



# **Department of Public Health**

Master of Science in Public Health

Self-Study Report

2017



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## List of Acronyms/Abbreviations

Acronym	Description
AACP	American Association of Colleges of Pharmacy
AC	Admissions Committee
ACBSP	Accreditation Council for Business Schools & Programs
ACPE	Accreditation Council for Pharmacy Education
APHA	American Public Health Association
ARC-PA	Accreditation Review Commission on Education for the Physician Assistant
ATP	Athletic Training Program
ATS	Association of Theological Schools
BOC	Board of Certification
BSN	Bachelor of Science in Nursing
CAATE	Accreditation of Athletic Training Education
CAPTE	Commission on Accreditation in Physical Therapy Education
CE	Continuing Education
CEPH	Council on Education for Public Health
CFP	Certified Financial Planner
CHAT	Community Health Assessment Team
CHES	Certified Health Education Specialist
COCA	Commission on Osteopathic College Accreditation
CPH	Certified in Public Health
CR	Clinical Research
CRM	Customer Relationship Management
CSWE	Council on Social Work Education
CUPHP	Campbell University Public Health Program
CUSOM	Campbell University School of Osteopathic Medicine
CV	Curriculum Vitae
DAC	Data Accountability Center
FAQ	Frequently Asked Questions
FTE	Full-time Equivalency
GPA	Grade Point Average
H-PREP	Healthcare Professionals Readiness and Enrichment Program
HRSA	Health Professional Shortage Area
IACUC	Institutional Animal Care and Use
IPE	Interprofessional Education
IRB	Institutional Review Board
IRG	Internal Research Grants
JHCPU	Journal of Health Care for Poor and Underserved
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
LPCA	Licensed Professional Counselor Associate
M.Ed.	Master of Education
MSPH	Master of Science in Public Health
MS1, MS2	Master of Science Student (Year 1, 2, etc)
NCATE	National Council for Accreditation of Teacher Education
NCBON	North Carolina Board of Nursing
NCES	National Center of Education Statistics
NIEHS	National Institute of Environmental Health Sciences
P&T Committee	Promotion and Tenure Committee
P1, P2, P3	Pharmacy Student in Year 1, 2, or 3
PA	Physician Assistant
PGA	Professional Golfers' Association
PH	Public Health
PHA	Public Health Association
PharmD	Doctor of Pharmacy
PHENCAA	Public Health in Eastern North Carolina Academic Alliance
PP	Pharmacy Practice
PP-AL	Pharmacy Practice and Alumni
PPR	Professional Performance Report
PREP	Pharmacy Readiness and Enrichment Program
PS	Pharmaceutical Sciences
PT	Physical Therapy
PUBH	Public Health Course

<b>Acronym</b>	<b>Description</b>
RTP	Research Triangle Park (Extended Campus)
SA	Student Affairs
SACSCOC	Southern Association of Colleges and Schools Commission on Colleges
SBIRT	Screening, Brief-Intervention, and Referral to Treatment
SOPHAS	Schools of Public Health Application Service
SR-AHEC	Southern Regional – Area Health Education Center
TAP	Teens as Parents
UCC	University Curriculum Committee
USDA	United States Department of Agriculture
VIA	Voices into Action

# Introduction

## *Our University*

On Jan. 5, 1887, James Archibald Campbell, a 26-year-old Baptist minister, welcomed 16 students to a small church in Buies Creek, N.C., for the first day of classes at the school he founded: Buies Creek Academy. By the end of the first term, there were 92 students. Buies Creek Academy has since evolved to become Campbell Junior College (1926), Campbell College (1961), and Campbell University (1979). Throughout these transformations, the university has remained true to its founding principles to address the most pressing needs of North Carolina and to educate men and women for Christian service around the world.

A testimony to how these founding principles still guide Campbell University today is the establishment of its School of Osteopathic Medicine. When Campbell University's medical school enrolled its first class of students in August 2013, it was the first medical school to open in North Carolina in 35 years. It emphasizes preparing primary care physicians to practice in underserved and rural areas.

The School of Osteopathic Medicine is the seventh school (of eight) at Campbell University. The others are the College of Arts & Sciences, the Norman Adrian Wiggins School of Law (1976), the Lundy-Fetterman School of Business (1983), the School of Education (1985), the College of Pharmacy & Health Sciences (1986), the Divinity School (1996), and the School of Engineering (2016).

In addition to its main campus in Buies Creek, Campbell University has extended campuses in Camp Lejeune, Fort Bragg/Pope Air Field, and Raleigh, where the law school relocated in 2009. Since 1979, Campbell has also partnered with Tunku Abdul Rahman College in Kuala Lumpur, Malaysia, to offer a Bachelor of Science degree.

Today, Campbell University enrolls approximately 6,500 students, including 4,700 undergraduate and graduate students on its main campus, studying across nearly 100 disciplines in the liberal arts, health sciences, and professions — and continuing the university's tradition of excellence in faith, learning, and service.

## *Our College*

In August 1986, the School of Pharmacy admitted its charter class. The decision to establish a School of Pharmacy was made with the firm conviction that it and its graduates would help meet unfulfilled needs. It was believed that Campbell University, with its avowed adherence to Biblical principles of morality and Christian ideas of vocation, was particularly suited to make great contributions to pharmaceutical education. In 2009, with the addition of a Physician Assistant Program, the School of Pharmacy became the College of Pharmacy & Health Sciences. Since that time, the College of Pharmacy & Health Sciences has added programs in public health (2012), physical therapy (2014), and nursing (2016).

## *Our Rural Public Health Program*

Approximately 1 in 5 Americans live in a rural area today. Certainly, rural communities offer residents some advantages over metropolitan communities, yet living in a rural community can have profound impacts on health. Studies have shown many rural populations to have higher mortality rates, shorter life expectancies, lower self-reported health status, and many other disparate health outcomes as compared with urban communities. Factors that contribute to these meaningful differences in outcomes include geographic

isolation, limited economic opportunity, lower insurance coverage, more hazardous built environments and occupational risks, and other important contrasts in social determinants of health as compared to urban settings. Therefore, addressing these complicated precipitating factors will require community health professionals ready to lead in each of the assessment, assurance, and policy development domains, which are critical to preventing disease and injury and promoting health in rural places.

Campbell University is situated in a rural community. Not only the small town of Buies Creek but indeed the entirety of Harnett County represents the significant challenges facing most rural counties—lack of infrastructure, extractive industries, contracting small towns in the wake of factory closures, limited quality and quantity of health services, and so forth. This emphasis on serving vulnerable populations is key in the operationalization of the university's mission, even when its programs expand to more urban locales (e.g., Campbell School of Law's Restorative Justice Clinic, Senior Clinic, and Community Law Clinic). More specifically, the health science programs at Campbell University focus explicitly on primary care and addressing health professional shortages in vulnerable communities, particularly rural communities. With this history of developing professionals who help achieve equity in communities that experience disparities, our population-focused, rural-centric public health program dovetails with the aims of other professional programs at Campbell University.

The purpose of the Campbell University Public Health Program (CUPHP) is to develop health professionals who are equipped with the necessary skills to combat health disparities and who have cultivated the humble service disposition required for meaningful collaborative work in rural communities. This two-fold expectation of the educative value of the MSPH program unites Campbell University's commitment to academic excellence, while also underscoring the university's fundamental commitments to "moral courage, social sensitivity, and ethical responsibility." Furthermore, the complex biological, psychological, and social factors that combine to shape the health of communities provide students with an incomparably valuable subject with which to apply our university's missional obligation to encourage "students to think critically and creatively" and to prepare students to fulfill the roles of "servant leaders."

## Guiding Statements (1.1)

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

### *Mission (1.1.a)*

a. A clear and concise mission statement for the program as a whole.

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.

### *Our Values (1.1.b)*

b. A statement of values that guides the program.

The Department of Public Health at Campbell University fosters the partnership of rigorous scientific knowledge and local expertise in order to further the right of all people to lead healthy lives, to eliminate health inequities and injustice, to involve rural communities in the advancement of their own health, and to develop public health practitioners who serve their communities with professionalism, resolve, and cultural humility.

- **Integrity:** In all our work, we strive to do the greatest good, regardless of whether this is the easiest or most profitable path.
- **Equity:** We believe that all people deserve to lead healthy lives, and to have access to the healthcare, time, and resources to do so.
- **Justice:** Our work is focused where equity is lacking. With a focus on underserved and marginalized populations, we strive to recognize and rectify health inequities in our communities.
- **Empowerment:** We support communities in developing the tools and resources they need to go on to support themselves. We ask--rather than tell--how we can contribute, with a goal of affecting positive change.
- **Excellence:** Our teaching, learning, research, and outreach are held to the highest standards of performance to ensure quality, maintain credibility, and engender trust in the community.
- **Leadership:** We train students to be autonomous thinkers who will seek out partnerships, who will serve as role models, and who can conceive, execute, and direct projects that promote health in their communities.
- **Inclusivity:** We work to eliminate barriers that prevent full participation of all people in learning, research, and outreach.
- **Commitment to students:** Out of a sincere desire to foster the success of each and every student, it is our primary goal to be engaged teachers and mentors.
- **Applied and responsible research:** With a commitment to leaving a positive mark on the people and places that we study, our research questions are informed by the needs and wants of those who are affected by them. It is our goal to not only contribute to the advancement of science, but to utilize it in improving the health of our communities.

### *Goals (1.1.c)*

c. One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research and service.

In alignment with the Strategic Plan for the College of Pharmacy & Health Sciences and our Vision, our CUPHP's goals have a three-fold focus—Centered in Community, Educating for Excellence, & Driven by Discovery.

- **Centered in Community**

GOAL: We will support the improvement of the health of communities—especially the communities of central North Carolina—through service partnerships between faculty, students, local and state health departments, and community organizations.

- **Educating for Excellence**

GOAL: We will provide an educational program to prepare public health professionals to serve, research, and collaborate in rural and underserved communities.

- **Driven by Discovery**

GOAL: We will foster research partnerships between faculty, students, and community members to support the advancement of public health knowledge, particularly around issues of rural health and health disparities.

[See eResource and website for a copy of the [Guiding Statements](#).]

### *Strategic Objectives (1.1.d)*

d. A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1.c. In some cases, qualitative indicators may be used as appropriate.

**CENTERED IN COMMUNITY:** We will support the improvement of the health of communities—especially the communities of central North Carolina—through service partnerships between faculty, students, local and state health departments, and community organizations.

#### Measurable Objectives

- In evaluating community-based service learning, preceptors will rate practicum students as demonstrating a mean score of 4.00 or greater on a five-point competencies scale.
- Core courses will incorporate service learning and/or community engagement assignments.
- Student composition of underrepresented minority groups will be equal or greater than those populations in the communities that we serve. (Racial minorities account for 26.5% of the population in the rural counties that we serve most directly.)
- Each year, military-affiliated students (including active duty, reserves, veterans, and spouses) will make up at least 10% of the incoming student cohort.
- Faculty composition of underrepresented minority groups will be equal or greater than those populations in the communities that we serve. (Racial minorities account for 26.5% of the population in the rural counties that we serve most directly.)



**EDUCATING FOR EXCELLENCE:** We will provide an educational program to prepare public health professionals to serve, research, and collaborate in rural and underserved communities

Measurable Objectives:

- The MSPH program will maintain a maximum student-to-faculty ratio of 10:1.
- Each year, the mean score on student end-of-course evaluations will be 4.00 or higher on a five-point scale.
- At graduation, students will assess themselves as having a mean score of 4.00 or greater on a five-point competencies proficiency scale (core and rural health competencies).
- Each year, the budgeted resources allocated to the Department of Public Health will be increased by at least 5% above the program costs for the previous year,
- Full-time MSPH faculty members will have a professional public health certification (CPH or CHES).
- Core classes will include lectures that focus on the presentation of original research by primary faculty.

**DRIVEN BY DISCOVERY:** We will foster research partnerships between faculty, students, and community members to support the advancement of public health knowledge, particularly around issues of rural health and health disparities.

Measurable Objectives:

- Capstone research projects will focus on rural health and health disparities.
- Capstone research proposals will focus on research developed in collaboration with community members or agency partners.
- Capstone research projects will focus on research concerned with the health of rural minorities—including people with disabilities, racial and ethnic minorities, religious minorities, and LGBTQ in rural contexts.
- Faculty members will assess capstone research presentations as demonstrating proficiency at 4.00 or greater on a five-point research competencies scale.
- Each year, 80% of primary faculty will present (podium or poster) original research at national or regional conferences on the health of rural communities.
- The travel budget will allow the department to sponsor research conference attendance for at least 12 students each year.

### *Development Process (1.1.e)*

e. Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

In the five years since CUPHP began, the mission, values, goals, and objectives have evolved tremendously. Initially, these elements were developed by a small group of faculty, administrators, and stakeholders in the feasibility study and recommendations for the program. The table below details major events in the evolution of these elements since the program's inception.

**Table 1.1.1: History of the Revision of Guiding Statements**

Date	Activity	Groups Involved
July 2013	Guiding statements were revised as a part of the accreditation application process, as detailed in the CEPH Application (submitted July 29, 2013),	Faculty, Staff, Administrators, Students, Potential Employers* (*=We had not yet graduated a class.)
November 2015	Guiding statements were shared at the inaugural Preceptor Luncheon. Participants provided feedback that was used in the revision of various elements.	Faculty, Staff, Students, Preceptors, Employers
January 2016	The College of Pharmacy & Health Sciences began a Strategic Planning Process. As a part of the process, guiding statements from each department (including Public Health) were submitted to the Strategic Planning Committee for review.	CPHS Strategic Planning Committee
April 2016	Guiding statements were shared at the Spring Preceptor Luncheon. Participants provided feedback that was used in the revision of various elements.	Faculty, Staff, Administrators, Preceptors, Employers
April 2016	CPHS Strategic Planning Committee requested that all programs submit a revision of goals and objectives that were correlated to the three-fold priorities of the Strategic Plan—Centered in Community, Educating for Excellence, & Driven by Discovery.	Faculty, Staff, Administrators
August 1, 2016	Guiding statements were thoroughly revised during a faculty retreat. Using notes from the Accreditation Workshop offered by CEPH in Washington, D.C., the faculty concentrated their efforts on codifying the distinctiveness of the program in those revisions.	Faculty, Staff, Administrators
August 8, 2016	Guiding statements were shared with students at the New Student Orientation. Students provided feedback and questions regarding the newly revised elements.	Faculty, Staff, Students
November 7, 2016	Guiding statements were shared with a CEPH consultant during the Consultative Visit.	Faculty, Staff, CEPH
November 17, 2016	Guiding statements were shared at the Fall Preceptor Luncheon. Specific attention was given to the notion of Public Health 3.0 (discussed at length at the APHA meeting in Denver), the 2016 Accreditation Guidelines, and notes from the meeting with the CEPH consultant.	Faculty, Staff, Alumni. Preceptors, Employers
March 17, 2017	Preliminary draft of the self-study was sent to key stakeholders—including Board of Advisors, officers of the Public Health Student Association, and an external peer reviewer. Guiding statements are a key part of the document. Feedback from all reviewers will be used in the final draft of the Preliminary Self Study.	Faculty, Staff, Board of Advisors (Alumni, Preceptors, Community Members, and Employers), and PHA Officers (Students)

### *Dissemination and Review Process (1.1.f)*

f. Description of how the mission, values, goals and objectives are made available to the program's constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

The mission of CUPHP is clearly communicated on the department's website as well as in the Academic Bulletin (available in hard copy for students and faculty, and online for the general public). The other guiding statements were not available online until 2016-2017, but were made available to constituent groups during Preceptor lunches (Fall & Spring) and as part of the CPHS and University-wide strategic planning and program review processes. In 2016-2017, the guiding statements were made available as a downloadable document (pdf) on the [department's website](#).

Even with all of the effort given to revision of these guiding statements, CUPHP appreciates the perpetual need to reassess and revise these guiding statements. As such, the guiding documents have been made a part of the standing agenda of annual meetings with each constituent group, as detailed in the table below.

***Table 1.1.2. Annual Review of Guiding Statements***

Time of Year	Meeting	Constituent Group
April	Board Breakfast	Board of Advisors
April	Preceptor Luncheon	Preceptors/Employers
April	PHA Monthly Meeting	Students
June	Alumni WebEx Meeting	Alumni
July/August	Faculty Retreat	Faculty, Staff

### ***Assessment of Criterion 1.1 (1.1.g)***

g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

#### **Strengths:**

- CUPHP's guiding statements strongly and specifically communicate the spirit of the program.
- The revision process over time has been authentic and productive, involving a wide range of constituents.
- The vast majority of outcome data indicates that the program has been successful in pursuing the strategic objectives. While these targets are aspirational and would not necessarily always be expected to be met, the program has met or exceeded the goal for 50 out of 57 targets over the past three years (87.7%).

#### **Weaknesses:**

- As a new CUPHP, the guiding statements have only recently begun to crystallize into an enduring form. For the first three years of the program, our rapidly-evolving identity necessitated constant revision of these guiding statements. Only in the past two years have these guiding statements truly been useful in shaping the program, prioritizing our activities, and defining our scope.
- As our program grows and our constituent community widens (particularly alumni), it will become more difficult to bring together key stakeholders using the periodic in-person meetings on which we rely currently.

#### **Plans:**

- Beyond the accreditation process, CUPHP plans to include periodic review of the guiding statements as a part of the overarching evaluation plan. During at least one annual meeting with each constituent group, the guiding statements will be an explicit agenda item.
- In the future, it will be imperative that CUPHP explore innovative uses of technology to engage stakeholders (particularly alumni).



## Evaluation (1.2)

**1.2 Evaluation.** 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 defined in this document.

### Evaluation Processes (1.2.a)

a. Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

Evaluation of the degree to which CUPHP succeeds in accomplishing its mission, goals, and objectives requires the systematic collection of data throughout the year, with periodic review of the data for decision-making and continuous improvement. The table below describes in detail the calendar of data collection and the responsible parties.

**Table 1.2.1. Monthly Calendar of Data Collection for Program Evaluation**

TIMING	PERSON RESPONSIBLE	TASK	DESCRIPTION
April	Faculty	Summer Syllabi	Syllabi for Summer Classes submitted for CUPHP Committee review and archiving
	Program Manager	Spring Capstone Rating Forms	Student capstone presentations are rated by faculty members
		Spring Practicum Preceptor Evaluations	Students are evaluated by preceptors
		Spring Practicum Student Evaluations	Students evaluate their practicum site and practicum experience
		Summer Capstone Proposals	Dual students propose capstone projects for Summer
		Summer Practicum Applications	Students apply for practicum experiences, including information about competencies
May	Assessment Coordinator	Spring Course Evaluations	Faculty receive summaries from student evaluations of Spring courses and the results are discussed in monthly meetings with the department chair
	Chair	Annual Report	Chair coordinates the aggregation of data/information from monthly reports for annual report to Dean of CPHS
		FTE Calculation	Calculations of FTE—including adjunct instructors
		Spring Strategic Planning Report	Spring data reports on objectives to the Strategic Planning Committee
	Faculty	Faculty CV's	Updated CVs submitted to Dean's Office by each faculty member
		Spring Course Grades	Grades submitted for Spring courses
		Workforce Development Evaluations	Evaluations from workforce development activities are summarized and archived
	Program Manager	Spring Graduating Student Survey	Each graduating student completes a survey to self-assess mastery of competencies, evaluate the overall program, and provide first information regarding post-graduation outcomes
July	Faculty	Fall Syllabi	Syllabi for Fall Classes submitted for CUPHP Committee review and archiving
		Summer Course Grades	Grades submitted for Summer courses
	Program Manager	Fall Practicum Applications	Students apply for practicum experiences, including information about competencies
		Summer Capstone Rating Forms	Student capstone presentations are rated by faculty members

<b>TIMING</b>	<b>PERSON RESPONSIBLE</b>	<b>TASK</b>	<b>DESCRIPTION</b>
July (cont'd)	Program Manager (cont'd)	Summer Practicum Preceptor Evaluations	Students are evaluated by preceptors
		Summer Practicum Student Evaluations	Students evaluate their practicum site and practicum experience
August	Admissions	Admissions Records	Admission information is finalized and class profile is created
		Race/Ethnicity Data from Admissions	Diversity data is included in class profile
		Student Enrollment	Enrollment data is confirmed after start of classes
	Assessment Coordinator	Summer Course Evaluations	Faculty receive summaries from student evaluations of Summer courses and the results are discussed in monthly meetings with the department chair
	Program Manager	Summer Graduating Student Survey	Each graduating student completes a survey to self-assess mastery of competencies, evaluate the overall program, and provide first information regarding post-graduation outcomes
November	Chair	Staff Annual Review	Staff members are reviewed with regard to annual, individualized professional goals
	Program Manager	Fall Practicum Preceptor Evaluations	Students are evaluated by preceptors
		Fall Practicum Student Evaluations	Students evaluate their practicum site and practicum experience
		Spring Capstone Proposals	Students propose capstone projects for Spring
		Spring Practicum Applications	Students apply for practicum experiences, including information about competencies
December	Assessment Coordinator	Fall Course Evaluations	Faculty receive summaries from student evaluations of Fall courses and the results are discussed in monthly meetings with the department chair
	Chair	Fall Strategic Planning Report	Fall data reports on objectives to the Strategic Planning Committee
	Faculty	Fall Course Grades	Grades submitted for Fall courses
		Professional Performance Record	Faculty members submit end-of-year reports on annual individualized professional goals related to teaching, research, and service
		Spring Syllabi	Syllabi for Spring Classes submitted for CUPHP Committee review and archiving
	Program Manager	Fall Graduating Student Survey	Each graduating student completes a survey to self-assess mastery of competencies, evaluate the overall program, and provide first information regarding post-graduation outcomes
Monthly	Chair	Budget Reports	Each month, budget reports are submitted and discussed with administration
		Reimbursement Records	Each month, reimbursements are archived with budget reports
	PHA Secretary	PHA Minutes	Minutes from the Executive Council & General meetings of the student-led Public Health Association
		PHA Participation Records	Participation logs from the service and fundraising events of the student-led Public Health Association

### *Evaluation Results (1.2.b)*

b. Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.

The evaluation processes are monitored, analyzed and communicated through a number of types of meetings throughout the year. These include departmental meetings (at least monthly), stakeholder meetings (at least twice each year), and end-of-year reports and meetings.

## MONTHLY REVIEW

At each departmental meeting, faculty and staff review the data collected in the previous month. Substantial review of summative data regarding courses and practica takes place during end of semester meetings. The end-of-year meeting in June is the most significant data review—including course, practica, and capstone data from Spring courses, results from the graduating student survey, results from the alumni outcomes survey (1 year), as well as review of the department's Annual Report to the university. With the small size and exclusive focus of the departmental faculty (CUPHP's primary faculty members have singular appointments), the monthly meetings are an efficient method of consistently monitoring indicators, integrating interpretation of results across the domains of departmental activity (curriculum, assessment, research, service, admissions/recruitment, etc.), and adjusting departmental activities to improve outcomes. The following examples demonstrate the use of data in the monthly departmental meetings to improve the program:

- Example 1. In a review of course evaluations from the initial offering of PUBH 682 (Fall 2013), student feedback overwhelmingly suggested that the material in the course was too fundamental to be offered as an elective. In the December 2013 departmental meeting (which, as stated previously, also functions as a curriculum committee for CUPHP), faculty authorized a process to begin revising the curriculum and schedule to offer PUBH 682 annually as a core course.
- Example 2. On graduating student surveys, the lowest average rating (4.00) was for the item, "This program provided helpful support for job seeking and career development." In reviewing the survey data at a monthly meeting, the departmental faculty began working to improve integration of supports for job seeking and career development. Ongoing improvements include special topic lectures and assignments in Seminar for resume writing and interview skills, reworking the practicum selection process to provide students with a "job fair" type of setting in which students mingle and are interviewed by potential preceptors, and full departmental participation in the Career Fair and Professionalism Workshops offered through the InterProfessional Education Office.

## STAKEHOLDER FORUMS

In addition to the ongoing collection and review of outcomes data throughout each academic year, CUPHP also values qualitative data collected through various formal and informal forums in which constituents are invited to provide feedback to the program. Some are recurring—such as the Preceptor Luncheons which occur each November and April—while others are ad hoc. In many instances, information gathered from these meetings has been a critical component of evaluation of the program. The following examples demonstrate how these forums have been influential on the structure or activities of CUPHP:

- Example 1. In the fall of 2014, CUPHP held a listening session in the Shawtown Community. Students and faculty had been involved with a number of agencies proposing nutrition-related health education and health promotion work in the community, but the initial work had produced lackluster results. Held in the Shawtown Community Center, the listening session allowed representatives from the community to identify the misalignment between community perceptions and external organizational/institutional perspectives. The information from the listening session helped CUPHP clarify and prioritize its activity in Shawtown. As a result, students and faculty shifted the focus of their community work and assisted community members in writing (and eventually being awarded) a mini-grant to begin a community garden.
- Example 2. During the 2015 Fall Preceptor Luncheon, preceptors/employers were asked about the skills that were most needed for public health professionals. Overall, participants indicated that "soft skills" were the most critical—especially "cultural humility." In reviewing the information from the session, the faculty revised CUPHP's core competencies to specifically include "Identify and respond with cultural humility to the ways in which power dynamics influence policies, programs, services, and the health of a community." While that set of core competencies has been made obsolete with the adoption of the 2016 CEPH Foundational Competencies, the activities and assignments linked to the aforementioned cultural humility competency are still embedded in the curriculum in service to the following foundational competencies:

- 8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.
- 20. Describe the importance of cultural competence in communicating public health content.

### **ADDITIONAL EVALUATION PROCESSES**

In addition to the continuous review of data in monthly departmental meetings as well as qualitative inquiry through stakeholder forums and focus groups, CUPHP benefits from participation in broader assessment efforts by both the College of Pharmacy & Health Sciences and the University's Office of Institutional Effectiveness.

Within the College, the Chair of the Department meets monthly with key leadership (dean/associate dean) to discuss the progress of the program and relevant data, submits data twice annually in support of the College-wide Strategic Planning monitoring, and submits an annual report with summative data across all domains of the program's activity. These mechanisms are important accountability processes to ensure that CUPHP is making progress towards its goals, while also ensuring vertical alignment of strategic priorities within the College.

As a part of the institutional assessment processes of the university, CUPHP recently submitted (Nov 2016) a five-year program report that detailed progress towards its mission, goals, and objectives, as well as extensive information regarding student performance, budget and finances, comparisons to competitors, and projections for future interest in the program and job outlook for graduates. These reports are explicitly used by the senior leadership of the university in making determinations regarding expanding, maintaining, contracting, or eliminating programs. Additionally, these program reports are foundational to the interim monitoring of SACS accreditation.

### ***Outcome Measures (1.2.c)***

c. Data regarding the program's performance on each measurable objective described in Criterion 1.1.d must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (e.g., 1.6, 2.7, 3.1, 3.2, 3.3, 4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear. See CEPH Outcome Measures Template.

CUPHP evaluates itself using two matrices of objectives: operational objectives and strategic objectives.

**Operational objectives** are the foundational assurances related to instruction, fiscal resources, faculty and other resources, recruiting, advisement, workforce development, research, and service. As these are process objectives and measures of quality assurance, the targets are all evaluated as met/unmet.

On the other hand, **strategic objectives** are more aspirational measures of quality improvement, and/or outcomes objectives, which relate specifically to the distinctive vision and mission of CUPHP at Campbell University. With strategic objectives, specific targets are set for each year, with awareness that continuous improvement should require that the targets be re-evaluated annually.

CUPHP has largely been successful in meeting the targets set in the outcomes matrix—both operational and strategic. See the Outcomes Measures Matrix below for specific data.



**Outcomes Measures: Operational Objectives**

Operational Area	Measurable Objective	CEPH Criterion	Evidence	Target	2014-15	2015-16	2016-17
Assessment	At least 70% of students in CUPHP will graduate within 3 years (or continue enrollment in a dual degree program).	2.7	Alumni Survey	70%	100%	100%	100%
Assessment	At least 80% of graduates from CUPHP will be employed, involved in another educational program, or intentionally not seeking employment within 12 months of graduation.	2.7	Alumni Survey	80%	88%	83%	91%
Diversity	Each year, CUPHP will sponsor at least one special event that focuses on rural minority health and features a guest speaker with extensive practice experience in rural minority health.	1.8	Event promotional materials	1	1	2	2
Diversity	Each year, CUPHP will offer at least three practicum opportunities that focus on racial/ethnic minorities, disability, military/veterans, and/or LGBTQ populations in rural contexts.	1.8	Practicum materials; research proposals	3	4	6	4
Diversity	In core classes, students will experience at least 10 hours of lectures which specifically address the value of cultural humility and the negative impacts of racism, ethnocentrism, heteronormativity, and ableism on the health of communities.	1.8	Syllabi; Lecture materials	10	10.5	10.5	12
Faculty	100% of primary faculty members will have a terminal degree in a field of relevance to the intersectoral public health system.	4.1	Faculty CVs	100%	100%	100%	100%
Faculty	Each year, at least two electives will be offered that integrate adjunct instructors with significant public health practice experience.	4.1	Adjunct Faculty CVs; Course Offerings	2	3	1	2
Fiscal	Each year, the budgeted resources allocated to the Department of Public Health will include funding for adjunct faculty and guest lecturers who bring extensive public health practice experience (at least 5% of full-time faculty allocation)	1.6	Budgets	5%	9.8%	9.5%	5.7%
Recruitment	Each year, the mean cumulative undergraduate GPAs for accepted students will be greater than 3.00.	4.3.f	Admissions records	3.00	3.30	3.44	3.23
Resources	100% of PUBH courses will be taught in classrooms that have adequate seating (at least 5% margin) and media capabilities.	1.7	Classroom Scheduling Worksheet	100%	100%	100%	100%
Resources	100% of PUBH students will have access to and be oriented to the library materials—including the Research Guide for Public Health.	1.7	Orientation Agenda	100%	100%	100%	100%
Resources	100% of PUBH courses will be in classrooms that enable recording and supported by Blackboard pages where Tegrity recordings can be archived.	1.7	Blackboard; Classroom Schedule Worksheet	100%	100%	100%	100%
Research	100% of MSPH faculty will complete at least one professional development activity annually which contributes to the ongoing development of research skills.	3.1	Annual Reports	100%	100%	100%	100%
Service	At least once each semester, students will have an opportunity to volunteer alongside faculty members in “hands-on” service to the community.	3.2	Annual Reports; PHA Log	1/semester (2/year)	5	7	6
Service	100% of MSPH students will participate in a service activity with community-based organizations working in rural and/or underserved communities.	3.2	Practicum Records	100%	100%	100%	100%

## OUTCOMES MEASURES: STRATEGIC OBJECTIVES

### *Strategic Priority: Centered in Community*

Strategy	Measurable Objectives	CEPH Criteria	Evidence		2014-15	2015-16	2016-17
Maintain high standards for the quality of students' service to communities.	In evaluating community-based service learning, preceptors will rate practicum students as demonstrating a mean score of 4.00 or greater on a five-point competencies scale. <i>(NOTE: 2016-2017, CPHS shifted to four-point scale.)</i>	2.7.b	Practicum Preceptor Evaluations	Target	4.00	4.00	3.00 *
				Actual	4.94	4.89	3.42* (4-Point Scale; cf. 4.28/5 point scale)
Integrate authentic engagement with communities into core instruction.	Core courses will incorporate service learning and/or community engagement assignments.	1.2.c	Syllabi	Target	25%	33%	50%
				Actual	30%	40%	50%
Reflect the racial diversity of surrounding communities in student cohorts.	Student composition of underrepresented minority groups will be equal or greater than those populations in the communities that we serve. (Racial minorities account for 26.5% of the population in the rural counties that we serve most directly.)	1.8.e	Racial/Ethnic Data from Admissions (students)	Target	26.5%	26.5%	26.5%
				Actual	26.90%	15%	28.50%
Reflect the importance of military/veteran populations in rural areas with the composition of student cohorts.	Each year, military-affiliated students (including active duty, reserves, veterans, and spouses) will make up at least 10% of the incoming student cohort.	1.8.e	Data from admissions (students)	Target	10.0%	10.0%	10.0%
				Actual	11.5%	6.0%	17.2%
Reflect the racial diversity of surrounding communities in faculty composition.	Faculty composition of underrepresented minority groups will be equal or greater than those populations in the communities that we serve. (Racial minorities account for 26.5% of the population in the rural counties that we serve most directly.)	1.8.e	Faculty Self Report (calculated by FTE)	Target	26.5%	26.5%	26.5%
				Actual	26.70%	30.80%	24.9%
Provide relevant service to the professionals working in our partner organizations in the community.	Faculty and students will facilitate at least 3 workforce development activities annually, which are connected to the perceived needs of public health leaders.	3.2.c	Annual reports; Workforce development evaluations	Target	3	3	3
				Actual	3	5	5
Leverage faculty expertise in the leadership of community organizations.	At least 50% of MSPH primary faculty will serve in positions of leadership with community-based organizations.	4.1.d	Annual reports	Target	50%	50%	50%
				Actual	50%	50%	60%

**Strategic Priority: Educating for Excellence**

Strategy	Measurable Objective	CEPH Criteria	Evidence		2014-15	2015-16	2016-17
Maintain low student-to-faculty ratios in order to enhance the quality of educational opportunity for each student.	The MSPH program will maintain a maximum student-to-faculty ratio of 10:1.	1.7.i	FTE Calculations; student enrollment	Target	10:1	10:1	10:1
				Actual	8.4:1	11.3:1	9.2:1
Facilitate active and engaging classroom instruction that students find practical and meaningful.	Each year, the mean score on student end-of-course evaluations will be 4.00 or higher on a five-point scale. <i>(NOTE: 2016-2017, CPHS shifted to four-point scale.)</i>	1.2.c	Course Evaluations	Target	4.00	4.00	3.00 *
				Actual	4.52	4.14	3.45 * (4-Point Scale; cf. 4.31/5 point scale)
Focus on student self-confidence and mastery orientation with regard to the competencies of the program.	At graduation, students will assess themselves as having a mean score of 4.00 or greater on a five-point competencies proficiency scale (core and rural health competencies).	2.7.b	Graduating Student Survey	Target	4.00	4.00	4.00
				Actual	Not Available	4.58	4.47
Facilitate educational excellence and innovation through maintaining expansion of funding allocations.	Each year, the budgeted resources allocated to the Department of Public Health will be increased by at least 5% above the program costs for the previous year.	1.6.d	Budget Reports	Target	5%	5%	5%
				Actual	39.9%	54%	60%
Encourage faculty to attain public health certifications to emphasize practice-relevant teaching.	Full-time MSPH faculty members will have a professional public health certification (CPH or CHES).	4.1.d	Faculty CVs	Target	25%	33%	50%
				Actual	25%	75%	60%
Integrate original research and practice experience into core classes.	Core classes will include lectures that focus on the presentation of original research by primary faculty.	3.1.d	Original Research Matrix	Target	33%	50%	60%
				Actual	40%	50%	70%

***Strategic Priority: Driven by Discovery***

Strategy	Measurable Objective	CEPH Criteria	Evidence		2014-15	2015-16	2016-17
Focus capstone research on health equity issues—particularly in rural contexts.	Capstone research projects will focus on rural health and health disparities.	1.2.c	Capstone Proposals; Capstone Rating Forms	Target	33%	50%	60%
				Actual	41%	38%	100%
Develop capstone research proposals that empower community members as co-researchers.	Capstone research proposals will focus on research developed in collaboration with community members or agency partners.	1.2.c	Capstone Proposals; Capstone Rating Forms	Target	33%	50%	60%
				Actual	41%	53%	56%
Emphasize research on rural minority health, intersectional issues, and multiple minority effects	Capstone research projects will focus on research concerned with the health of rural minorities—including racial/ethnic minorities, people with disabilities, military/veterans, and LGBTQ populations.	1.8	Capstone Proposals; Capstone Rating Forms	Target	10%	15%	20%
				Actual	12%	18%	21%
Maintain high standards for capstone research presentations.	Faculty members will assess capstone research presentations as demonstrating proficiency at 4.00 or greater on a five-point research competencies scale.	2.7.b	Capstone Rating Forms	Target	4.00	4.00	4.00
				Actual	Not Available	4.61	4.77
Prioritize the dissemination of original research on rural health at professional meetings.	Each year, 80% of primary faculty will present (podium or poster) original research at national or regional conferences on the health of rural communities.	3.1.d	Annual reports	Target	80%	80%	80%
				Actual	75%	100%	100%
Sponsor student attendance of professional meetings to foster a culture of discovery.	The travel budget will allow the department to sponsor research conference attendance for at least 12 students each year.	1.6.d	Reimbursement Records	Target	12	12	12
				Actual	9	13	13

### *Self-Study Development (1.2.d)*

d. Description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, faculty, students, alumni and representatives of the public health community.

The self-study process began with the submission of the Application for Accreditation, which was submitted to CEPH on July 29, 2013. Since that date, the department experienced four transitions in chairs, numerous curricular revisions, the adoption of three different articulations of program competencies, and an array of other transitions. Importantly, this period of intense changes did not represent instability, but rather a dedication to continuous improvement, innovation, and clarification of the program's unique identity. While this progressive revelation has ultimately served the program well, the timeline for completion of the accreditation process was delayed by two full years. That is, over the entirety of four academic years, the faculty, staff, and administration of the program have been laboring toward the production of the self-study document.

In addition to the faculty, staff, and administration's continual work, students, alumni, preceptors/employers, and the community-at-large have provided valuable feedback for the evolution of our processes and the refinement of the document over the last four years.

Nevertheless, to a great degree, the ultimate language of the document was developed in the academic year 2016-2017. With the information gleaned from the Chair of the Department's participation in the CEPH Accreditation Workshop in July 2016, the release of the new CEPH Accreditation Criteria in October 2016, and the insight provided in the Consultative Visit in November 2016, the faculty worked from November to February to redraft the majority of the self-study to simultaneously address (to the extent possible) the requirements of 2011 and 2016. Key external advisors began reviewing portions of the document and providing feedback in November as well. In early March, every section of the self-study document was reviewed and edited by each member of CUPHP's faculty and staff. In late March, key institutional officers, members of the Board of Advisors, and the officers of the student association (PHA) were given the draft document for feedback.

On March 31<sup>st</sup>, faculty members reviewed the written comments of institutional officers. On April 4<sup>th</sup>, faculty members met with the executive committee of PHA to discuss the students' feedback on the document. Then, on April 7<sup>th</sup>, faculty met with members of the Board of Advisors to discuss the questions, concerns, and recommendations of the Board regarding the self-study draft. The feedback from each of these constituent groups was incorporated into the final revision of the preliminary self-study on April 14<sup>th</sup>.

In May 2017, CUPHP received feedback regarding the preliminary self-study document. Over the summer, the faculty and staff worked to address the questions and concerns of commentators. The final version of the self-study is made available August 14, 2017.

### *Assessment of Criterion 1.2 (1.2.e)*

e. Assessment of the extent to which this criterion is met, and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

#### **Strengths:**

CUPHP's evaluation processes are robust, continuous, and valuable.

Evaluation of the effectiveness of the program incorporates information from a variety of sources—including substantial involvement from constituent groups.

The vast majority of outcome data indicates that the program has been successful in its activities. On the whole, the program has met or exceeded the goal for 94 out of 102 targets (92.1%). While the strategic targets are aspirational and would not necessarily always be expected to be met, the program has met or exceeded 50 out of 57 targets. In addition, 44 out of 45 (97.8%) of the program's operational objectives--which are foundational assurances that are expected to be met every year--were successfully achieved.

#### **Weaknesses:**

The involvement of students, alumni, and preceptors/employers has largely been focused on information gathering. In the future, the department needs to develop additional mechanisms for communicating information back to these groups and involving them (especially students & alumni) actively in decision-making processes.

#### **Plans:**

Significant efforts are being made to move all routine data collection from paper to electronic platforms. This move, while resource intensive this year, will make the monthly presentation of actionable information much less onerous for faculty and staff.

After the accreditation process is complete and the self-study has been made available, CUPHP will produce subsequent yearly reports that outline key data, highlight the improvements made through ongoing evaluation, and invite stakeholders' collaboration in assessing the performance of the program (including setting new targets for goals that are consistently exceeded).

## **Institutional Environment (1.3)**

**1.3 Institutional Environment.** The program shall be an integral part of an accredited institution of higher education.

### ***Accrediting Bodies (1.3.a)***

a. A brief description of the institution in which the program is located, and the names of accrediting bodies (other than CEPH) to which the institution responds.

Campbell University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award Associate, Baccalaureate, Masters, Education Specialist, and Doctorate degrees. The Commission on Colleges reaffirmed accreditation in 2011. No additional report was requested. The next reaffirmation will take place in 2021, unless otherwise notified.

#### **College of Pharmacy & Health Sciences**

The Doctor of Pharmacy program is accredited by the Accreditation Council for Pharmacy Education.

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted Accreditation-Continued status to the Physician Assistant Program sponsored by Campbell University.

The Doctor of Physical Therapy Program at Campbell University is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

The BSN Program received Initial Approval Status from the North Carolina Board of Nursing (NCBON) in January 2014.

#### **Business School**

The undergraduate and graduate business programs offered by the Lundy-Fetterman School of Business are accredited by the Accreditation Council for Business Schools & Programs (ACBSP).

PGA Golf Management Program is accredited by the PGA of America.

Trust & Wealth Management Program - Campbell University has the distinction of being registered with the Certified Financial Planner Board of Standards, Inc.

#### **Law School**

The Norman Adrian Wiggins School of Law is approved by the Council of the Section of Legal Education and Admissions to the Bar of the American Bar Association.

#### **College of Arts & Sciences**

The Athletic Training program, within the Exercise Science department in the College of Arts and Sciences is accredited by the Commission on Accreditation of Athletic Training Education (CAATE).

#### **School of Education**

The School of Education is accredited by The National Council for Accreditation of Teacher Education (NCATE). The Bachelor of Social Work program is accredited through the Council on Social Work Education (CSWE).

### **Divinity School**

The Divinity School is accredited by The Commission on Accrediting of The Association of Theological Schools in the United States and Canada (ATS).

### **School of Osteopathic Medicine**

Jerry M. Wallace School of Osteopathic Medicine was awarded Provisional Accreditation from the Commission on Osteopathic College Accreditation (COCA).

### ***Organizational Charts for Campbell University (1.3.b)***

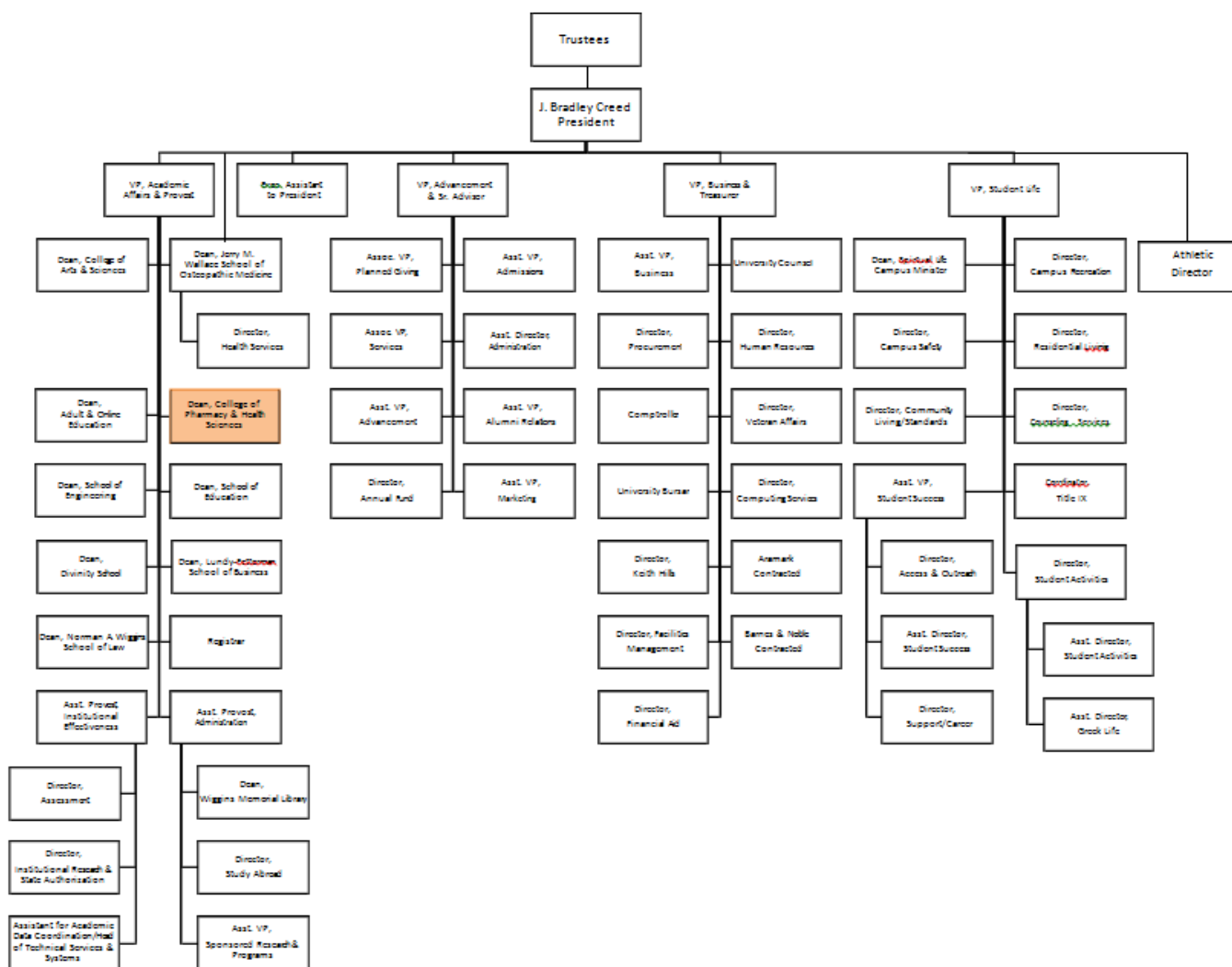
b. One or more organizational charts of the university indicating the program's relationship to the other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

The following organizational charts depict the supervisory and reporting structures for Campbell University, for the University's academic programs, and for the College of Pharmacy & Health Sciences. The position of CUPHP within the chart is indicated in **orange**.

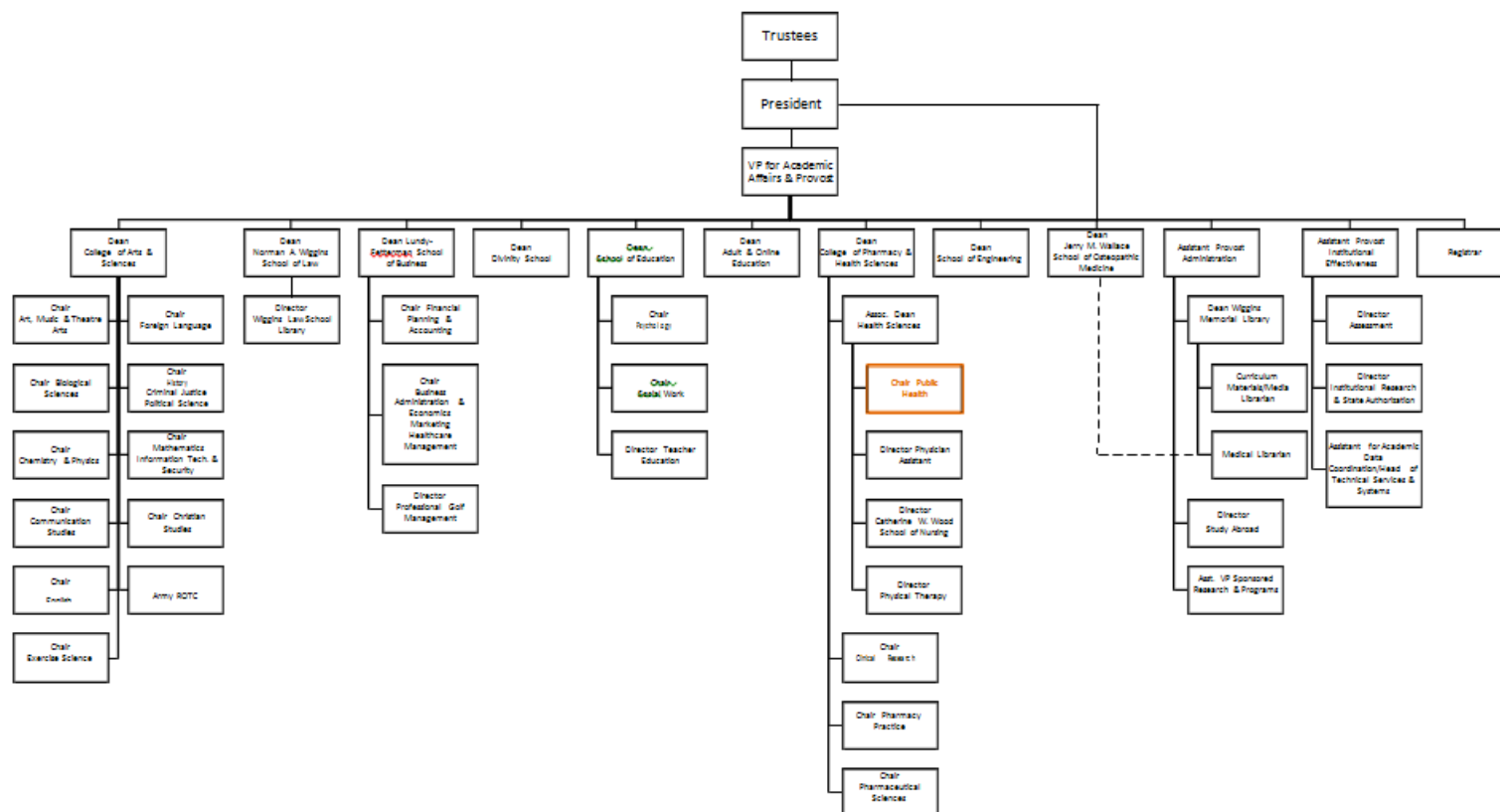
A pdf of the organizational charts is available in the eResource file.



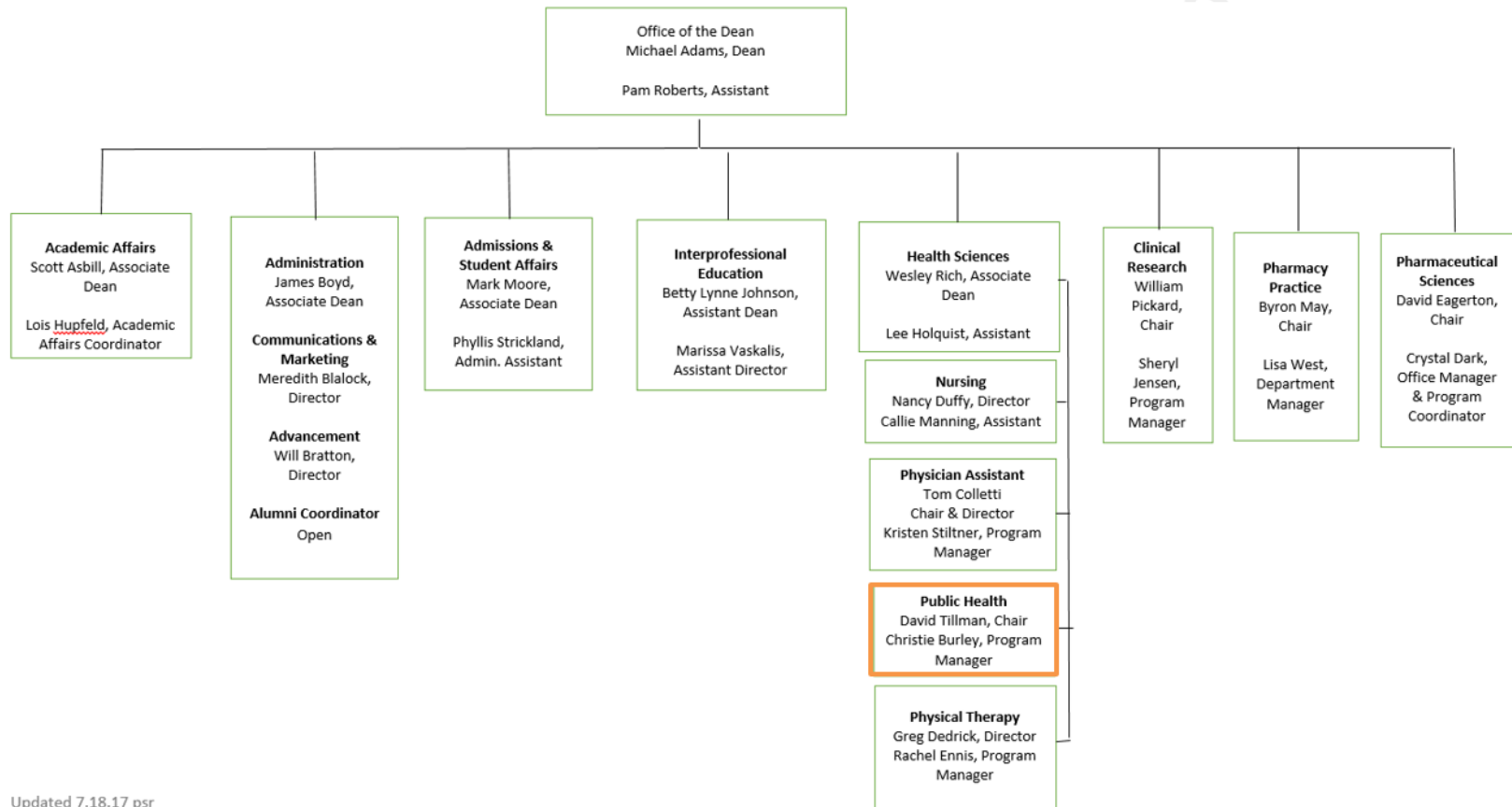
Campbell University Administrative Structure



Campbell University Academic Structure



# College of Pharmacy & Health Sciences Administrative Organization



Updated 7.18.17 psr

### *Administrative Processes (1.3.c)*

c. Description of the program's involvement and role in the following:

- budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising
- personnel recruitment, selection and advancement, including faculty and staff
- academic standards and policies, including establishment and oversight of curricula

#### BUDGET & RESOURCE ALLOCATION

The budget for CUPHP is a dedicated budget that is managed by the Chair of the Department. In January of each year, the Chair of the Department submits a budget proposal for the upcoming academic year. As CUPHP is tuition-driven (like all programs at Campbell University), the resource allocation is directly tied to enrollment projections. The budget negotiations begin with meetings with the Associate Dean for Health Sciences as well as the Dean of the College of Pharmacy & Health Sciences. Then, in the spring, the Chair of the Department meets with the Vice President for Academic Affairs & Provost, the Vice President for Business & Treasurer, and the Assistant Vice President for Business to discuss the budget proposal and negotiate a final allocation for the upcoming academic year. Each year of the program, the administration of Campbell University has explicitly encouraged the growth of CUPHP, and each year the resource allocation has been increased beyond inflationary adjustments. To date, grant awards and other external funding have been minimal and, consequently, negotiations regarding indirect cost recovery and other fundraising have not been required. As grant activity expands in the future, arrangements regarding grant funding will be processed through the Office of Sponsored Research.

#### PERSONNEL

The processes for recruitment, selection, and advancement of personnel (faculty and staff) are driven internally by the Chair of the Department of CUPHP. Throughout Campbell University, departments use an electronic management system (Taleo) to regulate and document the selection process in coordination with University Counsel and the Office of Human Resources. Each year, retention strategies (including salary adjustments) are informed by recommendations by the Chair of the Department to the Dean of the College of Pharmacy & Health Sciences. Promotion and tenure decisions begin with nomination of faculty members to the Promotion & Tenure Committee (P&T Committee) by the Chair of the Department, in accordance with the [Promotion & Tenure Policy](#) for CPHS Faculty. After review, the P&T Committee makes recommendations regarding promotion and tenure to the Dean of Pharmacy & Health Sciences, who in turn makes recommendations to senior administration in the University. [See eResource for [Faculty Policies and Procedures manual](#)].

#### ACADEMIC STANDARDS

For the College of Pharmacy & Health Sciences, curricular oversight is driven by the curricular committees at the departmental level. As described previously, the departmental meetings for CUPHP serve an array of functions, including those of the curriculum committee. Curricular revisions are approved by the department and then submitted to the Curriculum Council for the College of Pharmacy & Health Sciences. Substantive changes are submitted by the Curriculum Council of the College to the University Curriculum Committee (UCC) for approval.

### *Collaborative Program Descriptions (1.3.d)*

d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.

Not applicable.

### *Collaborative Program Agreements (1.3.e)*

e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.

Not applicable.

### *Assessment of Criterion 1.3 (1.3.f)*

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

Strengths:

- CUPHP exists with institutional structures that provide stability and accountability, while allowing the department a great deal of authority in the allocation of resources and decision making.

Weaknesses:

- No weaknesses identified. The processes are efficient and effective in providing administrative supports for the program's mission.

Plans:

- CUPHP plans to remain actively engaged in restructuring of processes during a period of transition for the College of Pharmacy & Health Sciences and the University. In the last three years, new individuals have assumed the roles of the Associate Dean for Academic Affairs, the Associate Dean for Administration, the Dean, and the President. In addition, new strategic plans were adopted by both the University and the College in 2016-2017. In the midst of these changes, it is imperative that the leaders of CUPHP specifically communicate the value of facilitative administrative supports in the effectiveness of the program.



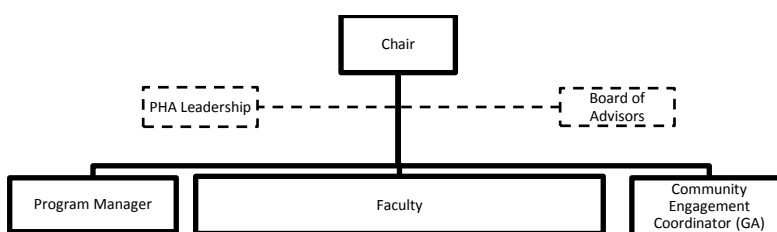
## Organization and Administration (1.4)

**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.

### Internal Organizational Chart (1.4.a)

a. One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.

Campbell University Department of Public Health (Internal)



The Chair of the Department of Public Health is responsible for coordinating the efforts of the faculty and staff in the execution of all programs associated with CUPHP.

The Public Health Association (PHA) is the central student-run organization for graduate students of public health. The leadership is elected by students each year and, beginning Summer 2017, the PHA President & Vice President meet quarterly with the faculty and staff of the program at the departmental team meeting.

The Board of Advisors is comprised of community members, preceptors, alumni, and representatives of other programs at the university who participate in two meetings a year to provide advice and counsel to the Department of Public Health.

The faculty represents a team of five individuals whose only teaching appointments are in the Department of Public Health. While two members also have administrative roles in CPHS, within CUPHP all faculty activities are coordinated by the Chair.

The role of the Program Manager is to provide administrative leadership to the Department of Public Health. The Program Manager must be able to act independently and possess strong leadership skills. The position demands that the individual serve as an advocate for the students and a liaison for public health with multiple university and community professionals. The Program Manager assists in the daily operations of the Department of Public Health in an efficient, effective and professional manner to ensure the quality and capacity of CUPHP.

[See eResource for [Program Manager job description](#)]

The Community Outreach Coordinator is a Graduate Assistant position. The Community Engagement Graduate Assistant will be primarily responsible for supporting the development of and facilitation of partnerships with precepting organizations. The position will also be expected to assist the department in documenting service learning projects for print media and social media--working closely with departmental faculty and staff, as well as the Director of Communication for the College of Pharmacy & Health Sciences.

### *Interdisciplinary Coordination (1.4.b)*

b. Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

Faculty from the Department of Public Health work with Nursing, Physical Therapy, Physician Assistant, Pharmacy, and Medicine faculties to enhance these respective educational programs in a variety of ways—including research methodologies, health policy, behavioral medicine, epidemiology, and environmental health. Similarly, faculties from these programs have been incorporated into the coursework for CUPHP to provide instruction on the clinical implications of health policy, leadership and management of health care systems, and integrative approaches to care.

CUPHP has played a key role in the College of Pharmacy & Health Sciences focus on Interprofessional Education (IPE). Students are required to attend yearly IPE events that are facilitated by faculty across the health sciences and, occasionally, by faculty in the Department of Social Work and the School of Divinity. Therefore, students and faculty benefit from interprofessional collaborations in learning, service, and research.

Additionally, administrative processes facilitate deep connections between CUPHP and other disciplines through the active participation of the Chair of the Department in the Executive Committee for the College. At these monthly meetings of the directors of all of the health science programs, the priorities of the College are synchronized with the activities of individual departments in ways that support the strategic focus on *Centered in Community, Educating for Excellence, & Driven by Discovery*.

### *Assessment of Criterion 1.4 (1.4.c)*

c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

Strengths:

- Without the dual appointments found in many programs of public health, the small size and the singular focus of primary faculty in the department makes CUPHP's internal organization simple, nimble, and effective without requiring complicated committee structures or intra-departmental hierarchies.
- The other health science programs are connected to CUPHP in systematic and structural ways that reinforce the family-like culture across academic programs at Campbell University. This web of formal and informal connections greatly enhances the interdisciplinary synergy for students on our campus, including students in CUPHP.

Weaknesses:

- While the small size of the department reduces the bureaucratic inefficiencies of information bottlenecks and multi-layered committee processes, the faculty's size also necessitates the participation of all members in all processes—which eliminates the potential benefits of more individuated roles and specialization in administration of the program.

Plans:

- As with any organization, growth of CUPHP will require careful attention to the revision of administrative processes to support concerted and coordinated effort while avoiding the threats of fragmentation on the one extreme and the wastes of non-utilized talent on the other. Beginning in 2017-18, CUPHP will identify a "Chairperson" for several of the functions of the monthly departmental meetings—recruiting/admissions, academic standards, research, and community engagement/service. While these new roles will not actually create subcommittees within the



department, the new positions will increase the efficiency of current processes, will better utilize the talent within the department, and will lay the groundwork for organization and administration of the department as it expands in the future.



## Governance (1.5)

**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.

### *The Departmental Committee (1.5.a)*

a. A list of standing and important ad hoc committees, with a statement of charge, composition and current membership for each.

The size and scope of CUPHP most appropriately fits a unified structure in which all governance functions are performed through the monthly departmental meetings. These meetings invariably involve all primary faculty and staff from the Department of Public Health, and in some cases also involve students, adjunct faculty, and other faculty/staff from the College or University. These meetings simultaneously perform the roles of a number of distinct subcommittees of larger departments within the College—including the Admissions Committee, the Curriculum Committee, the Strategic Planning Committee, and the Student Affairs Committee.

### *Committees of the College (1.5.a)*

In addition to the governance of the department by the multi-purpose departmental committee that meets monthly, CUPHP also functions within the College of Pharmacy & Health Sciences and, as such, is governed by a number of standing committees. The standing committees, the membership, and the charge of each committee is listed in the [eResource file](#).

### *Functions of Governance (1.5.b)*

b. Identification of how the following functions are addressed within the program's committees and organizational structure:

- general program policy development
- planning and evaluation
- budget and resource allocation
- student recruitment, admission and award of degrees
- faculty recruitment, retention, promotion and tenure
- academic standards and policies, including curriculum development
- research and service expectations and policies

#### GENERAL PROGRAM POLICY DEVELOPMENT

Policy development for CUPHP typically originates with concerns or ideas from constituents, particularly students and faculty. These requests are addressed during the monthly multi-purpose departmental meetings, and any new or revised policies must receive consensus support from the primary faculty. Next, new or revised policies are submitted in the monthly report to the Associate Dean for Health Sciences and the Dean of the College of Pharmacy & Health Sciences as either informational items (for policies that are exclusively internal and have negligible impact on the function of other programs) or agenda items for the subsequent Executive Committee Meeting (for policies that might have impact on other programs). For policies that impact other programs, the Executive Committee votes to approve the policy recommendation from the department. The Chair of the Department is a voting member of the Executive Committee.

#### PLANNING & EVALUATION

Strategic planning and evaluation for the department begins internally with the processes described in sections 1.1 & 1.2 of this document. The Strategic Plan for CPHS guides the form and function of departmental

planning for all programs—including CUPHP. Departments can exceed the CPHS requirements, but at minimum each department is expected to articulate goals and objectives for the three-fold focus—Centered in Community, Educating for Excellence, & Driven by Discovery. CUPHP includes both strategic objectives and operational objectives to ensure that aspirational and strategic investments of time, attention, and resources occur with deference to foundational assurances regarding the quality of the program.

#### BUDGET & RESOURCE ALLOCATION

In January of each year, evaluation of strategic and operational objectives determines budgetary priorities for the upcoming year. As a part of the end-of-semester review in December, constituents of CUPHP have the opportunity to share ideas and concerns regarding the program. Any concerns related to the allocation of resources can be incorporated into the budget proposal submitted to the Associate Dean for Health Sciences and the Dean of the College of Pharmacy & Health Sciences by the Chair of the Department of Public Health. In budget meetings with the Associate Dean and Dean, the Chair explains concerns expressed in the departmental process and negotiates modifications in the final budget proposals for the Vice President of Academic Affairs & Provost and the Vice President of Business & Treasurer. In a late spring meeting, the Chair of the Department meets with the aforementioned vice presidents to discuss the budget proposal and finalize allocations for the upcoming year (which begins June 1). During the year, addendums to the budget and requests by the department to re-allocate funding from one budget line to another can be made by the department through the Assistant Vice President for Business.

#### STUDENT RECRUITMENT, ADMISSIONS, & AWARD OF DEGREES

Within the College of Pharmacy & Health Sciences, each department exercises a great deal of autonomy in setting its admission standards and program requirements. The departmental committee makes recommendations regarding alterations in the admissions criteria through the development of the [Academic Bulletin](#). Each year, the members of the Executive Committee review and approve the Academic Bulletin, which becomes the authoritative policy statement on admissions, student conduct, and program requirements for each academic program within the College. The department works in conjunction with the Office of Admissions to develop and execute recruitment strategies in support of the admissions criteria stated in the Academic Bulletin. In addition, students are awarded degrees based upon completion of the requirements as expressed in the Academic Bulletin. After appropriate degree audits are completed by the Chair of the Department and the Associate Dean for Academic Affairs, the faculty for the department as well as the college-wide faculty assent through vote to award degrees to the students who have met the degree requirements.

#### FACULTY RECRUITMENT, RETENTION, PROMOTION, & TENURE

With regard to the recruitment of faculty, each department in the College of Pharmacy & Health Sciences works through the process established by the University's Office of Human Resources to identify and nominate candidates for open faculty positions. For CUPHP, the multi-purpose departmental meetings function as the primary Search Committee for new faculty and staff. Through a formal recommendation from the Chair of the Department, the departmental committee recommends a candidate for hire to the Dean of the College of Pharmacy & Health Sciences. In turn, the Dean recommends the candidate to the Vice President & Provost and the President of the University.

With regard to promotion and tenure, the faculty members of CUPHP who seek promotion or tenure must be nominated by the Chair of the Department. Then, the faculty member submits a dossier for consideration to the College's Promotion & Tenure Committee. The committee recommends promotion or tenure to the Dean, who makes the final determination of whether to recommend promotion and/or tenure to the Provost and the Board of Trustees. Appeals processes are outlined in the [Promotion & Tenure Policy](#).

#### ACADEMIC STANDARDS & CURRICULUM DEVELOPMENT

The monthly departmental meetings function as the Curriculum Committee for CUPHP meetings. Curricular revisions—including revisions to standards, adoption of new academic policies, or syllabus revisions—must be first approved by consensus at the departmental meetings. Then, the Chair of the Department submits changes to the College's Curriculum Council and the University Curriculum Committee for approval. [See eResource for [departmental meeting](#) information]

## RESEARCH & SERVICE POLICIES

Research and service expectations are guided by the departmental strategic objectives around “Centered in Community” and “Driven by Discovery.” These objectives were determined through collaborative work by the departmental committee, with input from a variety of constituents, and within the broader framework of the College’s Strategic Plan. Additionally, the [Promotion & Tenure Handbook](#) details faculty expectations with regard to research and service, with regard to the criteria for professional advancement. The “points system” developed by the executive council of the Public Health Association (the student association) helps establish expectations with regard to research and service for students in CUPHP.

### *Faculty Handbook Policy on Governance (1.5.c)*

c. A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.

Section III.E of the [Faculty Handbook](#) details the rights and obligations for governance of the programs.

### *Program Faculty Membership on University Committees (1.5.d)*

d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

Faculty of CUPHP serve on the following university committees:

Wesley Rich:

- General College Curriculum
- University Effectiveness Council
- Research Ethics Committee

Peter Ahiawodzi:

- Research Ethics Committee

David Tillman:

- Study Abroad Committee
- Strategic Planning Subcommittee for Government Relations

Committee Details:

- (Wesley Rich) – General College Curriculum: This committee is charged with biennial review of the General College Curriculum in all its aspects.
- (Wesley Rich) - University Effectiveness Council: This Council shall provide oversight to the planning and assessment processes of the University. It shall conduct an annual review of these processes, and coordinate an annual update of the University’s Planning and Assessment Manual.
- (Wesley Rich, Chair, and Peter Ahiawodzi) - Research Ethics: The Committee advises the administration with respect to ethical considerations of research activities within the University community. The Committee also functions to evaluation scientific integrity issues and violations.
- (David Tillman) - Study Abroad: This Committee’s function is to support the Study Abroad Director in many functions, representation of various disciplines, selection of proposals for faculty-led program, and selection of student applications and scholarships.

### *Student Roles in Governance (1.5.e)*

e. Description of student roles in governance, including any formal student organizations.

For the College, student representatives are appointed as members of each standing committee. As described in Section III.E.4, the “Dean shall appoint members and a chair of each committee consisting of faculty, students, and administration to serve, and shall also be considered an ex officio member of every committee... When appropriate, committees should seek the advice of members of the student body...”

Within CUPHP, the departmental committee seeks the advice of students in the program on specific topics, when appropriate. In addition, most students participate in the Public Health Association (PHA), as student-run organization that provides feedback regularly to the faculty and staff of CUPHP. [See eResource for [PHA meeting minutes](#)].

Examples of the ways in which students have been involved in governance:

- Students have been invited to attend demonstration lectures of prospective faculty and to give feedback to inform the selection process.
- PHA was valuable in assisting the department in redesigning the practicum selection process to better meet the needs of students and preceptors. With the assistance of students, CUPHP moved from a faculty-driven matching process to the design of a “preceptor fair” process in which students and potential preceptors are more active in identifying promising placements.
- Through feedback from students regarding the need for enhanced professionalism support and career development training, the department redesigned faculty committee responsibilities to make one faculty member chiefly responsible for these plans. As of July 2017, a comprehensive plan has been drafted—in accordance with the recommendations of students—and the plan will be available for review by the first general meeting of PHA in August 2017.
- The leadership of PHA has assisted the department in crafting the policies relating the disbursement of departmental funds for use by students to travel to conferences—especially APHA Annual Meeting.
- The membership of PHA was invited to make comments on the self-study—including the creation of and evaluation of strategic objectives.
- The PHA President & Vice President assisted the faculty and staff in addressing curriculum revisions and goal setting for 2017-2020 in the Summer 2017 Retreat.

### *Assessment of Criterion 1.5 (1.5.f)*

f. Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

Strengths:

- The administrative systems at the University and the College afford the program administration and faculty ample prerogatives to assure the integrity of CUPHP—especially with regard to program policy development, planning and evaluation, budget and resource allocation, student recruitment and admissions, faculty recruitment, and curriculum development.
- With the unified, multi-purpose departmental committee, all program faculty are fully integrated into the decision-making processes with regard to the spectrum of governance concerns.

Weaknesses:

- With the relatively small size of the department and the “family” atmosphere of the program, student perspectives consistently inform the governance of the department in informal and organic ways. While this has proven adequate in the early years of the program, more formal roles for student participation in governance of CUPHP should be defined for the future.

Plans:

- To increase student participation in governance of the department, two student representatives (1 first-year student and 1 second-year student) will be nominated by the executive council of PHA to

function as members of the departmental committee on matters relating to recruiting/admissions, curriculum development, research and service activities, and program evaluation (where appropriate). This new initiative began with the inclusion of PHA leaders at the Departmental Retreat in July 2017. [See eResource for a current list of [PHA officers](#)]





## Fiscal Resources (1.6)

**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.

### *Sources of Funding (1.6.a)*

a. Description of the budgetary and allocation processes, including all sources of funding supportive of the instruction, research and service activities. This description should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact the fiscal resources available to the program.

CUPHP (like all programs at Campbell University) is tuition-driven. Consequently, the margin between program revenue (through tuition and fees) and program costs (all expenses charged to the departmental budget) functionally determines the adequacy of fiscal resources. Resource allocation is directly tied to enrollment projections. Table 1.6.0 (found in the eResource file) presents CUPHP's annual cost and revenue data, since the program's inception in 2012-2013.

With the single exception of the first year of the program, tuition and fees from the MSPH program have outpaced costs by a wide margin. The first year operated with a 36% deficit—largely the result of 33% attrition from the charter class and the lack of second year students. After 2012-2013, the Department of Public Health has operated with a revenue surplus ranging from \$197,895.48 to \$411,842.09. Year-to-year, the average annual growth in revenue is approximately 27%, while the average annual increase in costs was only 14%. The steady increases in revenue result from the combination of increasing enrollment and also rising tuition and fees throughout the period. While the margin should be expected to narrow somewhat, as the department has expanded faculty and assumed additional operational costs, revenues are projected to continue to exceed costs.

The allocation of resources to CUPHP includes no other significant sources of funding. The program receives no legislative appropriations, gifts, contracts, indirect cost recovery, or taxes/levies.

In 2016-2017, CUPHP received its first grant funds for research. These funds (\$15,380) were supplemental to the departmental budget and did not supplant institutional (tuition-based) support in any way.

### *Program Budget (1.6.b)*

b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in a table format as appropriate to the program. See CEPH Data Template 1.6.1.

CUPHP maintains a program-specific budget, managed by the Chair of the Department. In addition to salaries and benefits for faculty and staff, the program's budget includes line-item allocations for general equipment, computer equipment, periodicals, books, travel, general supplies, facilities management, food services, academic support, and special events. The table below presents the sources of funds and expenditures for the last five years.

**Table 1.6.1 Sources of Funds and Expenditures by Major Category, 2012-2013 to 2016-2017**

	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
<b>Source of Funds</b>					
Tuition & Fees	\$205,315	\$503,900	\$706,650	\$761,367	\$816,265
Grants/Contracts	0	0	0	0	\$15,830
<b>Total</b>	<b>\$205,315</b>	<b>\$503,900</b>	<b>\$706,650</b>	<b>\$761,367</b>	<b>\$832,095</b>
<b>Expenditures</b>					
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
Other (explain) Adjunct Faculty	\$13,300	\$52,483	\$43,327	\$11,640	\$12,050
<b>Total</b>	<b>\$284,862</b>	<b>\$306,004</b>	<b>\$319,716</b>	<b>\$349,525</b>	<b>\$512,523</b>

More detailed budget reports are available in the [eResource file](#).

### *Collaborative Program Budget (1.6.c)*

c. If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

Not applicable.

### *Fiscal Resources Objectives (1.6.d)*

d. Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program's performance against those measures for each of the last three years.

**Table 1.6.d. Outcome Measures for Fiscal Resource Objectives – Strategic and Operational**

Outcome Measure	Target	2014-15	2015-16	2016-17
Each year, the budgeted resources allocated to the Department of Public Health will be increased by at least 5% above the program costs for the previous year.	5%	39.9%*	54%*	60%*
The travel budget will allow the department to sponsor research conference attendance for at least 25% of active MSPH students (by FTE).	25%	31%	31%	30%
Each year, the budgeted resources allocated to the Department of Public Health will include funding for adjunct faculty and guest lecturers who bring extensive public health practice experience (at least 5% of general faculty allocation)	5%	9.8%	9.5%	5.7%

\*NOTE: CUPHP targets a 5% increase in program budget, relative to the program costs for the previous year. The program's actual performance on this indicator is much higher than the target. However, it is important to note that this calculation is relative to the program costs for the previous year and, in each of the three previous years there were unusual situations that decreased the program costs. In 2014-15, the unexpected departure of a faculty member mid-year resulted in the reduction of spending in the budget allocation for faculty salary. In 2015-16 and 2016-17, the previous year's costs were similarly impacted by a budgeted, but unfilled faculty appointment. The new faculty member was hired in July 2016 and the budget projection for 2017-2018 relative to the spending for 2016-17 will be closer to the target in the objective. Moving forward, the realistic target for the expansion of the departmental budget should remain at 5%, as the expenditures match more closely to budgeted allocations.

### *Assessment of Criterion 1.6 (1.6.e)*

e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

#### Strengths:

- As a tuition-driven program, CUPHP has maintained excellent margins between revenues generated through tuition and fees and the expenditures of the departmental budget. As such, the enrollment-based budgeted allocations have been more than adequate to address both the operational and strategic objectives of the program.

#### Weaknesses:

- Unlike many other public health programs (though similar to most other programs at Campbell University), CUPHP receives virtually no significant grant funding for research.

#### Plans:

- As more students graduate, the program plans to establish coordinated alumni giving campaigns that will supplement institutional support by funding special service projects, special events, and scholarships.
- Beginning in 2016-17, faculty members have directed much more attention to applying for grant funding for research. The program plans to secure external funding that both supplements and supplants institutional support to increase the scholarly activity of CUPHP.



## Faculty and Other Resources (1.7)

**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.

### *Primary Faculty (1.7.a)*

a. A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration. See CEPH Data Template 1.7.1.

**Table 1.7.1 Headcount of Primary Faculty**

	2014-15	2015-16	2016-17
Concentration: Rural Health	4	4	5

### *Student-to-Faculty Ratios (1.7.b)*

b. A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty, b) FTE conversion of faculty based on % time devoted to public health instruction, research and service, c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including other faculty. All programs must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations. Note: CEPH does not specify the manner in which FTE faculty must be calculated, so the program should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in Criteria 4.1.a. (Template 4.1.1) and 4.1.b (Template 4.2.2).

**Table 1.7.2. Faculty, Students and Student/Faculty Ratios for the MSPH Program  
(Rural Health Concentration) 2014/15-2016/17**

Year	HC Primary Faculty <sup>1</sup>	FTE Primary Faculty <sup>2</sup>	HC Other Faculty <sup>3</sup>	FTE Other Faculty <sup>4</sup>	FTE Total Faculty <sup>5</sup>	HC Students <sup>6</sup>	Student Count (for FTE calculation) <sup>7</sup>	SFR by Primary Faculty FTE <sup>8</sup>	SFR by Total Faculty FTE <sup>9</sup>
2014-2015	4	3.28	6	0.95	4.23	35	35.5	10.8:1	8.4:1
2015-2016	4	3.26	3	0.35	3.61	42	40.7	12.5:1	11.3:1
2016-2017	5	3.82	2	0.20	4.02	41	37.3	9.8:1	9.2:1

Explanations of calculations:

<sup>1</sup> = Headcount of Primary Faculty: The number of full-time university employees who spend the majority of their department-specific effort on public health. (NOTE: The FTE is not equivalent to the headcount due to the fact that two of the faculty members have extensive administrative functions in CPHS. FTE is calculated using the formula below.)

<sup>2</sup> = FTE of Primary Faculty: The full-time equivalency (FTE) as calculated using the following:

- Teaching – 5% per credit hour
- Practicum Advising – 1% per student per semester
- Capstone Advising – 2% per student per semester
- General Academic Advising – 0.5% per student per semester
- Departmental Committee Service – 5% per semester
- Research – 5% per semester
- Dept. Chair – 10% per semester

NOTE: In the event that the calculation yields an FTE of greater than 1.00 for an individual, the value is corrected to a maximum of 1.00.

<sup>3</sup> = Headcount of Other Faculty: The number of adjunct instructor who teach courses in the program, but who are not primarily employed in the Department of Public Health.

<sup>4</sup> = FTE of Other Faculty: The full-time equivalency (FTE) of adjunct instructors as calculated using the following formula:

- Teaching – 5% per credit hour

<sup>5</sup> = FTE of Total Faculty: The sum of the FTE for Primary Faculty and the FTE of Other Faculty.

<sup>6</sup> = Headcount for Students: The total number of students enrolled in CUPHP and taking any PUBH courses in an academic year.

<sup>7</sup> = Student FTE Calculation: The total number of student credit hours taken divided by 27—i.e., 3 semesters (fall, spring, summer) by 9 credit hours (full-time student enrollment).

<sup>8</sup> = Student-to-Faculty Ratio by Primary Faculty FTE: A ratio calculated by dividing the total number of students enrolled in CUPHP and taking at least 9 credit hours of PUBH coursework in an academic year by the calculated FTE of full-time university employees who spend the majority of their department-specific effort on public health.

<sup>9</sup> = Student-to-Faculty Ratio by Total Faculty FTE: A ratio calculated by dividing the total number of students enrolled in CUPHP and taking at least 9 credit hours of PUBH coursework in an academic year by the calculated FTE of both full-time university employees who spend the majority of their department-specific effort on public health as well as adjunct instructors.

### *Staff (1.7.c)*

c. A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.

In CUPHP, the Program Manager is the only non-faculty, non-student staff member. This position is 100% dedicated to CUPHP as a full FTE.

### *Physical Space (1.7.d)*

d. Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.), by location.

Until Summer 2017, CUPHP (in addition to pharmacy, clinical research, and pharmaceutical sciences) was housed in Maddox Hall, a three-story learning space that includes classrooms, breakout rooms, admissions and alumni suites, lecture halls, offices, and a faculty resource center.

Typically, core Public Health courses were taught in Maddox Hall Rms. 130 and 117, each with capacity for approximately 70 students. The audiovisual equipment for educational activities in these classrooms includes

two Mitsubishi projectors, a Sony DVD player, a VHS player, an X-Port 40 podium console, a Creston monitor, a video camera, and a Dell Model 4400 computer. The audiovisual equipment is used to record all lectures including the projected lecture materials using the Tegrity system. The classrooms are equipped with wireless network and internet access.

Elective courses were typically taught in Maddox Rm. 225 with capacity for approximately 25 students. The audiovisual equipment for educational activities in this classroom includes an X-Port 40 console, a Mitsubishi projector, a JVC DVD player and a VHS player. The classroom is also equipped with wireless network for internet access and the audiovisual equipment to record all lectures—including the projected lecture materials using the Tegrity system.

These classroom spaces were in close proximity to the Public Health faculty and staff offices (second floor of Maddox Hall). Additionally, there are informal spaces throughout the building for students to study, socialize, and collaborate.

Since Summer 2017, CUPHP is now housed in the Tracey F. Smith Hall of Nursing & Health Sciences, a brand new learning and research facility that houses 72,000 square feet of laboratories, clinical skills spaces, open research space, large classrooms and study areas.

### *Laboratory Space (1.7.e)*

e. A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.

Though CUPHP does not typically require laboratory space, occasionally student or faculty research projects have necessitated access to laboratory space, equipment, or materials. In that event, CUPHP can arrange access to 6,000 sq ft of laboratory space on the third floor of Maddox Hall, which includes a student pharmaceuticals lab with a sterile processing facility, a quantitative chemistry lab, an analytical instrument lab, a Biochemistry and Molecular biology lab, a Biotechnology and Bioprocessing lab, and a Cellular and Molecular Pharmacology lab. There is also an autoclave room, a Biochemistry and Molecular Biology prep room and an Analytical prep room.

### *Computer Facilities (1.7.f)*

f. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

Campbell University main campus and health sciences campus facilities provide high-speed, wireless internet and network access to students, faculty, and staff. Faculty are provided with dockable laptop computers equipped with standard office applications in addition to qualitative and quantitative software including Atlas.ti, SPSS, AMOS, SAS, JMP, and other specialized software. Students often elect to use their own laptop computers; however computer facilities are provided in various spaces on campus such as the library where more than 60 computer terminals are available in addition to the learning commons and the idea lab/makerspace. Laptop computers and a number of other technology items are available to be checked out from the Circulation Desk or the Curriculum Materials/Media Center. These items include iPads, scientific calculators, computer headphones, computer mice, Nook e-readers, GPS units, digital cameras, flip video cameras, etc.

### *Library Resources (1.7.g)*

g. A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.

Wiggins Memorial Library provides access to over 83,000 full text electronic journals. An [electronic journal index](#) with links to the journals is easily accessible from the [library homepage](#). Additionally, the liaison maintains a [Research Guide for Public Health Students](#) which aggregates research materials, RSS feeds, and other information of particular relevance to students in CUPHP. [See [eResource file](#) for a hyperlinked index of the library's public health journal subscriptions by subject area.]

### *Other Resources (1.7.h)*

h. A concise statement of any other resources not mentioned above, if applicable.

Not applicable.

### *Measurable Objectives (1.7.i)*

i. Identification of measurable objectives through which the program assesses the adequacy of its resources, along with data regarding the program's performance against those measures for each of the last three years.

**Table 1.7.3. Outcome Measures for Program Resources**

Outcome Measure	Target	2014-15	2015-16	2016-17
100% of PUBH courses will be taught in classrooms that have adequate seating (at least 5% margin) and media capabilities.	100%	100%	100%	100%
100% of PUBH students will have access to and be oriented to the library materials—including the Research Guide for Public Health.	100%	100%	100%	100%
100% of PUBH courses will be in classrooms that enable recording and supported by Blackboard pages where Tegrity recordings can be archived.	100%	100%	100%	100%
The MSPH program will maintain a maximum student-to-faculty ratio of 10:1.	10:1	8.4:1	11.3:1	9.2:1



### *Assessment of Criterion 1.7 (1.7.j)*

j. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

#### Strengths:

- Budget allocations for faculty have allowed the department to maintain an average ratio of 9.56 students to each faculty member (by FTE).
- CUPHP benefits from its institutional support in the provision of a wide range of resources—including classroom, office, and laboratory space as well as extensive library and technological resources.

#### Weaknesses:

- While in many other ways poised for growth, CUPHP has limited capacity for additional faculty office space in its current location. If the program is to expand faculty in the future, the acquisition of office space will require impacting other departments/programs.

#### Plans:

- CUPHP plans to continue to expand its capacity in the acquisition of additional resources. In the five-year program review submitted in November 2016, CUPHP requested that the university increase support of the program and consider expansion in the future. The review was well received by administrators and CUPHP budget allocations for 2017-2018 increased by approximately 25%.



## Diversity (1.8)

**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.

### *Defining Under-Represented Populations (1.8.a.i)*

- a. A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:
  - i. Description of the program's under-represented populations, including a rationale for the designation.

In addition to CUPHP's overarching focus on the underrepresentation of the specific rural communities in health policymaking at the state and federal levels and the resultant health disparities in rural areas, the program gives specific attention to the following under-represented populations:

#### RACIAL DIVERSITY

There are a number of under-represented populations of specific focus for CUPHP. In the state of NC, while almost 35% of the population is nonwhite, only 26% of public health employees are nonwhite. This percentage includes Tier 1 employees in entry-level positions that do not require graduate degrees. When limited to Tiers 2 and 3 (where employees are likely to have an MPH or related degree), the demographic composition of the public health workforce is even less diverse.

#### DISABILITY

Until relatively recently, disability was seldom considered to be a public health issue. However, increasingly the public health system is improving in consideration of and response to the public health aspects of issues facing the ever-growing segment of the population with disabilities. As a program, CUPHP focuses classroom instruction, practicum opportunities, and research on disability as a public health concern. In addition, CUPHP welcomes students with disabilities and works cooperatively with the Director of Access and Outreach to ensure that students with disabilities are given appropriate access to educational opportunity in the program.

#### VETERANS & ACTIVE DUTY MILITARY

Only about 8% of the adults in the United States have served or are currently serving in the military. Rural communities bear a disproportionate responsibility for military service in the United States. While approximately 21% of the US population lives in a rural area, as many as 44% of military recruits are reported to come from rural places (Greville, 2014). In addition, 36% of veterans settle in rural areas after their military service, often in HRSA-designated Health Professional Shortage Areas. These facts together make military-affiliated individuals and families an important aspect of the fabric of rural health. As a program, CUPHP focuses classroom instruction, practicum opportunities, and research on veterans and active duty military as a rural health concern. As part of a nationally recognized military-friendly university, CUPHP welcomes students who are veterans and active duty/reserves, while working explicitly to ensure that these students receive the support and reasonable accommodations needed to be successful.

#### GENDER & SEXUAL MINORITIES

In rural areas, the challenges of geographic isolation can be even more deleterious for people whose gender expression, gender identity, sexual identity, or sexual behaviors are nonconforming. As a program, CUPHP focuses classroom instruction, practicum opportunities, and research on the LGBTQ community as a key rural health concern. In addition, CUPHP welcomes LGBTQ students and works explicitly to ensure that these students are free of harassment and discrimination in the program.

### *Diversity Goals (1.8.a.ii)*

ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.

- **Centered in Community:** CUPHP will cultivate an appreciation of the diversity in the communities we serve. In the development of service and service-learning partnerships, specific attention will be given to the establishment of opportunities to serve racial/ethnic minorities, people with disabilities, military families and veterans, and LGBTQ populations in these rural contexts.
- **Educating for Excellence:** CUPHP explicitly incorporates cultural humility in the design and execution of the curriculum. In addition, the curriculum particularly addresses the impact of structural violence on the wellbeing of the community. Even more, the curriculum will be enacted by faculty and students that represent minority communities in learning experiences that value diverse perspectives.
- **Driven by Discovery:** CUPHP supports research by faculty and students that addresses the public health concerns of rural minorities—specifically racial/ethnic minorities, people with disabilities, military families and veterans, and LGBTQ communities.

These diversity goals are framed within the CPHS Strategic Plan in support of Campbell University's overall mission to "influence development of moral courage, social sensitivity, and ethical responsibility" and to "gather a diverse community of learners."

### *Policies Supporting Diversity (1.8.a.iii/iv)*

iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.

iv. Policies that support a climate for working and learning in a diverse setting.

Policies to protect employees from harassment and discrimination can be found in the Campbell University College of Pharmacy & Health Sciences [Faculty Handbook](#). Policies to protect students from harassment and discrimination can be found in the CPHS [Academic Bulletin](#).

The policies in the Faculty Handbook are reviewed annually by Human Resources, the Title IX coordinator, the Faculty Senate, the trustees, and senior leadership in the University. The policies in the Academic Bulletin are reviewed annually by the CPHS Executive Committee as well as by the faculty of CUPHP.

### *Policies Supporting Diversity (1.8.a.iii/v)*

v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.

In an effort to create an inclusive environment, the following operational objectives have been identified for the program:

- Each year, CUPHP will sponsor at least one special event that focuses on rural minority health and features a guest speaker with extensive practice experience in rural minority health.
- Each year, CUPHP will offer at least three practicum opportunities that focus on racial/ethnic minorities, disability, military and veterans, and/or LGBTQ populations in rural contexts.

- In core classes, students will experience at least 10 hours of lectures which specifically address the value of cultural humility and the negative impacts of racism, sexism, ethnocentrism, cisgender bias, heteronormativity, and ableism on the health of communities.

### *Nondiscrimination & Affirmative Action Policies for Faculty & Staff (1.8.a.vi/vii)*

vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.

vii. Policies and plans to recruit, develop, promote and retain a diverse staff.

Campbell University, CPHS, and CUPHP are deeply committed to diversity in the workforce. Policies regarding the recruitment and retention of a diverse faculty and staff are published in the Campbell University CPHS [Faculty Handbook](#).

### *Diversity Policies in the Recruitment of Students (1.8.a.viii)*

viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.

Campbell University, CPHS, and CUPHP have adopted a holistic admissions evaluation process for applications, which takes into account the diversity of student cohorts. Policies related to promoting diversity in the recruitment and retention of students are published in the [Academic Bulletin](#) (2016-2017):

In addition to these policies, CPHS has developed a series of curricular and program innovations designed to address the problem of the shortage of underrepresented racial and ethnic minorities in various health disciplines in North Carolina. The College is committed to having a diverse student population and to preparing graduates to cultivate health through culturally competent practice of their professions. These initiatives include a range of activities for students—from prospective students through our alumni. For instance, the Healthcare Professionals Readiness & Enrichment Program (H-PREP) exposes students to a formative experience that combines academic instruction with professional development in an inter-disciplinary environment. The themes focus on issues unique to community and rural practice across the health professions. Preference for admission to the program is given to individuals who are interested in practicing in rural and underserved areas. This program puts prospective students from Public Health into this experience alongside prospective students from Pharmacy, Osteopathic Medicine, Physician Assistant, Physical Therapy, Pharmaceutical Sciences, Clinical Research, and Nursing.

### *Evaluation of the Effectiveness of Diversity Policies (1.8.a.ix)*

ix. Regular evaluation of the effectiveness of the above-listed measures.

The policies supporting diversity are evaluated each year by a number of entities within Campbell University and CPHS. In particular, the Diversity Working Group within the CPHS Office of Admissions & Student Affairs reviews the effectiveness of diversity-related policies with regard to the recruitment, admissions, and retention of students. In addition, Human Resources, Office of Student Success, as well as members of the senior administration review similar data for Campbell University as a whole.

Within CUPHP, evidence of the effectiveness of diversity policies includes admissions and retention data, academic performance data, degree progress/completion data, student evaluations, and complaints from students, faculty, or staff regarding discrimination or harassment. While the student cohorts have become increasingly diverse, the retention rates, academic achievement data, degree completion, and course evaluations for various subgroups are not substantially different from the data for the cohort overall. In addition, in the history of the program there have been no complaints by students, faculty, or staff of discrimination or harassment related to issues addressed in these diversity policies.

### *Evidence of Implementation (1.8.b)*

b. Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.

Elements	Evidence of Implementation
Policy statements	Campbell University Faculty Handbook; CPHS Academic Bulletin
Operational & Strategic Objectives	Strategic Plan; CUPHP Self-Study
Admissions & Recruitment Strategies	Documentation of Recruitment Activities; Admissions Records
Curricular Integration	Syllabi; Lecture Materials; Course Texts; Guest Lectures; and Special Events
Practicum/Service	Practicum documentation ; Logs of Service Activities (including in Faculty Reports)
Research	Capstone Proposals & Products (papers, posters, presentations)
Faculty/Staff	Employment Statistics

As part of our commitment to these diversity policies, core classes and electives in CUPHP include a regular focus on the disproportionate health disadvantages experienced by vulnerable and minority populations, especially in rural settings. For example, as part of their PUBH 525: Overview of Rural Health course, students travel to Duplin County to learn about the disproportionate effects of hog industry pollution on rural minorities in North Carolina. A regular first-year practicum experience focuses on farmworker health, specifically migrant Latino workers. In addition, CUPHP encourages research on these topics. A recent student Capstone Project focused on the experience of minority students within the College as a whole; findings from this study are being used to improve the support systems in place for non-white students.

The racial makeup of our students is comparable to that of our surrounding community. We strive to achieve this in every cohort by holding graduate school fairs in predominantly minority institutions. The following Historically Black Colleges/Universities are alma mater for some of our students of color: Fayetteville State University, Winston-Salem State University, Claflin University, UNC-Pembroke, North Carolina Central University, North Carolina Agricultural and Technical State University, and Shaw University.

### *Development of Diversity Plans & Policies (1.8.c)*

c. Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

The development of diversity plans and policies occurs at multiple levels within the institution. Policies outlined in the Campbell University Faculty Handbook are developed and reviewed by the Office of Human Resources, the Faculty Senate, senior members of the administration, and the trustees. Policies outlined in CPHS Academic Bulletin are developed and reviewed in a process that begins with departmental-level approval and ultimately receives approval by the CPHS Executive Committee. The department-specific goals and plans were developed and reviewed by faculty, staff, students, and external advisors (including preceptors and community members). These policies and plans were confirmed through early drafts of the self-study document that were reviewed by each member of the faculty & staff, the executive board of the student-led Public Health Association, the CPHS Strategic Planning Committee, and CUPHP Board of Advisors.

### *Monitoring of Diversity Plans & Policies (1.8.d)*

d. Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

<b>Elements</b>	<b>Evidence of Implementation</b>	<b>Monitoring Activity</b>
Policy statements	Campbell University Faculty Handbook; CPHS Academic Bulletin	Reviewed and approved annually
Operational & Strategic Objectives	Strategic Plan; CUPHP Self-Study	Developed specifically for these processes and monitored using operational and strategic objectives (see below)
Admissions & Recruitment Strategies	Documentation of Recruitment Activities; Admissions Records	Reviewed each month for monthly reports and departmental meetings; used formatively to shape recruitment strategies
Curricular Integration	Syllabi; Lecture Materials; Course Texts; Guest Lectures; and Special Events	Monitored through course approval processes and in the implementation of the course matrix each semester; also, monitored through the arrangements and planning for special events (used as a strategic lens)
Practicum/Service	Practicum Documentation ; Logs of Service Activities (including in Faculty Reports)	Monitored in the practicum site approval process; also, monitored through the arrangements and planning for service activities (used as a strategic lens)
Research	Capstone Proposals & Products (papers, posters, presentations)	Monitored in the capstone approval process; also, monitored through the arrangements and planning for programs of research (used as a strategic lens)
Faculty/Staff	Employment Statistics	Monitored in the recruitment of new faculty (including adjunct) and staff (used as a strategic lens)

### *Measurable Objectives for Evaluating Diversity Plans & Policies (1.8.e)*

e. Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Data Template 1.8.1. At a minimum, the program must include four objectives, at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the program's definition of under-represented populations in Criterion 1.8.a.

**Table 1.8.3. Outcome Measures for Diversity**

<b>OPERATIONAL OBJECTIVES</b>							
Operational Area	Measurable Objective	CEPH Criterion	Evidence		2014-15	2015-16	2016-17
Diversity	Each year, CUPHP will sponsor at least one special event that focuses on rural minority health and features a guest speaker with extensive practice experience in rural minority health.	1.8	Event promotional materials		1	2	2
Diversity	Each year, CUPHP will offer at least three practicum opportunities that focus on racial/ethnic minorities, disability, military and veterans, and/or LGBTQ populations in rural contexts.	1.8	Practicum materials; research proposals		4	6	4
Diversity	In core classes, students will experience at least 10 hours of lectures which specifically address the value of cultural humility and the negative impacts of racism, sexism, ethnocentrism, cisgender bias, heteronormativity, and ableism on the health of communities.	1.8	Syllabi; Lecture materials		10.5	10.5	12
<b>STRATEGIC OBJECTIVES</b>							
Strategy	Measurable Objectives	CEPH Criteria	Evidence		2014-2015	2015-2016	2016-2017
Reflect the racial diversity of surrounding communities in student cohorts.	Student composition of underrepresented minority groups will be equal or greater than those populations in the communities that we serve. (Racial minorities account for 26.5% of the population in the rural counties that we serve most directly.)	1.8.e	Racial/Ethnic Data from Admissions (students)	Target	26.5%	26.5%	26.5%
				Actual	26.90%	15%	28.50%
Reflect the importance of military/veteran populations in rural areas with the composition of student cohorts.	Each year, military-affiliated students (including active duty, reserves, veterans, and spouses) will make up at least 10% of the incoming student cohort.	1.8.e	Data from admissions	Target	10.0%	10.0%	10.0%
				Actual	11.5%	6.0%	17.2%
Reflect the racial diversity of surrounding communities in faculty composition.	Faculty composition of underrepresented minority groups will be equal or greater than those populations in the communities that we serve. (Racial minorities account for 26.5% of the population in the rural counties that we serve most directly.)	1.8.e	Faculty Self Report (calculated by FTE)	Target	26.5%	26.5%	26.5%
				Actual	26.70%	30.80%	24.9%
Emphasize research on rural minority health, intersectional issues, and multiple minority effects	Capstone research projects will focus on research concerned with the health of rural minorities—including racial/ethnic minorities, people with disabilities, military/veterans, and LGBTQ populations.	1.8	Capstone Proposals; Capstone Rating Forms	Target	10%	15%	20%
				Actual	12%	18%	21%



### *Assessment of Criterion 1.8 (1.8.f)*

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

#### Strengths:

- CUPHP emphasizes diversity in all aspects of the program. As a program that focuses on health equity, the centering of rural minorities is considered to be central to the achievement of CUPHP mission.
- The student cohorts have become increasingly diverse.
- Ranging from 24.9% to 30.8% over the last three years, the percentage of nonwhite CUPHP faculty (calculated by FTE) exceeds national averages of less than 22% racial/ethnic minorities ([NCES, 2016](#)).

#### Weaknesses:

- In 2015-16, the student cohort was less diverse than other years—both in terms of racial/ethnic diversity and military-affiliated students. The recruitment strategies in 2016-17 were adjusted in ways that resulted in CUPHP's most diverse cohort in those two domains. In addition, while not reflected in the three years of data in the accreditation reporting period, the percentage of racial/ethnic minorities in the 2017 cohort of new students is the largest in program history (35%).
- In the most recent year of reporting, the shift in adjunct faculty resulted in the first year of below-target racial diversity for faculty. In the coming years, faculty recruitment (including adjunct faculty) should value diversity in the selection processes.

#### Plans:

- CPHS is planning to expand its diversity initiatives and CUPHP is playing a significant role in that expansion. In the summer of 2017, CUPHP faculty and students are assisting with qualitative data collection on behalf of CPHS in order to inform new diversity initiatives for all health science programs. Dr. David Tillman has also been tasked by the Strategic Planning Subcommittee on Diversity to design assessment to address these issues for the campus as a whole.
- While these data have not been customarily collected in the past, CUPHP has begun (since August 2017) to ask students to voluntarily and anonymously self-identify with regard to LGBTQ, disability, and first-generation college. In the coming years, we hope to be able to provide more specific information regarding the success of recruiting diverse student cohort in these areas as well. In the baseline year of data collection, the new student cohort (Fall 2017) included the following representation:
  - LGBTQ – 8.7%
  - Disability – 8.7%
  - First Generation College – 26%



## Degree Offerings (2.1)

**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.

### *Instructional Matrix (2.1.a)*

a. An instructional matrix presenting all of the program's degree programs and areas of specialization, including bachelor's, master's and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.

**Table 2.1.1. Instructional Matrix – Degrees & Specializations**

	Academic	Professional
<b>Bachelor's Degrees – None</b>		
<b>Master's Degrees</b>		
Specialization/Concentration/Focus Area		Degree*
Rural Public Health		MSPH
<b>Doctoral Degrees – None</b>		
<b>Joint Degrees</b>		
2 <sup>nd</sup> (non-public health) area		Degree*
Business Administration		MBA/MSPH
Law		JD/MSPH
Pharmacy		PharmD/MSPH
Physician Assistant		MPAP/MSPH

### *Academic Bulletin (2.1.b)*

b. The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.

The available degrees in CUPHP are officially outlined in the [Academic Bulletin](#) for the College of Pharmacy & Health Sciences, which can be found on the website.

### *Assessment of Criterion 2.1 (2.1.c)*

c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

Strengths:

- CUPHP offers a clearly defined Master of Science in Public Health as an equivalent professional degree to the MPH, with a singular concentration in Rural Health.

Weaknesses:

- No weaknesses identified.

Plans:

- Currently, no plans exist to expand or revise degree offerings.

## Program Length (2.2)

**2.2 Program Length.** An MPH degree program or equivalent professional master's degree must be at least 42 semester-credit units in length.

### *Definition of Credit Hour (2.2.a)*

a. Definition of a credit with regard to classroom/contact hours.

In CUPHP, one credit hour is defined in the following ways:

- Contact hours per credit hour for the classroom didactic instruction:  
50 minutes/week/semester = 1 credit hour (700 minutes/credit hour)
- Contact hours per credit hour for clinical, experiential, or similar activities:  
60 contact hours = 1 credit hour

### *Minimum Degree Requirements (2.2.b)*

b. Information about the minimum degree requirements for all professional public health master's degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different from the standard semester or quarter, this difference should be explained and an equivalency presented in a table or narrative.

The minimum number of credits for the MSPH is 42 hours of credit. Every student, whether seeking a traditional MSPH or a dual degree, must complete 32 hours of credit in the core curriculum. Additionally, all students must complete 10 hours of elective credit to fulfill the degree requirements. While no student can earn a degree with less than 42 hours of credit, students in the dual degree programs can have up to 10 hours of relevant coursework credited toward the MSPH degree's elective requirements. Approved dual degree elective courses can be found in the [Academic Bulletin](#).

Additionally, students with relevant graduate credit from another institution may be approved to transfer up to 6 hours of credit toward the MSPH degree's elective requirements. Decisions regarding transfer credits are made by the departmental curriculum committee in conjunction with the Associate Dean for Health Sciences.

No student may substitute or transfer any credits as replacements for the core course requirements.

#### CORE CURRICULUM

PUBH 502 - Seminar in Public Health (repeatable for 2 hours of credit)  
PUBH 520 - Health Education & Promotion (3 hours of credit)  
PUBH 525 - Overview of Rural Health (3 hours of credit)  
PUBH 540 - Statistical Methods (3 hours of credit)  
PUBH 542 - Community Health Assessment & Evaluation (3 hours of credit)  
PUBH 550 - Environmental Health (3 hours of credit)  
PUBH 560 - Epidemiology (3 hours of credit)  
PUBH 580 - Health Policy & Management (3 hours of credit)  
PUBH 682 - Ethical Issues in Public Health (3 hours of credit)  
PUBH 690 - Research Project (3 hours of credit)  
PUBH 699 - Practicum in Public Health (repeatable for 3 hours of credit)

[see eResource file for [Syllabi](#)]

### *Exceptions (2.2.c)*

c. Information about the number of professional public health master's degrees awarded for fewer than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

No MSPH degrees have been awarded for fewer than 42 semester credit hours in the history of the program.

### *Assessment of Criterion 2.2 (2.2.d)*

d. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

Strengths:

- CUPHP offers a clearly defined 42 credit hour curriculum for the Master of Science in Public Health.

Weaknesses:

- No weaknesses identified.

Plans:

- Currently, no plans exist to expand or revise the program length.

## Public Health Core Knowledge (2.3)

**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.

The areas of knowledge basic to public health include the following:

- **Biostatistics** – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;
- **Epidemiology** – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;
- **Environmental health sciences** – environmental factors including biological, physical and chemical factors that affect the health of a community;
- **Health services administration** – planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and
- **Social and behavioral sciences** – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

a. Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. See CEPH Data Template 2.3.1.

**Table 2.3.1 Required Courses Addressing Public Health Core Knowledge Areas for MSPH Degree**

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	PUBH 540 - Statistical Methods	3
Epidemiology	PUBH 560 - Epidemiology	3
Environmental Health Sciences	PUBH 550 - Environmental Health	3
Social & Behavioral Sciences	PUBH 520 - Health Education & Promotion	3
Health Services Administration	PUBH 580 - Health Policy & Management	3

### Assessment of Criterion 2.3 (2.3.b)

b. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

Strengths:

- CUPHP requires all students to complete courses that directly address the five core areas of public health knowledge.
- In addition to the required courses outlined in Table 2.3.1, the core course requirements for the MSPH include cross-cutting courses in public health ethics, rural health, and community assessment. Students also demonstrate core public health knowledge in practicum experiences and the capstone research project.

Weaknesses:

- No weaknesses identified.

Plans:

- While there are no plans to alter the course requirements in CUPHP, there is an ongoing effort to develop assignments and assessments in which students must apply skills and knowledge across the above five domains and across multiple foundational courses. That is, in recognition of the 2016

revisions to the CEPH accreditation criteria, and given that the core courses are largely offered in a lockstep cohort model, CUPHP plans to find opportunities to increase integrative and synergetic course assignments. As an example, an integrated, cross-cutting shared assignment has been implemented as a joint course requirement for PUBH 560 - Epidemiology, PUBH 520 - Health Behavior & Promotion, and PUBH 542 – Community Assessment & Evaluation. A similar assignment has been implemented for PUBH 550 - Perspectives in Environmental Health and PUBH 682 – Ethical Issues and Policies in Rural Public Health.



## Practical Skills/Applied Practice Experiences (2.4)

**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.

### *Practicum Policies (2.4.a)*

a. Description of the program's policies and procedures regarding practice placements, including the following:

- selection of sites
- methods for approving preceptors
- opportunities for orientation and support for preceptors
- approaches for faculty supervision of students
- means of evaluating student performance
- means of evaluating practice placement sites and preceptor qualifications
- criteria for waiving, altering or reducing the experience, if applicable

All students must earn three (3) credit hours of practicum credit to complete the MSPH program. Each credit hour represents 60 contact hours with a community-based precepting organization. Practicum requirements can be met through 1 credit hour units (60 contact hours) or 2 credit hour units (120 contact hours) over a semester. The first credit is earned in the first-semester team practicum. The remaining two credit hours may be earned in either one setting (120 contact hours) or two settings (60 contact hours each). Most students complete 120 hours with the same precepting organization.

#### SELECTION OF SITES

Public Health faculty members are expected to develop and maintain affiliation with public and private agencies where appropriate practicum placements may be made. Potential practicum sites are identified in several ways:

- Public Health faculty reach out to agencies/organizations through their connections within the community
- MSPH students identify a site where they would like to complete practicum hours, and then meet with faculty for approval
- Community agencies/organizations reach out to the Department of Public Health, seeking students to help with various projects

Sites are approved following meetings between faculty advisors, potential site officials, and students. Students meet with faculty advisors to discuss potential practicum sites available within the community, then seek out officials at potential sites to apply for a practicum opportunity. After a practicum is initiated by the student, a Practicum Application is completed and returned to the department, followed by communication from the site describing what the student's responsibilities, hours, and expectations would be. Evidence must be provided that the student will be directly supervised by a career professional. Prior to placing a student at a practicum site, the site must complete an official Memorandum of Understanding with Campbell University. Sites must be a local public health unit, state or federal governmental agency, healthcare system, clinic, or health-related non-governmental organization. [see eResource [Practicum folder](#) for Practicum Application and other related documents]

#### METHODS FOR APPROVING PRECEPTORS

Community-based preceptors are key participants in practicum. In order to be approved as a preceptor, an official from the site must:

- Hold a responsible position within the agency/community
- Have the ability to assign duties, provide necessary resources to the student, and facilitate communication with others as appropriate

- Be able to devote sufficient time to practicum activities, including planning, supervision, and evaluation
- Understand and support the department's philosophy, policies, standards, and procedures pertaining to practicum
- Participate in the development of the practicum plan

#### OPPORTUNITIES FOR ORIENTATION AND SUPPORT FOR PRECEPTORS

All work to be completed during practicum must be jointly approved by the student, the site preceptor, and the faculty advisor. In addition to these small meetings, groups of preceptors are invited to Campbell for meetings with faculty members, and also to meet with each other. This provides opportunities for similar practicum sites to coordinate with each other or otherwise make community connections. Each fall semester, preceptors come to Campbell for a Practicum Fair. Preceptors set up informational tables, while students bring their resumes and talk with preceptors about the site's needs. At this event, students are looking for sites at which they would like to conduct hours, while preceptors are given the opportunity to interact with potential students with whom they may work. Preceptors are free to decline to accept any of the students who apply for a practicum placement if there are no students that fit their needs at the time.

#### APPROACHES FOR FACULTY SUPERVISION OF STUDENTS

Faculty advisors are responsible for participating in the planning and supervision of the community-based learning experiences of their students. In their supervisory role, faculty advisors must:

- Assist advisees in identifying the community-based practicum opportunities available for students and subsequently help each advisee to gain a proper appreciation of learning opportunities available in different settings
- Guide the advisee's preparation of the field training plan, in consultation with the preceptor
- Contact their advisees' preceptors at least once during the semester to check in with them regarding student performance
- Regularly meet with students to check in on their progress, challenges, and performance

Students are also required to meet five public health competencies through each practicum rotation. Students completing a practicum in a rural setting must choose four Foundational Competencies of Public Health, and one of the Campbell Public Health Department's Rural Health Competencies, while students completing non-rural practicum must choose five Foundational Competencies. Faculty advisors help guide students through this selection process, advising students on which competencies are applicable to different practicum settings.

#### MEANS OF EVALUATING STUDENT PERFORMANCE

Student practicum performance is evaluated by both their preceptors and their faculty advisors.

- Time spent: students are required to complete 60 hours of practicum to receive one hour of academic credit
  - This is evaluated using a daily activity log, on which students record their hours worked and description of activities for each day [see eResource for samples of [Student activity logs](#)]
- Preceptor evaluations of students: preceptors complete an online evaluation on each student at the conclusion of the practicum experience
  - The evaluation is expected to compare the student with other personnel assigned similar jobs
  - The evaluation includes the preceptor's perception, measured on a 4-point scale, of students' attitude toward work, ability to learn, dependability, quality of work, ability to work as a part of a team, ability to work independently, attendance, punctuality, written communication, and verbal/interpersonal communication
  - Preceptors also evaluate the extent to which students demonstrated the four competencies (as selected by the student/preceptor/faculty advisor and outlined in the student's original practicum application). If a student receives a rating of "Inadequate" for any competency

they will receive an “IC” as the course grade until remediation activities are completed. If a student receives an “Unsatisfactory” rating on any competency, the student will not receive credit for the practicum experience

- The evaluation also includes a qualitative component where preceptors are asked to provide open-ended feedback, suggestions, and comments for students, with attention paid to the student’s strengths and weaknesses [see eResource for samples of [Preceptor Evaluation forms](#)]
- Faculty supervisor evaluation of students:
  - Reflections: At the completion of the project students are required to write a reflection paper that describes what they learned from the project, how their skills were increased, what the project contributed to their practicum agency/organization, and how the project demonstrated mastery of selected competencies
  - Portfolio Materials: Students are also required to submit project materials such as brochures, presentations, etc. as artifacts demonstrating mastery of the identified competencies. The materials must be uploaded online as a portion of the student’s web-based portfolio and should be aligned with specific competencies on the Competency Matrix

#### MEANS OF EVALUATION OF PRACTICE PLACEMENT SITES AND PRECEPTOR QUALIFICATIONS

Placement sites and preceptors are evaluated by students at the end of a practicum experience. This includes:

- A quantitative, five-point scale by which students evaluate:
  - How well their practicum contributed to the development of their career interests
  - How well their practicum provided new information and skills
  - How well their practicum allowed for the application of theory/classroom information in a practical setting
  - Whether their preceptor was accessible and provided adequate supervision and guidance
  - Whether their preceptor provided information regarding agency policies and standards of practice
  - Whether their preceptor was knowledgeable in their area
- A quantitative, four-point scale by which students self-evaluate their demonstrated mastery of the specific competencies in completion of the practicum
- A qualitative, open-ended component in which students elaborate on:
  - Whether the practicum allowed them to gain valuable knowledge about the field of public health
  - Whether they would choose to work in their agency if offered employment

#### *Preceptors & Precepting Organizations (2.4.b)*

b. Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.

**Table 2.4.1. Practicum Preceptors (Sites & Preceptor Name/Title)**

Site	Preceptor Title	Preceptor Name	Credentials
<b>Youth health</b>			
Active Routes to Schools	Active Routes to Schools Project Coordinator	Rebekah West-Edens	MSPH
Angier Elementary	Principal	Lesley Tyson	MSA
Give Kids a Smile	ECU Dental Faculty	Meron Andemichael	DDS
Harnett County Girls are Great	PH Education Specialist	Heather Carter	MA (Health Ed)
TAP (Teens as Parents)	TAP Coordinator	Debbie Byrd	MA
Eastern Carolina University Dental	Business Manager	Lisa Lewis	MBA
<b>Farmworker health</b>			
Benson Medical - Migrant Farm	Pharmacist	Beth Mills	PharmD
NC Farmworkers Project	Executive Director	Anna Jensen	MS
<b>Nutrition, diet, and exercise</b>			
Faithful Families Eating Smart Moving More	Research Assistant Professor	Annie Hardison-Moody	PhD
Growers Market	Coordinator	Jenny Pettus	MEd
Harnett County Cooperative Extension	Rural Development Specialist	Kittrane Sanders	
Lillington Parks & Recreation	Activities Coordinator	Maggie Massey	BBA
Local Foods Extension at NC State University	Assistant Professor	Dara Bloom	PhD
Voices into Action	Project Director	Zandra Alford	MPH
SAS	Sr. Associate Fitness and Recreation Coordinator	Rebecca Allen	MA
Campbell University Athletics	Associate Athletic Director	Ricky Ray	BA
<b>Animal services</b>			
Harnett County Animal Services	Director of General Services	Barry Blevins	MSA
<b>Mental health</b>			
Campbell University Counseling Services	Director	Christy Jordan	MA
CareNet Counseling	LPCA, Regional Director	Melissa Stancil	MA
<b>International</b>			
Hope for Haiti Foundation	Medical Director	Marlene Rickert	FNP
<b>Sexual assault</b>			
NC Coalition Against Sexual Assault	Director of Statewide Capacity	Megan Clarke	MPH
Sexual Assault Family Emergency of Harnett County	Executive Director	Tonya Gray	MSW
<b>Community health</b>			
Center for Healthy NC	Director of Training and Technical Asst.	Joanne Rinker	MS
Harnett County Health Department	Public Health Administrator	Debra Hawkins	MPA
Harnett Health Foundation	Director	Shannon Smith	BA
Harnett Helping Hands	Chair	Lauren McDowell	MEd
NC Family to Family Health Info Center	Program Coordinator	Marlyn Wells	RRT
North Carolina Alliance for Healthy Communities	Membership Director	Robert Nauman	BA

Site	Preceptor Title	Preceptor Name	Credentials
Onslow Community Clinic	CLS Clinic Director	Tammy Horne	MPA
Pastors Health Summit	Director of Church Relations & Development	Peter Donlon	MDiv
Carolina Hospitalist Group CHS	Director	Lauren Simpson	MHA
CommWell Health	Vice President	Christopher Vann	MHA
Wake Up Wake County	Transit Grassroots Organizer	David Powe	MSc
Johnston County Public Health Department	Health Education Specialist	Kimetha Fulwood	MEd
Wake Forest School of Medicine	EMS Medical Director	Jason Stopyra	MD
Cumberland County Department of Public Health	Medical Director	Lan Tran-Phu	MD, MPH
<b>Environmental health and preparedness</b>			
On Target Preparedness	Owner	David Hesselmeier	MPA
Environmental Health	Environmental Health Specialist	Gale Greene	REHS
<b>Senior and adult health</b>			
Harnett County Aging	Public Health Administrator	Mary Jane Sauls	MSA
Triangle South Literacy Works	Executive Director	Sharon Syck	BS

### *Waivers (2.4.c)*

c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.

All MSPH students must complete the practicum hours, and none have received a waiver in the last three years.

In the last three years, 40 students have graduated from the MSPH program. The following is a summary of their cumulative hours of practicum experience:

Year	Cumulative Hours
2016	3180
2015	2220
2014	1380
<b>Total</b>	<b>6780</b>

### *Residents and Practicum Rotations (2.4.d)*

d. Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.

Not applicable.

### *Assessment of Criterion 2.4 (2.4.e)*

e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

#### Strengths:

- The practicum experience is a definite strength of Campbell's MSPH program; it is a major requirement for all students, who must complete 180 hours of community-based practicum in a series of minimum 60-hour projects.
- Preceptors and students consistently evaluate their practicum experiences very highly.
- Students are responsible for seeking out a practicum site, rather than being placed in a predetermined site.
- Students collaborate with preceptors and faculty advisors to outline responsibilities and expectations prior to each practicum rotation. This means that each practicum experience is unique and tailored to individual sites' needs, and to individual students' learning interests, which maximizes benefit to students and the community.
- Students begin their practicum hours within the first two weeks of their degree program; students gain relevant practical experience in public health throughout the length of their entire time at Campbell.
- Because of the large number of preceptor sites with which Campbell has partnered, the practicum also exposes students to a wide variety of public health organizations and collaborative working relationships.

#### Weaknesses:

- A current weakness of the program is that there are typically more practicum sites than graduate students. Though students complete multiple practicum rotations, there are preceptors who would like to work with students who are unable to do so during certain times. This is a weakness that is expected to lessen as the MSPH program continues to grow.

#### Plans:

- CUPHP expects to deepen commitments to practicum partners rather than significantly expanding practicum sites over the next few years. Multi-faceted service-learning and research collaborations around issues of rural health equity are our models for the future and our plans are to move existing partnerships in this direction.

## Culminating Experience/Integrated Learning Experience (2.5)

**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.

a. Identification of the culminating experience required for each professional public health degree program. If this is common across the program's professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Deliverables

The Capstone project is a requirement for the MSPH degree in the Department of Public Health at Campbell University. This project enables students to demonstrate public health competencies through the completion of a major research project culminating in a written paper on a significant public health issue or topic.

To complete the Capstone project, MSPH students are required to complete the following:

- A written paper (due to the diverse nature of these projects, the final format, detailed sections, and requirements for the written paper are determined by advisors on an individual project basis)
- An oral presentation: At the close of the semester in which the student is enrolled in the Capstone experience, students present their projects at a Capstone Symposium that is open to all students and faculty in the MSPH program, as well as incoming students, faculty from dual degree program areas, and community preceptors. This presentation is intended to celebrate and share the diverse and innovative projects, findings, and experiences of the students
- A poster of the student's Capstone project, to be displayed during the oral presentations [Samples of students [Research Capstone](#) posters, papers, and presentations can be found in the eResource file)

### *Types of Projects*

The Capstone project may take the form of one of the following:

- **Needs Assessment:** Determine the gaps between current conditions and desired conditions in a given health outcome and make recommendations for improvement. This would also involve the identification of resources that will be needed to successfully implement solutions.
- **Program Planning:** Plan and propose a program to address a specific health concern. A program planning Capstone project would involve the use of logic models to detail the design, organization, activities, and resources of the proposed program.
- **Program Evaluation:** Evaluate and/or monitor an existing CUPHP. This would include monitoring current activities and outcomes, documenting resources, evaluating impact in the community, and making recommendations to improve the processes.
- **Policy Analysis:** Analyze the public health implications of local, state, or national policies with emphasis on legal issues, political issues, personal values, science facts, and lifestyle changes of those affected. This would also include recommendations for improving policy.
- **Research Report:** Collect and analyze primary or secondary data regarding an important public health problem. This would include sections such as background/introduction, aims and objectives, methods, results, discussion of results, strengths and limitations, and implications. If human subjects would be involved, IRB approval must be obtained.

## *Role of Faculty Capstone Advisors*

Faculty members serve as Capstone advisors to ensure that the competencies selected by the student meet the student's educational and professional goals. Capstone advisors then provide advice and guidance throughout the process to ensure that the competency requirements are met and that the student is prepared for their oral presentation.

## *Capstone and Practicum*

In many cases, Capstone advisors encourage projects to be related to and aligned with a student's Practicum experience; however, there must be a clear delineation between Practicum requirements and the Capstone project, such that the project *extends* the student's Practicum experience into an action-research type initiative. Capstone credit is not given for work related directly to the Practicum. An example of aligning Practicum and Capstone might be the planning and execution of a program evaluation for an HPV health promotion initiative as the student's Capstone, where the student fulfilled Practicum requirements by previously aiding an organization with the development of a culturally-appropriate HPV curriculum for a local community.

## *Assessment of the Capstone*

The Capstone advisor is responsible for assessing the content of students' Capstone deliverables, including a written paper and research poster. Students' oral presentations are evaluated by a committee comprised of all primary faculty members. The average score on the oral presentation, in addition to those of the written paper and poster, makes the final Capstone grade for the student. Final scores of 80% and above are awarded a PASS.

### ASSESSMENT STANDARDS PRIOR TO 2016-17

In keeping with the interdisciplinary nature of public health, students' Capstones project must draw on skills and competencies across the core curriculum, emphasizing at least three of the five core areas—Epidemiology, Health Policy, Health Education/Promotion, Environmental Health, and Biostatistics. In addition, CUPHP at Campbell University specifically focuses on rural health; student projects are expected to include a connection to this focus (for example, rural health disparities, access to healthcare, innovations to address unique challenges facing rural areas, etc.).

Until 2016-17, in the course of conducting their Capstone project, students were required to demonstrate the application of several core competencies. At that time, the eight domains of the Core Competencies reflecting skill areas for CUPHP were:

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills

Between Fall 2012 and Summer 2016, students' performance on the capstone presentation was evaluated on a five-point Likert-scale using the following criteria:

- Apply ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
- Collect valid and reliable or trustworthy data



- Analyze the validity and reliability or trustworthiness of data, including discussion of limitations that might influence the interpretation of data
- Interpret quantitative and/or qualitative data
- Describe how evidence (e.g., data, findings reported in peer-reviewed literature) might be used in decision making
- Communicate effectively in writing, orally, and in the creation of materials (slides, posters, handouts, etc.)
- Convey data and information using a variety of approaches effectively

#### NEWLY ADOPTED ASSESSMENT STANDARDS

Beginning in 2016-2017, students will be held to standards according to the new CEPH Foundational Competencies (2016 Criteria) and Rural Competencies of the program. The 2016 CEPH accreditation criteria outlines twenty-two (22) Foundational Competencies of Public Health, and CUPHP identified six (6) Rural Competencies that are consistent with the goals of the program. The capstone project now requires students to identify and meet at least three (3) of the twenty-two (22) Foundational Competencies and at least one (1) Rural Competency. Therefore, the evaluation of Capstone presentations now focuses on individualized rubrics that assess the extent to which the student demonstrates mastery of the specific Foundational and Rural competencies. [The new [rubrics](#) used to assess the Capstone Paper, the Capstone Poster, and the Capstone Presentation can be found in the eResource file.]

### *Assessment of Criterion 2.5 (2.5.b)*

b. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

#### Strengths:

- CUPHP requires all students to complete a Capstone project that applies multiple public health competencies in the service of a significant community health topic or research question.
- In service to the strategic priorities of the program, Capstone projects over the last three years have increasingly focused on rural health equity, on research questions developed in collaboration with community members, and on analysis of intersectional issues facing rural minorities.
- Capstone presentations have been rated very highly by the faculty members (average rating of 4.61 on a 5-point scale).

#### Weaknesses:

- In evaluation of the student performance with capstone projects, there is data loss that affects trend analysis. In 2014-15, a water leak in one of the faculty offices resulted in the unintentional discarding of Capstone rating forms (among other documents). While all of the ratings must have met the individual threshold of 4.00 for each student (required for the student to receive credit for the Capstone), and consequently the average must have been equal to or greater than the 4.00 target in the strategic objective, the exact average for 2014-15 is unknown.

#### Plans:

- Starting in 2017, all capstone projects will be expected to focus on rural health. Since the inception of the program, students have been encouraged to situate their projects in rural contexts, but this expectation will become mandatory moving forward.



## Competencies (2.6)

**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 programs at all levels (bachelor's, master's and doctoral).

### Foundational Competencies (2.6.a)

a. Identification of a set of competencies that all graduate professional public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (eg, one set each for BSPH, MPH and DrPH).

In October 2016, CEPH released the revised Accreditation Guidelines. For the first time, the guidelines specifically included a set of foundational competencies to be used by all graduate programs in public health. CUPHP has adopted these competencies in addition to six previously identified Rural Health Competencies. These competencies are listed in Table 2.6.1.

**Table 2.6.1. Foundational & Rural Competencies for CUPHP (adopted 2016)**

<b>Foundational Competencies</b>
<i>Evidence-based Approaches to Public Health</i>
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
<i>Public Health &amp; Health Care Systems</i>
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
<i>Planning &amp; Management to Promote Health</i>
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
<i>Policy in Public Health</i>
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
<i>Leadership</i>
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
<i>Communication</i>
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
<i>Interprofessional Practice</i>
21. Perform effectively on interprofessional teams
<i>Systems Thinking</i>
22. Apply systems thinking tools to a public health issue

### *Rural Health Competencies (2.6.b)*

b. Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

The specific concentration of CUPHP is community health in a rural context. As such, the program also has outlined six (6) Rural Health Competencies.

<b>Rural Health Competencies</b>	
1.	Differentiate the impacts of social determinants of health that contribute to health disparities in rural communities as compared with urban communities.
2.	Analyze the governmental, social, economic, and professional factors that influence the availability and quality of health professionals in rural areas—including public health professionals as well as health care providers.
3.	Identify and distinguish the access to care barriers and the health care utilization challenges that affect the health of rural communities
4.	Develop strategies to prevent and respond to occupational health effects and safety risks of key industries in rural communities.
5.	Explain to a variety of stakeholders how the historical context of land use patterns and policies impact health and environmental justice in rural areas.
6.	Describe the linkages and interactions between technology, population density, and geographic isolation on each layer of the Health Impact Pyramid for rural communities.

### *Competencies in the Curriculum (2.6.c & 2.6.d)*

c. A matrix that identifies the learning experiences (eg, specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.d. Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

In completion of core course requirements, students are expected to demonstrate mastery of all but two (see exceptions below) of the 28 competencies of CUPHP (22 CEPH-defined Foundational Competencies and 6 Program-specific Rural Competencies). With the exception of two competencies (the Advocacy competency, #14, and the Interprofessionalism competency, #21) all competencies are expected to be primarily met in a core course, reinforced in two other core courses, as well as reinforced through elective courses, practicum experiences, and the Capstone Project. Foundational competency #14 (advocacy), while reinforced in core courses and elsewhere, is the only course that is expected to be primarily demonstrated through the practicum experiences. While classroom assignments might assist students in understanding and applying knowledge related to public health advocacy, CUPHP emphasizes the educational and authentic potential of situating the achievement of this competency in community-based service learning. The other exception, Foundational Competency #21 (Interprofessional Practice) is situated in the co-curricular, required Interprofessional Education Activities in the program and CPHS. CPHS makes significant investments annually into mandatory and voluntary interprofessional education experiences that provide ideal settings for the demonstration of the ability to “perform effectively on interprofessional teams.” For further details, Table 2.6.2 identifies the specific course or experience in which each of the 28 competencies are primarily and secondarily (reinforcing) achieved.

**Table 2.6.2. Course Competency Matrix**

	PUBH 502: SEM I	PUBH 502: SEM II	PUBH 520: HLTH ED	PUBH 525: RURAL	PUBH 540: BIOSTATS	PUBH 542: ASSMNT	PUBH 550: ENV HLTH	PUBH 560: EPIDEM	PUBH 580: POLICY	PUBH 682: ETHICS	PUBH 699: Practicum	IPE Req
<b>Foundational Competencies</b>												
1. Apply epidemiological methods to the breadth of settings and situations in public health practice					R		R	P				
2. Select quantitative and qualitative data collection methods appropriate for a given public health context					P	R		R				
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate					P	R		R				
4. Interpret results of data analysis for public health research, policy or practice					R	R		P				
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings				R			R		P			
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				P					R	R		
7. Assess population needs, assets and capacities that affect communities' health			R		P			R				
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs			R					R	P			
9. Design a population-based policy, program, project or intervention			P		R			R				
10. Explain basic principles and tools of budget and resource management		R	R		P							
11. Select methods to evaluate public health programs			P		R	R						
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence							R		P	R		
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes						R			R	P		
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations				R					R		P	
15. Evaluate policies for their impact on public health and health equity			R					P	R			
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making		R								P		
17. Apply negotiation and mediation skills to address organizational or community challenges		R					P			R		
18. Select communication strategies for different audiences and sectors	R		P							R		
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	R		P	R								
20. Describe the importance of cultural competence in communicating public health content	R		R	P								
21. Perform effectively on interprofessional teams	R										R	P
22. Apply systems thinking tools to a public health issue		R	R			P						

	PUBH 502: SEM I	PUBH 502: SEM II	PUBH 520: HLTH ED	PUBH 525: RURAL	PUBH 540: BIOSTATS	PUBH 542: ASSMNT	PUBH 550: ENV HLTH	PUBH 560: EPIDEM	PUBH 580: POLICY	PUBH 682: ETHICS	PUBH 699: Practicum	IPE Req
<b>Rural Health Competencies</b>												
R1. Differentiate the impacts of social determinants of health that contribute to health disparities in rural communities as compared with urban communities.			R	P				R				
R2. Analyze the governmental, social, economic, and professional factors that influence the availability and quality of health professionals in rural areas—including public health professionals as well as health care providers.		R		R					P			
R3. Identify and distinguish the access to care barriers and the health care utilization challenges that affect the health of rural communities				P		R		R				
R4. Develop strategies to prevent and respond to occupational health effects and safety risks of key industries in rural communities.				R				P		R		
R5. Explain to a variety of stakeholders how the historical context of land use patterns and policies impact health and environmental justice in rural areas.							P		R	R		
R6. Describe the linkages and interactions between technology, population density, and geographic isolation on each layer of the Health Impact Pyramid for rural communities.				P			R	R				

### *Development of Competencies (2.6.e)*

e. Description of the manner in which competencies are developed, used and made available to students.

With the October 2016 release of the twenty-two (22) Foundational Competencies of Public Health by CEPH, CUPHP decided to use the self-study year to migrate toward adoption of the new competencies. In a comprehensive effort that included revision of syllabi, revision of rubrics and processes for evaluating practicum and capstone projects, as well as creation of a portfolio assessment process tied to the new competencies, CUPHP has transitioned away from the Council on Linkages competencies and fully adopted the CEPH competencies. In addition to the Foundational Competencies, CUPHP has preserved the 6 Rural Health Competencies which were originally included as program-specific competencies. Faculty, preceptors, staff, and students all cite the competencies in a range of curricular activities—including lectures, assignments, practicum and capstone applications, practicum reflections, preceptor evaluations, interprofessional education reflections, and creation of the online competency matrix.

### *Review of Competencies (2.6.f)*

f. Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

Until 2016-17, CUPHP competencies were based in the Core Competencies for Public Health Professionals developed by the Council on Linkages Between Academia and Public Health Practice. Since the inception of the program, CUPHP has been focused on graduating students who are well prepared to engage in the practice of public health in local communities—particularly in rural areas. The Council on Linkages competency areas provided a foundation for a practice-oriented curricular approach:

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills

In conjunction with various constituents through the assessment process, the competencies evolved each year but remained based in the eight domains outlined in the Council on Linkages framework. Syllabi were explicitly connected to the competencies, capstone research projects were evaluated using the competencies, and graduating students rated themselves on the competencies as a final self-evaluation of the effectiveness of the curriculum.

Review of competencies has included various stakeholders. Consider the aforementioned example (also cited in 1.2):

- During the 2015 Fall Preceptor Luncheon, preceptors/employers were asked about the skills that were most needed for public health professionals. Overall, participants indicated that “soft skills” were the most critical—especially “cultural humility.” In reviewing the information from the session, the faculty revised CUPHP’s core competencies to specifically include “Identify and respond with cultural humility to the ways in which power dynamics influence policies, programs, services, and the health of a community.” While that set of core competencies has been made obsolete with the adoption of the 2016 CEPH Foundational Competencies, the activities and assignments linked to the aforementioned cultural humility competency are still embedded in the curriculum in service to the following foundational competencies:
  - 8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs

- 20. Describe the importance of cultural competence in communicating public health content

### *Assessment of Criterion 2.6 (2.6.g)*

g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

Strengths:

- CUPHP is almost certainly one of the first programs in the nation to adopt CEPH's newly released Foundational Competencies. Since October, CUPHP has shared these new competencies with external advisors, students, and administrators, and has moved nimbly to incorporate the new competencies into course materials, assessment tools, and program policies.
- Since the beginning, CUPHP has been a competency-focused, practice-oriented curriculum.

Weaknesses:

- The adoption of the CEPH Foundational Competencies makes the previous assessment tools obsolete and the subsequent data comparisons (year-to-year) difficult or impossible.

Plans:

- In upcoming years, the evaluation of competencies must extend more specifically in the direction of alumni engagement and workforce development to ensure that public health practice is shaped by these competencies as well.



## Assessment Procedures (2.7)

**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.

### *Monitoring & Evaluating Student Progress with Competencies (2.7.a)*

a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.

The primary tool for monitoring student progress with regard to achievement of CUPHP competencies is the web-based portfolio and the hyperlinked competency matrix. In the competency matrix, core course assignments in which students can demonstrate mastery of the competency are outlined and formatted such that students can upload artifacts from the assignments. Students can also add assignments/artifacts from elective courses, practicum experiences, and capstone research. The portfolio and the competency matrix is the centerpiece for academic advising and allows students to record mastery in a consistent, yet flexible format. [\[Sample student portfolios\]](#) are available in the eResource file as well as available onsite.]

Obviously, students are expected to demonstrate competencies in completion of coursework. As of Summer 2017, students who receive lower than 80% on any assignment used as a demonstration of competencies are required to complete remediation and/or resubmission of the task. Students are required to maintain a cumulative GPA of 3.0 in the program or students are placed on academic probation. Students receiving a grade of “C” or better earn credit for coursework.

In addition, practicum experiences and capstone projects are evaluated using customized rubrics that assess students’ demonstration of the mastery of competencies that are specific to their projects. These customized rubrics are created with assistance from the CPHS Assessment Coordinator and include student self-assessments and preceptor evaluations.

Preceptors also evaluate student performance based on proficiency with regard to specific Foundational or Rural Health Competencies.

In addition, students themselves evaluate their own understanding and demonstrations of course competencies through course evaluations, practicum self-evaluations, practicum reflections, and graduating student surveys.

Beginning in Summer 2017, even alumni and employers are involved in providing assessment of the ability of CUPHP’s graduates to demonstrate the program competencies.

### *Measures of Student Achievement (2.7.b)*

b. Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program's performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditation (including bachelor's, master's and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion's interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided. See CEPH Outcome Measures Template.

**Table 2.7.b. Outcome Measures for Student Achievement**

Outcome Measure	Target	2014-15	2015-16	2016-17
At least 70% of students in CUPHP will graduate, or be enrolled in a dual degree program, within 3 years.	70%	100%	100%	100%
At least 80% of graduates from CUPHP will be employed, involved in another educational program, or intentionally not seeking employment within 12 months of graduation.	80%	100%	83%	91%
In evaluating community-based service learning, preceptors will rate practicum students as demonstrating a mean score of 4.00 or greater on a five-point competencies scale.	4.0	4.94	4.89	3.42* (4-Point Scale; cf. 4.275/5 point scale)
At graduation, students will assess themselves as having a mean score of 4.00 or greater on a five-point competencies proficiency scale (core and rural health competencies).	4.0	Not Available	4.58	4.47
Faculty members will assess capstone research presentations as demonstrating proficiency at 4.00 or greater on a five-point research competencies scale.	4.0	Not Available	4.61	4.77

**Table 2.7.1 Retention and Graduation Rates for Cohorts 2012-2017**

	Cohort of Students	2012-13	2013-14	2014-15	2015-16	2016-17
2012-13	# of all students entering program for first time at start of year	18				
	Total # of students continuing in <u>MSPH</u> program at beginning of this school year from cohort	0				
	Total # of students enrolled in <u>another degree program in completion of dual degree</u> requirements	0				
	# of students withdrew, dropped, etc.	6				
	# of students graduated	0				
	Cumulative drop rate	33%†				
	Retention Rate	67%†				
	Cumulative graduation rate	0%				
2013-14	# of all students entering program for first time at start of year	0	20			
	Total # of students continuing in <u>MSPH</u> program at beginning of this school year from cohort	12	0			
	Total # of students enrolled in <u>another degree program in completion of dual degree</u> requirements	0	0			
	# of students withdrew, dropped, etc.	1	0			
	# of students graduated	11	0			
	Cumulative drop rate	38%†	0%			
	Retention Rate	62%†	100%			
	Cumulative graduation rate	61.11%‡	0%			
2014-15	# of all students entering program for first time at start of year	0	0	26		
	Total # of students continuing in <u>MSPH</u> program at beginning of this school year from cohort	0	9	0		
	Total # of students enrolled in <u>another degree program in completion of dual degree</u> requirements	0	11	0		
	# of students withdrew, dropped, etc.	0	0	0		
	# of students graduated	0	7	0		
	Cumulative drop rate	38%†	0%	0%		
	Retention Rate	62%†	100%	100%		
	Cumulative graduation rate	61.11%‡	35%*	0%		

	Cohort of Students	2012-13	2013-14	2014-15	2015-16	2016-17
2015-16	# of all students entering program for first time at start of year	0	0	0	33	
	Total # of students continuing in MSPH program at beginning of this school year from cohort		2	11	0	
	Total # of students enrolled in <u>another degree program in completion of dual degree requirements</u>	0	11	15	0	
	# of students withdrew, dropped, etc.	0	0	0	0	
	# of students graduated	0	2	9	0	
	Cumulative drop rate	38%†	0%	0%	0%	
	Retention Rate	62%†	100%	100%	100%	
	Cumulative graduation rate	61.11%‡	45%*	35%*	0%	
2016-17	# of all students entering program for first time at start of year		0	0	0	29
	Total # of students continuing in MSPH program at beginning of this school year from cohort		1	2	12	0
	Total # of students enrolled in <u>another degree program in completion of dual degree requirements</u>		10	15	21	0
	# of students withdrew, dropped, etc.		0	0	0	0
	# of students graduated		10	9	12	0
	Cumulative drop rate		0%	0%	0%	0%
	Retention Rate		100%	100%	100%	100%
	Cumulative graduation rate		95%	69%	36%	0%

† = In the first year of the program, six members (6 out of 18) of the charter class left the program. In the following year, one additional member of that class withdrew. In the middle of the academic year, the founding chair left the program. Since that time, not a single student (0 of the 79 students) has withdrawn from the program for any reason.

‡ = In the first year of the program, the low graduation rate was caused by attrition of the program which appears to be largely related to the leadership style within the department. Since the leadership change in the second year of the program, every student has graduated within four years (or began another professional degree program as a part of a dual degree) and only one non-dual degree student (1 out of 29 graduates) required any additional semesters (beyond the two years) to complete the degree.

\* = Graduation rates for CUPHP appear artificially low. Many of the students in CUPHP are dual degree students. These students have been very successful and are retained without exception (100%), yet cannot graduate within two years. For MSPH/MPAP and MSPH/JD students, typically students graduate two additional years after completing the core MSPH coursework. For MSPH/PharmD students, typically students graduate four additional years after completing the core MSPH coursework. For MSPH/MBA students, most students take courses concurrently and graduate only one or two semesters after completing the core MSPH coursework. MAXIMUM ALLOWABLE TIME: Failure to complete all coursework within five years of entering the program results in academic dismissal (see policy in Academic Bulletin for more details..

**Table 2.7.2. Post-graduation Outcomes**

	2014 Graduates	2015 Graduates	2016 Graduates
Employed	10	4	9
Continuing education/training (not employed)	0	1	1
Actively seeking employment	0	1	1
Not seeking employment (not employed and not continuing education/training, by choice)	0	0	0
Unknown	1	1	0
Total	11	7	11
Percentage of Graduates Employed, Continuing Education or Not Seeking Employment by Choice (Known)	100%	83%	91%

### *Collection of Post-Graduation Outcome Data (2.7.c)*

c. An explanation of the methods used to collect job placement data and of graduates' response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

Upon graduation, students give the first data point regarding job placement and post-graduation outcomes on the Graduating Student Survey. Two additional surveys are taken in the first year after graduation—one at six months and another at one-year. Most graduates participate in the surveys and the post-graduation outcomes have been satisfactory.

**Table 2.7.3. Response Rate to Graduate Survey & Social Media Outreach**

	2014 Graduates	2015 Graduates	2016 Graduates
Survey Response	36% (4/11)	71% (5/7)	100% (11/11)
Social Media Followup	54% (6/11)	14% (1/7)	n/a
Nonresponse	9% (1/11)	14% (1/7)	0%

### *Certification Exams (2.7.d)*

d. In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program's graduates on these national examinations for each of the last three years.

Only two of our graduates have taken a certification exam (CHES). Both of the students passed the exam and received the CHES certification. One additional student is awaiting their score on the CHES exam.

### *Performance in Employment Settings (2.7.e)*

e. Data and analysis regarding the ability of the program's graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.

In a series of documented discussions, employers have given very positive feedback regarding the performance of graduates from CUPHP. Strengths include flexibility/adaptability, cultural humility, and proficiency in rural contexts. Weaknesses have included grantwriting/grantseeking skills, financial/budget competencies, and leadership skills. In direct response to the feedback from these employers, the seminar

curriculum was revised to include modules in these specific curricular areas. {Notes from the [documented discussions with employers](#) are available in the eResource file.]

Beginning in August 2017, employers will receive an annual survey asking about the performance of alumni from CUPHP with regard to general proficiency as well as specific demonstration of competency areas.

### *Assessment of Criterion 2.7 (2.7.f)*

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

#### Strengths:

- Students in CUPHP have high levels of achievement. Student GPAs, self-evaluations, practicum evaluations, and capstone evaluations all demonstrate high levels of mastery.
- Graduation/retention rates are at 100% (since year of attrition with the program's charter class) and desirable post-graduation outcomes for graduation cohorts range from 83% to 100%.

#### Weaknesses:

- In the last year, the number of alumni is exceeding the capacity to reasonably follow up with employers through individual conversations. The documented discussions with select employers should be replaced by standardized survey data collection.

#### Plans:

- CUPHP will work with the CPHS Assessment Coordinator to design and deploy a survey for employers. Moving forward, the survey will explicitly request information regarding performance of the newly adopted competencies in the workplace setting, as well as rating of the significance of each of these competencies in the particular role being filled by the graduate. The first attempt at the survey will be deployed in August 2017.

## **Bachelor's Degrees in Public Health (2.8)**

Not applicable.





## Academic Degrees (2.9)

Not applicable.



## Doctoral Degrees (2.10)

Not applicable.



## Joint Degrees (2.11)

**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.

### Dual Degree Program Descriptions (2.11.a)

a. Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

**Table 2.1.1. Instructional Matrix – Degrees & Specializations**

	Academic	Professional
<b>Bachelor's Degrees – None</b>		
<b>Master's Degrees</b>		
Specialization/Concentration/Focus Area		Degree*
Rural Public Health		MSPH
<b>Doctoral Degrees – None</b>		
<b>Joint Degrees</b>		
2 <sup>nd</sup> (non-public health) area		Degree*
Business Administration		MBA/MSPH
Law		JD/MSPH
Pharmacy		PharmD/MSPH
Physician Assistant		MPAP/MSPH

### Dual Degree Program Descriptions (2.11.b)

b. A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.

CUPHP offers a number of dual degree opportunities. These dual degree programs are designed to provide professional students in other disciplines the opportunity to develop public health competencies that enhance the students' value in the job market, while also producing versatile leaders for the future of the intersectoral public health system.

#### MSPH/MPAP

The MSPH/MPAP dual degree offers students the opportunity to earn a public health degree alongside training to be a physician assistant. These students enroll in an intensive three-semester (fall, spring, summer) 32-hour core curriculum in public health prior to beginning MPAP coursework. In this year, students must complete core courses in each of the five core knowledge areas of public health, demonstrate satisfactory competency in each of the foundational and rural health competencies, and complete program requirements including practicum and capstone. Beginning 2017-2018, MSPH elective credit is awarded for completion of clinical rotations in public health settings (local health departments, Bureau of Prisons, USPHS clinics, Indian Health Services, rural health centers, etc.). While fulfilling requirements for the clinical rotation, in order to receive elective credit in the MSPH program students must also propose and complete a "Public Health Synthesis" project, which includes public health research, health education programs, or other activities which focus on the broader concerns of public health within which public health clinicians operate. These activities will be recorded in an additional activity log, artifacts/deliverables, and reflection papers. Pilot demonstration projects for the recognition of applied practical experiences during clinical rotations can

be found in the [eResource file](#). (NOTE: Prior to the 2015-16 curriculum revision of the MPAP program, dual degree students received elective credit for MPAP 509 – Evidence Based Medicine I, MPAP 609 – Evidence-Based Medicine II, and MPAP 503 – Behavioral Medicine. These courses included a number of guest lectures from public health faculty and had significant relevance for public health. After the revision, the Public Health relevance of these courses was decreased somewhat and in 2016-17 these courses were determined to no longer satisfy—by themselves—the requirements for shared elective credits in the MSPH program.)

#### MSPH/PHARM D

The MSPH/PharmD dual degree offers students the opportunity to earn a public health degree alongside training to be a pharmacist. These students enroll in an intensive three-semester (fall, spring, summer) 32-hour core curriculum in public health prior to beginning PharmD coursework. In this year, students must complete core courses in each of the five core knowledge areas of public health, demonstrate satisfactory competency in each of the foundational and rural health competencies, and complete program requirements including practicum and capstone. Ten hours of MSPH elective credit is shared between the two programs, provided that students take courses from the following lists:

All dual MSPH/PharmD students must take:

- PHAR 528 – Experimental Design and Biostatistics (4 credits)
- PHAR 544 – Introduction to Clinical Research Design and Literature Evaluation (2 credits)

As well as taking four additional credit hours from the following:

- PHAR 512 – Multicultural Health Practices/Health Disparities (1 credit)
- PHAR 531 – Strategic Management in Healthcare (1 credit)
- PHAR 590 – Smoking Cessation (1 credit)
- PHAR 595 – Bioterrorism and Mass Public Health Threats (2 credit)

In addition, MSPH/PharmD students may apply for elective credit for completing other courses, participating in faculty-directed public health research independent studies, or completing experiential learning experiences in which there is some clear public health relevance. If students wish to have additional learning experiences considered for MSPH elective credit, the student must submit an online application that articulates the manner in which the experience offers the opportunity to demonstrate at least three CUPHP competencies (Foundational and/or Rural Health). Also, the student must submit the manner in which assignments will be modified or tailored to emphasize the public health relevance of the coursework.

#### MSPH/JD

The MSPH/JD dual degree offers students the opportunity to earn a public health degree alongside training to be an attorney. These students enroll in an intensive three-semester (fall, spring, summer) 32-hour core curriculum in public health between the L1 and L2 years. In this year, students must complete core courses in each of the five core knowledge areas of public health, demonstrate satisfactory competency in each of the foundational and rural health competencies, and complete program requirements including practicum and capstone.

Completion of the following PUBH courses count as electives toward the JD:

- PUBH 540 - Statistical Methods
- PUBH 580 - Health Policy & Management

Ten hours of elective credit will be counted toward MSPH requirements as students take law courses from the following list:

- Administrative Law (2 credits)
- Environmental Law (2 credits)
- Health Law Seminar (3 credits)
- Intellectual Property (3 credits)
- Local Government Law (2 credits)
- Public International Law (2 credits)

In addition, MSPH/JD students may apply for elective credit for completing other courses, participating in faculty-directed public health research independent studies, or completing experiential learning experiences in which there is some clear public health relevance. Students are especially encouraged to consider externships and the Senior Law Clinic, the Community Law Clinic, and the Restorative Justice Clinic. If students wish to have additional learning experiences considered for MSPH elective credit, the student must submit an online application that articulates the manner in which the experience offers the opportunity to demonstrate at least three CUPHP competencies (Foundational and/or Rural Health). Also, the student must submit the manner in which assignments will be modified or tailored to emphasize the public health relevance of the coursework.

#### MSPH/MBA

The MSPH/MBA dual degree offers students the opportunity to earn a public health degree alongside completion of a degree in business. These students complete the entirety of the 32-hour core curriculum in public health while concurrently taking classes in the MBA program. Over the course of two years, students must complete core courses in each of the five core knowledge areas of public health, demonstrate satisfactory competency in each of the foundational and rural health competencies, and complete program requirements including practicum and capstone.

Completion of the following PUBH courses count as electives toward the MBA:

- PUBH 540 - Statistical Methods
- PUBH 580 - Health Policy & Management
- PUBH 690 - Research Project

Ten hours of elective credit will be counted toward MSPH requirements as students take BADM courses from the following list:

- BADM 710 – Accounting for Decision Making
- BADM 724 – Economics for Managers
- BADM 730 – Financial Management
- BADM 750 – Organizational Behavior
- BADM 758 – Strategic Management
- BADM 760 – Contemporary Management Science Techniques
- BADM 770 – Marketing Management

### *Assessment of Criterion 2.11 (2.11.c)*

c. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

Strengths:

- CUPHP student cohorts benefit from the diversity offered by dual degree students. In a real sense, each core class is essentially an interprofessional education experience, with future lawyers, future clinicians, and future public health leaders learning together.
- The use of an intensive cohort model gives dual degree students an identical experience to traditional MSPH students' for more than 76% of the curriculum. These students focus exclusively on public health studies for the entirety of a calendar year. The full-time attention to public health for twelve (12) months provides a categorically different experience from many other institution's joint degree programs, in which students take a few courses at a time on a part-time basis for several years. The impact of this design can be demonstrated, for example, by the decision of dual MSPH/MPAP students to invite public health faculty members to participate in the Long White Coat Ceremony (at the conclusion of their Physician Assistant Studies). No greater indication of the perceived value of CUPHP could be given by these dual degree students than asking a public health faculty member to be the individual to present their coats at this ceremony—rather than a spouse, a parent, a friend, or

PA faculty.

Weaknesses:

- Even as CUPHP celebrates its dual degree programs, there remains a significant challenge in maintaining connections to dual degree students after they have completed the core public health coursework and matriculate into (or return to) their other professional degree programs. In 2016-2017, there were 42 full-time students in the MSPH program (MS1 & MS2). However, there were another 46 students completing requirements for dual degrees in public health by completing coursework in law, pharmacy, and physician assistant practice. These students still require some degree of advisement and continued support, though not nearly as intensive as students actively completing public health coursework. In 2015, this volume of dual degree students was determined to exceed the capacity of CUPHP faculty and since that time the number of dual degree students has been reduced by 33% in an effort to address the weakness.

Plans:

- In the coming academic year (2017-2018), the pharmacy curriculum will begin a complete revision of its curriculum. The faculty of CUPHP has worked alongside teams of faculty members from the PharmD program to create course offerings that will have specific and substantial relevance to public health competencies. In fact, this collaboration helped lay the foundation for the creation of two courses primarily concerned with public health and wellness that will be required core courses for all pharmacy students—not just dual degree students.
- In light of CUPHP's concerted effort to ground the curriculum in community-based practice, we plan to continue to develop a structure by which to encourage dual degree students to satisfy the elective requirements of the MSPH by completing experiential learning (e.g., law externships, law clinics, PA & Pharmacy rotations, etc.) in public health contexts. By working with the experiential education coordinators from the partner programs to nurture these sites, CUPHP hopes to enhance both the educational experience of dual degree students and also to increase the size of the students' professional networks in the area of public health.



## **Distance Education (2.12)**

Not applicable.



## Research (3.1)

**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.

### *Policies and Practices Related to Research (3.1.a)*

a. Description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.

Since transitioning from a college to a university in 1979, Campbell University has remained focused primarily on excellence in teaching and service, rather than research. Offering multiple doctoral degrees, Campbell is a Level VI institution with SACSCOC; however, the university is not classified within the top three tiers of research institutions in the Carnegie Classifications. Instead, Carnegie classifies Campbell University as "Master's Colleges & Universities: Larger Programs." Accordingly, the research goals for CUPHP center on the stated mission to serve as a "valuable and accessible partner in health equity" and the University's long-standing commitment to prioritizing teaching and service. The standards by which we assess the value of our research activities consequently focus on strengthening community partnerships, achieving rural health equity, and improving health science education, rather than mere quantitative evaluations of funding and publications.

Nevertheless, in recognition of the importance of research in achieving our more fundamental commitments to educational excellence and service, CUPHP and the College of Pharmacy & Health Sciences has a number of policies and practices that support scholarly activities. Within the Department of Public Health, program-specific policies that encourage research include:

- a) Faculty may dedicate 20% of FTE to research activities (i.e., one full day per week for full-time, primary faculty)
- b) Assistant Professors must identify a public health research mentor external to Campbell University and report on collaborations with research mentors in monthly meetings with the Department Chair.
- c) Faculty who receive external grant funding may "buy out" teaching responsibilities for a full semester (one semester per year).

Within the College of Pharmacy & Health Sciences and the University (more broadly), policies and practices that encourage research include:

- a) Each year, faculty may apply for internal research grants (IRG) of up to \$5,000 [see [eResource](#)].
- b) The Promotion & Tenure process highly values scholarly activity in determining the adequacy of applications for promotion.
- c) After 7 years of service, faculty may apply for a research sabbatical (50% of salary for a full year or 100% of salary for one semester).
- d) The newly established "Office of Sponsored Research" offers technical support and identifies funding opportunities for faculty researchers—particularly for junior faculty.

### Current Research Activities (3.1.b)

b. Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

Research activity for CUPHP is wide-ranging and jointly determined by faculty, students, and community partners. Specifically, in-depth and ongoing programs of research are being conducted in the following areas: Disability, Food Access/Food Justice, Rural Hospital Care, Mental Health of First Responders, Health Science Education, Meaningful Data Use in Remote Clinics, and Chronic Disease Surveillance.

#### DISABILITY

CUPHP has worked for years in collaboration with governmental, nonprofit, and community organizations that focus on the public health issues related to people with disabilities. Students and faculty have worked with the Exceptional Children's Assistance Center, the Early Intervention Branch of the Division of Public Health, and the local collaborative, Harnett Helping Hands, to identify disability-related research questions that could be investigated for the ultimate benefit of the community-based organizations. Disability-focused projects have included qualitative review of parent survey data and focus group data, key informant interviews with healthcare providers concerning sexuality-specific care for people with disabilities, key informant interviewing of young adults with autism to evaluate the effectiveness of person-centered planning processes in achievement of employment and community participation goals, and review of surveillance data (BRFSS) from multiple states regarding the health impacts of serving as an informal caregiver.

Additionally, in cooperation with the Hope for Haiti Foundation, the Program will lead a community assessment effort in the Sud-Est Department of Haiti that will specifically emphasize the collection of information regarding prevalence of disability, services for people with disabilities, involvement of persons with disabilities in local decision-making, and quality of life measures for people with disability. Such information is scarce in this region—particularly disability-related data since the earthquake in 2010 and the Category IV Hurricane Matthew in 2016, both of which are believed to have contributed to injury-related long-term disabilities.

Dissemination of results from these studies have included presentations at local research symposia, presentations at the Annual Meeting & Expo of the American Public Health Association (2013, 2015, & 2016); the International Meeting for Autism Research (2013); the Breaking Silences, Demanding Crip Justice: Sex, Sexuality, and Disability Conference (2015); and a national webinar presentation for the Rural Population Health Learning Collaborative (2016).

- West, R., Tseng, T., Rich, W., Hill, E., Tillman, D., Hertz-Picciotto, I. (2013, November). *Autism and gestational exposures to nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen*. Poster session presented at the American Public Health Association 141st Annual Meeting and Expo, Boston, MA.
- Tillman, D. (2016, June). *Sins of Omission and Commission: Interviews with Health Care Providers About Sexuality, Health, and Disability*. Webinar presentation sponsored by the Rural and Frontier Health Committee of the American Public Health Association.
- Tillman D, Gamrod A, Plott LA. (2016, October). *Patients with Disabilities and the Right to Sexual Wellbeing*. Poster session. American Public Health Association, Denver, CO.
- Tseng, T, Adams, M, Rich, W, Tillman, D, & Hertz-Picciotto, I. (2013, May). *The association between gestational exposure to nonsteroidal anti-inflammatory drugs and autism*. Poster Session presented at the International Meeting for Autism Research. San Sebastian, Spain.

#### FOOD ACCESS/FOOD JUSTICE

Beginning in 2013, students and faculty began involvement with a USDA-funded, community-based participatory research project that explored food access, food culture, and food-related behaviors (including shopping/attaining, preparing, and consuming). The project, Voices Into Action (VIA), operated primarily out of North Carolina State University, but partnered significantly with CUPHP for efforts in Harnett County (one

of three study implementation sites). Students were involved directly in the collection of key informant interviews with food producers and food pantry directors in the county.

Through May 2017, a grant from the RIDGE Center for Targeted Studies funded an extension of this research, a mixed-methods study that focuses on low-income food desert residents' perceptions of and interactions with their food environments. This community-based study examines how workplace, school, medical, and other locations influence the food shopping choices and behaviors in the context of low food access. A student research assistant is involved with developing participant interview materials, as well as data collection and analysis.

Dissemination of results from this research have included presentations at national conferences (including meetings of the American Public Health Association (2015), the Rural Sociological Society, the American Sociological Society, and the USDA ERS Research Innovation and Development Grants in Economics conference), community-based publication of the VIA Harnett County Food Assessment (2014), as well as several articles in peer-reviewed journals.

- MacNell L, A. Hardison-Moody, S. Elliott, & S. Bowen. *Black and Latino urban food desert residents' perceptions of their food environment and factors that influence food shopping decisions*. 2017. *J of Hunger and Env Nut*. doi: 10.1080/19320248.2017.1284025.
- MacNell L. *Using geo-ethnography to understand how place and space matter in issues of food access*, 2016 USDA ERS Research Innovation and Development Grants in Economics (RIDGE) conference
- MacNell L. *Spatial variations in the effects of determinants of food insecurity*, 2016 Rural Sociological Society annual meeting
- Bowen, S, L. MacNell, E. Bowen, and K. Ebert. *Housing Instability and Food Insecurity: Findings from the USDA Food Acquisition and Purchasing Survey*, 2016 American Public Health Association annual meeting
- MacNell L, S Bowen, and S Elliott. *Searching for an Oasis: Reimagining Food and Community in an Urban Food Desert*, 2015 American Sociological Association annual meeting
- MacNell, L. *Spatial Processes in Questions of Food Access*, 2015 Rural Sociological Society annual meeting

#### RURAL HOSPITAL CARE

Campbell University operates within a research and academic collaboration agreement with Harnett Health, the local healthcare system that includes two local hospitals and several primary care practices. In participation in this collaboration, students and faculty in CUPHP have been involved in a number of research activities focused on improving the outcomes and effectiveness of hospital-based care. Research questions have been developed in collaboration with hospital administrators and clinical directors and have included creation of local risk models for readmission reduction specific to heart failure and analysis of emergency room overutilization.

Currently, an internal research grant is funding investigation in septicemia associated morbidity and mortality within the local health system.

Dissemination of the results of these studies includes presentations at local research symposia, published reports and presentation to the Population Health Workgroup, presentations at national conferences (including the annual meeting of the American Association of Physician Assistants), publication in a peer-reviewed journal, and coverage in health media (*The Clinical Advisor*).

- Coniglio, D, Abell, C, Rich, W, Tillman, D, Colletti, T & Tseng T. (2012, November). *Comparing urban and rural physician assistants in hospital departments, 2005-2009*. Paper presented at American Public Health Association, San Francisco, CA.

- Lucas M., Stewart C., Rich, W. (2015, May). *Unplanned 30-day Readmission in Patients with Heart Failure for Use in Development of a Locally Relevant Risk Assessment Tool. Paper presented at the Annual Meeting of the American Academy of Physician Assistants, San Francisco, CA.*

## HEALTH SCIENCE EDUCATION

In collaboration with the Interprofessional Education Office, and with partner educational programs within Campbell University, students and faculty of CUPHP are applying research skills in the evaluation of innovations in health science education—particularly interprofessional education.

Currently, additional studies are focusing on the integration of humanities into health science education, the use of authentic assessments and service-learning, and the use of patient narratives in medical education.

Dissemination of findings from these studies includes presentations at national conferences (including the annual meetings of the American Public Health Association (2012 & 2013) and the American Association of Physician Assistants (2014), as well as the Collaborating Across Borders V meeting in 2015) and publication in peer-reviewed journals.

- Rich, W, Tillman, D, & Adams, M. *Component Analysis of the Readiness for Interprofessional Learning Scale (RIPLS) in a Graduate and Professional Educational Context. British Journal of Education, Society & Behavioural Science 20(2): 1-8, 2017.*
- Adams, M., Tseng, T., Tillman, D., Rich, W., Coniglio, D., Colletti, T. Johnson, B.L. (2013, November). *A Call to Action: Integrating Public Health into Physician Assistant Education to Improve Rural Health. Paper presented at American Public Health Association's 141<sup>st</sup> Annual Meeting and Expo, Boston, MA.*
- Tseng, R., Rich, W., Johnson, B.L., Coniglio, D., Tillman, D., Tseng, T. (2013, October). *A pilot rural health medical-dental service and training initiative for physician assistant students. Poster presented at the American Academy of Pediatrics Conference, Orlando, FL.*
- Cahill, L., Colletti, T., Coniglio, D., Tillman, D. *Integrating oral health education and practical experience into the physician assistant curriculum: Effects and outcomes. Journal of the American Academy of Physician Assistants. 28(10):1, October 2015.*
- Tillman, D. (2015, November). *How We Hear Their Stories: A Phenomenographic Study of Students' Experience of Patient Narratives. Tillman, D. Oral presentation at the Collaborating Across Borders V, Roanoke, VA.*
- Blackman Brenda, Dunn Kim, WM Moore, WJ Taylor *The Professionalism Partnerships: Recruiting through Interactive Workshops, NAGAP National Meeting, San Francisco, California June 2014*

## MEANINGFUL DATA USE IN REMOTE CLINICS

In its four-year collaborative relationship with the Hope for Haiti Foundation, students and faculty from CUPHP have involved in a multi-year action research project to create customized electronic data systems for remote clinics. Through collaboration with clinical staff, multiple data collection systems have been developed to manage medical records for the general clinic as well as the maternal health clinic. For three years, students have used the system to transfer thousands of records of clinical encounters onto the electronic systems.

Currently, researchers from Kent State University are partnering with faculty from CUPHP to modify and implement the data system in remote clinics in Zimbabwe. Additionally, analysis of archived data is being used to explore therapeutic decision-making with regard to the use of particular drug therapies (e.g., prescribing patterns for antibiotics and the use of hydrochlorothiazide).

Dissemination of the early results of this extensive project has included presentation at local research symposia, and presentation at the annual meeting of the American Public Health Association (2016).

- *Tillman, D. (2014, November). Improving rural health at home and abroad: A comparison of implementation efforts in rural NC and rural Honduras. Oral presentation at the annual meeting of the American Public Health Association, Boston, MA.*
- *Tillman, D. (2016, November). Digital Records in the Remote Clinic: Towards Meaningful Data Use in Rural Haiti. Poster session. American Public Health Association, Denver, CO.*

#### CHRONIC DISEASE SURVEILLANCE

Cardiovascular and other chronic diseases are of major concern in our rural environment. Public health faculty in collaboration with other Campbell faculty are investigating and educating community members on risk factors and prevention. For example, public health faculty are actively involved in the Campbell University weight loss program pioneered by Dr. Pennings of the Campbell University School of Osteopathic Medicine. Public health faculty, Dr. Ahiawodzi and Dr. Pennings recently worked on an abstract on insulin and weight status to be presented at the Society for Epidemiologic Research annual meeting in Seattle, WA. Below are some research activities in chronic disease surveillance involving Campbell Public Health faculty:

- *Ahiawodzi P, Tillman D, Rich W, Dettlinger R, Taylor W. Correlates of Hypertension Control in the National Health and Nutrition Examination Survey. Poster Session. American Public Health Association, Denver-CO, October, 2016.*
- *Ahiawodzi P, Taylor W, Tillman D, MacNeill L, McKendrick A, Rich W. Sedentary Behavior and Cardiovascular Disease Risk Among Racial Groups in the United States. Poster Session. American Public Health Association, Denver-CO, October, 2016.*
- *Ahiawodzi P and Pennings N. The Association Between Fasting Insulin, Insulin Resistance and Weight Gain. Submitted to the Society of Epidemiologic Research for presentation at the 50<sup>th</sup> Anniversary of the Association (June 20-23, 2017) in Seattle, Washington.*
- *Ahiawodzi P and Blavo C. Understanding the Challenges of Stroke in Akatsi, Ghana: A Needs Assessment. Submitted for presentation at the American Public Health Association annual meeting (November 4-8, 2017), Atlanta, GA.*

### *Funded Research (3.1.c)*

c. A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following: a) principal investigator and faculty member's role (if not PI), b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year's award, g) whether research is community based and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2 (funded service) and Template 3.3.1 (funded training/workforce development). See CEPH Data Template 3.1.1.

**Table 3.1.1. Funded Research Activities**

<b>Project Name</b>	<b>Principal Investigator</b>	<b>Funding Source</b>	<b>Funding Period</b>	<b>Total Award</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>Community-Based</b>	<b>Student Participation</b>
Using geo-ethnography to understand how place and space matter in issues of food access	Lillian MacNell, Public Health	RIDGE Center for Targeted Studies	August 2015-Dec 2016	\$16,801	N/A	\$16,801	NCE	Yes	Yes
Contextualizing family food decisions: the role of household characteristics, neighborhood deprivation, and local food environments	Sarah Bowen, NCSU (co-PI); Richelle Winkler, Michigan Tech (co-PI); Lillian MacNell (co-investigator)	University of Kentucky Center for Poverty Research; USDA	Dec 2014-June 2016	\$39,858	N/A	N/A		Yes	Yes
Septicemia associated morbidity and mortality in Harnett County, NC	Peter Ahiawodzi	CPHS-IRG	Sept 2016-Aug 2017	\$4,950	N/A	N/A	\$4,950	No	No
Strengthening Rural Communities to Achieve Better Health (Strengthening Rural Project)	Allen Smart (Project Lead); Britt Davis & David Tillman (collaborators)	Robert Wood Johnson Foundation	June 2017	\$770,989	N/A	N/A	N/A	Yes	Yes
<b>PENDING GRANT SUBMISSIONS</b>									
Non-esterified Fatty Acids and Cardiometabolic Disease in Older Adults – Diversity Supplement	Kenneth J. Mukamal, Harvard (Co-PI); Luc Djousse, Harvard (Co-PI); Peter Ahiawodzi (co-investigator)	NIH/NIA	Submitted June 2017	\$183,970	N/A	N/A	N/A	No	No
Community Assessment in Haiti	David Tillman (PI)	CPHS-IRG	Submitted June 2017	\$4,970	N/A	N/A	N/A	Yes	Yes



### *Measures of Research Success (3.1.d)*

d. Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program's performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research translation (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings) and other indicators. See CEPH Outcome Measures Template.

As described in 3.1.a, CUPHP exists within the legacy and function of Campbell University as an institution of higher education that prioritizes teaching and service above research. As a result, the measures of the success of research activities in the program are focused on the extent to which scholarly activity drives educational excellence and meaningful community engagement. One indicator of success is the extent to which students feel that they are given opportunities to participate in faculty-directed research. At the time of graduation, students are asked to rate their level of agreement with the statement "I had ample opportunity to participate in faculty-directed research projects." On a five point scale (5 = "Strongly Agree"), the average rating is 4.45, confirming that adequate opportunities are provided for students to engage in and benefit from the research activities of faculty. Additional measures of research success are articulated among the operational objectives and strategic objectives (see Table 3.1.2 below).

**Table 3.1.2. Outcome Measures for Operational & Strategic Objectives for Scholarly Activity**

Outcome Measure	Target	2014-15	2015-16	2016-17
100% of MSPH faculty will complete professional development activities annually which contribute to the ongoing development of research skills.	100%	100%	100%	100%
Each year, 80% of primary faculty will present (podium or poster) original research at national or regional conferences on the health of rural communities.	80%	75%	100%	100%
Core classes will include lectures that focus on the presentation of original research by primary faculty.	2014-15 33% 2015-16 50% 2016-17 60%	40%	50%	70%
Sponsor student attendance of professional meetings to foster a culture of discovery.	12	9	13	13

### *Student Involvement in Research (3.1.e)*

e. Description of student involvement in research.

Students are involved in research through: (1) practicum involvement in community-driven research projects, (2) capstone research projects, (3) voluntary participation in faculty-directed research, and (4) voluntary participation in independent research. As described in the previous section, on the [graduating student survey](#), students are asked to rate their level of agreement with the statement "I had ample opportunity to participate in faculty-directed research projects." On a five point scale (5 = "Strongly Agree"), the average rating is 4.45, confirming that adequate opportunities are provided for students to engage in and benefit from the research activities of faculty.

### *Assessment of Criterion 3.1 (3.1.f)*

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met with comment**.

#### Strengths:

- CUPHP maintains many unfunded yet extensive research projects in collaboration with other departments, other universities, governmental agencies, and community-based organizations.
- The level of scholarly activity of faculty in CUPHP has been accelerating rapidly—2016-2017 is the first year in which all primary, full-time faculty members authored articles that were accepted for publication in peer reviewed journals.
- In 2016, Campbell University established the Office of Sponsored Research, which now provides technical assistance in grant-seeking, grant-writing, and grant management for research projects. The Assistant Vice President for Sponsored Research and the Research Compliance Officer have close working relationships with the faculty of CUPHP.

#### Weakness:

- The vast majority of research done by faculty in the Department of Public Health has been unfunded. As a result, while important community-based research is being conducted, expenses for the research projects are paid for by either the researchers themselves, the community partners, or the general operating budget of the department. Pursuit of external monies will not only allow for more extensive research projects to be conducted, but also for indirect costs to be reclaimed by the department and university to cover heretofore uncompensated ancillary costs. This more orthodox approach to funding research would extend research opportunities beyond the altruism and self-sacrifice of students and faculty as well as beyond the margins of the department's or partners' operating budgets.
- Undoubtedly related in no small measure to the lack of grant funding for research, the level of scholarly activity for faculty members in CUPHP compares unfavorably as compared with many of our peers at other institutions. While the teaching and service focus of the university (and the correlate heavy teaching and service responsibilities of faculty) will continue to be the identity of our University, College, and Program, an increase in publications in peer reviewed journals should be expected in the coming years. The infrastructure improvements in our institution and the maturation of the department (i.e., 2016-2017 is the first academic year in which all budgeted faculty positions have been filled since the start of the program) should allow for a greater emphasis on mission-relevant scholarly activity.

#### Plans:

- In 2017-2018, CUPHP will execute several formal research agreements that will provide facilitative administration (and in some cases fiscal support) for collaborative research efforts in rural health.
- Prior to 2016, only one research grant had been submitted by faculty in CUPHP. However, in 2016-2017, every full-time, primary faculty member has submitted at least one research funding proposal. The grant funding in coming years is expected to grow rapidly, which will have a reinforcing relationship with subsequent grant-seeking efforts.
- The faculty members of CUPHP are working closely with the staff of the Office of Sponsored Research to develop policies and practices that will enhance research activities for the department and for other departments across the university. Many operating procedures which are standard and commonplace at other institutions are being crafted for our University for the first time. As we work with our university partners to blaze these new trails, scholarly activity is expected to increase for our faculty members and for our counterparts across the campus.

## Service (3.2)

**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.

### *Description of Service Activities (3.2.a)*

a. Description of the program's service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

One of the greatest strengths of CUPHP is the depth and breadth of service relationships with health systems, government agencies, advocacy groups, and other organizations working in aspects of community health locally. In pursuit of our vision of being "Centered in Community" and our mission of serving as "valuable and accessible partners in health equity," CUPHP cultivates multi-faceted partnerships with our community. Almost without exception, practicum and research partners also benefit from overlapping service projects with students and faculty from the program.

For faculty and staff, significant efforts in service are expected at the following levels of engagement: (1) providing scholarly leadership and expert consultation to advisory boards, professional organizations, and scientific endeavors, (2) leadership and commitment to public health advocacy, education, and mobilization to encourage community involvement in health policymaking, (3) partnership-building to enhance the service-learning, practicum, and research opportunities for students as well as leveraging our ever-expanding network for the mutual benefit of our partners, (4) integration of service learning into coursework wherever possible, and (5) humble donation of time, energy, attention, and resources in personal fulfillment of the University's aim to foster "servant leadership."

In support of these expectations, faculty and staff are encouraged to spend as much time as possible involved in service. Beyond maintaining teaching and campus leadership commitments, there is no maximum allowable time that may be spent away from the office in service (cf. the 1 day per week restriction on research). Instead, CUPHP recognizes that the ultimate achievement of its mission will be determined by the authenticity, consistency, and meaningfulness of its engagement with the community.

The following outline provides representative examples of service activity at each level of engagement:

1. Expertise & Consulting
  - a. Faculty provides leadership on numerous boards which benefit from public health knowledge and skills. These boards include Healthy Harnett, Teens as Parents (an adolescent pregnancy prevention program and maternal/child health program for adolescent parents), YMCA of the Triangle, the State Systemic Improvement Plan Family Engagement Team of the Early Intervention Branch of the NC Division of Public Health, the Local Interagency Coordinating Council, the Diabetes Working Group of CHS-NHLBI, and the advisory board for the Community Service Learning Center of the ECU School of Dental Medicine.
  - b. Faculty also participates in scholarly service in support of the dissemination of scholarly work by serving as reviewers for the Journal of Health Care for the Poor and Underserved (JHCPU), the Cleft Palate-Craniofacial Journal, and the Disability Section of APHA. Additionally, faculty members have worked as judges for local science fairs with Harnett County Schools, the Health Sciences Interprofessional Research Symposium, and the Wiggins Library Research Symposium.
2. Leadership in Advocacy
  - a. Faculty members contribute to the work of advocacy for public health and rural health equity by providing leadership to various organizations and campaigns. These advocacy projects have included authoring opinion editorials concerning healthcare reform, fundraising campaigns for relief efforts in response to Hurricane Matthew, holding elected office in political organizations, supporting campus-based campaigns around sexual assault

- awareness and suicide prevention, serving as panelists to discuss state Medicaid policies, and organizing dialogues about the role of churches in improving the health of LGBTQ individuals in rural communities.
- b. Faculty also serve on boards, steering committees, and executive boards that are involved in advocacy and policymaking—including service to various sections of APHA that issue and endorse policy statements, chairing local school advisory boards, and participating on the steering committees for targeted advocacy organizations (e.g., Special Olympics).
3. Partnership-Building
    - a. Since Fall 2013, the faculty and staff of CUPHP have worked to build from an initial collaboration with five (5) community-based partners to the establishment of a network of more than 40 partners. Building networks has required enormous investment of time by the faculty—including more than 100 individual meetings with community-based partners each year.
    - b. Additionally, faculty members have been instrumental in establishing collaborative events and workgroups that connect their partners to one another. For example, CUPHP was instrumental in initiating a Pastors Health Summit that would allow leaders of faith communities to directly engage with healthcare and public health partners. Also, faculty members provide leadership with the Population Health Workgroup which brings together key leaders from rural health systems to exchange ideas and information, collaborate in grant-seeking, and cooperate in implementation of efforts to improve population health in our local rural contexts.
  4. Integration of Service into Coursework
    - a. Over the last three years, a concerted effort to increase the integration of service and community engagement assignments has resulted in improving from 30% of core courses including these types of assignments (2014-15) to 50% (2016-2017).
    - b. Examples of Community-Engagement Assignments:
      - i. PUBH 525: Overview of Rural Health is a cornerstone course in the program, which students take in their first semester. Simultaneously, students are also required to enroll in a team-based rural health practicum, which essentially functions as a learning lab for PUBH 525. Practicum experiences are constantly into classroom discourse, assignments, and even examinations throughout the course. Additionally, reflections on the connections between practicum experiences and PUBH 525 course content are incorporated into a semester-long social media blogging project, a group presentation, and the production of a short video about the practicum experience.
      - ii. In Spring 2016, each assignment in PUBH 542: Community Health Assessment & Evaluation was re-designed to support the actual community health assessment processes for the local healthcare system, Harnett Health, and the local health department. Students were actively involved in design and cognitive interviewing validation of the Community Health Survey, the two-stage cluster sampling and administration of the survey throughout the county, review of secondary data regarding county demographics, health behaviors, and health outcomes, and key informant interviewing of more than 30 key leaders throughout the county.
      - iii. Each year, PUBH 502: Seminar II includes a learning module on grantwriting that is used to support the local health department. The NC Public Health Association invites local health departments to submit mini-grant proposals for the Wolfe Maternal & Child Health Mini-Grants. In the course, students write grant proposals as a summative assignment for the grantwriting modules. The proposals with the highest scores are sent to Public Health Administrator for possible revision and submission on behalf of the department.
  5. Humble Volunteerism – In addition to utilizing technical skills, expert knowledge, and professional networks in service to the community, the faculty and staff of CUPHP volunteer their time, attention, and resources as needed with a variety organizations and initiatives. Faculty and staff serve in their churches, volunteer as mentors and coaches, participate on the frontlines of student-led service projects, and assist in fundraising campaigns for rural health projects. These simple acts of service

model the spirit of servant leadership emphasized in the mission of Campbell University and counterbalances the propensity toward professional aloofness often found in academia.

All of the service by faculty and staff augments the thorough focus on service-learning operationalized in the Practicum requirements of the curriculum (see [Section 2.4](#)).

### *Service in Promotion & Tenure (3.2.b)*

b. Description of the emphasis given to community and professional service activities in the promotion and tenure process.

Faculty and staff in CUPHP are expected to work extensively in the development of, support for, and service to our community partners. In the initial years of the program, these ongoing commitments to outreach helped our fledgling program to create the necessary precepting partnerships for our community-based vision. Now, in a more mature phase of our program, the service activities are the clearest embodiment of our mission to be “valuable and accessible partners in achieving health equity.” Much in the same fashion that our faculty and staff are expected to maintain the proverbial “open-door policy” for students, CUPHP expects faculty and staff to be as accessible as possible to our community partners and service to community partners will be prioritized over departmental-specific service functions.

CUPHP also encourages faculty to serve in professional roles as consultants to public health agencies, as peer reviewers for journals or conferences, and as committee members for professional public health organizations and associations.

The College of Pharmacy & Health Sciences [Appointment, Promotion, and Tenure Policy](#) prioritizes three areas for evaluation: teaching, scholarship, and professional service. With regard to service, the policy includes specific criteria (see the eResource file for details).

### *Current Service Activities (3.2.c)*

c. A list of the program’s current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.

Selected faculty service roles are outlined in Table 3.2.1.

**Table 3.2.1. Faculty Service from 2014 to 2017**

<b>Faculty member</b>	<b>Role</b>	<b>Organization</b>	<b>Activity or Project</b>	<b>Year(s)</b>
Dr. Peter Ahiawodzi	Volunteer	YMCA of the Triangle	Annual Fundraising Campaign	2016
	Usher	Lighthouse Chapel International, Raleigh-NC Branch	Ensuring Order at Church Events	2010-Present
	Member	Diabetes Working Group - CHS-NHLBI	Enhance Quality and Efficiency of Diabetes Research	2013-Present
	Champion Trainer	Southern Regional Area Health Education Center	SBIRT Training	2015-Present
	Reviewer	Journal of Health Care for the Poor and Underserved (JHCPU)		
Dr. Lillian MacNell	Member	Campbell University Campus Kitchen Project	Advisory Board	2017-present
	Mentor	Alexander Family YMCA	Community HOPE mentoring/literacy program	2012-2015
	Instructor	YMCA of the Triangle	Swim for Life	2015
	Volunteer/member	Fertile Ground Food Cooperative	Canvassing, tabling, and Feasibility sub-committees	2013-2016
Dr. Wesley Rich	Site Reviewer	Accreditation Council for Pharmacy Education	Long Island University: Arnold & Marie Schwartz College of Pharmacy & Health Sciences (October 8 – 10 <sup>th</sup> , 2013)  Concordia University School of Pharmacy (March 18-20 <sup>th</sup> , 2014)  Fairleigh-Dickinson University School of Pharmacy (March 23-25 <sup>th</sup> , 2016)	2013-present
	Member	APHA PHEP SIG	Annual Meeting Participant/Forum Participant	2013-present
	Leader	Population Health Think-Tank (Harnett County)	Project Leader/Participant	2013-present
	Reviewer	Journal of Pharmacy Practice		2012 - present
Dr. Bill Taylor	Ex-Officio	Harnett Forward Together Committee	Economic Development	2004-present
	Vice Chairman	Brightwater	Economic Development of Life Science Park	2010-present
	Member	North Carolina Association of Pharmacists Journal Editorial Board	Academic/Professional Board	2015-present

Faculty member	Role	Organization	Activity or Project	Year(s)
Dr. David Tillman	Chair	Teens as Parents	Advisory Board	2012-2016
	Chair	Harnett Central Middle School	School Advisory Board	2012-present
	Co-Chair	Campbell University/Harnett Health/CCNC/Harnett County Local Health Dept/Good Hope Hospital	Population Health Workgroup	2015-present
	Precinct Chair	Harnett County Democratic Party	Neills Creek Precinct Committee	2017-present
	Lead	Healthy Harnett/Harnett Health/Harnett Health Dept.	Community Health Assessment Team (CHAT)	2016-present
	Secretary	Disability Section, APHA	Executive Council	2016-present
	Member	Harnett Local Interagency Coordinating Council	Steering Committee	2013-present
	Member	CareNet Counseling	Board of Advisors	2017-present
	Member	Early Intervention Branch, NCDPH	SSIP - Family Engagement Team	2015-present
	Member	ECU Dental School - Community Service Learning Center	Advisory Board	2014-present
	Member	Harnett County Special Olympics	Steering Committee	2016-present
	Member	Harnett County United Way	Board of Directors	2017-present
	Peer Reviewer	Disability Section, APHA	Abstract Review for APHA Annual Meeting	2016-present
	Peer Reviewer	The Cleft Palate-Craniofacial Journal	Ad hoc reviewer of articles submitted for publication	2017-present
	Peer Reviewer	Journal of Clinical Hypertension	Ad hoc reviewer of articles submitted for publication	2017-present

### *Measures of Success in Service Activities (3.2.d)*

d. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program's performance against those measures for each of the last three years. See CEPH Outcome Measures Template.

Measurement of the success with which we engage in service requires fundamental programmatic assurance (operational objectives), as well as strategic objectives related to the quality of student practica, integration of community engagement in coursework, and the leadership of local organizations by faculty members.

**Table 3.2.3. Operational and Strategic Objectives for Service**

OPERATIONAL OBJECTIVES							
Operational Area	Measurable Objective	CEPH Criterion	Evidence		2014-15	2015-16	2016-17
Service	100% of MSPH students will participate in service activities with community-based organizations working in rural and/or underserved communities.	3.2	Practicum Records		100%	100%	100%
Service	At least once each semester, students will have an opportunity to volunteer alongside faculty members in “hands-on” service to the community.	3.2	Annual Reports; PHA Log		100%	100%	100%
Strategic Objectives							
Strategy	Measurable Objective	CEPH Criteria	Evidence		2014-15	2015-16	2016-17
Maintain high standards for the quality of students’ service to communities.	In evaluating community-based service learning, preceptors will rate practicum students as demonstrating a mean score of 4.00 or greater on a five-point competencies scale.	2.7.b	Practicum Preceptor Evaluations	Target	4.00	4.00	3.00 *
				Actual	4.94	4.89	3.42* (4-Point Scale; cf. 4.275/5 point scale)
Leverage faculty expertise in the leadership of community organizations.	Increasingly, MSPH primary faculty will serve in positions of leadership with community-based organizations.	3.2.a	Annual reports	Target	33%	50%	60%
				Actual	50%	50%	60%
Integrate authentic engagement with communities into core instruction.	Core courses will increasingly incorporate service learning and/or community engagement assignments.	1.2.c	Syllabi	Target	25%	33%	50%
				Actual	30%	40%	50%

### *Student Involvement in Service (3.2.e)*

e. Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.

For students, the opportunity to move beyond classrooms to begin applying new knowledge and skills in real-world contexts offers incomparable educative value. In service, the simplicity of the bullet-pointed textbook solutions must confront the “wickedness” of the problems of disease and injury in communities as well as the gradual and iterative nature of progress in public health. Additionally, students have the opportunity to experience the excitement of implementation, to learn from the deep experiential knowledge of community members and veteran professionals, and to benefit from the expansion of professional networks and the enhancement of professional experiences.

In addition to the extensive practicum requirements described previously (see [Section 2.4](#)), CUPHP specifically encourages student-led service projects—especially through the efforts of the student-run Public Health Association. The table below presents examples of the types of student-led service activities sponsored by the Public Health Association.



**Table 3.2.3. Student-Led Service Projects**

<b>Activity</b>	<b>Date</b>	<b>Organization(s)/Issue</b>	<b>Location</b>
Storybook Stroll 5K	9/20/14	Teens As Parents	Harnett County Government Complex in Lillington
Walk to School Event	10/4/14	Benhaven Elementary School & Active Routes to School	Sanford, NC
Cardiac 5K and Health Fair	10/11/14	Cardiovascular Health	Irwin Belk Track
Pink Ribbon Breakfast	10/17/14-10/18/14	Breast Cancer	Harnett Health Department
Can Food Drive	10/20/14-10/23/14	Harnett Food Pantry	Maddox
Food Day	10/24/14	Nutrition, Food Justice, (APHA)	Academic Circle
Community Christmas Store	11/19/14-11/21/14	Poverty Relief Project	On campus
Dash for the Stash	11/22/14	Men's Health	On campus
Give Kids a Smile	2/21/15	ECU/Campbell/CCCC/Harnett Health Dept/ADA	ECE Community Service Learning Center
Parkinson's Disease Walk	4/11/15	Parkinson's Disease	Raleigh, NC
Food Day	10/24/15	Nutrition, Food Justice, (APHA)	Academic Circle
Yappy Hour	11/12/15	Fundraiser for Harnett County Animal Shelter	Aviators, Fuquay-Varina
Give Kids a Smile	2/6/16	ECU/Campbell/CCCC/Harnett Health Dept/ADA	ECE Community Service Learning Center
Soup Kitchen	4/7/16	Hunger/Homelessness	Coats, NC
Special Olympics Spring Games	4/15/16	Harnett County Special Olympics	Irwin Belk Track
Make a Wish Golf Tournament	6/4/16	Make-A-Wish Foundation	Keith Hills Golf Course
Paint SAFE House	9/22/16	Violence/Abuse Prevention	Harnett County
Puppies in the Park	10/7/16	Fundraiser for Harnett County Animal Shelter	On campus
Poverty Simulation	11/9/16	Cooperative Extension - Rural Community Development	Carter Gym
Cystic Fibrosis Fundraiser	11/12/16	Fundraiser	Trophy Brewing Raleigh 3-7
National Rural Health Day	11/17/16	Awareness	Academic Circle
Give Kids a Smile	2/4/17	ECU/Campbell/CCCC/Harnett Health Dept/ADA	ECE Community Service Learning Center

### *Assessment of Criterion 3.2 (3.2.f)*

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

Strengths:

- CUPHP values service to the community in faculty evaluations, curriculum design, and program structure. From high-value professional consultation to hands on volunteerism, the students and faculty have spent thousands of hours in direct service to dozens of community organizations—specifically rural communities in NC.

Weakness:

- No weaknesses identified.

Plans:

- In the future, CUPHP will continue to increase the number of service-learning and community engagement assignments in core classes. By 2020, 80% core classes will be expected to include an authentic assignment involving service learning.

Year	Target	Actual
2014-2015	25%	30%
2015-2016	33%	40%
2016-2017	50%	50%
2017-2018	60%	
2018-2019	70%	
2019-2020	80%	

## Workforce Development (3.3)

**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.

### *Assessing the Needs (3.3.a)*

a. Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

Workforce development is conducted in direct response to the needs of the community. These needs have been identified in four specific ways:

1. **FEEDBACK FROM PRECEPTOR LUNCHEONS:** Twice each year (November & April), CUPHP hosts a preceptor luncheon. The luncheon has multiple purposes, but one purpose is to gather qualitative data regarding the workforce development needs of the preceptors and their colleagues in their organizations. The information collected is used to plan the presentations for the following preceptor luncheon, but also to identify more substantial workforce development activities which could be sponsored by the department in the future. [see [eResource file for preceptor luncheon information](#)]
2. **DISCUSSIONS WITH KEY LEADERS:** Key leaders--including local health directors, employers, and (in the case of the Hope for Haiti Foundations) discussions with the administrative teams in the US and in Haiti--are invited to provide feedback to CUPHP about the needs for continuing education for their workforce.
3. **COMMUNITY HEALTH ASSESSMENTS:** CUPHP plans specific workforce development activities in response to the needs identified in Community Health Assessments and Community Health Needs Assessments.
4. **IDENTIFIED NEEDS BY OTHER AGENCIES:** In response to needs identified by other agencies and in collaboration with those entities (e.g., the panel discussion about health reform policy and SBIRT training with SR-AHEC).
5. **NATIONAL ASSESSMENTS** – The published reports of ASTHO (PHWINS) and other reports can be useful in identifying high-value topics for professional development.

In these assessments, the workforce has indicated a number of concerns:

- Strategies for collaboration across agencies/organizations/sectors
- Use of data for decision-making
- Participatory approaches to community assessment
- Skills for assessing and addressing substance use problems
- Understanding and addressing policy concerns (including the impact of federal/state policies at the local level)

### *Workforce Development Activities (3.3.b)*

b. A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funded training/ continuing education activities may be reported in a separate table. See CEPH Data Template 3.3.1 (ie, optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.1.1 (research) or Template 3.2.2 (funded service), respectively.

**Table 3.3.1. Workforce Development Activities Sponsored by CUPHP**

<b>Activity</b>	<b>Date</b>	<b>Description</b>
To Expand or Not to Expand: Medicaid in North Carolina (Panel Discussion)	November 2014	CUPHP, CUSOM, Lundy-Fetterman School of Business, and the Triangle Business Journal sponsored a panel discussion for public health leaders and policy-makers focused on the question of whether Medicaid should be expanded in North Carolina. Dr. Tillman served as an expert panelist. Other panelists included Bo Bobbitt, a health care attorney with the Smith Anderson law firm; Kristen L. Dubay of the N.C. Community Health Center Association; Charles Larrison, CEO of Good Hope Hospital; and Bill Pully, president of the N.C. Hospital Association, and Christopher Stewart, MD with Harnett Health & CUSOM. Attendees included administrators of FQHCs, hospital administrators, health care providers, local health directors, health educators, politicians and policy advisors, and business leaders.
Participatory Mapping Workshop	May 2015	Administrators, clinical staff, and school leaders were taught how to use participatory mapping and transects for conducting community-based health assessments.
Preceptor Luncheon	November 2015	Participants surveyed key current topics in Public Health (particularly issues that were central at the APHA Annual Meeting in Chicago). Participants also assessed competencies and gaps of the workforce with regard to current and future challenges.
SBIRT Training	April 2016	Participants became certified in Screening, Brief Intervention, and Referral to Treatment approaches to addressing substance use disorders.
Preceptor Luncheon	April 2016	Participants explored the results of the Harnett County Community Health Survey and the 33 key informant interviews conducted by students in CUPHP. Participants also viewed presentations and posters for the Spring Research Symposium in the afternoon.
Participatory Appraisal Workshop	May 2016	Administrators, clinical staff, and school leaders were taught how to use the “Ten Stones” approach to identifying strategic priorities in community-based health assessments.
SBIRT Training	September 2016	Participants became certified in Screening, Brief Intervention, and Referral to Treatment approaches to addressing substance use disorders.
Preceptor Luncheon	November 2016	Participants were introduced to the concept of Public Health 3.0—specifically focusing on the themes of strategic partnerships and flexible, sustainable funding. Participants worked with other organizations to consider alignments and collaborative fiscal support of community-based projects.
North Carolina Local Health Directors Conference (Raleigh, NC)	January 2017	Attendees of the conference were given information regarding workforce development and educational opportunities at Campbell University for themselves and their employees. **Promotion/assessment not actual activity itself.**
SBIRT Training	March 2017	Participants became certified in Screening, Brief Intervention, and Referral to Treatment approaches to addressing substance use disorders.
Preceptor Luncheon	April 2017	Participants will access and analyze information in the Harnett County Community Health Assessment (2016) as well as other information available in the Campbell Library Public Health Research Guide. Participants also viewed presentations and posters for the Spring Research Symposium in the afternoon.
Data-Based Decision-Making Workshop	May 2017	Administrators, clinical staff, and school leaders were taught how to design and use electronic data systems for continuous improvement and decision-making.

### *Description of Certificate Programs (3.3.c)*

c. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

Not applicable.

### *Workforce Development Policies & Practices (3.3.d)*

d. Description of the program's practices, policies, procedures and evaluation that support continuing education and workforce development strategies.

#### POLICIES & PRACTICES

CUPHP workforce development strategy is developed in collaboration with our network of community-based partners—through periodic assessments as well as in response to emergent needs. CUPHP is particularly committed to the local community and has deep and multi-faceted relationships with the health, health care, and social institutions and networks in Harnett County.

In addition, CUPHP has a long-standing partnership with the Hope for Haiti Foundation. This partnership includes an annual commitment to provide on-site workforce development to the administrators, school leader and clinical staff based in a remote area in rural Haiti. In addition, faculty members are available for follow-up and technical assistance in between trips to Haiti.

#### EVALUATION

For continuing education workshops, CUPHP collects data received from participant evaluations. For the preceptor luncheons, recorders are placed at each table to gather qualitative feedback about strengths, weaknesses, and opportunities for the luncheons.

### *Workforce Development Policies & Practices (3.3.e)*

e. A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.

SBIRT trainings have been offered in conjunction with the Southern Regional AHEC. Additionally, training for clinical and educational leaders in the township of Zorance has been in coordination with the Hope for Haiti Foundation.

Beginning in 2017-2018, CUPHP will be participating as a founding member of the Public Health in Eastern North Carolina Academic Alliance (PHENCAA). On August 2, Campbell was host to the initial meeting of PHENCAA in which representatives from CUPHP met with leaders from East Carolina University Department of Public Health and University of North Carolina at Wilmington College of Health and Human Services. Plans were developed to integrate all three universities into the Public Health Training Center work based at UNCW. The collaboration is meant to leverage faculty expertise to the maximum benefit of the public health workforce in eastern North Carolina. In the coming year, at least three workforce development summits have been scheduled to bring together faculties, students, and the public health workforce around issues of significance in the region—including opioid use challenges and oral health care.

### *Assessment of Criterion (3.3.f)*

f. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

#### Strengths:

- CUPHP is proactive in hosting workforce development activities. In addition, these activities are strongly informed by the needs of members of the workforce in our own community. CUPHP designs workforce training events around needs specifically identified by preceptors and their colleagues.
- Beyond our community, CUPHP has maintained a longstanding connection to an international organization that promotes workforce development in addition to our local efforts.

#### Weakness:

- Workforce development offerings have been fairly limited to this point in the program. Each semester, CUPHP has offered some form of workforce development activities, but in the future the offerings should be expanded in ways that provide actual continuing education credit to public health professionals.

#### Plans:

- In the future, CUPHP will work to expand its workforce development activities—especially through expanded collaboration with the Southern Regional AHEC (SR-AHEC). The experience of the last two years with SBIRT provides a solid foundation from which to expand in offering continuing education credit in a variety of areas for the public health workforce.
- The leadership at CUPHP and CPHS are committed to responding to the community's request for certificate programs in public health. In Fall 2017, CUPHP will begin a feasibility study and proposal for a graduate certificate in public health leadership and/or rural health that would be offered in online and/or evening classes. A brief proposal of this idea was included in the Five-Year Program Review (SACSCOC) and given preliminary approval by key administrators.
- The newly formed PHENCAA offers tremendous possibility for collaboration between Campbell, ECU, and UNCW in supporting the workforce development needs of the region.

## Faculty Qualifications (4.1)

**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.

### *Primary Faculty (4.1.a)*

a. A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification\*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests. See CEPH Data Template 4.1.1.

\*Note: classification refers to alternative appointment categories that may be used at the institution.

The faculty of the MSPH program consists of five individuals whose full academic appointments are within the Department of Public Health. Two of the faculty members have additional administrative responsibilities beyond the department, though their faculty appointments, research advising, and teaching loads are entirely within the MSPH program. All (100%) of the full-time faculty hold terminal degrees in a field of direct relevance to public health generally and their instructional areas specifically. In addition to the academic credentials listed in the table, three of the faculty members (Drs. Ahiawodzi, Rich, and Tillman) are Certified in Public Health (CPH). Dr. Rich is also a Certified Health Education Specialist (CHES). Dr. Taylor has the rank of Associate Professor, while all other faculty members are Assistant Professors. None of the faculty is tenured. As of 2016-2017, these five full-time faculty members teach all core courses. The primary faculty who support CUPHP are listed in Table 4.1.1.

**Table 4.1.1. Primary Faculty**

<b>Name</b>	<b>Title/ Academic Rank</b>	<b>Tenure Status</b>	<b>FTE</b>	<b>Graduate Degrees Earned</b>	<b>Institution where degrees were earned</b>	<b>Discipline in which degrees were earned</b>	<b>Public Health Cert.</b>	<b>Teaching Area</b>	<b>Research Interests</b>
Peter Ahiawodzi	Assistant Professor	Tenure- track	1.00	PhD	University of Louisville	Epidemiology	CPH	Epidemiology	Chronic Diseases: Obesity, Diabetes, Hypertension
				MPH	University of Louisville	Public Health- Epidemiology		Biostatistics	Health Disparities
								Environmental Health	
								Public Health Surveillance	
								Research	
Lillian MacNeill	Assistant Professor	Tenure- track	1.00	PhD	NC State University (NCSU)	Sociology		Social inequality	Food access and insecurity
				MA	University of Central Florida (UCF)	Applied sociology		Environmental studies	Environmental health and injustice
								Health Policy & Management	
Wesley Rich	Associate Dean of Health Sciences	Tenure- track	.2	PhD	NC State University (NCSU)	Research & Policy Analysis	CPH & CHES	Health Education & Behavior	Interprofessional Education
				MEd	Campbell	Education			Rural Health Disparities
				MA	East Carolina University (ECU)	Health Education & Promotion			Clinical Care Systems
Bill Taylor	Associate Professor & Director of Recruitment/Retention	Tenure- track	.5	PharmD	University of Tennessee, Memphis, Tennessee	Pharmacy		Leadership	Educational Research- Interprofessional Education
				Internship	USPHS Fort Yuma Indian Hospital	Public Health/ Pharmacy		Policy & Management	Chronic Disease
				Residency	Buffalo General Hospital	Clinical Pharmacy		Pharmacoeptide miology	
				BS Pharmacy	University of North Carolina at Chapel Hill	B.S. Pharmacy		Introduction To Clinical Studies	



Name	Title/ Academic Rank	Tenure Status	FTE	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Public Health Cert.	Teaching Area	Research Interests
David Tillman	Chair & Assistant Professor	Tenure- track	1.00	PhD	NCSU	Educational Psychology (C&I)	CPH	Rural Health	Stereotype Threat
				MEd	Campbell	Education		Assessment	Rural Health Equity
				MA	UNCG	Liberal Studies (Global Studies)		Ethics	Disability & Public Health
								Adolescent Health	Sexuality & Health Care Provision
								Seminar I & II	Interprofessional Education

### *Adjunct Faculty (4.1.b)*

b. Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the program, e) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise), f) disciplines in which listed degrees were earned and g) contributions to the program. See CEPH Data Template 4.1.2.

In the early years of the program, a number of adjunct faculty members were used to teach core courses as well as elective courses. Beginning in 2016-2017, all core courses are taught using primary faculty; however, adjunct instructors with significant public health practice experience are used to enhance the diversity of elective offerings. Adjunct instructors with current adjunct contracts are listed in Table 4.1.2.

**Table 4.1.2. Adjunct Faculty**

<b>Name</b>	<b>Graduate Degrees Earned</b>	<b>Title</b>	<b>Current Employer</b>	<b>FTE</b>	<b>Institution where degrees were earned</b>	<b>Discipline in which degrees were earned</b>	<b>Course(s) Taught</b>
Megan Clarke	MPH	Director of Statewide Capacity	North Carolina Coalition Against Sexual Assault	n/a	University of North Carolina at Chapel Hill	Health Behavior & Health Education	Public Health Approaches to Violence Prevention
	BA				University of North Carolina at Chapel Hill	Interpersonal Communications	
Sandra Goins	DNP	Assistant Director of Nursing	Campbell Univ.	n/a	Chatham University	Clinical	Maternal & Child Health
	MPH				Emory University	General Studies	
	MN				Emory University	Family Nurse Practitioner	
	BS				Winston-Salem State	Nursing	
David Hesselmeyer	MPA	CEO	On Target Preparedness	n/a	East Carolina University	State & Local Administration	Public Health Preparedness
	BA				Campbell University	Government	
Allen Smart	MPH	Campbell University	Office of Rural Philanthropy	n/a	University of Illinois at Chicago	Public Health	Rural Health (guest lecturer)
	MA				University of Michigan	Telecommunication Arts	
	BA				Macalester College	Philosophy	
Bill Atkinson	PhD	n/a	n/a	n/a	University of Colorado at Denver	Public Administration and Policy	Health Policy (Guest lecturer)
	MPA				University of Colorado at Denver	Public Administration and Policy	
	MPH				University of South Carolina	Public Health	
	BS				University of North Carolina at Greensboro		
Nathaniel MacNell	PhD (2018)	n/a	n/a	n/a	University of North Carolina at Chapel Hill	Epidemiology	Statistics; Public Health Surveillance
	MPH				University of North Carolina at Chapel Hill	Epidemiology	
	BS				North Carolina State University		

[[Primary](#) and [Secondary](#) (Adjunct) CV's are located in the eResource file.]

### *Practice-Informed Instruction (4.1.c)*

c. Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

CUPHP is designed specifically to address the practice needs of the real-world, intersectoral public health system—including governmental public health, clinical care systems, nonprofits/advocacy organizations, policy analysts, research (including clinical research) and academia, employers and businesses, media, schools, and community-based coalitions. Practice experience in these sectors is valued as a qualification for instructors. Some of the primary faculty members have significant practice experience which exceeds that which is typically associated with an academic career.

- **Dr. David Tillman** worked on public health issues in public schools for more than a decade. As an educator, implementation specialist, and federal program coordinator, Dr. Tillman assisted schools with improving opportunities for students with disabilities, implementing multi-tiered systems of supports to disrupt the school-to-prison pipeline as well as to decrease school-based violence, and to connect school-based programs with external mental health agencies and services. In this work, his primary task was developing policies and practices for adapting the US Public Health Services' pyramid model of prevention to the contexts of schools.

Dr. Tillman left the local school system to work with the NC Department of Public Instruction as a Strategic Planning & Leadership Development Consultant. In this role in state government, Dr. Tillman assisted superintendents and principals in designing policy and practices to improve outcomes for students with disabilities—specifically in the transition to adulthood. His work included close collaborations with Vocational Rehabilitation Services at NC DHHS, the Early Intervention Branch of NC DPH, and the networks of mental health providers, speech/occupation/physical therapists, and healthcare providers across the state. In addition, Dr. Tillman served as a team lead with Office of Special Education Programs initial “Results-Driven Accountability” audit of the state of NC and designed customized data expression systems that were adopted by federal technical assistance centers—including the Data Accountability Center (DAC).

Outside of his work with school systems, Dr. Tillman has significant practice experience as a public health strategic planning consultant—including work with five local health departments in NC & Ohio, SHIFTNC (a CDC-funded nonprofit focused on improving sexual health for adolescents), and the fourth largest behavioral health system in Ohio.

- **Dr. Bill Taylor** served as a COSTEP USPHS OFFICER at the FDA in the Office of Generic Drugs and later as a Commissioned Officer in the USPHS-IHS. As a pharmacy officer he developed not only inpatient and outpatient services at Ft. Yuma Indian hospital but also community health education & outreach programs, innovative pharmacy prescribing protocols and assisted with grants to improve reservations living conditions. Throughout his clinical career, Dr. Taylor has developed clinical outreach and health education programs for underserved areas. More recently academic and educational work has focused on diversity recruitment and dual degree programs.

In addition, adjunct instructors are specifically selected based on extensive practice experience in the area of the courses they teach. Most of these instructors do not have terminal degrees, but instead have years of experience working on specific issues of relevance within the intersectoral public health system.

Throughout the program, special effort is given to recruiting practitioners to serve as guest lecturers in public health courses. Table 4.1.3 presents a list of some of the practitioners that have been incorporated into classroom instruction.

**Table 4.1.3. Guest Lecturers from Public Health Practice**

Guest Lecturer	Title/Organization	Course
Pokey Harris	Disaster Preparedness Coordinator/Wake County Human Services	PUBH 502
Christopher Vann	Chief Development Officer/CommWell Health	PUBH 502
Pamela Tripp	Chief Executive Officer/CommWell Health	PUBH 502
Kristina Wolfe	Business Development Representative/Quintiles	PUBH 502
Erin Brown	Public Health Educator/Harnett County Health Dept.	PUBH 520
Tonya Gray	Executive Director/SAFE of Harnett County	PUBH 525
Devon Hall	Founder/REACH (Rural Empowerment Association for Community Help)	PUBH 525
Mary Jane Sauls	Public Health Administrator/Division on Aging	PUBH 525
Marlene Rickert	Medical Director/Hope for Haiti Foundation	PUBH 543
Rosa Saavedra	Community Engagement Manager/Toxic-Free NC	PUBH 550
David Powe	Transit Grassroots Organizer/WakeUp Wake County	PUBH 550
Debra Hawkins	Public Health Administrator/Harnett County Health Dept.	PUBH 580
John Rouse	Health Director/Harnett County Health Dept.	PUBH 580
Buck Wilson	Health Director/Cumberland County Health Dept.	PUBH 580
Sheila Simmons	Chief Executive Officer/First Choice Community Health Center	PUBH 580
Marilyn Pearson	Health Director/Johnston County Health Dept.	PUBH 580
Ockidde Harris	Regional Tobacco Control Agent/Cumberland County Health Dept.	PUBH 682

### *Measures of Quality of Faculty (4.1.d)*

d. Identification of measurable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Outcome Measures Template.

In its measures of the qualifications of the faculty complement, CUPHP values diverse practice experiences in the intersectoral public health system, emphasizes professional certifications and terminal degrees, and seeks to represent the racial diversity of the rural communities that we serve.

**Table 4.1.4. Outcome Measures for Operational & Strategic Objectives for Faculty Quality**

Outcome Measure	Target	2014-15	2015-16	2016-17
100% of primary faculty members will have a terminal degree in a field of relevance to the intersectoral public health system.	100%	100%	100%	100%
Each year, at least two electives will be offered that integrate adjunct instructors with significant public health practice experience.	2	3	1	2
Full-time MSPH faculty members will have a professional public health certification (CPH or CHES).	2014-15 25% 2015-16 33% 2016-17 50%	25%	75%	60%
Faculty composition of underrepresented minority groups will be equal or greater than those populations in the communities that we serve. (Racial minorities account for 26.5% of the population in the rural counties that we serve most directly.)	26.5%	26.7%	30.80%	24.9%

### *Assessment of Criterion 4.1 (4.1.e)*

e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

#### Strengths:

- CUPHP maintains a primary faculty in which all members of the faculty hold terminal degrees in a field of relevance to public health.
- In an effort to incorporate practice experience into the curriculum, the program values primary faculty with practice experience, incorporates practitioners as guest lectures, and offers multiple electives each year that are taught by adjunct instructors with extensive practice experience.
- Sixty percent (3/5) of primary faculty members have professional public health certifications—CPH or CHES.

#### Weakness:

- The faculty is composed largely of nontraditional public health academics. Only one of the faculty members has the MPH degree, while one other has a MA in Health Education and Promotion. The balance of the faculty includes a clinician (pharmacist) and social scientists. While nontraditional, the education and experience of our faculty fits well with the program's emphasis on rural health and within the 2016 CEPH Guidelines, which express educational and experience-based qualifications in the following language:

*"Education refers to faculty members' degrees, certifications, fellowships, post-doctoral training, formal coursework completed, etc. Experience refers to a range of activities including substantial employment or involvement in public health activities outside of academia. Experience also refers to the depth of service provided to professional and community-based public health organizations and to peer-reviewed scholarship in a discipline."*

#### Plans:

- In the future, CUPHP will continue to emphasize practice experience and diversity in the recruitment and hiring of faculty.



## Faculty Policies & Procedures (4.2)

**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.

### *Faculty Handbook (4.2.a)*

a. A faculty handbook or other written document that outlines faculty rules and regulations.

The faculty of the College of Pharmacy & Health Sciences operates within the faculty handbook adopted by Campbell University. [A copy of the [Faculty Handbook](#) is included in the eResource file.]

### *Faculty Development (4.2.b)*

b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

Faculty members in CUPHP benefit from faculty development structures at each level of the institution—the department, college, and university.

#### DEPARTMENT OF PUBLIC HEALTH

In the department, junior faculty members are required to seek out two-dimensional mentoring support for development. First, as described in a previous section, junior faculty are encouraged to identify a research mentor that is external to the university. In recognition of the small size of our department, the fledgling research infrastructure of our institution, and nontraditional nature of our program and faculty, faculty are asked to identify a traditional, well-published public health researcher as a research mentor. The department commits to supporting the relationship with the research mentor with reasonable investments of resources, including time each month to meet with the mentor.

Additionally, the department requires that junior faculty members identify an internal mentor, who can be useful in providing personal and professional guidance regarding academia generally and, more importantly, the institution of Campbell University specifically. This mentor should not be primarily a resource for scholarly pursuits, but rather a source of tacit and explicit knowledge related to the processes, practices, and policies of the College and University. In particular, the internal mentor should be able to provide guidance regarding the promotion and tenure process with the College of Pharmacy & Health Sciences.

In monthly meetings with the Chair of the Department, junior faculty members share updates regarding their monthly meetings and progress with their research mentors and their internal mentors.

#### COLLEGE OF PHARMACY & HEALTH SCIENCES

Within the College, faculty members in CUPHP benefit from a variety of faculty development activities. Two College-wide committees, the Research Committee and the Faculty Development Committee, offer periodic professional development trainings, workshops, webinars, and lunch-and-learns that are designed to increase skills related to research and teaching. In addition, the College operates an extensive peer review process that is mandatory for all faculty. In this peer review process, two members of the CPHS faculty observe a class session and provide feedback to the faculty member. The process is mandatory and formal, but the review is not made available to department chairs or other administrators. The peer review feedback is meant to be used primarily for continuous improvement by the individual instructor; however, the reports from peer reviewers can be included in annual performance reports and promotion/tenure dossiers at the individual's discretion.

## UNIVERSITY

Campbell University offers numerous resources for faculty development beyond the provisions at the level of department and college. In addition to the offerings of CPHS, the University offers a range of trainings, workshops, webinars, symposia, lecture series, and online resources that are designed to increase skills related to research, teaching, and other professional competencies. In addition, all Campbell faculty members at the rank of assistant professor or higher are eligible to apply for sabbatical after their 7<sup>th</sup> consecutive year of service.

### *Evaluating Faculty Performance (4.2.c)*

c. Description of formal procedures for evaluating faculty competence and performance.

As stated in the Faculty Handbook for the University:

“Evaluation of faculty performance is a form of quality control and a means of faculty development. The major objective of faculty evaluation is to ensure high levels of professional performance in every discipline and to ascertain that faculty members are worthy role models for students in a Christian institution of higher education. Department Chairs and Deans are responsible for assisting faculty members in such matters as improving teaching techniques, experimenting with better course materials, and upgrading credentials. Faculty evaluation may take several forms, including annual self-evaluation via the professional performance report, student evaluations, environmental evaluation, and/or other forms approved by the faculty and administration.”

Within CUPHP, the faculty evaluation process happens in two ways: (1) review of the Professional Performance Report (PPR) in November/December of each year and (2) review of student course evaluations with the faculty member at the end of each semester. If there are concerns with the performance of a faculty member, a plan will be created in the Chair’s written response to the PPR (during the annual review) or as an addendum to the PPR later in the year.

Non-tenured members of the faculty who will not be offered employment for the following academic year will be notified by April.

### *Student Evaluations & Instructional Effectiveness (4.2.d)*

d. Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

Course evaluations consist of three components: 1) Extent to which the selected course competencies have been met, 2) Course content, sequencing, structure, and delivery, and 3) Instructor performance. Each semester faculty members in the program submit a minimum of three course objectives that they would like to assess using student perception data along with the primary competencies covered in the course. Students provide feedback regarding the extent to which they believe the selected objectives and course competencies were met. Additionally students provide feedback on course design, materials, assignments, and delivery. These first two components are considered “course-level data” and are shared with the entire department in order to identify areas for improvement or enhancement. These yearly reviews provide opportunities to review course sequencing, articulation of competencies within and between courses, and pedagogy. The final component of the evaluation provides opportunities for students to share feedback on the instructor related to availability, style, responsiveness, professionalism, and other elements crucial to individual faculty development. This third component serves as a catalyst for individual goal setting during annual reviews as well as evidence towards improvement as an instructor. This component is only shared between the program director and the individual faculty member.

In addition to student evaluations of courses and instructors, all faculty in the program participate in a college-wide annual peer review of teaching. Two colleagues from CPHS, who have been trained to conduct peer reviews meet with the faculty member prior to the review to discuss the course design and instructional objectives related to the classroom review session. The peer reviewers participate in the class for one session and then hold a follow-up meeting with the faculty member to discuss their observations. The process and



observations are guided by a standard rubric. The feedback received by the faculty member is intended for improvement only and is never used in a punitive manner. Once a faculty member has been reviewed twice they are then eligible to serve as a reviewer.

On student end-of-course evaluations, the MSPH program has a strategic objective to maintain a 4.00 or higher on five-point scale. The average core course rating since Fall 2012 is 4.25. The following table presents data for the core courses (excluding seminar, practicum, and capstone) for each of the past three academic years. The single highlighted data point reflects instruction by an adjunct instructor who no longer teaches for the program.

**Table 4.2.1. Average Student Evaluation Score by Academic Year for Key Core Courses**

	PUBH 520	PUBH 525	PUBH 540	PUBH 550	PUBH 560	PUBH 580	PUBH 682	Yearly Average
2014-2015	4.55	4.33	4.78	4.55	4.78	4.15	4.52	4.52
2015-2016	4.44	4.45	4.22	4.33	4.52	3.20*	4.14	4.18
2016-2017**	3.31**	3.48**	3.48**	3.73**	3.38**	3.20**	3.48**	3.43**

\* This looks like a data entry error, but actually is the same score as the following year, though on a five-point scale, rather than a four-point scale.

\*\*Move to Four-Point Scale

### Assessment of Criterion 4.2 (4.2.e)

e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

#### Strengths:

- CUPHP is well-supported by the faculty policies and faculty development systems of the College and University.
- The mentorship requirements for junior faculty within the department helps to proactively address the limitations of a small and relatively young department.
- The student evaluations of courses reflect high levels of effectiveness from all faculty members.

#### Weakness:

- The department does not offer specific faculty development support for adjunct faculty beyond the general provisions of the College and University.

#### Plans:

- In next 2-3 years, CUPHP expects multiple faculty members to submit dossiers to the Promotion & Tenure Committee for promotion to Associate Professor. Specific attention should be planned to support these faculty in assembling and reviewing their dossiers as well as assisting them in the submission process.
- A departmental workgroup should assess the faculty development priorities of adjunct faculty members and develop a plan to address those priorities. In a luncheon meeting with adjunct faculty in July 2017, these concerns were addressed and a workgroup was formed to explore reasonable efforts that could be made in this area.



## Student Recruitment & Admissions (4.3)

**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.

### *Recruitment Policies & Procedures (4.3.a)*

a. Description of the program's recruitment policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

Recruitment is a critical investment in the future of the college, the university and the profession of public health. Recruitment activities provide an opportunity to reinforce our mission and values by building relationships with the local community, as well as an opportunity to build and fortify relationships with other institutions and student populations that have limited exposure to the benefits of a career in public health and related professions. Successful recruitment of well-qualified candidates from a diverse pool of undergraduates in the surrounding region and around the nation is the main avenue to establish diversity in the population of the student body. CPHS personnel are involved in professional development activities and are engaged in regional and national health professions, graduate admissions, and public health organizations.

### **Recruitment Tools**

Recruitment for the College of Pharmacy & Health Sciences takes place on multiple levels and includes various activities. Many qualified students from other disciplines have not considered public health as a health professions career, therefore one strategy has been to plant the seed early and continue to cultivate the idea across time, especially with undergraduate populations.

Details concerning major recruitment areas are given below:

#### **1. On Campus Events**

We believe the best way to see if CUPHP is a good fit for our prospects is a campus visit. We host a variety of events throughout the year to accommodate prospective student needs and schedules. These events include:

- Public Health Open Houses (see eResource file for Public Health [Open House](#) information)
- Dual Health Professions Degree Open Houses
- Group Information Sessions
- Public Health Days (join student ambassadors for a day in class)
- Individual Appointments
- CU on the Lawn
- Health Professions Readiness & Enrichment Program (H-PREP)
- Health Professions Advisor Retreat

#### **2. University Recruiting Visits**

Members of CUPHP faculty and staff make personal visits to campuses of colleges and universities. The personnel in the CPHS Office of Student Affairs & Admissions primarily fulfill this activity;

however, several departmental faculty members aid with these visits. Campus visits have been conducted across the country and more frequently in the states of North Carolina, South Carolina, Tennessee, Virginia, Georgia, Florida, and California. The number of visits has increased with help of these staff and faculty. Each visit allows valuable interaction with faculty advisors and prospective students.

The campus visits may include: advisor visits, one-on-one meetings with potential students, meetings with small groups of six to fourteen students, presentations to large groups (fifteen or more), pre-health club talks, professionalism workshops, participating on panels, etc. Appointments to visit each campus are scheduled through the pre-health or career counseling advisor at the respective institutions. A concerted effort has been made to attend more graduate and professional school fairs on the campuses of target schools.

The campus visit program has proven to be a successful recruitment tool. Direct contact with students and advisors on their own campus provides a convenient way to keep them informed about careers in pharmacy and related careers, and to keep Campbell's programs fresh in their minds.

### **3. Virtual Fairs**

In an effort to extend recruiting across the country to prospective students, CPHS purchased year-round access to a virtual recruiting platform. This platform offers a unique method of connecting virtually that allows everyone to save time and money associated with travel. Prospective students can take a virtual tour and gain insights from current students and faculty from the comfort of their office, dorm, or home. CPHS has offered the following types of events:

- Prospective Student Virtual Fairs
- Virtual Open House
- Accepted Student Virtual Fairs

### **4. CRM**

CPHS purchased a Customer Relationship Management System to manage interactions including inquiries, visits, supplemental applications, interviews, and accepted student tracking and reporting. This system is capable of tracking interactions from inquiry to alumni. The CRM is also utilized for communications with health professions advisors across the country.

### **5. Social Media**

CPHS has started to leverage social media to engage prospective students, applicants, accepted students, and matriculates to create strong personal connections, build awareness of our program, and build a sense of community. Some engaging activities include a Twitter hashtag for incoming students, a Facebook page for incoming students, the use of hashtags for scavenger hunts as part of on campus activities for prospective students, and a selfie of the year contest for new students. Additionally, when possible, CPHS representatives Tweet about recruiting visits to various universities. [see eResource for [social media](#) information]

### **6. Advisor Retreat**

CPHS hosts an annual advisor retreat for health professions advisors across the country. Each year a variety of presentations, panels, workshops, and interactive labs are done to showcase the CPHS programs and environment on campus. The retreat is held in conjunction with the Campbell University School of Osteopathic Medicine.

## **7. Digital Marketing & List Purchases**

CPHS uses various digital marketing resources such as AACCP recruiting/marketing program and SOPHAS for Echo-Targeting. Facebook ads are utilized for MSPH open houses. In addition, direct and indirect digital marketing is accomplished through our website.

## **8. Professional and Civic Organization Promotion**

Another important recruitment activity is the CPHS's involvement in professional and civic organizations. Admissions materials are made available through participation in events sponsored by these organizations, especially local and state associations. Individual departmental faculty/staff are also contacted at their sites and inquiries resulting from these contacts are dealt with on an individual basis; appropriate responses are sent directly from the Admissions Office and/or Departmental office

## **9. Speaking Engagements**

Members of the faculty of the College accept invitations for speaking engagements from professional and civic groups, as well as governmental and industrial institutions. The nature of these venues may range from professional continuing education seminars to presentations at local chapters of organizations such as Rotary, Kiwanis, and institutions such as the National Institute of Environmental Health Sciences (NIEHS) and GlaxoSmithKline. Printed materials regarding the CPHS are made available to members of the audience. It is customary to receive questions regarding the CPHS and its future plans during these programs.

## **10. Minority Recruitment Events**

Campbell University CPHS is dedicated to enhancing diversity in the college and student body. Special efforts are made each year to provide information on the programs offered by the CPHS, as well as career opportunities available in the field of public health and other health professions, to underrepresented minority students of varying age groups. CPHS representatives visit numerous HBCUs and universities with a large population of minority students.

The College participates in summer enrichment programs for minority students in North Carolina. The Larry Keith North Carolina Health Professions Recruitment Seminar for minority and underprivileged youth of both high school and college age ranges, hosted by Duke University and the University of North Carolina at Chapel Hill, reached more than 450 students. The NC Health Careers Access Program and the Health Careers Opportunities Program are programs designed to increase the number of individuals from disadvantaged backgrounds who are educated, trained, and employed in the health professions. The College is an active participant in these valuable programs to represent the interest of the pharmacy profession. These programs are supported in-kind by the College during the summer and the academic year. Additionally, we attend the Annual Biomedical Research Conference for Minority Students to gain exposure and recruit well-qualified students.

To address the needs of citizens in different geographical locations and ethnic groups, Campbell University developed a Pharmacy Readiness & Enrichment Program (PREP), which has evolved into an interdisciplinary program called Health Professions Readiness & Enrichment (H-PREP). PREP began in 2005 as part of an initiative to increase awareness of pharmacy careers and to recruit talented, underrepresented minority and financially disadvantaged students into the profession of pharmacy. H-PREP now includes an interdisciplinary approach for all health science programs offered by CPHS. This program is an extension of the College's recruitment efforts. The program was started with funds from a state grant and has been further supported by several other contributors. A week-long summer program, H-PREP is designed to prepare students for the application process

and the health professions field. The program has grown from 35 original participants to 66 participants in the summer of 2016.

### *Admissions Policies & Procedures (4.3.b)*

b. Statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

The Office of Admissions & Student Affairs is devoted to serving the needs of our student body and prospective students. The admissions personnel execute the daily operations associated with the admissions process and recruitment activities through the use of electronic records systems including PharmCAS WebAdMIT, Hobson CRM, Datatel Colleague and OnBase. The admissions team also supports CUPHP and dual MSPH/professional programs offered by CPHS. The staff collaborates with other colleagues in the academic affairs, experiential education and communication offices public health department to produce materials used in recruitment, admission, matriculation and progression to ensure these materials contain the necessary information and required expectations [see eResource for sample [recruitment emails](#), [recruitment flyers](#), etc.]. Admission policies, procedures, prerequisites and criteria are available to prospects through the Departmental Office, Office of Admissions & Student Affairs, CPHS website and CPHS [Academic Bulletin](#).

The Admissions Committee for public health is a standing committee within the department appointed by the chairman (all faculty members sit on this committee). The AC is chaired by the Chairman of Public Health. The admissions staff and student ambassadors provide valued input but do not have voting privileges.

The AC develops policies and procedures guiding the admission process which are approved the chairman, associate dean of admissions and the dean of the college. The committee (faculty) work with assessment to evaluate the information necessary for selecting applicants who have the potential for success and may best serve the mission of the department and CPHS.

The admissions staff and AC have discussions across the cycle regarding opportunities for improvement. The department reviews the process, requirements and policies and procedures annually to evaluate quality improvements for future cycles. In addition to internal contributions, CPHS/department seeks external input from stakeholders including the MSPH advisory board.

Individuals seeking admissions to the MSPH or dual degree program, submit primary applications, GRE, PCAT, LSAT or GMAT scores and letters of references through PharmCAS, CASPA and/or submitted online directly to CPHS by using the following link:

<https://campbellph.hobsonsradius.com/ssc/aform/I78677KI7S3Ex6700kIM.ssc>.

Details regarding the admissions policies, requirements, criteria and technical standards along with the instructions for application submissions are available in the Academic Bulletin which is available in print and online, the CPHS website aid in the recruitment and admission process found at the following link:

<http://www2.campbell.edu/cphs/academic-programs/master-of-public-health>.

CPHS/Public Health utilizes a modified rolling admissions process .The AC evaluates academic performance and achievement using overall GPA, trends in GPA (most recent grades are most indicative of performance), percentage of required courses completed at time of application and standardized test scores.

The application materials and letters of reference contain a great deal of information to be utilized in the admissions process beyond the academic performance indicators. This information is utilized to evaluate motivation, goal orientation, personal merit, ethical behavior, empathy, leadership, reliability, adaptability, interpersonal skills, written and oral communication skills, community involvement and dedication to professional goals of public health. Active participation in organizations and community services is more highly revered than passive memberships. Active leadership roles are important and a variety of experiences outside of the classroom is strongly recommended. The admission team screens and evaluates applicants using established criteria including academic and non-academic information and interviews are offered on a rolling basis.

The interview session is conducted by at least two faculty members where interview questions for each applicant to assess communication skills, maturity, ethical behavior, analytical skills, cultural awareness and an understanding of public health.

An evaluation of the applicant's interview is provided to the AC by the interviewing committee member. Written communication skills are formally assessed by the written component of the application and standardized test. Written communication is also evaluated by external references in the letter of recommendation and internally during a review of the personal statement. The AC considers all application materials as well as information gathered during the interview process to make recommendations for the selection of the best overall candidates for the program.

The Diversity Initiative was established to enrich the educational experience and environment for the faculty, staff and student body. An advisory board for diversity was formed to address issues such as recruiting strategies, workplace development, and cultural competence. The Diversity Initiative has provided value and has expanded beyond recruitment. Diversity in our selection process is based upon our commitment to "equal opportunity" and non-discrimination based on race, creed, and national origin.

The Dean's Office monitors the admission process and ensures that student enrollment is in alignment with available physical, faculty, staff, practice site, preceptor and administrative resources. Financial support has been more than adequate to support enrollment and administrative resources have expanded with procedures to continually assess and enhance preceptors and practicum sites.

### *Recruitment Materials (4.3.c)*

c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

The CPHS Bulletin and [website](#) provides official information regarding academic calendars, grading and degree requirements. A hard copy of this catalog will be available onsite as well as the Schedule of Classes, produced each semester to detail course offerings (dates, times, instructor) and provides an academic calendar for that academic year. [see eResource for copies of [class schedules](#)]

CUPHP has a dedicated section in the CPHS website, promotional brochures and other admission/recruiting materials. Copies of [sample brochures and information sheets](#) used for degree program marketing and student recruitment are available in the eResource file. The website has links to a broad spectrum of general and specific information, including descriptions of the academic programs, the faculty and resources, the admissions process, and accompanying information.

### *Data on Recruitment & Admissions Activities (4.3.d & 4.3.e)*

d. Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.

e. Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.

**Table 4.3.1 Quantitative Information on Applicants, Acceptances, and Enrollments, 2014-15 to 2016-17**

Admissions for the MSPH Program	2014-15	2015-16	2016-17
Applied	64	69	66
Accepted	41	45	41
Enrolled	26	33	29

**Table 4.3.2 Student Enrollment Data from 2015 to 2017**

	2014-2015		2015-2016		2016-2017		2017-2018	
	HC	FTE*	HC	FTE*	HC	FTE*	HC	FTE*
MSPH (MS1, MS2)	35	35.5	41	40.7	42	37.3	35	NYA
MSPH/MPAP in MPAP coursework (PA1, PA2)	9	N/A	16	N/A	21	N/A	22	N/A
MSPH/PharmD in PharmD coursework (P1, P2, P3, P4)	1	N/A	9	N/A	26	N/A	35	N/A
MSPH/JD in JD coursework (1Yr, 2Yr, 3Yr)	1	N/A	2	N/A	1	N/A	2	N/A

\* = Student FTE Calculation: The total number of student credit hours taken divided by 27 — i.e., 3 semesters (fall, spring, summer) by 9 credit hours (full-time student enrollment).

### Measures of Recruitment & Admissions Success (4.3.f)

f. Identification of measurable objectives by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years. See CEPH Outcome Measures Template.

**Table 4.3.3. Outcome Measures for Operational and Strategic Objectives for Service**

Outcome Measure	Target	2014-15	2015-16	2016-17
Each year, the mean cumulative undergraduate GPAs for accepted students will be greater than 3.00.	3.00	3.30	3.44	3.23
Student composition of underrepresented minority groups will be equal or greater than those populations in the communities that we serve. (Racial minorities account for 26.5% of the population in the rural counties that we serve most directly.)	26.5%	26.90%	15%	28.50%

### Assessment of Criterion 4.3 (4.3.g)

g. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

Strengths:

- CUPHP has recruited strong cohorts of students who typically perform very well in coursework and in experiential learning.
- Accepted students, particularly non-duals, tend to matriculate

Weakness:

- The racial/ethnic composition of the student cohort in 2015-2016 was less diverse than expected. Significant efforts have been made in the recruiting processes since that time to focus on the recruitment of minority students.

Plans:

- With accreditation, CUPHP expects to begin receiving more interest from prospective students and, ultimately, more applications. If this happens and the department has more choices about whom to accept for the available seats, it will be important for the integrity of the program to be even more careful about construction of cohorts.



## Advising & Career Counseling (4.4)

**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.

### *Advising Services (4.4.a)*

a. Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

Admitted students begin receiving information regarding program orientation, curriculum maps, advising, and relevant policies/procedures immediately once accepted. CUPHP Program Manager and Department Chair begin emailing students with all of the relevant dates, forms, handbooks, policies and procedures well in advance of their anticipated start date in August. Students who have been accepted, but have not yet officially matriculated, are invited to participate in "Accepted Student Day". During the morning session, accepted students attend Summer Public Health Research Symposium that highlights the capstone projects of current students. Following the research presentations, accepted students are invited to speak with faculty, staff and current students. In the afternoon, accepted students are given information about the upcoming new student orientation, classes, housing, etc. and are invited to participate in a service activity in the community. [see eResource for [Accepted Student Day emails](#) and [Research Symposium agendas](#)]

Once students matriculate in August an official two-day orientation is held to cover all elements of the program, policies, procedures, expectations, college/university resources, and advising. Faculty members of CUPHP provide introductions to their research interests and students are allowed to mingle with the faculty members and learn more about them. Within the first week of the fall semester students are then matched with advisors based on capacity of the faculty member and research interest. [see eResource file for [Orientation](#) and [Advising and Registration](#) information for new students]

Students and faculty advisors meet regularly each semester to discuss research interests, elective options, and track their progress related to the stated student competencies. The advisement of students centers on the online student portfolio and, even more specifically, on the competency matrix in which students assemble course artifacts that demonstrate mastery of the Foundational and Rural Health competencies. In addition, the online portfolios offer students the opportunity to curate an exportable collection of materials—including a bio, writing sample, practicum deliverables, presentations/videos, etc.—which might be of interest to potential employers.

### *Career Counseling Services (4.4.b)*

b. Description of the program's career counseling services for students in all degree programs. Include an explanation of efforts to tailor services to meet specific needs in the program's student population.

All students have access to career counseling services. CUPHP Program Manager regularly emails announcements to the student body related to internships, fellowships, and employment opportunities. CUPHP also incorporates seminars, lunch and learns, and special evening events for students to be exposed to the depth and breadth of career opportunities in public health. These events feature alumni, community partners, and employers of our graduates.

The college (CPHS) also provides dedicated support for career services development through the office of Student Affairs and Admissions. Professional staff in this office provide professionalism seminars, training on interview skills, resume/vitae development, and serve as a hub of information regarding employment opportunities as well. This office coordinates the annual Career Day event where employers from all over the state (as well as some national companies and government organizations) are available onsite in the convocation center to meet and interview students for internships, fellowships, and jobs.

This event includes representatives from all disciplines represented in the college including pharmacy, clinical research, pharmaceutical sciences, physical therapy, nursing, physician assistant practice, and public health [see eResource for [Career Day](#) materials]. In addition to the efforts of the department and college, the university also has a Career Development office which public health students can access.

Beyond the formal structures for career services provided by the department, college, and university the faculty of the program regularly discuss career pathways with their advisee and make suggestions and seek out connections for these students to be successful.

### *Student Satisfaction with Advising/Career Counseling Services (4.4.c)*

c. Information about student satisfaction with advising and career counseling services.

Graduating students are surveyed just prior to graduation on various items related to the student experience. Students are specifically asked about the degree to which they were able to have faculty advising as well as the degree to which they believed the program aided them in their job search. On a 5-point scale students rate both advising and assistance/preparation for job searches as 4.0. [see eResource for a copy of the [Graduating Student Survey](#)]

In an April 2017 meeting with faculty, students have identified a need for more specific support in the second year of the program. Students suggested the creation of a series of “brown bag seminars” throughout the second year to address issues related to jobseeking, career development, and networking.

### *Policies & Procedures Related to Student Advising (4.4.d)*

d. Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

The formal grievance procedures can be found in the current CPHS [Academic Bulletin](#) which states:

#### **Complaints/Grievances**

Students with specific complaints/grievances should first notify their advisor in writing (unless the complaint is related to the advisor then the student should submit their complaints to the program chair). If the complaint cannot be resolved by the faculty member/advisor then the program chair will review the complaint and respond to the student. If the matter has not been resolved by the chair then the student may elect to use the college level general complaint procedure.

#### **General Complaint Procedure**

Students have the right to file formal written and signed complaints regarding policies and procedures of the College to the dean’s office. Student complaints will be evaluated by appropriate administrators as referred by the dean.

The written grievance should include the following: student name and contact information; the date of the grievance; and a description of the specific grievance. Students should expect a timely, fair, and comprehensive review of their complaints to include personal discussions with appropriate administrators, and the opportunity to supply supportive documentation or the testimony of fellow students regarding their complaints.

A written response to a student complaint will be provided following review by the College’s Executive Committee. The student’s original complaint and Executive Committee’s response will be kept on file for a period of six years and be subject to review by appropriate accreditation agencies.

## Grade Appeals

Students with a just reason for appealing a grade in a course at CPHS must first appeal to the course instructor. If the issue cannot be adequately resolved with the instructor, then the student should appeal to the course master. If no resolution is achieved at that level, the student should appeal to the appropriate program director or program chair. After efforts within the department, a student may appeal to the appropriate Academic Performance and Standards Committee to seek resolution. If the student feels that the resolution is not just, the student must submit a written petition to the associate dean for health sciences within seven days of the student's receipt of notification of the Academic Performance and Standards Committee decision. The petition must contain the specific variance requested and a description of any extenuating circumstances intended to justify granting the variance. The decision of the associate dean is final.

With regard to the Department of Public Health and MSPH Program, no student grievances or concerns have been filed in the last three years.

## *Assessment of Criterion 4.4 (4.4.e)*

e. Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

This criterion is **met**.

### Strengths:

- CUPHP leverages the resources of CPHS to benefit its students—including the use of student services counselors from the Office of Student Affairs for career advising, the Director of Alumni Relations to connect students to opportunities through the extensive network of health professionals from CPHS programs, and through the career fairs and professionalism seminars coordinated by the Office of Student Affairs and the Office of Interprofessional Education.

### Weakness:

- On the [Graduating Student Survey](#), the lowest rated item was for the following item: "This program provided helpful support for job seeking and career development." While the rating was 4.00--which means that students (on average) agree that CUPHP has been helpful in career advisement—the faculty and staff in the department felt that the feedback from students warrants new emphasis on supporting jobseeking and career advising.

### Plans:

- Beginning in 2016-17, beginning in the first semester Seminar (PUBH 502a), advisors from the Office of Student Affairs conduct seminar sessions on job search in public health, cover letter writing, interviewing skills, and CV/resume creation. Graduating student surveys have not yet been conducted for students who experienced this change.
- Beginning in 2016-17 at the conclusion of the Fall semester, students attend a preceptor fair in which potential preceptors meet students seeking practicum opportunities. The students bring copies of their CV/resume and engage the preceptors in a manner similar to the way in which an applicant would interact with a potential employer. The exchange is meant to provide learning opportunities that are generalizable to jobseeking. Graduating student surveys have not yet been conducted for students who experienced this change. [see eResource for [Preceptor Fair](#) information]
- Beginning in Spring 2017, graduating students have lunch-and-learn sessions specifically aimed at jobseeking and interviewing skills. Graduating student surveys have not yet been conducted for students who experienced this change.