Council on Education for Public Health
Adopted on June 24, 2017

REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT

LENOIR-RHYNE UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Lenoir-Rhyne University (LR). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in November 2016 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

LR is a private, liberal arts institution sponsored by the North Carolina Synod of the Evangelical Lutheran Church in America. The university emphasizes its commitment to liberal arts education and offers degrees at the bachelor's and master's levels. As of fall 2015, the university enrolls 1,587 undergraduate and 716 graduate students across its four colleges: the College of Arts and Sciences, College of Health Sciences, College of Education and Human Services and the College of Professional and Mathematical Studies.

LR's degree programs are offered at its main campus in Hickory, NC, at the Center for Graduate Studies in Asheville, NC, approximately 80 miles away, and at the Center of Graduate Studies in Columbia, SC, approximately 140 miles away. Some degree programs are offered across both campuses or in a completely online format. The Master of Public Health (MPH) program is one such program offered at both the Hickory and Asheville campuses. This dual campus model expands the program's marketability while minimizing the need for two full faculty complements at both campuses, as the program livestreams in-person courses originating at one campus to students meeting in person at the second campus. The program uses this two-way instructional delivery method for many of its required courses, decreasing the need to offer duplicate courses at both campuses.

The MPH program is one of 11 programs housed in the College of Health Sciences. Programs offered include nursing, community health, athletic training and sports management, among others.

The MPH program enrolled its first cohort in fall 2010. The program was accepted as an applicant for CEPH accreditation in 2014, and this is its initial accreditation review.

Characteristics of a Public Health Program

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

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

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

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

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

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

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

These characteristics are evident in the public health program at LR. LR is regionally accredited by the Southern Association of Colleges and Schools Commission on Colleges and received a five-year accreditation term in 2013. The program coordinator, faculty members and students have the same rights, privileges and status as other professional programs at the institution. The program's curricula promote a broad intellectual framework for problem solving and foster the development of professional public health values. The program plans, develops and evaluates its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. Rooted in the LR statement of values, the mission of the MPH program is "to provide a well-rounded professional education that offers instruction through open-minded inquiry and assessment, research opportunities with real community benefit, and service learning in diverse settings that enrich the development of public health professionals."

The development of the program's mission statement, goals and objectives was initiated in academic year (AY) 2014-2015 by the program coordinator, who shared initial ideas with the primary faculty. In July 2015, faculty shared ideas with students, the program's Advisory Board and the School of Health, Exercise and Sport Science's chair. Suggested changes were incorporated into the guiding statements, and the statements were vetted once again by program constituents, with the final versions emerging in late fall 2015. The program plans to review the mission, values, goals and objectives annually and plans to involve constituents in this review.

The program has adopted the values of the university and has deemed them to have appropriate alignment with the program's mission and expectations of its students. The values are excellence, integrity, care and curiosity.

The program developed three goals statements in the following areas to guide its mission and activities: instruction, scholarship and service. Each goal is linked to at least two objectives, which in turn are assessed by two to four measures. As noted during the site visit by faculty and Advisory Board members, the program's goals and objectives are primarily aimed at preparing students to accomplish the work of a public health practitioner.

1.2 Evaluation and Planning.

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

This criterion is met with commentary. Evaluation efforts are clearly outlined in the self-study document and introduce a clear process for monitoring and evaluation of the program's objectives and measures. Monitoring is primarily conducted using existing program and university systems or procedures, with unit leaders and university staff as the responsible parties. More specifically, the School of Health, Exercise and Sport Science's chair, the MPH program coordinator and MPH faculty are the program's internal

responsible persons for evaluation. Practicum preceptors also serve as program data sources. The timing of assessments is presented clearly and reflects various points along a student's academic pathway.

After CEPH accepted LR's application to pursue accreditation in 2014, key program leaders began to discuss various plans, an Advisory Board was formed and students were invited to give feedback on the competencies, mission, goals, objectives and assessment tools. In 2016, the primary faculty, along with the College of Health Sciences dean and the School of Health, Exercise and Sport Science chair, had input on finalizing the self-study document, which was reviewed and approved by the Advisory Board before submission to CEPH.

The program demonstrates evidence of feedback mechanisms; for example, a review of student competency attainment in AY 2015-2016 revealed that some students were not demonstrating adequate competency attainment due to challenges communicating biostatistics, epidemiology and health policy skills in their applied research projects. This information prompted the program to modify methods of disseminating competency information and expectations. Syllabi are submitted for review by the second week of each semester and are reviewed by the program coordinator and school chair.

According to the self-study and site visit, feedback from program faculty and Advisory Board members was used to establish the program's outcome measures and targets. The program's instructional outcome measures relate to achievement of core and concentration competencies. The program's service objectives reflect both faculty and student engagement in service opportunities on campus and in the community (local, state or international levels). The program's outcome measures related to scholarship are reported as least settled, due to the university's emphasis on faculty teaching and service. Outcome measures for scholarship are referred to as 'stretch outcomes' because the university does not prescribe publication requirements for faculty.

The commentary is given because opportunities to assess meaningful trend data from evaluative outcomes has not yet occurred. The program has only one year of evaluation data for some measures, and many systems were implemented approximately one year before the site visit. As the program begins to observe outcomes over time, it will have more substantive evidence to base programmatic changes. Although the program has limited data to date, evaluation systems are clear and well-defined, and the faculty have defined an organized procedure that they are prepared to consistently implement.

1.3 Institutional Environment.

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

This criterion is met. LR is an institution of the North Carolina Synod of the Evangelical Lutheran Church of America. LR is governed by a Board of Trustees and the university president. The president has a

seven-member cabinet consisting of the provost, assistant provost/dean of student life, senior vice president of administration and finance, vice president of enrollment management, director of intercollegiate athletics, the university pastor/dean of campus ministry and an associate professor of nursing. Deans of the university's four colleges report to the provost.

LR is regionally accredited by the Southern Association of Colleges and Schools Commission on Colleges. The university responds to a number of specialized accrediting agencies, including the Commission of Collegiate Nursing Education, the Accreditation Council for Education in Nutrition and Dietetics and the Council for Accreditation of Counseling and Related Educational Programs.

The MPH program has existed for six years and is one of five programs housed in the School of Health, Exercise and Sport Science. Other programs offered by the school include the athletic training program, a bachelor's-level community health program, an exercise science program and a sports management program. Each program has a program coordinator who reports to the School of Health, Exercise and Sport Science's chair. The school functions similarly to a department within the larger College of Health Sciences, whose dean reports to the provost. The chair of the School of Health, Exercise and Sport Science reports to the dean of the College of Health Sciences, along with the chairs of four other schools: the School of Nursing, the School of Occupational Therapy and the School of Physician Assistant Studies.

The site visit team learned that the current dean of the College of Health Sciences was formerly the chair of the School of Health, Exercise and Sport Science and, while in that position, he created the proposal to begin the MPH program. During the site visit, the school chair told the team that she has participated in faculty meetings, observed faculty teaching and reviewed course syllabi for the MPH program. During the site visit, faculty members conveyed their perceptions of full support from the school chair and college dean. During the site visit, the university president, provost and assistant provost described the visionary role of public health education as an integral component of health sciences education. This vision for public health includes offering and expanding concentrations and increasing interdisciplinary collaboration with units across campus.

Budget and resource allocation decisions for the MPH program are made by the School of Health, Exercise and Sport Science's chair with approval from the College of Health Sciences dean. Programs within the school operate on a centralized budget held at the school level. The MPH program coordinator is involved in budget and resource allocation decisions by submitting budgetary requests to the School of Health, Exercise and Sport Science's chair. Tuition and fee revenue is retained by the university and included in the university's annual resource allocation to colleges. The MPH program does not receive indirect costs recovered from grants and contracts.

Recruitment, selection and advancement of faculty in the MPH program are managed at the university, college and school levels, as faculty are not directly appointed to the MPH program.

Substantive academic policy and curricular decisions are initiated at the program level before approval through college and university channels.

1.4 Organization and Administration.

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

This criterion is met. The MPH program is housed in the School of Health, Exercise and Sport Science within the College of Health Sciences. The MPH program coordinator reports to the chair of the school. The school chair reports to the college dean who then reports to the university provost. A second MPH primary faculty member, who serves as the coordinator for the school's undergraduate community health program (which is not included in the unit of accreditation), follows the same reporting structure. The third primary MPH faculty member, who is housed at LR's Asheville campus, follows the same reporting structure as other faculty but also reports to the Center for Graduate Studies dean in Asheville. Although some aspects of the program's operations vary across campuses (eg, student recruitment initiatives), site visitors noted that faculty communicate effectively across the Asheville and Hickory campuses.

The MPH program coordinator is responsible for the day-to-day operations of the program with input from school and college leaders. Because the school chair oversees budgetary expenditures, the chair has some program oversight.

Interdisciplinary collaboration largely occurs through the student body. MPH students annually participate in an interdisciplinary case study, which includes students from disciplines across the College of Health Sciences. The case study is part of a university-wide event every spring that showcases presentations by students. As another opportunity for interdisciplinary work, students have the option to take pre-approved elective courses in education, business or counseling. Faculty participate in a visiting lecture program at Levine Children's Hospital on second- and third-hand smoke exposure that is co-sponsored by LR's College of Health Sciences and Cabarrus Health Alliance.

1.5 Governance.

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

This criterion is met. The program's governance structure operates as a single faculty-wide committee and an MPH Advisory Board. The Advisory Board includes a broad array of constituents including faculty, alumni, students and community stakeholders. The Advisory Board meets once per semester and is responsible for promoting the MPH program and making recommendations regarding the curriculum. Students at both the Hickory and Asheville campuses, as well as community partners and alumni, who met with site visitors confirmed participation in the Advisory Board and its role in steering the program toward accreditation.

The MPH program coordinator facilitates the faculty-wide committee meetings, during which program policy development, evaluation and planning, budgetary needs and academic standards/policies are discussed. Primary faculty across LR's Hickory and Asheville campuses participate in committee meetings via video conference or in person. Faculty are involved in student recruitment and admissions processes. The program coordinator is not involved in the promotion and tenure decisions of faculty, as this is managed at the school and college levels. Research and service expectations are set by the university and reinforced by the program coordinator.

MPH faculty are involved in governance beyond the MPH program through service on the Graduate Studies Council and the Advisory Board for the Center for Teaching and Learning, among others.

A limitation of the dual-campus model is the limited opportunity for regular collaboration and communication between Asheville and Hickory students. Students who met with site visitors discussed occasions where students from both campuses convened for meetings, but a routine venue for student-wide assemblage could facilitate regular student-to-student communication and collaboration, as well as strengthen other aspects of the program's operations such as service and volunteerism.

1.6 Fiscal Resources.

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

This criterion is met. The budget presented in Table 1 identifies an estimate of the MPH programs funds and expenditures over the last five fiscal years. Budgetary figures are estimates because the MPH program's budget is school-based. Requests, on an as-needed basis, are presented by the program coordinator to the school chair. Strategic funding requests for larger ticket items are made annually and involve approval from the school chair and college dean.

The program's total budget has consistently increased across the last five years, as a result of increased income from tuition and fees and faculty travel support. Travel funds are flat-funded at $950 per faculty member. Student travel is budgeted at $150 total and is used to pay for van rentals for local field trips or conferences. The Provost's Office provides all salary and benefits for faculty, staff and adjunct instructors based on the portion of faculty load in the MPH program. Adjunct faculty salaries rose from $950 per credit hour to $1,000 per credit.

Per university policies, the MPH program does not directly benefit from indirect cost recoveries.

The quality of fiscal resource outcome measures reflect predefined events such as professional development travel, professional membership dues, van rental for one student trip and program marketing at one NC-based conference used for recruiting.

Table 1. Sources of Funds and Expenditures by Major Category, Fiscal Years 2012 to 2016

	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016
Source of Funds					
Cost per Credit Hour [1]	$415	$450	$475	$500	$520
Tuition & Fees [2]	$53,535	$151,200	$187,150	$195,000	$238,160
University Funds [3]	$2,000	$2,000	$2,000	$2,000	$2,000
Other (travel funds) [4]	$950	$950	$1,900	$2,850	$2,850
Student Travel[5]	$150	$150	$150	$150	$150
Total	$56,635	$154,300	$191,200	$200,000	$243,160
Total (-) Tuition and Fees	$3,100	$3,100	$4,050	$5,000	$5,000
Expenditures					
FT Faculty Salaries & Benefits [6]	$54,940	$69,850	$105,030	$146,688	$151,393
Adjunct Faculty Salaries [7]	$8,550	$8,550	$17,100	$5,700	$4,000
Total	$63,490	$78,400	$122,130	$152,388	$155,393

Note: 100% of funding for the MPH comes directly from university funds. The provost's academic budget covers all salary and benefits for faculty, staff and adjunct instructors. The School of Health, Exercise and Sport Science's budget covers instructional supplies for the various programs in the school. There is no separate MPH budget. The faculty of the MPH program can request funds from the total school budget. The reported salary and benefit numbers included in the table reflect only the percentage of faculty and adjunct load devoted to the MPH program, not the full salary and benefits of the various instructors.

[1] Cost per graduate credit hour

[2] Tuition and fees generated by MPH courses (fundable credit hour x cost per credit hour). (Note: Tuition and fees are not deposited into the MPH or School of Health, Exercise and Sport Science's budget. All tuition and fees support the university budget).

[3] University funds: The MPH program is housed in the School of Health, Exercise and Sport Science with a shared budget. The amount presented is a percentage of the school budget since the MPH program does not have a separate account. There is no set amount designated for the MPH program.

[4] Other: Travel funds represent the total amount allotted for MPH program faculty ($950.00/faculty member annually – funds were allocated for one faculty member in FY 2012 and FY 2013, two faculty members in FY 2014 and three faculty members in FY 2015 and FY 2016.

[5] Student travel: The School of Health, Exercise and Sport Science has consistently provided travel funds for van rentals in various programs including the MPH program. The amount varies each trip but averages $150.00 per trip.

[6] Faculty salaries & benefits: the amount is modified to only reflect the percentage of faculty salary/benefits for MPH workload. Each faculty member also teaches in other areas.

[7] Adjunct faculty salaries: From fall 2011 - spring 2015, adjunct faculty received $950.00 per credit hour. Beginning in fall 2015, adjunct faculty received $1000.00 per credit hour.

1.7 Faculty and Other Resources.

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

This criterion is met with commentary. The MPH program at LR is support by three primary faculty members and meets the minimum quantitative faculty requirements set by CEPH criteria. As of AY 2016-2017, each primary faculty member contributes at least .50 FTE to the MPH program, and the total faculty FTE contribution is 1.89 FTE. Since faculty are appointed to the School of Health, Exercise and Sport Science as a whole, faculty FTE contributions to the MPH program have fluctuated across the last three-year period based on instructional needs of other programs. Two primary faculty members have consistently contributed greater than .50 FTE to the MPH program. One of these individuals oversees the MPH course offerings and advising at the Hickory campus and serves as the program director, and the other primary faculty member oversees these aspects at the Asheville campus. With the exception of AY 2016-2017, the third primary faculty member has consistently dedicated less than 0.50 FTE to the program, with FTE contributions ranging from 0.35 to 0.38 from AY 2013-2014 to AY 2015-2016. This faculty member teaches the MPH program's biostatistics core course, an elective course and the culminating experience course. This faculty member also serves as the School of Health, Exercise and Sport Science's undergraduate community health program coordinator. While this faculty member does not have formal advising responsibilities in the MPH program, she does informally serve as a resource for students. Students on site confirmed this faculty member's availability for student assistance and support for internships and job opportunities.

The site visit team noted that faculty FTE calculations do not include faculty research and service responsibilities to the MPH program. Consistent with university FTE formulae, the program's FTE calculation solely includes instructional responsibilities.

The program is supported by a contingent of adjunct faculty members who teach required and elective courses. From AY 2013-2014 to AY 2015-2016, secondary faculty headcount ranged from five to 10, and total secondary faculty FTE has ranged from 0.33 to 1.0. During this same time period, the student/faculty ratio by total faculty ranged from 7:1 to 9.8:1, with student headcount ranging from 64 to 77 students.

Staff support is available for the program through a shared staff member with the occupational health program. Discussions with faculty on site indicated little use of staff support.

The MPH program's home location is LR's main campus in Hickory. MPH classes are also offered at LR's Center for Graduate Studies in Asheville. All primary faculty have access to office space and necessary software to support instructional activities. Faculty on site spoke positively about university library resources and staff, indicating that the assigned health sciences library staff ensured that the university

maintained subscriptions to all relevant journals. Faculty also described inviting library staff to their classes to present on the library's resources. Offering courses in campus- and distance-based formats, MPH program faculty and staff spoke positively about university investments in infrastructure to support IT needs. University-level information technology staff support the MPH program and provide on-site assistance for courses held after normal business hours.

The commentary relates to the need for increased full-time support from faculty who have cross-functional responsibilities in the areas of instruction, advising and student recruitment. Currently, the program has one faculty lead at each campus, and these two faculty members are the sole advisors for students. The Asheville campus has approximately 15 students enrolled, and there are approximately 25 students enrolled at the Hickory campus. With student/faculty ratios that exceed 10:1 for primary faculty and a student population that includes students matriculating directly from undergraduate studies, greater full-time faculty support is needed to enhance the program's capacity to meet student and university expectations while maintaining program quality. Site visitors learned during discussion with university administrators that the allocation of faculty resources is driven by student enrollment numbers. Administrators anticipate that graduate recruitment initiatives and CEPH accreditation could drive student demand for the program.

1.8 Diversity.

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

This criterion is met. MPH faculty are committed to achieving diversity and have developed three goals for diversity and cultural competence within the program. The goals relate to increasing/maintaining enrollment of students from underrepresented racial/ethnic groups, faculty participation in trainings, seminars and campus events that foster ethnic/racial cultural competence and representation of diversity groups on the MPH Advisory Board. These goals are consistent with the university's statement of values and the goals and objectives of the university's strategic plan.

The university has a *Notice of Non-Discrimination and Equal Opportunity Statement* and a *Freedom From Harassment Policy*. The university also established the Office of Multicultural Affairs to develop programs that promote multicultural education for the campus community. The director of this office reports directly to the university president and is also a member of the MPH Advisory Board.

Part of the mission of the MPH program is to provide service learning in diverse settings, and cultural competency is one of the program's 10 core competencies. The MPH program integrates this particular competency into all of its core courses and most of its concentration courses. The program has a policy that requires students to complete the "Diversity Issues for Health Professionals" course, and program faculty continuously encourage students to seek internships, capstone projects and volunteer time with

diverse populations. Students have opportunities for service learning that build diversity skills through applied research and the field experience. The university's director of multicultural affairs conducts cultural competency training with each program in the School of Health, Exercise and Sport Science.

The MPH program identifies racial/ethnic minorities as underrepresented based on the overall statistics of these groups of students at the university. The ethnic groups considered to be underrepresented are African Americans, Asians, American Indians and Hispanics. Males are also considered underrepresented in the program. The program has measurable objectives for race/ethnicity and gender for both primary faculty and students. According to outcomes data across the last three years, the program has met its targets to have 30% of faculty from underrepresented groups and 30% of faculty who are males. The program has also met its goals of having 30% of students from underrepresented groups but has not met the goals of recruiting 30% male students. Students from underrepresented groups graduate from the program at the same rate (within six years) as students from majority groups.

The MPH faculty work closely with the university's Division of Enrollment Management for student recruitment. Faculty also represent diverse backgrounds and serve as the "face" of the program at career and college recruitment fairs. The program evaluates prospective students holistically by considering a variety of criteria that include recommendation letters, work experience, GPA and GRE test scores. This holistic approach has been successful in recruiting students from underrepresented populations.

The college dean and university provost establish a search committee to oversee faculty hires, and this committee includes at least one MPH faculty member. The faculty handbook includes the university's policies regarding faculty recruitment, promotion and retention. The employee handbook covers these policies for staff. All full-time MPH faculty must participate in at least one event per year that fosters ethnic/racial cultural competence. These may be trainings, seminars or campus events. The program achieved this target in AY 2014-2015 and AY 2015-2016.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. The public health program at LR offers an MPH degree in community health and a joint BS/MPH degree, as presented in Table 2. The MPH curriculum provides sufficient depth of training in the community health concentration through required coursework and non-didactic experiences. Students who met with site visitors spoke positively about the curriculum's ability to sufficiently prepare

them for careers in public health. The MPH curriculum consists of required coursework in the five core areas of public health, four concentration-specific courses, three elective courses, a practicum experience and a culminating experience. The program maintains a list of pre-approved elective course offerings. Students may select from this preapproved list or receive approval from the program coordinator to select an alternative course.

Table 2. Instructional Matrix – Degrees & Specializations

	Academic	Professional
Master's Degree		
Community Health		MPH*
Joint Degree		
Bridge Program: BS in Community Health/MPH		BS/MPH

*The MPH degree is also offered at the university's campus in Asheville, NC.

The MPH degree is offered at the university's main campus in Hickory and at LR's Center for Graduate Studies in Asheville. The program offers one section of a course each semester. A course is offered in person at either the Hickory or Asheville campus, and the course is live streamed to students at the non-originating campus. All MPH courses are offered in the evening, as the program is designed to accommodate full-time working students.

2.2 Program Length.

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

This criterion is met. The MPH program requires 42 semester-credit hours for degree completion. No degrees have been awarded for fewer than 42 credits. The MPH curriculum consists of 15 credit hours of core coursework, 12 credit hours of concentration-related coursework, nine credit hours of elective coursework, a three-credit-hour practicum and a three-credit-hour culminating experience.

Operating on a semester system, LR requires at least 37.5 hours of classroom contact for three credit hours. LR's academic year consists of a 15-week fall and spring semester and a nine-week summer semester. The MPH program offers its required didactic courses primarily during the fall and spring semesters and reserves the summer semesters for offering electives and select concentration courses.

2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students are required to complete courses in the five core areas of public health, as shown in Table 3. Each of the core courses aligns with at least one core competency that all graduate professional public health degree students must attain. The identified core courses and

competencies are appropriate for students to apply knowledge in the broad practice of public health. Students develop additional competence in the core areas through elective courses, field experience, applied research and the capstone project. Students are required to have completed a basic statistics course before enrolling in the biostatistics core course. These requirements serve to increase basic knowledge in the core public health areas. The program does not grant waivers for core courses.

Table 3. Required Courses Addressing Public Health Core Knowledge Areas for MPH Degree

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	MPH 515: Biostatistics	3
Epidemiology	MPH 521: Epidemiology	3
Environmental Health Sciences	MPH 560: Environmental Health	3
Social & Behavioral Sciences	MPH 535: Program Planning for Health Behavior Change	3
Health Services Administration	MPH 705: Health Administration and Policy	3

2.4 Practical Skills.

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

This criterion is met with commentary. All MPH students are required to complete 300 hours of fieldwork through a series of courses (MPH 601-603). Each course is one credit hour and requires 100 hours of field experience along with one professional reading assignment. Students may take this series of courses in one semester or spread across three semesters. In practice, the field experience typically takes place over two to three successive semesters toward the end of a student's matriculation in the program. Students who met with site visitors expressed appreciation for the flexibility in completing the field experience.

Students initiate the practicum by finding their field placement site and preceptor, although sites may also be suggested by faculty or initiated by requests from agencies or organizations. Placement sites represent the kinds of settings in which public health practice is conducted and include county health departments, health centers, community organizations and other types of non-profit organizations. Placement sites must have prior approval by the student's MPH faculty advisor before the field experience commences, and the MPH program requires a signed MPH Affiliate Contract. The student must also complete the Preceptor Approval Form and schedule a meeting in person or via conference call between the preceptor and faculty advisor before placement commences. This form outlines the preceptor's qualifications. At a minimum, a preceptor must have an MPH or master's degree in a health-related field with at least three years of work experience in public health, or a bachelor's degree in a health-related field with a minimum of six years of work experience in public health.

The procedures for the field experience are described in the course syllabus and student handbook, and students can also discuss the experience with their faculty advisor. Before completing 25 hours of field experience work, the student is responsible for developing a field experience plan that describes the goals, objectives and action steps for the fieldwork. Goals and objectives must reflect four to five MPH program competencies and include a visual depiction of the plan (eg, a logic model). The student meets with the faculty advisor prior to completing 50 hours at the placement site to confirm things are progressing appropriately. At the midpoint and end of the field experience, the student is required to complete a self-evaluation and placement assessment. The student also writes quarterly reports documenting his or her field experience in a reflective rather than summative format. For example, the reflection should capture how the experience is advancing public health and how it relates to the MPH program competencies.

In addition to the required evaluation and documentation by students, preceptors must also complete a Midpoint Assessment of Practicum Student's Performance. Preceptors have a meeting with the faculty advisor at midpoint through the field experience and then again assess the student's overall performance by completing the Final Assessment of Student's Performance.

At the end of the field experience, the faculty advisor and the student have an exit meeting to review the work plan and final assessments. The faculty advisor also considers the preceptor's evaluations in the review of the student's field experience.

In one of the site visit meetings, the team met with members of the community, including those who have served as preceptors. They told the site visit team that the process for the field experience was clearly outlined and that the MPH program coordinator acts as a partner with them in supervision of students. One preceptor gave an account of a student who had some difficulty acclimating to his placement site due to cultural differences, which impacted his ability to perform project tasks. Early on, the preceptor notified the MPH program coordinator, who intervened to respond to the preceptor's concerns by working with the student. As a result, the student's project with the site ended up being a "wonderful collaboration."

Given that the MPH program caters to students who are also full-time working professionals, students may complete a field assignment in their place of employment. However, the assignment must differ from or extend beyond students' regular work duties and provide opportunities for application of knowledge and skills learned in the program. Job-site field assignments are made on a case-by-case basis.

The commentary relates to the program's policy allowing full waivers of the field experience for students with extensive public heath practice experience. The program has a thorough process in place to review

waiver requests on a case-by-case basis and to determine whether a full or partial waiver should be granted. For a waiver to be granted, students must prove that they have met the requirements of the field experience by demonstrating competence in at least five MPH competencies. This occurs through provision of documentation, both written and oral, of how these competencies were met. The documentation must validate that the project completed was comparable to the project required for the field experience. An additional requirement is a letter of recommendation from an individual who meets the MPH preceptor qualifications. The faculty advisor will review all of the documentation that has been provided and decide whether or not a waiver will be granted. To date, the MPH program has not granted any waivers, but one waiver request is currently under consideration by the program.

2.5 Culminating Experience.

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

This criterion is met. The culminating experience is required of all MPH students for degree completion. Students complete the experience through enrollment in the three-credit-hour Applied Research course sequence in their final semester of the program. The culminating experience for all MPH students is the applied research project. The project is aimed at addressing research competence and is designed by students according to their interests. Per the course syllabus, the project should demonstrate the student's application of core and concentration-specific competencies. Students are required to identify at least five program competencies to be addressed through the project.

The student's project is guided by the course instructor who assists the student in establishing a research committee, creating a research proposal, meeting IRB requirements and completing the research protocols. Each student-selected research committee is composed of three individuals: one MPH faculty and two faculty external to the MPH program. One of the committee members may be a community professional.

Expectations for the capstone are clearly outlined/articulated in the Applied Research course syllabus. Students can select their research topic of choice, but they must be able to articulate its public health importance. As confirmed by students on site, students receive appropriate resources and supervision in the selection of topics. The culminating experience has two main deliverables. For the first deliverable, students are expected to produce a publishable quality research paper that includes, but is not limited to, an abstract, a description of the methodology used, a discussion of the public health impact/relevance, a literature review and a discussion of how core and concentration competencies were met through the project or the program as a whole. The second deliverable is an oral presentation providing an overview of the research project, which is presented by students in a public forum. The presentation is evaluated on the student's ability to answer specific questions about the project raised by faculty, staff, students and preceptors. Effective AY 2016-2017, the program reports the intent to require students to prepare a

proposal presentation with the research committee so that additional guidance and resources are available beyond the research chair as students complete their work.

The research committee determines the student's final grade for the culminating experience. Each committee member uses a rubric to rate the student's performance in various aspects. This evaluation includes an assessment of both core and concentration competencies.

Recent capstone projects have focused on attitudes and behaviors on child passenger safety restraint use, perceptions of depression among college students and health in the black church. A review of capstone project proposals, papers and presentations by site visitors confirm that products are high quality and demonstrate application of broad public health knowledge.

2.6 Required Competencies.

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

This criterion is met. The program's selected 10 core competencies and five concentration competencies are appropriate for master's-level students with a practitioner orientation. The program coordinator and faculty consulted together to articulate practitioner-focused competencies and to assure that competencies aligned with faculty expertise and the program's concentration area. The competencies were refined by the MPH program coordinator with consultation from local public health practitioners and current students. As confirmed during the site visit, the Advisory Board was then asked to systematically review the core and concentration competencies. After revisions were made, the current competencies were instituted in AY 2014-2015.

The program's competencies emerged from those promulgated by other CEPH-accredited MPH programs, the Association of Schools and Programs of Public Health (ASPPH) and the Council of Linkages Between Academia and Public Health Practice. The competencies have been cross-walked with core and concentration courses. The program's 10 core competencies are categorized into six domains: biostatistics, epidemiology, social and behavioral, environmental, health policy and management and cultural competency skills. They emphasize mastery of a set of competencies appropriate for MPH graduates in community health and are integrated into the syllabi of core, concentration and elective courses. The five core courses reflect 17 primary exposures and four reinforcing exposures to competencies. There is at least one primary exposure and at least two reinforcing exposures for each competency among the core courses.

The five community health concentration competencies are categorized into four domains: programming skills, communication skills, community dimensions of practice skills and leadership and systems thinking skills. Four concentration courses reflect six primary exposures and three reinforcing exposures of the competencies. There is at least one primary exposure and at least two reinforcing exposures for each competency in the concentration area. The practicum and culminating experience reflect reinforcing exposure to each concentration competency.

Students are made aware of the competencies during MPH program orientation and via course syllabi and the student handbook. The program not only shows a commitment to disseminating competencies on course syllabi, but faculty also emphasize them to students in courses and describe their connection to applied assignments. This reinforcement was consistently supported by student comments voiced during the site visit.

2.7 Assessment Procedures.

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

This criterion is partially met. The program has developed mechanisms to assess students' attainment of competencies beyond course-based assessments. MPH students' attainment of core and concentration competencies are assessed through faculty evaluation of the applied research project, student competency self-assessments (in the final practicum self-assessment), preceptor evaluations (in the final practicum self-assessment) and graduation exit surveys completed by students. These Likert-scale assessments solicit students', preceptors' and faculty members' perceptions of student attainment of both core and concentration-specific competencies. The first practicum assessments were distributed in AY 2015-2016.

In fall 2015, the program distributed a survey of graduates' ability to perform competencies in a workplace setting to prospective, current and former preceptors and employers. Employer-specific feedback could not be ascertained from survey data. The program must provide evidence that it has collected information that can be analyzed from employers about the ability of the graduates to perform competencies in a work setting.

The program monitors graduation and job placement rates. The program uses data collected from its degree completion exit survey and alumni survey to collect data on job placement rates. The program has demonstrated success in locating its graduates and staying abreast of their job placement success. For the most recent MPH cohort that has reached 12 months post-graduation, the program has achieved a 90% placement rate, which exceeds CEPH's 80% threshold.

The university allows six years for completion of master's degrees, though most students complete the program within two to five years. The one cohort that has reached the maximum allowable time to graduate is the 2010-2011 cohort, which achieved a 100% graduation rate within a three-year period. The program has had variability in the graduation and attrition rates of subsequent cohorts. The 2012-2013 cohort has reached a 72% graduation rate, while the 2011-2012 and 2014-2015 cohorts have attrition rates that make reaching a 70% graduation rate unattainable.

The first concern relates to graduation rates that fall below the 70% threshold for two cohorts: the cohorts entering in AY 2011-2012 and AY 2014-2015. The 2011-2012 cohort began with nine students and has a 67% graduation rate and a 33% attrition rate (six students graduated and three students withdrew). The 2014-2015 cohort began with 11 students and, to date, has a 45% attrition rate. The cohort has four students remaining and has an 18% graduation rate to date. Degree completion trends across the last seven years show that these two cohorts' withdrawal rates are consistent with rates of withdrawals for cohorts that have achieved a 70% graduation rate; however, the cohorts with high attrition percentages enrolled fewer students, which exacerbates attrition rates.

The second concern is that while efforts to ascertain employers' perceptions of graduates' ability to perform competencies in the workplace have been made, aggregate data from prospective, current and former preceptors and employers made it difficult to extract meaningful data on employer-specific assessments of alumni competency ability.

2.8 Bachelor's Degrees in Public Health.

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

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

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

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

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

include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is met. The program offers a joint BS/MPH degree, called Bridges to Dream, with the BS in community health offered by the School of Health, Exercise and Sport Science. The Bridges to Dream program serves as a pipeline into the MPH program by allowing undergraduate students in the school to complete 12 credit hours of MPH coursework while enrolled in their final year of the BS program. The 12 credit hours typically consist of three MPH elective courses and one MPH core or concentration course.

BS/MPH students fulfill identical course requirements and competencies as standalone MPH students. Thus, site visitors concluded that the MPH degree gained through the joint program is equivalent to the standalone MPH degree. No credits are counted toward from the bachelor's program toward the MPH degree.

2.12 Distance Education or Executive Degree Programs.

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

improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.

This criterion is met. The program offers its courses via video conferencing at the Hickory and Asheville campuses. Courses are held in person at either the Hickory or Asheville campus. In-person courses originating at one campus are livestreamed to students meeting in person at the second campus. The program is in the process of analyzing the feasibility of offering its program online and is piloting the online option with former dietetic interns. The rationale for offering an online option is to meet the needs of a working adult population and to expand the program's reach to target markets. The program will begin to progressively add an online option for each course until the full curriculum is available online. This process is expected to be completed by AY 2018-2019.

The program provides planned and evaluated learning experiences in its distance-based platform and ensures the needed support, including administrative, communication and student services. The university has made investments to equip classrooms for video conferencing to support distance-based learning. The program offers online courses through a platform called Canvas. Students taking online courses can receive assistance through the university's IT Office on the use of software. The MPH handbook provides students with information on the technology resources.

The program has established policies and processes for ensuring academic integrity. The curriculum and in-course requirements and assignments for distance education students are identical to those of on-campus students. To ensure that the student who registered for the course is the same person completing course assignments, students participating in live video conferencing must have an active web camera during the course.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is partially met. The program's mission and goals define the role of research for faculty and students. LR is primarily a teaching institution and broadly defines faculty expectations for scholarship. The university's standard for research is based on the Boyer Model of Scholarship, which involves four areas of research productivity: a) original research, b) synthesis across curriculum, c) application of expertise and d) the study of teaching and learning. Each LR college further defines scholarship for its faculty. The College of Health Sciences dean clarified that the college's defined model of scholarship is a combination of synthesis and application activities. Faculty members report that they can be independent

researchers or collaborative consultants in other organizations' research projects, some of which are publishable.

University policies incentivize faculty scholarship productivity by permitting faculty to a) use discretionary time during the work week to plan research efforts, b) work during the summer months outside their nine-month contracts to address research full-time, if desired, c) apply for $1,500 faculty development funds per year – though no faculty reported receiving such funding, d) work to launch research while being given one course release per year during the first two years of full-time service for new faculty members, e) request a sabbatical or professional leave at any time after teaching six years of full-time teaching to receive one semester of full pay or one-half pay for an academic year and f) teach graduate-level courses to allow a reduced teaching load (one fewer course per semester), compared to when teaching undergraduate courses.

The three primary MPH faculty members have identified the following research interests, which primarily reflect community-based research: childhood injury prevention, sexual health, tobacco control, substance abuse and chronic disease prevention. Research activity for the past three years includes 12 community-based projects, with seven involving students. Most projects are unfunded with the exception of a $17,000 award from Kate B. Reynolds Charitable Trust.

The outcome measures for research activities identify the percentage of faculty who publish one peer-review research article every five years, the percentage of faculty with one or more professional presentations per year, the percentage of faculty who report mentoring student research, the percentage of students who submit abstracts every year and the percentage of students who publish in collaboration with faculty every academic year. Across the last three-year period, all of the primary faculty published at least one research article.

The concern relates to the need for increased scholarly activity, including peer-reviewed presentations and/or publications from faculty. The program's self-defined research objectives have not been met. For example, the requirement for every faculty member to have one professional presentation each year has not been met over the last two years. Also, the objectives for 25% of students to publish in collaboration with faculty and to submit abstracts for professional presentations has not been met over the last three years, though the objective for each faculty member to mentor a student's research project has been met over the last three years. In the program's response to the team report, the program has described a number of new approaches that they are initiating to help them meet their program objectives, but no evidence is provided that, in fact, they have improved their research goals.

Site visitors' discussion with Advisory Board members, community partners and alumni revealed many examples of research collaborations with significant program faculty involvement (eg, community assessments, population needs assessments, customer satisfaction and specialized projects that include opioid overdose data compilation). Each of the examples showcased that faculty are involved in research – in most cases serving to mentor students performing needed work for a local agency via the practicum or capstone.

While faculty research expectations are limited, the MPH program has elected to emphasize a student-driven focus on applied research. Faculty members still have program-driven responsibility to perform research, but their model also emphasizes an ongoing effort to mentor student-driven research initiatives with experiential support that may include connections to local and community-based public health organizations. The primary ongoing research focus for faculty involves assisting their students in completing research projects using faculty's capacities for quantitative and qualitative methods.

Faculty members mentor students to conduct MPH research projects that are presentable at state and national levels. However, the data are limited to reflect this work. Faculty members are considering the feasibility of pairing first-year students with second-year MPH students to facilitate early exposure to the research process and to create a stronger research culture. Starting in AY 2016-2017, the program plans to require that all students participate in at least one university-wide research symposium/presentation day.

The commentary relates to the need for the program to strengthen the culture of scholarship and dissemination among faculty and students. The program's research objectives largely focus on dissemination of research, but progress in this area has been slow. While on-site discussions verified that students and faculty collaborate to produce quality projects, the resultant products are not often submitted to peer-reviewed venues. Site visitors noted that the program may consider identifying expectations for quality research and expanding how it measures success in research, as students are engaged in public health research and faculty are engaged more indirectly.

3.2 Service.

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

This criterion is met with commentary. The MPH program's policies and practices for service align with the university's mission that encourages faculty service to the university and the community. Faculty provide service to community-based organizations, local and national professional organizations and local departments of health throughout Western North Carolina.

The university promotes and tenures faculty based on their achievements in teaching, scholarship and service to the university and/or academic professional organizations. This includes mentoring students, bringing professional practice into teaching and research, working collegially on tasks related to university governance and working on projects at the level of one's appointment within a program or school. Primary faculty members' service includes participation on committees for state and local public health organizations and agencies, as well as serving as journal review board members.

The MPH program has clearly defined expectations and targets for primary faculty service. The program has two outcome measures for primary faculty service activities that show 100% achievement in each of the past three academic years. The measure for students relates to their participation in at least one service activity throughout their time in the program. The target is that 50% of students will participate in service, and in AY 2015-2016 the percentage reached 66.7%.

During the site visit, faculty members reported to the site visit team that they incorporate service learning throughout many of the courses they teach, which helps integrate students in the community. One former student gave the program planning course as an example, saying the course encourages students to establish a relationship with a community-based organization, conduct a needs assessment with the organization and then build a program based on needs. Faculty also regularly bring in practitioners from the community to talk with students in their courses. This was particularly noted for the full-time faculty member in Asheville. Students also told the site visit team that faculty encourage them to volunteer as a way of getting to know the community. Students overwhelmingly agreed that faculty informs them of opportunities for service, presentations, research and practice. One student said the spectrum of faculty support is "beyond excellent."

The commentary relates to the need for student contributions to service to increase. In alignment with its guiding statements, the program may consider creating more rigorous student service expectations. Though the program is meeting its student service objective, student involvement in service beyond required coursework is generally low. The program does not currently have a student public health organization that could facilitate opportunities for involvement in community service. The program plans to add questions about service to the student survey for the 2016-2017 academic year. Survey data could aid the MPH program in developing a strategy for getting more students involved in service by knowing what their needs are and how to meet them.

3.3 Workforce Development.

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

This criterion is met with commentary. The MPH program supports an annual Symposium on the Future of Healthcare by having faculty members serve on the planning committee and speak at the event. The symposium is planned with the Northwest Area Health Education Alliance and has reached between 54-73 persons in attendance in each of the past three years. The audience has mostly been healthcare workers (eg, nurses) and mental health and health sciences practitioners, yet more public health professionals attended the last symposium because the focus was on social justice.

Prospective students can register for up to six credits in the MPH program as a non-matriculated student before applying to the program and must submit a non-degree student application to the university. The university does not offer a formal certificate program in public health. In AY 2015-2016, the MPH Advisory Board discussed creating a health promotion certificate, providing quality improvement training and diversity training. During the site visit, the team learned that the MPH program coordinator recently attended a meeting with other North Carolina public health programs and schools to discuss ideas for collaborating on workforce development training. The MPH program is beginning to explore how it can partner with other educational institutions and public health agencies, specifically the Area Health Education Centers, to offer in person or distance-based continuing education programming.

The commentary is that the program has not conducted a formal assessment of workforce development needs. Information about continuing education needs of the communities served by the program has occurred informally through personal faculty communication with preceptors and community organizations; however, there have been no agreements with organizations to implement activities to address needs. A minimal number of small-scope workforce development activities have been initiated, but the impact has not been formally tracked or evaluated.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. Each primary faculty member has a PhD in a public health field, primarily in community health education. One faculty member earned an MPH, one an MA in health education and the other an MS in exercise science. One faculty member has experience working in clinical settings and community-based organizations. Faculty members' interactions with local practitioners allow faculty to keep abreast of frontline public health issues. The faculty's stated research interests relate to areas that are relevant to public health. Thus, holistically, the faculty members have adequate expertise to support the program's concentration.

Most adjunct faculty members' disciplines are allied health or education leadership, with three having terminal degrees in public health. Though adjunct expenditures are approximately half of what was reported in AY 2014-2015, adjunct faculty members who meet expectations continue to be rehired as needed. In fact, the program plans to build the adjunct teaching pool in response to growing student enrollment over the next few years. Regarding adjunct faculty teaching contributions, students expressed appreciation for the real-world perspectives that are added to the classroom when they teach.

The program has established outcome measures for 100% of faculty to hold public health degrees and have public health practice experience. The program has met these goals over the last three years.

4.2 Faculty Policies and Procedures.

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

This criterion is met. LR has a faculty handbook that includes rules and guidelines pertaining to faculty roles, procedures and expectations. Continuation, promotion and tenure reviews involve tenure-track and non-tenured faculty candidates during their second and fourth years of service. Tenure-track faculty members are formally reviewed at the third year of service and after completing six years of service. The Professional Review Committee, school chair, college dean and university provost are involved in these reviews. The basic annual review is done to assure adequate emphasis to quality teaching while also considering scholarship and service. The university requires all appointed faculty and tenure-track faculty to undergo second- and fourth-year reviews. Tenure-track candidates must also submit a sixth-year portfolio to be considered for promotion and tenure. These reviews consider teaching, research and service with a slightly higher emphasis on professional scholarship and service. Assigned mentors from outside the school or college guide faculty candidates and primarily deal with general academic life. Key mentors are the program, school and college leaders, with junior faculty describing a positive view and open-door policy. Review decisions are announced in the spring semester of each academic year. Reviews are intended to let faculty know how they are progressing and include areas of needed improvement.

With the university's primary focus on teaching, the key focus for tenure review is faculty teaching expertise and peer evaluation. Teaching quality includes interests in classroom innovation (eg, technology, streaming software, etc.) and standardized online student course evaluations that are administered by the director of institutional research. The school chair reviews student course-rating results each semester. Finally, post-tenure reviews occur for tenured or retained faculty every five years using the same portfolio process used at promotion and tenure. University faculty on the Asheville campus are non-tenured but can be promoted through the Asheville campus dean and the Hickory campus dean.

Faculty Annual Reports (FAR) are for all full-time, continuing faculty members regarding teaching and mentoring, professional and scholarly development and university and community service as a self-rating given a standard rating system. The report also allows faculty to report areas of performance, accomplishments and upcoming plans. As confirmed at the site visit, the reports are sent to the college dean and then in consultation with the school chair, each FAR is evaluated as exceeds performance, meets performance, needs improvement or not meeting. The results are shared with the provost and faculty member with relevant action plans as needed. The results are used to inform salary raises and other performance decisions.

Faculty development approaches presented in the self-study are a compilation of programs or policies available to all LR faculty and/or staff. Faculty-specific development includes informal faculty mentoring, sabbaticals, travel support, two types of faculty development grants (made available through application to school chair and one available at the university level), tuition funds (up to nine credits per semester), university-scheduled faculty developmental activity days, library resources and faculty awards. Services for both faculty and staff include the Center for Teaching and Learning, specialized workshops (healthcare symposium, technology) and release time for special assignments or projects.

Two of the faculty members are in tenure positions and one is in a renewable term appointment (at the Asheville campus). The site visit team learned that all faculty at the Asheville campus retain that position so that the campus is “nimble for change” and its programs “dispensable” should that campus be viewed as nonviable. To this point, the program and college dean are confident in the vitality of the MPH program at the Asheville campus.

The university’s FTE allocations only report teaching load and do not reflect scholarship and service loads. Teaching loads are determined on the basis of 18 credits per graduate faculty and 21 credits per undergraduate faculty. Each of the program faculty carries some undergraduate teaching load. With this in mind, two faculty members have FTE loads that sometimes exceed 100% but in balance over an academic year are close to 100%. When FTE loads are greater than 100%, this indicates a voluntary overload teaching status for extra compensation.

The FTE distribution and faculty appointment process occurs in conjunction with the school chair, college dean and university provost. At one point in the academic year, the Provost’s Council (consisting of deans and provost) identifies opportunities for faculty FTE distribution. All vacant faculty lines due to retirements or departures are returned to the Provost’s Office, which means programs do not hold a vacated faculty line but may be able to justify receiving it again with data-driven analysis (number of students enrolled in

classes). The college dean works collaboratively with school chairs to determine needs according to evidence.

4.3 Student Recruitment and Admissions.

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

This criterion is met. Policies and procedures for admission into the MPH program are clearly articulated. Recruitment for the MPH program is primarily conducted through the university's Division of Enrollment Management. The faculty member located at the Asheville campus also has a role in student recruitment activities to increase awareness of the Asheville program. Recruitment activities include faculty and staff presence at graduate open houses and state-wide conferences. A recruitment initiative for the MPH program is the BS/MPH joint degree program, in which undergraduate students are incentivized to complete an MPH degree by enrolling in graduate courses during their final year of the BS program.

For admission to the BS/MPH program, undergraduate students must have earned 92 undergraduate credit hours and possess a 3.25 GPA. For admission to the MPH program, the program seeks students with a 2.7 or higher undergraduate GPA, GRE scores (verbal: 147 minimum; quantitative: 147; analytical writing: 3.5), a resume, recommendation letters and an essay articulating the prospective student's goals and experiences that impact their decision to pursue the MPH. The program seeks students who are working professionals in the health education or public health field who can contribute to the quality of interactions in the classroom. The program has a probationary enrollment period for students who do not meet desired quantitative minimums. The program allows these students to enroll in the program and take six credit hours. If the student completes the six credit hours with a B average or better, they will be removed from probationary status and enrolled in the program.

The program can set program-specific admissions policies in adherence to Graduate School policies. Prospective students submit applications to the Graduate School. The university uses an admissions management system that centralizes the application process. Admissions decisions are made in conjunction with the program coordinator and enrollment services staff. Applications to the MPH program have slightly declined across the last three years (from 48 to 37); however, the program has increased the number of students it accepts and enrolls since AY 2013-2014.

4.4 Advising and Career Counseling.

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

This criterion is met with commentary. Advising is available to students at both the Hickory and Asheville campuses. The program evaluates satisfaction with advising and career counseling through an alumni

survey. The survey was administered for the first time in fall 2015 and will be given annually to alumni. Twelve of 16 alumni (75%) completed the survey. Eighty-three percent said they were satisfied, more than satisfied or very satisfied with career guidance, and 100% said they were more than satisfied or very satisfied with the quality of advising. The site visit team heard multiple accounts from students that all primary faculty members avail themselves to talk with students at all hours of the day; this personal approach could be contributing to the high levels of satisfaction that students report.

The MPH program coordinator is based in Hickory at LR's main campus and is responsible for advising students enrolled on this campus. The faculty member at LR's Center for Graduate Studies in Asheville has the responsibility for meeting the advising needs of students on that campus. MPH faculty advisors prefer to meet with each MPH student to develop a written program plan. The site visit team learned that about half of the students at the Hickory campus have a written plan, and some of the students at the Asheville campus also have elected to develop a plan with guidance from their advisor.

Students receive a handbook for the MPH program and are invited to attend an annual program orientation at the beginning of each fall semester to discuss procedures in the handbook and ask questions. This orientation also gives students the opportunity to meet the faculty member who will be advising them.

The university's career center provides all graduate students with career guidance and job placement assistance as needed. Program-based career advising occurs informally through faculty-student interactions and a job listserv managed by program faculty. Job announcements sent via the listserv are received by MPH students and alumni. Students who met with site visitors found the distribution list to be a helpful resource for practicum and potential job opportunities.

The MPH program follows university policy for initiation of formal complaints. The procedure is outlined in both the university student handbook and MPH student handbook. Possible resolution of grievances occurs through informal discussions at the program level or formally through the Office of Student Affairs. Over the past three years, the MPH program coordinator addressed all but one grievance informally at the program level, and one student has filed a formal grievance.

During the site visit, the site visit team learned that the formal grievance had to do with the academic quality of an adjunct professor. The MPH program coordinator told the team that the program no longer works with this particular professor, so the grievance has been resolved and the student is still progressing through the MPH program.

The commentary relates to the limited advising and career counseling services for students. The program has a small number of faculty (two total) who serve as faculty advisors and also provide career counseling. This limits options for students to be assigned to an advisor based on some criterion of compatibility, such as similar research interests, or reassigned should a student feel that he or she is not getting optimal guidance or that the match is incompatible. The small number of faculty means that, by default, these faculty become advisors, rather than through a selection process based on other criteria that reflects the interests of students or faculty members' strengths in advising.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

Lenoir-Rhyne University
Public Health Program

November 7-8, 2016

Monday, November 7, 2016

8:30 am	Site Visit Team Request for Additional Documents Randy Bergman, PhD, CHES, HFS, MPH Program Coordinator
8:45 am	Team Resource File Review
9:30 am	Break
9:45 am	Meeting with Program and Department Administration Michael McGee, EdD, LAT, ATC, Dean of the College of Health Sciences Stephanie Stadden, PhD, LAT, ATC, CSCS, Chair of the School of Health, Exercise and Sport Science Randy Bergman, PhD, CHES, HFS, MPH Program Coordinator
10:45 am	Break
11:00 am	Meeting with Faculty Related to Curriculum and Degree Programs Randy Bergman, PhD, CHES, HFS, MPH Program Coordinator Kimberly Price, PhD, MCHES, Assistant Professor of Public Health – Asheville Supriya Reddy, PhD, MPH, Assistant Professor of Community Health Myra Jordan, PhD, Assistant Professor of Counseling
12:00 pm	Break
12:15 pm	Lunch with Students McKenzie Benson, 2nd year, Asheville Diata Berthe, 1st year, Hickory Megan Blanco, 2nd year, Asheville Courtney Brown, 1st year, Asheville Colleen Clark, 1st year, Asheville Ashlyn Hartsoe, 1st year, Hickory Nitin Joshi, 2nd year, Hickory Emily Killian, 3rd year, Hickory Lisa Riggsbee, 1st year, Asheville Jessica Rumple, Bridge Program, Hickory Thomas Seery, 2nd year, Hickory Kendall Smith, 1st year, Hickory
1:15 pm	Break
1:30 pm	Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues Kimberly Price, PhD, MCHES, Assistant Professor of Public Health – Asheville Supriya Reddy, PhD, MPH, Assistant Professor of Community Health
2:30 pm	Executive Session
4:00 pm	Meeting with Alumni, Community Representatives, Preceptors Trish Hickling Beckman, MPH, Director, Maternity Services, Catawba Valley Medical Center Vickie Bradley, RN, MPH, Secretary, Public Health and Human Services, Eastern Band of Cherokee Indians Amber Callicutt, MPH, Parenting Program Coordinator, Caldwell County Council on Adolescents Brittany Dobbins, CHES, MPH, Assistant Health Director, Caldwell County Health Department Honey Estrada, MPH, Health First Center Coordinator, Catawba Valley Medical Center Kathryn Geouge, MPH, Assistant Softball Coach, Lenoir-Rhyne University Adrienne Gilbert, MPH, Practice Support and QI Specialist, Community Care of Western North Carolina Chrissie Gulden, MPH, Chief Executive Officer, WNC Group Homes for Autistic Persons Zack King, MPH, Community Health Analyst, Catawba County Public Health

Jaime Lang, MPH, Team Lead – Wellness Program, System Wellness, Mission Health
Rebecca McLeod, MPH, Health Director, Burke County Health Department
Elizabeth Ramseur, MPH, Medical Case Manager, Advancing Life. Fighting AIDS (ALFA)
Abby Smith, MPH, Preparedness Coordinator, Public Health and Human Services, Eastern Band of Cherokee Indians
Leeanne Whisnant, MS, BSN, Health Director, Alexander County

5:00 pm Adjourn

Tuesday, November 8, 2016

8:30 am Meeting with Institutional Academic Leadership/University Officials
Wayne Powell, PhD, University President
Larry Hall, PhD, University Provost
Amy Wood, PhD, Assistant Provost, Dean of Graduate and Adult Programs

9:15 am Executive Session and Report Preparation

12:15 pm Exit Briefing