The university president then reports to the Trustees of the University.

Budget negotiations begin with the department chair who submits a budget proposal for the upcoming academic year. This submission is followed by meetings with the associate dean for health sciences as well as the dean. The chair of the department then meets with the provost, the vice president for business and the assistant vice president for business to discuss the proposal and negotiate a final allocation for the upcoming academic year.

Recruitment, selection and advancement of personnel is driven internally by the chair of the department of the CUPHP. This is done through an electronic management system to regulate and document the selection process in coordination with university counsel and the Office of Human Resources. Faculty retention strategies are informed by recommendations that the chair of the department makes to the dean. Promotion and tenure decisions begin with the nomination of faculty members to the Promotion & Tenure Committee by the chair of the CUPHP in accordance with the college's policies. After a review, the Promotion and Tenure Committee makes recommendations to the dean of the CPHS who then makes recommendations to senior administration in the university.

Curricular oversight in the college is driven by curricular committees at the departmental level. Curricular revisions are approved by the department and then submitted to the CPHS Curriculum Council. Substantive changes in curriculum are submitted by the Curriculum Council to the University Curriculum Committee for approval.

1.4 Organization and Administration.

The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

This criterion is met. The internal organizational structure of the CUPHP is led by the department chair, who is responsible for coordinating the efforts of the faculty and staff. Reporting to the chair is the program manager, faculty and the community engagement coordinator. The program manager provides administrative leadership to the department and has responsibility to act as an individual liaison for students with faculty and administrators. The community engagement coordinator is a graduate assistant position who is primarily responsible for supporting the development and facilitation of partnerships with preceptor organizations. There is also a Board or Advisors, comprised of community members, preceptors, alumni and representatives of other programs at the university, and a Public Health Association, a student run organization for graduate students of public health, which counsel and advise the department of public health, under the Chair.

Program faculty, like other CPHP faculty, often work collaboratively across departments. The program's faculty has been instrumental in developing and teaching interprofessional education seminars that are attended by faculty and students from across the entire university including the Schools of Divinity and Social Work, in addition to other health sciences. During the site visit, faculty described a number of ongoing and currently burgeoning interprofessional activities in research and service areas, which complement the well-developed interprofessional educational work. Service activities have integrated divinity students and faculty in church-based community outreach work, and public health students and faculty play key roles in a community dental outreach collaboration with faculty and students from other local universities. Additionally, the chair is actively engaged in the Executive Committee for the college to help the college achieve its strategic focus.

1.5 Governance.

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

This criterion is met. The program's small size allows for a simple governance structure. All primary faculty participate in programmatic decision making by acting as a committee of the whole at monthly departmental faculty meetings. The program manager participates in faculty meetings, and students, adjunct faculty and faculty and/or administrators from outside the program may participate as needed and appropriate. The program ensures that leaders from the student organization attend faculty meetings at least quarterly and described the very useful information interchanges that have resulted. Similarly, adjunct faculty typically attend faculty meetings at least quarterly, particularly when major curricular discussions take place. Adjunct faculty and students participated in the department's most recent retreat, contributing to strategic discussions about future directions.

The self-study notes that department meetings fulfill the functions typically associated with departmental admissions, curriculum, strategic planning and student affairs committees in larger departments at the university. One of the primary faculty members is the designated "lead" for each major functional area (eg, curriculum, research), though all faculty participate in discussions relating to all matters.

Faculty discuss program policies and develop and revise policies at monthly departmental meetings. A formal vote is typically not necessary, and the faculty generally acts through consensus. When needed, the program director submits new or revised policies to the associate dean for health sciences and the dean of the CPHS in his regular monthly report. Some policy items are reported for information only, and some policies, such as those that may have an impact on other programs, are placed on the agenda for approval on the college's Executive Committee.

The faculty addresses planning issues in a similar fashion; decisions about programmatic planning and evaluation occur within the context and framework of the college and university's planning and evaluation initiatives. Program faculty meeting discussions have led to the creation of the program's goals and objectives, which define general frameworks of expectations around research and service, though, again, these aims align with college and university policies, such as those that relate to expectations for faculty promotion and tenure.

The monthly meeting provides the venue for faculty members' provision of substantive input relating to the annual budget and to admissions criteria, both of which are reviewed annually or as needed.

A review of meeting minutes documents faculty members' active role in discussing and making decisions on the curriculum.

All of the primary faculty members serve on college-level committees, and three of the primary faculty serve on university-level committees.

Students have been actively engaged in programmatic decision making and have been invited to attend and participate in faculty meetings on a sporadic basis, as noted above. The self-study notes that the program's small size and "family atmosphere" have ensured regular student input and interaction.

The Public Health Association (PHA), a student-run organization, has played a key role in providing feedback to faculty and acting as a liaison between students and faculty. The PHA assisted faculty in crafting departmental policies relating to financial support for student conference travel. PHA officers assisted faculty and staff with curricular revisions and goal setting during the self-study process, and the PHA advised faculty on redesigning the practicum selection process and more comprehensively addressing career development.

Students who met with site visitors included current and past PHA officers. They indicated that faculty are extremely interested in and responsive to student feedback. They provided a number of examples of initiatives in which students were empowered to set directions for future policies and practices that affect students' experience and they praised the structures in place to support student service initiatives and participation in and travel to conferences such as NCPHA and APHA.

1.6 Fiscal Resources.

The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

This criterion is met. Table 1 presents the program's budget. The program is funded almost exclusively from tuition and does not receive any legislative appropriations, gifts, contracts, indirect cost recovery or

taxes/levies. In the 2016-17 academic year the program received its first research grant as part of its source of funds. Tuition paid by the program's students comes into the university's general fund, and the program's budget and resource allocation is determined annually through a negotiated process that looks at enrollment projections, among other factors.

The program's budget includes expenditures for salary and benefits for both faculty and staff, adjunct instructor salaries, travel funds and operational expenses, which include payments back to the university for centrally-provided services, referred to as "indirect costs" (15% of budget). In the first year of the program (FY13), the program reported a deficit, however in the past four years revenues have exceeded expenses due primarily to rising enrollments and tuition increases.

The program has plans to create a fund to receive donations from alumni giving campaigns. Faculty members also intend to put more emphasis on seeking grant funding to supplement the program's sources of funds.

The program defines three outcome measures that measure budget growth, travel funding and funding for adjunct faculty, and the program has met or surpassed all targets over the last three years.

Table 1. Program Budget					
	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Source of Funds					
Tuition & Fees	$205,315	$503,900	$706,650	$761,367	$816,265
Grants/Contracts	0	0	0	0	$15,830
Total	$205,315	$503,900	$706,650	$761,367	$832,095
Expenditures					
Faculty Salaries & Benefits	$209,418	$169,712	$188,032	$226,745	$327,218
Staff Salaries & Benefits	$41,624	$44,190	$43,881	$44,651	$55,650
Operations	$11,175	$31,358	$33,921	$54,507	$112,713
Travel	$9,345	$8,261	$10,555	$10,343	$16,942
Adjunct Faculty	$13,300	$52,483	$43,327	$11,640	$12, 050
Total	$284,862	$306,004	$319,716	$349,525	$512,523

1.7 Faculty and Other Resources.

The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

This criterion is met. The self-study document identifies five primary faculty currently associated with the program. The program has developed a system to calculate full time equivalents (FTEs) dedicated to the

public health program that accounts for several faculty members' other responsibilities in the pharmacy program. For the current year, the program reports that the five faculty, together, contribute 3.8 FTE.

Self-study data indicate that there has been a significant increase in students over the past three years, with much of the increase attributable to the rise in dual degree enrollments. At any given point in time, the program has a significant number of dual-degree students who have already completed all degree requirements, other than the shared credits from the non-public health program, but who remain "on the books" as enrolled in public health until they complete the external degree program and receive both degrees at the same time. For example, of 94 students "enrolled" in the program in 2017-18, 59 had already completed their public health-specific requirements and are currently engaged in the external degree program, meaning only 35 were actively engaged in public health coursework.

In years 2014-15 and 2015-16 the student/faculty ratios (SFR) by primary faculty were greater than 10.0 (10.8:1 and 12.5:1). Overall SFRs, based on the full faculty complement, were 8.5:1 and 11.3 in the same years. With the addition of a fifth faculty member during the 2016-17 academic year, the SFRs by primary faculty and total faculty were 9.8:1 and 9.2:1 respectively. These calculations are based on students completing credit hours in the program, and the program notes that dual degree students who are completing their external degree experiences require lower levels of supervision and resources but do still demand some faculty resources for advising and planning and assessing the experiences in the external program that count toward MSPH attainment. Students and alumni who met with faculty praised faculty members' availability and found faculty resources to be ample.

The public health department is located in a modern facility on the Campbell University campus. Classrooms and meeting rooms have audio visual equipment for lectures and presentations. The program uses a Tegrity system to record all classroom lectures. The program has access to laboratory space and equipment, however given the focus of the concentration and coursework, this resource is rarely used.

Modern computer technology is available to students, faculty and staff with IT support and a media center. The library resources for the program include access to 83,000 full text journals. Included in this catalog of journals is a full complement of access to literature related to health and public health.

The program's self-defined outcome measures track classroom resources (size, technology), library resources (including a public health-specific resource guide) and SFR. Other than the SFR during 2015-16, the program has met or exceeded all of its self-defined measures.

1.8 Diversity.

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

This criterion is met. The program focuses on rural health and disparities. The self-study identifies the following priority under-represented groups from its neighboring rural communities: nonwhite; disabled; veterans, active military and their family members; and gender and sexual minorities. The program's diversity goals are framed according to the CPHS strategic plan, and the program relies on CPHS policies to protect employees and students from harassment and discrimination.

With regard to instruction, diversity goals include incorporating service learning, with special attention to the identified under-represented groups, and incorporation of experiences that address cultural humility and the negative impacts of structural violence. Other programmatic diversity goals focus on service that relates to designated under-represented groups and research that emphasizes concerns of rural minorities.

In student recruitment and admissions, preference is given to students who express interest in practicing in rural settings. The program also participates in a CPHS outreach program called the Healthcare Professions Readiness and Enrichment Program (HPREP) that exposes under-represented students to educational opportunities in health professions. Students and alumni who met with the site visitors detailed their experiences that brought them into the program. In addition to formal approaches such as HPREP, it was obvious that individualized faculty outreach was important to achieving a diverse student body.

The self-study presents ample evidence that the program is committed to its diversity goals and policies. It documented implementation in instructional, service and research activities. These activities are used for monitoring diversity goals and policies. The university and CPHS provide a supportive structure. The program includes its stakeholders in diversity planning.

There are both process and outcome objectives to measure the success toward meeting the program's diversity goals. The outcome goals focus on the identified under-represented groups and cultural competence. These have been achieved in most years. For example, the program set a target for 26.5% enrollment of under-represented minority students. There is one year (2015-16) in which the program did not meet the target, but the program has exceeded the target (28%) in the most recent year. The program uses the same numeric target for its faculty population and exceeded the target in the first two years reported in the self-study, missing the target slightly (24.9%) in the most current year. Other data points include a focus on determining how many capstone projects focus on racial/ethnically diverse populations in rural communities or rural LGBTQ, people with disabilities or veteran populations. Faculty extract this

information from capstone rating forms, and the self-study indicates that 21% of capstones in the most recent year met this criterion.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

This criterion is met. Table 2 presents the program's degree offerings. The program offers a single MSPH concentration in rural public health, as well as degree programs that combine the MSPH with degrees in physician assistant practice, law, business and pharmacy. The curriculum includes courses in the five core public health knowledge areas as well as a public health seminar, an overview of rural public health and coursework in ethics and community health assessment and evaluation. The program requires students to complete 10 credits of elective coursework, in addition to an applied practice experience and a capstone research project.

Most students complete the 10 elective credits within the program, taking courses with the PUBH prefix. The program has cross-listed a health communications class, which is taught by communications faculty, and this is another common elective. The program has established a protocol for approval of other courses that a student might wish to take for elective credit. The formal approval process includes analysis of the syllabus for relevance to public health competencies. Faculty indicated that completion of courses outside of the PUBH and cross-listed courses for elective credits is extremely rare at this point.

Table 2. Degrees Offered		
	Academic	**Professional**
Master's Degrees		
Rural Public Health		MSPH
Joint Degrees		
Business Administration		MBA/MSPH
Law		JD/MSPH
Pharmacy		PharmD/MSPH
Physician Assistant		MPAP/MSPH

2.2 Program Length.

An MPH degree program or equivalent professional public health master's degree must be at least 42 semester-credit units in length.

This criterion is met. The program requires 42 semester-credits of coursework for completion, and no degrees have been awarded for fewer credits. The university defines one credit hour as 50 minutes per week for one semester.

2.3 Public Health Core Knowledge.

All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

This criterion is met. The program has five three-credit courses in each of the core areas of public health: biostatistics, epidemiology, environmental health, social and behavioral sciences, and health services administration. Review of the course syllabi indicate the courses provide instruction and assessment of core public health competencies. Table 3 presents the program's required core coursework.

Table 3. Required Courses Addressing Public Health Core Knowledge Areas		
Core Knowledge Area	**Course Number & Title**	**Credits**
Biostatistics	PUBH 540: Statistical Methods	3
Epidemiology	PUBH 560: Epidemiology	3
Social &Behavioral Sciences	PUBH 520: Health Education & Promotion	3
Environmental Health Sciences	PUBH 550: Environmental Health	3
Health Services Administration	PUBH 580: Health Policy & Management	3

2.4 Practical Skills.

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

This criterion is met. All students complete three units (180 contact hours) of practicum. One credit is earned during a first semester team practicum. The other credits may be divided as one credit or two credits between two or one settings, respectively.

The program has a strong base of community partners that has contributed to a growing list of practicum sites in both the governmental and private sectors. Students may also identify sites. Preceptors must hold responsible positions within their organizations with time and commitment to devote to their intern's academic needs. They work closely with the students and their advisors and also have the opportunity to attend small group meetings of preceptors at the university. A Preceptor Fair was initiated during the 2016-17 academic year to assist in matching students with practicum sites.

Preceptors who met with the site visit team were enthusiastic about the students and their contributions to their organizations. One preceptor repeatedly emphasized that the activities undertaken by the students are not "busy work." They are valuable activities that would need to be completed in some way at the organization if the interns were not undertaking them. The students expressed appreciation for the "real world" experience provided by the practicums.

The students' advisors are the faculty members who are engaged with students and preceptors during the practicum, including planning for the experience and checking on progress with the students and preceptors during the term. Several measures of student performance include a daily activity log to account for hours, preceptor evaluation and faculty review of a reflections paper and portfolio of practicum products. Competencies identified for emphasis during the practicum are assessed by the preceptor and student. Students also assess the preceptors and site at the end of the experience.

Both dual degree and MSPH students complete the same practicum requirements. No waivers from the practicum are granted.

2.5 Culminating Experience.

All graduate professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

This criterion is met. The public health course Research Project (PUBH 690) fulfills the culminating experience requirement. Course requirements consist of a written paper on a significant public health issue or topic, an oral presentation of the project and a poster of the project to be displayed during the presentation. The project may take the form of a needs assessment, a program plan, a program evaluation, a policy analysis or a research report. Projects are often designed to be an extension of the practicum experience.

Projects must be linked to the program's competencies. The program initially required students to select and address competencies from at least three of the five core public health knowledge areas. Changes made in the 2016-17 academic year now require that the project identifies and addresses at least three of the newly defined foundational competencies and at least one of the rural public health competencies recently refined for the concentration.

A faculty member acts as the faculty research advisor for the project and works with the student to develop the project and select the competencies the project will address. The oral presentation is evaluated by a committee of all five primary faculty. The final grade for the course is determined by scoring of the paper, oral presentation and poster, and a score of 80% or higher is required for a passing grade. In the 2016-17 year a new set of rubrics was instituted for evaluating the research project.

2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree program at all levels (bachelor's, master's and doctoral).

This criterion is met. The program has adopted the foundational competencies defined in CEPH's 2016 Accreditation Criteria as the program's core competencies. The program defines an additional set of six competencies that describe the program's focus on community health in a rural context. The concentration-specific competencies appropriately define a more advanced scope of knowledge and skills and, in some cases, elaborate on or expand knowledge and skills captured in the foundational competencies. The concentration-specific competencies align well with the program's defined mission, goals and objectives.

The self-study and accompanying resource file documents a clear mapping of foundational and concentration competencies, with all competencies addressed in multiple courses. Syllabi clearly present the relevant competencies.

The current set of foundational competencies is new to the 2016-2017 academic year. Prior to this academic year, the program used a set of core competencies based on the set defined by the Council on Linkages Between Academia and Public Health Practice and a slightly different set of competencies relating to rural health. The rural health competencies followed an evolutionary process alongside the transition in core competencies. Changes in the concentration competency set mostly focused on better defining and distinguishing the specific skills and knowledge associated with each competency statement.

Stakeholders have been actively engaged in the competency development project. Faculty collected data through ongoing and existing events, such as the program's fall luncheon for preceptors. The self-study notes that preceptors emphasized the need for "soft skills" development, especially cultural humility, and this concept has been maintained and assessed in required coursework. Students and community stakeholders who met with site visitors described faculty members' interest in obtaining their feedback as the curriculum and competencies have evolved.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

This criterion is met. The program has documented assessment activities within the required coursework for all core and concentration competencies. Assessment activities are varied, and a number of assessments address multiple competencies. Activities include papers and tests but also role play scenarios, social media campaigns and policy analysis.

The program's rubrics for the practice and capstone requirements ask faculty to explicitly address whether students have demonstrated the defined competencies, and competency definition occurs explicitly in the planning stage for both experiences. Additionally, all students create online portfolios that

provide evidence and documentation relating to the attainment of all defined competencies. Site visitors reviewed sample portfolios and noted that they appear to be thorough and well-documented. Students were clearly attentive in selecting documents and evidence that align with each competency.

The self-study presents data on retention and graduation. The university defines five years as the maximum allowable time to graduation. More than half of the program's students are enrolled in combined degree programs. They complete the program's required coursework, then move to the other degree program and receive the MSPH degree at the same time as the external degree. This means that students in the combined degree with business typically receive the MSPH degree approximately one year after completing MSPH coursework; students in the physician assistant and law combined degree programs typically receive the degree two years after completing MSPH coursework; and students in the pharmacy combined degree program typically receive the combined degree four years after completing MSPH coursework. Because of these protracted timelines, and because the program began enrollment in 2012, it was not possible to present an accurate graduation rate for most of the cohorts at the time of the site visit.

The initial cohort, which entered in 2012, had a high amount of attrition. All students who entered in that cohort had graduated or withdrawn by the start of the 2016-2017 academic year. Most of the attrition occurred in the first year, when the program was led by different administrators and faculty, and when policies and practices were very different from current operations. From the cohorts that entered in 2013-2016, no attrition has occurred. All students have either graduated or remain enrolled. The cohort that entered in 2013 has already achieved a 95% graduation rate and is on target for 100% graduation (n=20). As reflected in the self-study data, the program has graduated a total of 60 students of the 126 who have enrolled in the program since its inception in 2012.

The program reports outcome data for the 29 individuals for whom at least a year has elapsed after graduation; the other 31 individuals graduated in 2017. The program has no information on two individuals, but, of the others, nearly all were employed or enrolled in additional education within one year of graduation, with only one student who graduated in 2015 and one in 2016 still actively seeking employment within a year of graduation.

The program has used alumni surveys and social media outreach to collect data on alumni. Initial results from surveys show that alumni feel well-prepared in all of the program's competencies. Small numbers make the data difficult to interpret, but the program was able to observe some trends in areas, such as communication, where graduates felt particularly well-prepared.

The self-study notes that two program graduates have taken the CHES exam, and both have passed.

The program has conducted a series of documented discussions with employers to elicit information about graduates' workforce readiness and preparation in competencies. Employers have suggested the need for stronger preparation in financial and budget skills as well as grant writing, and the program has begun to implement curricular changes to respond to this feedback.

2.8 Bachelor's Degrees in Public Health.

If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

This criterion is partially met. The program offers four dual degree programs, in business, law, physician assistant practice and pharmacy. All dual degrees allow students to apply 10 credits from the external degree program to the MSPH's elective credits. In both business and law, courses required for the MSPH degree also count toward the requirements for the external degree, ie, in these degree programs, credits are shared in both directions.

The physician assistant program has been the most popular program, enrolling a significant portion of the program's overall student population. The pharmacy program is the second most popular, with particularly large classes in the last few years. Business and law have seen lower enrollments, with two or fewer students per year. At the time of the site visit, there were no students enrolled in the dual business program, though site visitors met with an alumna of the combined business program.

Because the program was intentionally established and designed to serve dual degree students, complementary curricular design has been built into the program's creation and evolution. The program's faculty have actively engaged with faculty in the external degree programs and are involved, in some cases, in providing instruction and/or supervision for elements of the external degree.

Physician assistant (PA) students receive public health elective credit by producing deliverables, assessed by public health faculty, that address public health competencies during their clinical rotations. Since students have already completed their MSPH coursework when they enter the PA portion of their studies, PA faculty and public health faculty coordinate to place them in at least two public health oriented rotations—to date, these rotations have all been in local health departments, but the program plans to expand options to include rural health centers, a federal prison, USPHS clinics and Indian Health Service settings for future students as appropriate. Public health faculty have worked with physician assistant faculty and practitioners at these sites to ensure that these rotation slots will consistently be available, year after year, in sufficient numbers to accommodate all of the dual degree students. Public health faculty, in collaboration with PA faculty and PA site preceptors, have begun to build a formal structure around the public health supervision elements. For example, faculty are currently in the process of building a longitudinal public health project that serves needs of health departments into which dual degree students completing rotations can "slot in" at the appropriate time.

The assessment of the public health work produced during the clinical rotations rests with the public health faculty. It will take place in two ways: 1) public health faculty will review students' reflective papers, which ask students to link elements of their designated rotation to a subset of the program's core and

concentration competencies and 2) public health faculty will review students' deliverables in the context of reviewing these students' portfolios, as discussed in Criterion 2.7.

This process is newly implemented, however. Prior to a curricular revision in the PA coursework, dual degree students received MSPH credit for didactic components of the PA degree that were developed and taught by public health faculty. The PA curriculum revision reduced the public health content of the courses somewhat, and program faculty determined that they were no longer appropriate for MSPH elective credit. Additionally, preparations for accreditation and recent revisions to the program's competencies dictated the need for new processes and protocols and gave rise to current practices. Because of the recent implementation of the project-based model for award of credits to PA students, site visitors were only able to view two "pilot" projects, which graduating dual degree students had voluntarily agreed to create and retrofit after they completed their rotations.

The concern relates to the need for a greater depth and structure surrounding the public health content and assessment in the elements of PA rotations that account for the 10 elective public health credits. Site visitors noted that the reflection papers from pilot students clearly identified elements of the clinical experience that related to public health competencies. For instance, one student who worked at a clinic that provides team-based care for psychiatric and substance use issues was able to reflect on the clinic's use of interprofessional teams. While the reflection papers document awareness of public health competencies, the deliverables and experiences described do not clearly document a planned and assessed experience that is equivalent in depth to 10 semester credits of elective coursework. During the site visit, faculty discussed a number of planned improvements and changes, from the additional intentionality and pre-designed, ongoing projects to implementing rubrics and additional stages of portfolio review. These planned changes hold promise for ensuring that the program can document appropriate depth of public health content for award of these credits.

Students in the pharmacy, law and business programs receive the 10 MSPH elective credits for didactic coursework completed in the external degree program. The self-study and resource file document the external didactic coursework that counts for MSPH electives.

For example, in pharmacy, students receive four MSPH elective credits for the course PHAR 528, Experimental Design and Biostatistics, and two credits for PHAR 544, Introduction to Clinical Research Design and Literature Evaluation. Students also choose multiple one- or two-credit pharmacy electives from a list of five courses approved by public health faculty: Multicultural Health Practices and Health Disparities, Strategic Management in Healthcare, Smoking Cessation and Bioterrorism and Mass Public Health Threats. Public health faculty have reviewed all of these syllabi and validated their alignment with public heath content. Although structural issues do not currently permit students in the standalone MSPH

program to take these courses for elective credit, faculty noted that these courses meet the standards that they apply to selection of elective courses for students in the standalone MSPH program. The program provided syllabi for these courses for site visitors' review and described their process of evaluating the courses for alignment with public health competencies.

In the case of the law school courses, the program director reviewed each of the syllabi in depth and discussed the courses and associated assessments with faculty in the law school. The program director created a matrix that indicates modifications that dual degree students must make to their work in the law school courses, such as tailoring a research assignment or project to a public health-related area.

Faculty described coordination of the dual degree programs as "an ongoing effort" since curricula in the external degree programs regularly evolve. The public health faculty affirmed their commitment to continuing to work closely with faculty in the external degree programs and with the dual degree students to ensure that there is no slippage of public health depth over time. Faculty acknowledge that this requires an investment of time and resources, but, because the dual degree programs are a key part of the program's mission, they affirm their commitment to maintaining the effort, with the portfolio review process serving as an ongoing check and monitoring mechanism.

2.12 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

The program shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

This criterion is met with commentary. Meetings with university leaders reaffirmed the position on research described in the self-study document; the focus of the university is primarily on teaching excellence and service. While scholarship is valued and required for tenure and promotion, the university context has historically placed greater emphasis on the other domains and has emphasized scholarship that engages students.

The self-study document indicates that faculty have participated in collaborations with other institutions and partners in research areas including disabilities, food access/food justice, rural hospital care, mental health in first responders, health science education, data in remote clinics and chronic disease surveillance. These efforts included both community-based research and research that is more clinically oriented.

Of the six funded/pending research grants listed in the self-study, four were community based and two of the community-based grants were secured prior to the faculty member's appointment to Campbell University, supporting the program's acknowledgement that its research portfolio has grown more modestly than other areas of activity, as the program has emphasized tightening the curriculum and building strong relationships with community partners in its initial years.

A review of the five primary faculty CVs indicated a variety of research activity. Some of the activity includes clinical or pharmaceutical research conducted with colleagues in other Campbell departments.

Faculty and community partners who met with site visitors observed that there is a great amount of energy and need in the community. After a series of meetings, faculty have compiled a list of research interests and needs identified by community partners. The program plans to match students and faculty with the projects as they can, but currently there are more needs and interests than the program has capacity to fully respond to.

The commentary relates to the opportunity to enhance faculty scholarly production, particularly in terms of translating projects into peer-reviewed publications. University leaders' conversation with site visitors highlighted ways in which efforts are underway to enhance the university-wide environment supportive of engaging in research activity and obtaining funding. The program's self-defined target is that primary faculty are expected to have one peer reviewed publication accepted each year, and other enhanced research goals have been established through 2020. Faculty observed that with the recent hiring of an additional faculty member, more protected time is now available for research activity.

Faculty have focused, to date, on building relationships with partners, both internal and external, and have primarily gauged success based on conference presentations and on engagement of students in

research projects. Several primary faculty members have consistently presented at APHA throughout the period reported in the self-study. All faculty list recent presentations at other relevant professional conferences. The self-study also reports publications in peer-reviewed journals in the last three years for four of the five primary faculty. During the site visit, faculty and community partners described a high volume of evaluation and community assessment research and consulting, which straddles the line between research and service, but a number of the examples provided clearly related to generating knowledge. These types of projects appear to have been under-reported in the self-study document, but their primacy and relationship to the program's mission was evident during the site visit.

Students may participate in research projects either with faculty-directed research or voluntary participation in independent research. Of the six funded/pending research activities reported in the self-study, four included participation by students. During the site visit, students consistently reported that faculty reached out to students to participate in research projects. Several students reported that they have posters or presentations upcoming at the NCPHA conference, and students have presented and will be presenting at APHA annual meetings.

3.2 Service.

The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

This criterion is met. The university in which the program is located is grounded in service to its community. The CPHS strategy "centered in community" guides the program's extensive service relationships with a broad array of community partners. University and college materials consistently communicate that community service by faculty and staff is expected. The self-study notes that, for the program, service is characterized by provision of expertise and consulting, advocacy and community mobilization, partnership building, integration of service learning into the curriculum and direct service projects.

One primary faculty member has recently visited many community partner sites to solicit research and service opportunities. External partners noted this with gratitude during the site visit meeting. The self-study notes that program has built a network of more than 40 partners with whom they have contact and ongoing communication.

The self-study provides numerous examples of faculty involvement in service. Several primary faculty members are regularly engaged as consultants for a variety of community-based projects provided by governmental and non-profit agencies. Primary faculty members serve on boards of community organizations addressing a variety of public health topics.

Service beyond simple attendance or participation is required for promotion and tenure at the associate professor and professor level. Service, in this definition, includes university, professional and community activities. Students are also expected to provide service beyond classroom activities. The Public Health Association sponsors several service projects each year. Students at the site visit noted that they had many successful activities that raised community health awareness and often successfully raised funds for service organizations.

The program uses two process and three outcome measures to assess service. Two of the outcome measures relate to service incorporated into the curriculum. The target for the faculty service outcome measure has been accomplished each year, even while targets have been made increasingly rigorous. Desired faculty outcomes focus on leadership, as well as participation, in community initiatives.

3.3 Workforce Development.

The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

This criterion is met. The program's strong relations with community partners serve as a basis for identifying workforce development needs. The program specifically solicits and records feedback on workforce needs during the semi-annual preceptor luncheons, as well as through documented key informant discussions. Instruments such as community health assessments and reports from other agencies and organizations are also used to guide the program's continuing education offerings. In response to data collected, the program has offered several workforce development sessions each year. Topics have included substance use screening methods, participatory mapping and appraisal techniques for community health assessment. The program has used learner evaluations of these sessions to identify and refine future activities.

The Southern Regional AHEC and the Hope for Haiti Foundation have been partners in developing workforce trainings. During the current academic year, a new collaborative called the Public Health in Eastern North Carolina Academic Alliance has been initiated with the program, the East Carolina University Department of Public Health and University of North Carolina at Wilmington College of Health and Human Services. One of its goals will be to make eastern North Carolina academic expertise available to the local public health workforce. The program hosted the first summit of the new collaborative shortly before the site visit. Three meetings per year are planned hosted by each institution respectively.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the program's mission, goals and objectives.

This criterion is met. There are currently five primary faculty in the public health program. One faculty member is tenured, and the others are on the tenure track. Four of the five faculty have PhD degrees and one has a PharmD degree. One faculty member's PhD in epidemiology was earned at an accredited school of public health. The other three faculty who hold PhD degrees trained in sociology, policy analysis and educational psychology. One of these faculty members has an MA in health promotion and education from a unit that later transitioned to offering an accredited MPH degree.

In addition to their academic preparation, three of the faculty without public health degrees have achieved and maintained public health credentials. Three hold certification in public health (CPH), and one faculty member is a Certified Health Education Specialist (CHES).

As noted in Criterion 3, the primary faculty have a range of public health engagements across research, service and workforce development. Each primary faculty member has a CV that demonstrates significant orientation toward public health.

In addition to the primary faculty, the program currently has six adjunct faculty positions that teach in the program. Several of the adjunct faculty have a depth of professional experience in public health. Earlier in the program adjunct faculty were used to a greater degree, however with the recent addition of a fifth primary faculty member that number has been reduced. All core public health courses are now taught be primary faculty. Faculty also periodically use practitioners in the public health and health care fields as guest lecturers. Students and alumni provided examples of the ways in which the program actively engages public health practitioners in required courses.

4.2 Faculty Policies and Procedures.

The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

This criterion is met. A comprehensive faculty handbook is on file that outlines faculty rules and regulations.

Faculty support at Campbell University is provided at the department, college and university level. In the public health department, junior faculty seek out mentors external to the university who act as research mentors, and each has an internal mentor who provides guidance on the academic environment and the university's promotion and tenure process. Junior faculty meet monthly with the department chair to discuss progress with their mentors. Faculty provided examples of how these mentoring roles complement one another and believe that the approaches are functioning well.

At the college level, a research committee and a faculty development committee provide faculty support through professional development trainings, workshops and webinars to enhance skills in research and teaching. A mandatory peer review process is also in place during which peer faculty observe a classroom session and provide feedback to the instructor. At the university level, Campbell University provides webinars, workshops, symposia, lecture series and other activities to enhance skills in research and teaching. Discussions with faculty indicated that support was in place for faculty, especially for junior faculty, as they progress through the promotion and tenure process.

The evaluation of faculty occurs through an annual review of a Professional Performance Report (PPR) and course evaluations completed by students at the end of each semester. Course evaluations focus on the extent that course competencies are met; course content, sequencing, structure, and delivery; and instructor performance.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The public health program uses a variety of methods and venues to recruit and enroll students. These activities include on-campus events, university recruiting visits, virtual fairs, social media, an advisor retreat and digital marketing. Standard admissions criteria and procedures are in place and described in the academic bulletin.

Specific to minority recruitment, Campbell University conducts summer enrichment sessions for students in North Carolina in collaboration with other academic institutions. The HPREP initiative, described in Criterion 1.8, has expanded from an initial focus on recruiting underrepresented minority and financially disadvantaged students for career planning in pharmacy to include all health professions offered at Campbell University and has brought public health students to the program.

Students who met with site visitors verified the effectiveness of the recruitment and enrollment processes and noted that they were impressed with how welcoming and supportive Campbell University was when students considered applying to the public health program. Students described themselves as being part of the "Campbell University family," and they noted that the program succeeds in highlighting this facet during the recruitment process.

The self-study indicates that the enrollment of MSPH students enrolled solely in the public health program has remained at a steady state, whereas there has been significant growth in both the physician assistant and pharmacy dual degree programs. Enrollment in the combined degree programs with business and law has been low (two or fewer students per year). Due to capacity concerns, the public health program is

considering instituting caps on new admissions in the dual degree programs and shifting priority to recruiting MSPH-only students.

4.4 Advising and Career Counseling.

There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

This criterion is met. Upon acceptance, students receive information about orientation and advising from the program manager and chair. There is a two-day orientation for matriculated students. Within the first week of the fall semester, students are assigned to advisors matched by research interests and capacity of the faculty member. Students and faculty advisors meet regularly regarding electives, research interests and competency mastery. The online student portal provides the information for advisement. Students who met with site visitors noted excellent faculty availability and regular access to advisors, especially early in their program. They also said that the program manager was readily available for administrative matters.

Career counseling consists of notification about internships, fellowships and jobs by the program manager. There is career counseling through the Office of Student Affairs and Admissions of the CPHS. This office offers an annual career day, which now includes public health resources. Alumna who met with site visitors noted this was an area that could be strengthened early in the development of the program. More recently, in response to surveyed graduating student concerns, the program has developed a comprehensive plan for program-specific career development support. Current students who met with site visitors felt supported by faculty in developing career goals and in networking for opportunities, particularly in the local area.

The program encourages students to notify their advisors in writing about complaints and grievances. If resolution is not satisfactory, the CPHS has a formal grievance policy. Grade appeals are made first to the course instructor with a college appeal process that is final with the associate dean. There have been no student grievances in the preceding three years.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

Campbell University
Public Health Program

September 14-15, 2017

Thursday, September 14, 2017

8:30 am   <u>Breakfast with Institutional Leaders</u>
                 Bradley Creed, President
                 Borree Kwok, Assistant Provost
                 Michael Adams, Dean, College of Pharmacy & Health Sciences

9:15 am   <u>Request for Additional Documentation</u>

9:30 am   <u>Team Executive Session</u>

10:15 am   <u>Meeting with Program and Department Administration</u>
                 David Tillman
                 Wesley Rich

11:15 am   <u>Break</u>

11:30 am   <u>Meeting with Faculty Related to Curriculum and Degree Programs</u>
                 David Tillman
                 Wesley Rich
                 Lillian MacNell
                 Peter Ahiawodzi

12:30 pm   <u>Break</u>

12:45 pm   <u>Lunch with Students</u>
                 Madison Lambert
                 Savannah Simpson
                 Trent Gray
                 Saidah Wright
                 Kyndal Riordan
                 Brett Myers

1:45 pm   <u>Break</u>

2:00 pm   <u>Meeting with Alumni, Community Representatives and Preceptors</u>
                 Brittany Dunigan
                 Mike Jones
                 Frances Harrington
                 Marlene Rickert
                 Lan Tran-Phu
                 Kimetha Fulwood
                 Pamela Tripp
                 David Hesselmeyer

3:00 pm   <u>Break</u>

3:15 pm   <u>Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues</u>
                 David Tillman
                 Wesley Rich
                 Lillian MacNell
                 Peter Ahiawodzi
                 William Taylor

4:15 pm   <u>Executive Session</u>

5:00 pm   <u>Adjourn</u>

Friday, April 28, 2017

8:30 am　　　　　Team Executive Session and Report Preparation

12:00 pm　　　　Exit Briefing

12:45 pm　　　　Adjourn