**INSTRUCTIONS**

For program:

1. This is the team’s draft report based on the self-study and site visit. All of the text boxes are locked with the exception of the “School/program response” column.
2. Provide any substantive response to the team’s findings in this column. While responses are not required for every criterion, you are encouraged to respond to non-compliant findings (i.e., partially met and not met).
3. Reference any supporting materials in your response in the applicable criterion, and include these materials as attachments to the email you will send to CEPH with your final response submission.
4. Factual corrections should not be submitted in this document; submit a separate document that lists any factual errors and provides corrections.
5. Submit your response to the team’s draft report and supporting materials to submissions@ceph.org by the response deadline (communicated to you when you receive the draft report).
6. The Council will review the team’s evidence, the program response, the final self-study, and supporting materials to make a final decision on each compliance finding. If applicable, the Council will provide its response in the last column of this report template.

**Team’s Draft Report**

REVIEW FOR ACCREDITATION

OF THE

PUBLIC HEALTH PROGRAM

AT THE

UNIVERSITY OF NEW ENGLAND

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

 SITE VISIT DATES:

 December 10-11, 2018

SITE VISIT TEAM:

 David Trump, MD, MPH, MPA, FACPM – Chair

 David Shoham, PhD, MSPH

 SITE VISIT COORDINATOR:

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 CRITERIA:

Accreditation Criteria for Schools of Public Health & Public Health Programs, amended October 2016

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# Introduction

The university began in 1939, when the Franciscan monks formed the college Seraphique, which was a high school and junior college to educate boys of Quebecois decent. In 1952, the institution became a four-year liberal arts college called St. Francis College. In the late 1970’s, the College of Osteopathic Medicine opened up on St. Francis College’s campus. The two became the University of New England (UNE) in 1978. In 1996, Westbrook College merged with UNE. UNE is a private, non-profit college with locations in Biddeford and Portland in Maine and Tangier in Morocco.

UNE’s two main campuses in Maine house its undergraduate, graduate, and professional programs, while the Tangier campus is home to a semester abroad program. UNE has six colleges: the College of Arts and Sciences, the College of Dental Medicine, the College of Graduate and Professional Studies, the College of Osteopathic Medicine, the College of Pharmacy, and Westbrook College of Health Professions.

As of December 2017, the university has 285 full-time faculty, 314 part-time faculty, 731 full-time staff, 36 part-time staff, and 7,163 students, with about 50% of them attending online.

UNE has been accredited by the New England Association of Schools and Colleges since 1966. The most recent accreditation review was in April 2017, after which the university was accredited through 2027. UNE is also accredited by specialized accreditors such as the Commission on Accreditation of Athletic Training Education and the Commission on Accreditation of the Council of Social Work Education.

The MPH program was initiated as a Certificate of Advanced Graduate Study in Public Health offered through the College of Osteopathic Medicine in 2002. A feasibility study was conducted in 2004, and the MPH program was developed in 2005. Since its inception, it has been offered in a fully distance-based format. In 2009, the program was moved from the College of Osteopathic Medicine to the newly formed College of Graduate and Professional Studies (CGPS). In 2011, the program received its initial CEPH accreditation. In 2013, the president moved the program from the College of Graduate and Professional Studies to the Westbrook College of Health Professions, but the program was moved back to CGPS in 2014 and remains there today. The CGPS houses the following fully distance-based graduate programs, in addition to public health: health informatics, applied nutrition, social work, and education. The CGPS also is home to a non-matriculating post-baccalaureate program in science prerequisites for health professions. The MPH program currently enrolls 541 students.

The program had an accreditation visit in 2016 that resulted in a conferral of probationary accreditation. The program had two years to address the deficiencies cited in the report, and this report documents the review to determine whether accreditation will continue.

|  |
| --- |
| **Instructional Matrix - Degrees and Concentrations** |
|  | **Campus based** | **Executive** | **Distance based** |
| **Master's Degrees** | **Academic** | **Professional** |   |
| Generalist |  | MPH |   |   | X |

# A1. Organization & administrative Processes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Designates appropriate committees or individuals for decision making, implementation |  | The program has several standing committees and regular meetings including the Admissions Committee, Advisory Committee, Curriculum Committee, faculty meetings, team meetings, cross-functional meetings, and the APHA Student Assembly. A number of ad hoc committees are formed to address specific issues, such as the CEPH self-study. Adjunct faculty participate in the advisory, curriculum, and faculty meetings.The Curriculum Committee and primary faculty members in the team meetings are responsible for monitoring and adjusting degree requirements. Decisions are made through consensus following extensive discussions, and voting may be required if consensus is not reached. The associate program director, the Curriculum Committee, and primary faculty, through the team meetings, are regularly involved in curriculum design and decision making. The associate director works with subject matter experts (SMEs) and instructional designers (IDs) to define assessment activities and processes within the public health courses. Faculty members also provide input. The associate director and the SMEs make the final decisions on student assessment. The Admissions Committee makes admissions decisions and regularly reviews admissions policies and data. Admissions data such as undergraduate GPA and other demographic information are also reviewed and discussed during cross-functional meetings.For faculty recruitment and promotion, a search committee is created that includes primary faculty members and college representatives who make hiring decisions. The program director chairs this committee, and all members review applications and identify candidates for interviews. Tenure is not offered in this program’s faculty structure. Instead, faculty are reviewed annually, and the dean of the college, with input from the program director, makes decisions for merit-based raises for primary faculty. The assistant director of research and service has the primary responsibility for planning, tracking, and promoting research and service activities. The Advisory Committee also provides input regarding research and service trends and opportunities for faculty and students. The assistant director shares a report annually at the Curriculum Committee and faculty meeting to solicit feedback. All primary members of the faculty participate in the College of Graduate and Professional Studies Faculty Assembly. Two faculty members (including the director) are members of the University Faculty Assembly. Faculty participate in several other college and university-wide committees such as the UNE Strategic Planning Committee and the college Bylaws Committee. Site visitors noted that committees (with the exception of the Student Assembly) are comprised of the same core group of four to seven primary faculty members who provide program leadership. However, adjunct faculty members are involved in decision making through Faculty Meetings that occur once per semester. The agenda documents their participation in discussions on subjects such as educational delivery, competency attainment and use of technology in an online program. Adjunct faculty also meet with three primary faculty/staff members at the start of a course for a “kick off meeting” to align all faculty teaching sections of the same course to the material and expectations. At the end of the course, all faculty share reflections. Adjunct faculty also participate in Curriculum and Advisory Committee meetings, and are invited to attend other regular faculty meetings via videoconferencing software.During the last review, the program was cited for not demonstrating operation of a governance structure that ensures that program faculty provide input in decisions affecting resource allocation, faculty recruitment and promotion, curriculum design and evaluation, research and service activities, and degree requirements. Reviewers were able to validate current faculty engagement in committees relating to these topics through information in the self-study, meeting minutes, and on-site discussions and note that the program has resolved the deficiency.  | Click here to enter text. | Click here to enter text. |
| Faculty have opportunities for input in all of the following: * degree requirements
* curriculum design
* student assessment policies & processes
* admissions policies & decisions
* faculty recruitment & promotion
* research & service activities
 |  |
| Ensures all faculty regularly interact with colleagues & are engaged in ways that benefit the instructional program |  |

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# A2. Multi-Partner Schools & Programs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

# A3. student Engagement

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Students have formal methods to participate in policy making & decision making  |  | Students are involved in program governance in several ways. Students serve on the Advisory Committee and Curriculum Committee. The committees aim to have three to five student members on each. When a student position becomes available, all students are notified via email and can self-nominate. To date, limited numbers of students have self-nominated, so elections have not been necessary. If interest increases, elections will be held to vote on student representatives. Student members have the same rights and responsibilities as other members of the committees. Students also serve on the APHA Student Assembly, which has formal office holders: president, vice president, campus liaison, and secretary. The assembly holds regular meetings with students, and members interact via social media to bring forth relevant concerns or suggestions. The student group is encouraged to facilitate meetings between program administrators and students. For example, in 2017, the assembly organized a town hall so that students could interact with program administrators and provide feedback. During the site visit, a student told reviewers about how the group won the campus liaison of the year award at APHA in 2017 for their work. Students also told reviewers that faculty and student support specialists (SSS) are very responsive and listen to student concerns, particularly around communicating about the CEPH probationary accreditation decision. Students told the site visit team that their feedback is taken seriously, whether there are big or small issues, and adjustments are made quickly. The program also just launched a Student Affairs Committee, which will provide students with another avenue to provide feedback.  | Click here to enter text. | Click here to enter text. |
| Students engaged as members on decision-making bodies, where appropriate |  |

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# A4. Autonomy for Schools of Public Health

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

# A5. Degree Offerings in Schools of Public Health

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

# B1. Guiding Statements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Defines a vision, mission statement, goals, statement of values |  | The vision of the program is as follows: *Our graduates will build healthier global communities through informed and collaborative public health practice.* The mission of the program is as follows: *The Graduate Programs in Public Health are globally accessible programs committed to improving the health and well-being of communities through education, research, and service using a scholar-practitioner model.*Site visitors reviewed the guiding statements and were able to validate that they address instruction, scholarship, and service. The development of the mission, vision and goals is well documented in the self-study, with broad faculty involvement in the creation of these statements. The Advisory Committee and Curriculum Committee provide additional input and review. Of note, a new strategic plan is underway. The internal strategic planning deliberations were included in ERF and show a set of three-to-five and five-to-seven-year plans, including discussions of adding multiple tracks over the next seven years.The program’s mission is well aligned with its curriculum, and the global reach and scholar-practitioner model themes help distinguish and guide the program. | Click here to enter text. | Click here to enter text. |
| Taken as a whole, guiding statements address instruction, scholarship, service |  |
| Taken as a whole, guiding statements define plans to 1) advance the field of public health & 2) promote student success |  |
| Guiding statements reflect aspirations & respond to needs of intended service area(s) |  |
| Guiding statements sufficiently specific to rationally allocate resources & guide evaluation of outcomes |  |

# B2. Graduation Rates

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Collects, analyzes & accurately presents graduation rate data for each public health degree offered |  | The graduation rates for the MPH degree are as follows: 76% for the 2012-13 cohort, 75% for the 2013-14 cohort, 68% for the 2014-15 cohort, 60% for the 2015-16 cohort, and 23% for the 2016-17 cohort. The maximum time to graduation for all students is six years, so only the first of these groups have reached the maximum time to graduation. Students cannot graduate with an MPH within one calendar year, though the self-study data appear to present some students accomplishing this. Faculty explained that students who do not take at least one course in a year are added to the “withdrawn” count. Students who later return to finish their degrees are retroactively added into the appropriate cohort based on the timing of their re-entry. For cohorts that have not yet reached the maximum time to graduation, the attrition rates are low enough to suggest that these cohorts will achieve the 70% threshold.  | Click here to enter text. | Click here to enter text. |
| Achieves graduation rates of at least 70% for bachelor’s & master’s degrees, 60% for doctoral degrees |  |

# B3. Post-graduation Outcomes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Collects, analyzes & presents data on graduates’ employment or enrollment in further education post-graduation for each public health degree offered |  | The program has a positive post-graduation outcome rate of 97% for classes graduating in 2014-15 and 2015-16, and 88% for 2016-17, surpassing the threshold defined in this criterion. The program assesses post-graduation outcomes with a survey and through LinkedIn and personal emails. The survey is sent one year after graduation. The survey is open for two months, and reminders are sent every two weeks. These methods seem to work well to reduce the number of students with unknown outcomes. The percentage of students with unknown outcomes has ranged from 10-18% across the years reported. The program hopes that the two new college-level positions planned for the next year, assistant director of career services and assistant director of workforce development, will be beneficial to maintaining long-term relationships with alumni and will improve the program’s ability to collect post-graduation data from them. | Click here to enter text. | Click here to enter text. |
| Chooses methods explicitly designed to minimize number of students with unknown outcomes |  |
| Achieves rates of at least 80% employment or enrollment in further education for each public health degree |  |

#

# B4. Alumni Perceptions of Curricular Effectiveness

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Partially Met |  |
| Defines qualitative &/or quantitative methods designed to provide meaningful, useful information on alumni perceptions |  | The program collects alumni data through an online survey that is sent out one year after graduation. Alumni are asked about their employment status and perceptions of the extent to which the program prepared them in various competencies. The survey is open for two months with reminders sent every two weeks.Out of the 170 alumni who graduated in the 2016-17 academic year, 100 participated in the survey. The survey asks alumni to assess the extent to which the program prepared them in the following areas: ability to select and employ appropriate methodologies to address public health, quantitative skills, understanding of health care systems and the role of public health, ethical practice, written communication, oral communication, leadership and management, cultural competence and health disparities, understanding of social determinants of health, program planning and evaluation, and ability to advocate for policies and programs aimed at improving health in diverse populations. The range of alumni who said they were prepared or well prepared in each of these areas was between 72% and 97%, with an average of 87%. For example, 93% of respondents said the program prepared or prepared them well for cultural competence and health disparities, and 85% said the program prepared them or prepared them well for program planning and evaluation. The highest perceptions of preparation were for understanding social determinants of health, written communication, ethical practice, and understanding the role of public health in the health care system. The lowest percentages of preparation were for quantitative skills, program planning and evaluation, and oral communication. The program has been able to use these data to bolster the quantitative training and program planning and evaluation training components of the curriculum. The program collects useful data to make improvements to the program. For example, the program received feedback that their research methods and principles of epidemiology courses were not rigorous enough. The courses were updated to include more rigorous data analysis and data management skills. The program also plans to improve the response rate of the survey by connecting with alumni more regularly and offering new post-graduation services and trainings. When asked on-site about reviewing the methodology and outcomes, the director of assessment and the associate program director explained that they review alumni data and collection methods every summer. They described that in addition to this meeting, they sit down regularly to discuss data collection methods and look at data collection methods from other programs to see what best practices they can implement in the public health program. The concern relates to one gap in the program’s data collection: the program does not collect data about alumni perceptions of the competencies’ usefulness in post-graduation placements. The program was previously cited for not collecting and analyzing alumni data. The previous concern related to an overall deficiency in data collection and analysis, which has been generally addressed. The current deficiency is specific to one element of the data collection that needs to be adjusted, rather than focusing on an overall lack of process and results. | Click here to enter text. | Click here to enter text. |
| Documents & regularly examines its methodology & outcomes to ensure useful data  |  |
| Data address alumni perceptions of success in achieving competencies |  |
| Data address alumni perceptions of usefulness of defined competencies in post-graduation placements |  |

# B5. Defining Evaluation Practices

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Defines sufficiently specific & appropriate evaluation measures. Measures & data allow reviewers to track progress in achieving goals & to assess progress in advancing the field of public health & promoting student success |  | The program has goals for education, research, and service. These goals, as a whole, measure student success and progress in advancing public health. For example, the first education goal is to “enroll and support qualified students.” The measures used to evaluate this goal are undergraduate GPA at least 3.0; racial, ethnic, and gender diversity of students; student satisfaction with advising; and student satisfaction with support services.Overall, the indicators are meaningful measures of the goals, as they measure tangible aspects of each goal.Data are gathered using administrative systems such as the SalesForce platform; alumni, faculty, and student surveys; and summary reports delivered at various committees.The program was previously cited for not demonstrating a sustained record of data collection. The program provided detailed documentation that allowed reviewers to validate that the program is collecting data and regularly reviewing methods and therefore the reviewers determined that the issue has been resolved. | Click here to enter text. | Click here to enter text. |
| Defines plan that is ongoing, systematic & well-documented. Plan defines sufficiently specific & appropriate methods, from data collection through review. Processes have clearly defined responsible parties & cycles for review |  |

# B6. Use of Evaluation Data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met with Commentary |  |
| Engages in regular, substantive review of all evaluation findings, including strategic discussions. |  | The self-study provides several examples of evaluation results impacting the program. In one example, the program reviewed the Annual Faculty Survey and found that many faculty members were encountering students who experienced difficulty with professional writing. As a result, the program made multiple changes. The Admissions Committee started paying increased attention to applicants’ writing ability. In addition, orientation was revised, and a new writing assignment was added to identify students who may require extra writing support and connect them with appropriate resources. Curricular revisions were also made to two courses to focus more on public health writing.Additional evidence provided at the site visit, including a summary of changes to the curriculum, improvements in technical support, and a change in academic advising to better meet student needs.The commentary relates to a lack of thorough documentation of the procedures used to arrive at decisions. Although the ERF did not consistently provide documentation in the form of meeting minutes and other artifacts to provide insight into the decision-making process, these concerns were mitigated through conversations with faculty and provision of additional materials by the program during the site visit. Meetings appear to be held frequently, but not all meetings were documented in writing.The program was previously cited for an inability to demonstrate that it had used evaluation results in ongoing planning and decision making. Reviewers were able to validate that the program uses evaluation results to inform program improvement. The site visit team found the program minimally compliant in formally documenting the use of evaluation results and note that the program would benefit from improved documentation of decision-making meetings. | Click here to enter text. | Click here to enter text. |
| Translates evaluation findings into programmatic plans & changes. Provides specific examples of changes based on evaluation findings (including those in B2-B5, E3-E5, F1, G1, H1-H2, etc.) |  |

# C1. Fiscal Resources

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |
| Financial resources currently adequate to fulfill stated mission & goals & sustain degree offerings |  | The program generates a significant surplus for the university over its expenses, mainly through tuition. In the 2018-19 fiscal year, revenue was $6.5 million and expenditures were $3.04 million, for a margin of approximately $3.5 million (a profit margin ratio of 53%). In the most recent year, the largest expenditures (in decreasing order) were faculty salary and benefits ($1.28 million), contracted services with Online World Learning ($957,000), and staff salary and benefits ($590,000). Tuition funds all expenses.Operational costs are requested during the budget review process at the start of a new calendar year. Mid-year adjustments may be requested during the “fall adjustment period” (e.g., for additional adjunct salary).Student support is minimal. Each year, $20,000 is allocated to support both faculty and student research and travel to conferences through a mini-grant program. Given the large margin generated by the program, more support may be warranted, although it currently meets student needs. Each year, primary faculty identify conferences and professional development activities. In the most recent fiscal year, travel costs were $16,000. Part time (adjunct) faculty may request funds for faculty development through the mini-grant program described above. Several have done so, addressing a concern raised during the previous accreditation review.The program follows a “hybrid centralized budgeting model.” The director works with CGPS assistant dean of finance and strategy to review prior spending and develop a budget for the following year.In general, surplus funds appear to be retained by the university, rather returned to the program in a specified fashion.The self-study describes procedures for distributing indirect costs generated by extramural funding, with 25% returned to the PI as a research stimulus fund and the rest allocated to the general fund (university overhead), a research infrastructure fund, and the dean’s discretionary fund. Currently, research activity is minimal, with no extramural funding reported. The university might consider more incentives for the program and PIs to submit grant proposals, such as a year-end bonus incentive and money returned to the program.The program is focused on training practitioners, rather than on research. This is consistent with the program’s mission and student population. Commentary regarding research is articulated in Criterion E4. | Click here to enter text. | Click here to enter text. |
| Financial support appears sufficiently stable at time of site visit |  |

#

# C2. FAculty resources

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| School employs at least 21 PIF; orprogram employs at least 3 PIF |  | The program offers a generalist MPH degree and has seven PIF who teach regularly, in addition to their administrative responsibilities, and dedicate time to scholarship and service. The program has 47 non-PIF who are adjunct faculty contracted to teach courses that align with their expertise. The program surpasses the minimum expectation of three primary faculty defined in the first part of this criterion’s three-part test. All PIF are full-time faculty and therefore they have a 1.0 FTE calculation. The program uses a scholar-practitioner faculty model where many adjunct faculty members are hired who are currently working in the field.Non-PIF FTE is calculated through the assumption that an adjunct spends about 15 hours per week teaching in eight-week courses. Based on this, an adjunct faculty member teaching every term (six courses per year) is teaching at .37 FTE per year, and an adjunct faculty member teaching one course during the year is at .05 FTE. In addition to teaching, adjunct faculty members may serve as ILE supervisors or be contracted for certain services like developing writing resources or running seminars. During the program’s last visit, reviewers were concerned with the burden of work on the PIF and the number of courses taught by non-PIF. When asked during the site visit, faculty, staff, and community members cited the practitioner-scholar model that the program uses as a major benefit. Students and alumni said that this faculty model is what made them choose the program and that they appreciated learning from practitioners in the field. PIF also stated that they do not feel overburdened and benefit from working with adjunct faculty with diverse areas of expertise. This diversity is seen as a benefit and enriches the curriculum. In addition, program leaders explained that they have reduced the number of adjuncts they use from around 80 individuals per year to 40 very engaged faculty members. They recognize there is competition in the market to hire qualified adjunct faculty, so they engage adjunct faculty through program governance, mini-grants for research, payment for redesigning courses, and incremental pay increases. During the site visit, adjunct faculty said they also appreciated the practitioner-scholar model and explained how they have redesigned courses in their areas of expertise to increase rigor. For example, adjunct faculty collaborated to redesign the epidemiological and research methods courses to increase quantitative skills and use of STATA. PIF serve as student advisors, and each PIF has an average of 77 students assigned for advising per year, with a minimum of 22 and a maximum of 120. The program assistant assigns students randomly to advisors. Advisors also connect students with other faculty members who share the students’ interests. A SSS provides general advising, such as assistance with registration and support related to policies, accessing resources, time management, and career counseling. The SSS has an average of 158 students per year with a minimum of 100 and a maximum of 213. SSS are trained to become familiar with program requirements to ensure that they advise MPH students accurately. In addition, PIF and adjunct faculty have an average of two students per year for advising in the integrative learning experience (ILE). The self-study indicates that the current advising load is not balanced evenly between faculty, based on a need to accommodate the workload for a recently-hired PIF member, but faculty plan to even out the distribution in the future. When asked on site about the high number of students that PIF advise, faculty said that the SSS have been invaluable in reducing advising burden by helping students with routine, but time-consuming tasks relating to registration and accessing university resources. This allows the PIF to focus on providing academic and career advising specific to public health and students’ areas of interest. Students complete an evaluation at the end of each course that collects quantitative and qualitative data related to class size and faculty availability. In the summer 2018 survey, 95% of respondents agreed or strongly agreed with the statement “the class size was conducive to my learning.” In the spring 2018 survey, 97% agreed or strongly agreed, and in the fall 2017 survey, 95% agreed or strongly agreed. Qualitative data was largely positive, with students citing the strong relationships with instructor, the ability to receive feedback, and the ability to interact with other students. Other students noted that because the program is online, the class size did not impact their learning either positively or negatively. On the course evaluations, students are also asked if the instructor is accessible to students and if the office hours met the student’s needs. In the spring 2018 survey, 92% of students agreed or strongly agreed with the two statements: “the instructor was accessible to students” and “the office hours addressed my needs.” In addition to the course evaluations, students are asked about class size and faculty availability in the annual student satisfaction survey. In 2018, 100% of respondents either agreed or strongly agreed with the statement “the class size is conducive to my learning” and 95% agreed or strongly agreed with the statement “I have been satisfied with the availability of the program faculty.” When asked on-site about class sizes and faculty availability, students said they were satisfied with both and noted how quickly faculty members respond to student emails and requests for meetings.University leaders spoke about their commitment to providing resources to the program, including additional faculty members if needed.Through the information provided in the self-study and faculty, student, and alumni feedback on site, reviewers were able to validate that the previous deficiency, which related to the adequacy of faculty resources, has been addressed and resolved.  | Click here to enter text. | Click here to enter text. |
| 3 faculty members per concentration area for all concentrations; at least 2 are PIF; double-counting of PIF is appropriate, if applicable |  |
| Additional PIF for each additional degree level in concentration; double-counting of PIF is appropriate, if applicable | *N/A* |
| Ratios for general advising & career counseling are appropriate for degree level & type |  |
| Ratios for MPH ILE are appropriate for degree level & nature of assignment |  |
| Ratios for bachelor’s cumulative or experiential activity are appropriate, if applicable | *N/A* |
| Ratios for mentoring on doctoral students’ integrative project are appropriate, if applicable | *N/A* |
| Students’ perceptions of class size & its relation to quality of learning are positive (note: evidence may be collected intentionally or received as a byproduct of other activities)  |  |
| Students are satisfied with faculty availability (note: evidence may be collected intentionally or received as a byproduct of other activities) |  |

#

# C3. STAFF AND OTHER PERSONNEL RESOURCES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Staff & other personnel are currently adequate to fulfill the stated mission & goals |  | The program has one program assistant, who works full-time for the program. In addition, two enrollment counselors and three SSS are dedicated full-time to the program and its students. The program shares the services of a marketing manager (0.5 FTE), instructional designers (2.0 FTE), online learning specialist (0.2 FTE), online writing specialist (0.2 FTE), online research and teaching librarian (0.2 FTE), and subject tutors. The enrollment counselor, SSS, instructional design and marketing positions are housed within CGPS. The subject tutors and online learning and writing specialists are housed in the university’s Student Academic Success Center, and the librarian position is also housed and supervised at the university level.The 2018 student satisfaction survey found that 96% of respondents were satisfied with their SSS and 72% agreed that their SSS helps them feel connected to the UNE Online community. During the site visit, students reported that the SSS always made them feel like part of a family. All students commented on the accessibility and responsiveness of their SSS. Students gave a variety of examples of how their SSS linked them quickly with academic and non-academic services.During the faculty annual focus group, faculty identified the need for administrative support for the paperwork and coordination efforts related to the applied practice experience (APE) and integrative learning experience (ILE). During the site visit, faculty noted that the program assistant has taken on the responsibility to organize much of that documentation. The faculty also expressed concern about the caseload for the SSS and recommended that their target student caseloads be reassessed based on the current size of the program and the needs of its students. The faculty was pleased with the services provided by the other units in CGPS, such as instructional design. | Click here to enter text. | Click here to enter text. |
| Staff & other personnel resources appear sufficiently stable |  |

# C4. Physical resources

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Physical resources adequate to fulfill mission & goals & support degree programs |  | Primary faculty and administrative staff have office space in the same wing as other college faculty and staff, including those dedicated to program support. The college wing includes two large conference rooms, three small-group rooms, and twelve individual carrels for faculty and staff use. The entire floor uses an open-space concept. During the faculty annual focus group, “the office design garnered the strongest negative reaction of any question in the focus group.” The focus group report noted comments that the floorplan was “unprofessional” and “a major disruptor in our and our students’ lives,” and that it raises “basic privacy and dignity issues.” Faculty felt uncomfortable hearing their colleagues’ conversations and reported that their students were also concerned that their issues were being heard by others in the program. The concerns were shared with the dean and, subsequently, all academic programs have been moved to a separate side of the building to allow faculty to work without hearing phone conversations in the background. During the site visit, faculty affirmed that the change significantly improved the work environment and expressed appreciation for the speed at which their concerns were addressed.Since the program is fully online, there is no on-campus need for physical space for student learning and engagement. Students, however, do have access to the physical resources of the university’s campuses. | Click here to enter text. | Click here to enter text. |
| Physical resources appear sufficiently stable |  |

# C5. information and technology resources

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Adequate library resources , including personnel, for students & faculty |  | Students, faculty and staff have access to two university libraries and all of the libraries’ physical and online resources. Online students access the library resources and receive support through a dedicated portal. A full-time online librarian is available to support college students and faculty. The 2018 student satisfaction survey reported that 69% of respondents felt that the library resources contributed to their success in the program. During the site visit, students appreciated the extensive online resources and the easy access to a librarian for specific consultations.The university uses the Blackboard learning management system to provide students and faculty with an integrated learning environment and learning community hub. Incoming students receive an extensive online orientation to the university’s approach to online learning, the use of Blackboard and the university’s available online resources. The 2018 student satisfaction survey found that 100% of students were satisfied or very satisfied when they contacted information technology services for assistance. During the site visit, students confirmed a high level of satisfaction with information technology support in resolving issues with Blackboard and other technology.A team of instructional designers (2.0 FTE) work with faculty to develop and maintain courses in Blackboard. Orientation for new faculty includes an introduction to Blackboard. The instructional designers are available to respond to technical issues during a class and to provide technical assistance while building or revising a course. In the 2018 faculty survey, 85% of faculty felt the necessary technology was in place to support effective instruction, and 89% agreed or strongly agreed that they knew who to ask for help if something came up with their courses. During the site visit, a newer faculty member described the effectiveness of the Blackboard and online learning orientation in preparing for the first course. All students receive a subscription to the citation management system Refworks and have access to REDCap, a web application for managing online surveys and databases. Students taking biostatistics purchase a subscription to STATA. Faculty have access to STATA and to software for video editing, video conferencing, and online meetings. | Click here to enter text. | Click here to enter text. |
| Adequate IT resources, including tech assistance for students & faculty |  |
| Library & IT resources appear sufficiently stable |  |

# D1. MPH & DrPH Foundational Public HEalth Knowledge

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Ensures grounding in foundational public health knowledge through appropriate methods (see worksheet for detail) |  | All students take GPH 714 Principles of Public Health (three credits) as the first course in their programs of study for the MPH degree or a graduate certificate in public health. The program designed GPH 714 to meet the 12 foundational public health learning objectives and the course syllabus documents that each is covered. Student learning is assessed through weekly quizzes, weekly discussion board assignments and responses, and two writing assignments. The two to three-page writing assignments require students to explain the critical importance of evidence in advancing public health knowledge and discuss antimicrobial resistance from a One Health perspective. During the site visit, faculty described how they reviewed and updated GPH 714 in order to ensure that graduate students are grounded in foundational public health knowledge. Each week of the course has different subject matter experts who focus on one or two learning objectives, but within a consistent structure. The experts selected the required readings and developed the discussions, assignments, and quizzes to assess student learning. The program chose a standard public health textbook, as the required introductory text because it was judged to be appropriate for individuals with no prior public health experience. To supplement the core text, students are required to read *One Health: From Aids to Zika* and other articles. | Click here to enter text. | Click here to enter text. |

D1 Worksheet

|  |  |
| --- | --- |
| **Foundational Knowledge** | **Yes/CNV** |
| 1. Explain public health history, philosophy & values | Yes |
| 2. Identify the core functions of public health & the 10 Essential Services | Yes |
| 3. Explain the role of quantitative & qualitative methods & sciences in describing & assessing a population’s health  | Yes |
| 4. List major causes & trends of morbidity & mortality in the US or other community relevant to the school or program | Yes |
| 5. Discuss the science of primary, secondary & tertiary prevention in population health, including health promotion, screening, etc. | Yes |
| 6. Explain the critical importance of evidence in advancing public health knowledge  | Yes |
| 7. Explain effects of environmental factors on a population’s health | Yes |
| 8. Explain biological & genetic factors that affect a population’s health | Yes |
| 9. Explain behavioral & psychological factors that affect a population’s health | Yes |
| 10. Explain the social, political & economic determinants of health & how they contribute to population health & health inequities | Yes |
| 11. Explain how globalization affects global burdens of disease | Yes |
| 12. Explain an ecological perspective on the connections among human health, animal health & ecosystem health (eg, One Health) | Yes |

# D2. MPH Foundational Competencies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Partially Met |  |
| Assesses all MPH students, at least once, on their abilities to demonstrate each foundational competency (see worksheet for detail) |  | The site visit team reviewed the program’s curriculum and assessment opportunities for each of the required foundational competencies. Instruction for the 22 foundational competencies and assessments is provided through nine required courses that all MPH students must take. None of the competencies are mapped to the APE or ILE experiences or electives.The concern relates to the inability of the site visit team to validate that all MPH students are assessed on one competency statement, competency 21: Perform effectively on interprofessional teams. Site visitors examined course syllabi and additional documentation provided during the site visit. While the GPH 702 course is set up to expose MPH students to other disciplines and have MPH students work in groups with students from the education, social work, health informatics, and nutrition programs when these students enroll, historically only MPH students have taken this course, with the exception of one health informatics student. The program must create an opportunity for MPH students to work with other students or professionals to assess this skill. Worksheet D2 provides a summary of the team’s findings.During the site visit, students and alumni spoke highly of the curriculum. They felt that the competencies were relevant and useful in their practicum placements and post-graduation placements. Overall, the students and alumni who met with site visitors felt that the program prepared them well for their current jobs. The program was previously cited for not implementing means, other than course grades, to assess student competency attainment. Through information provided in the self-study and discussions about assessments mapped to the foundational competencies, reviewers were able to validate that the program has appropriate means to assess student attainment of competencies. Therefore, this issue has been resolved. The concern related to foundational competency 21 is related to the inability of the site visit team to validate that MPH students are working with students from other disciplines during the assessment. | Click here to enter text. | Click here to enter text. |

D2 Worksheet

|  |  |
| --- | --- |
| **MPH Foundational Competencies** | **Yes/CNV** |
| 1. Apply epidemiological methods to the breadth of settings & situations in public health practice | Yes |
| 2. Select quantitative & qualitative data collection methods appropriate for a given public health context | Yes |
| 3. Analyze quantitative & qualitative data using biostatistics, informatics, computer-based programming & software, as appropriate | Yes |
| 4. Interpret results of data analysis for public health research, policy or practice | Yes |
| 5. Compare the organization, structure & function of health care, public health & regulatory systems across national & international settings | Yes |
| 6. Discuss the means by which structural bias, social inequities & racism undermine health & create challenges to achieving health equity at organizational, community & societal levels | Yes |
| 7. Assess population needs, assets & capacities that affect communities’ health | Yes |
| 8. Apply awareness of cultural values & practices to the design or implementation of public health policies or programs  | Yes |
| 9. Design a population-based policy, program, project or intervention | Yes |
| 10. Explain basic principles & tools of budget & resource management | Yes |
| 11. Select methods to evaluate public health programs | Yes |
| 12. Discuss multiple dimensions of the policy-making process, including the roles of ethics & evidence  | Yes |
| 13. Propose strategies to identify stakeholders & build coalitions & partnerships for influencing public health outcomes | Yes |
| 14. Advocate for political, social or economic policies & programs that will improve health in diverse populations | Yes |
| 15. Evaluate policies for their impact on public health & health equity | Yes |
| 16. Apply principles of leadership, governance & management, which include creating a vision, empowering others, fostering collaboration & guiding decision making  | Yes |
| 17. Apply negotiation & mediation skills to address organizational or community challenges | Yes |
| 18. Select communication strategies for different audiences & sectors | Yes |
| 19. Communicate audience-appropriate public health content, both in writing & through oral presentation | Yes |
| 20. Describe the importance of cultural competence in communicating public health content | Yes |
| 21. Perform effectively on interprofessional teams | CNV |
| 22. Apply systems thinking tools to a public health issue | Yes |

# D3. DrPH Foundational Competencies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

#

# D4. MPH & DrPH Concentration Competencies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met with Commentary |  |
| Defines at least five distinct competencies for each concentration or generalist degree in MPH & DrPH. Competencies articulate an appropriate depth or enhancement beyond foundational competencies |  | The program provides five distinct concentration competencies for the generalist MPH concentration. Competency statements range from “develop strategies for qualitative and quantitative data management” to “describe the use of technical applications in health interventions.” Reviewers’ initial examination of the self-study document raised concerns about the overall level of knowledge and skills described by three of the competency statements. Faculty shared with the site visit team that the competency statements were developed within team meetings. Faculty discussed what makes the program unique, how these unique factors tied to guiding statements, and how the concentration competencies build on foundational competencies. The program also looked at competencies that were prioritized at the college level. Scientific writing and critically analyzing peer-reviewed literature were priorities at the college level and skills that public health employers reported that graduates needed. These two skills formed the basis of concentration competencies one and two. Concentration competencies three and four were developed based on student feedback about wanting more advanced quantitative, qualitative, and budget management skills. The fifth competency was created to reflect that the skills that students need to learn based on the nature of the online program. The faculty felt that the online platform differentiates the program and students need to understand and apply technology and social media to health interventions. The on-site discussions, along with detailed examination of the assessment activities linked to each competency, allowed visitors to verify that each statement, and the statements as a whole, define an appropriate set of knowledge and skills that extends beyond the foundational knowledge and skills defined in Criteria D1 and D2.The commentary relates to the formulation of concentration competency five. The current wording does not accurately describe the level of rigor expected for concentration competencies. The program demonstrated higher level didactic preparation and assessment for this competency than the statement itself suggests. Rewording the competency would better reflect the rigor of the didactic preparation and assessment. The program was previously cited for not implementing means, other than course grades, to assess student competency attainment. Through information provided in the self-study and discussions about assessments mapped to the concentration competencies, reviewers were able to validate that the program has appropriate means to assess student attainment of competencies. Therefore, this issue has been resolved. | Click here to enter text. | Click here to enter text. |
| Assesses all students at least once on their ability to demonstrate each concentration competency |  |
| If applicable, covers & assesses defined competencies for a specific credential (eg, CHES, MCHES) | *N/A* |

D4 Worksheet

|  |  |  |
| --- | --- | --- |
| **MPH Generalist Concentration Competencies** | **Comp statement acceptable as written?****Yes/No** | **Comp taught and assessed?****Yes/CNV** |
| 1. Synthesize and incorporate scientific evidence into professional writing.
 | Yes | Yes |
| 1. Search databases and critically analyze peer reviewed literature
 | Yes | Yes |
| 1. Develop strategies for quantitative and qualitative data management.
 | Yes | Yes |
| 1. Evaluate the use of financial resources and management techniques by public health programs to achieve goals and sustainability.
 | Yes | Yes |
| 1. Describe the use of technological applications in health interventions.
 | **No** | Yes |

# D5. MPH Applied Practice Experiences

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| All MPH students produce at least 2 work products that are meaningful to an organization in appropriate applied practice settings |  | The program developed a new three-credit course, GPH 743 Applied Practice Experience (APE) and piloted it with six students in spring 2018. GPH 743 and a new one-credit course, GPH 744 Integrative Learning Experience, are designed to replace the older four-credit course GPH 747 Integrated Public Health Practicum, which combined the field experience with the capstone paper. Students who matriculated prior to the 2018-2019 academic year may choose to complete GPH 747 or the new GPH 743/744 series. Students who matriculate in or after summer 2018 are required to take GPH 743 to complete their field experience. GPPH uses GPH 743 Applied Practice Experience to structure the 16-week practicum/internship experience. GPH 743 may be completed during a fall, spring, or summer semester. While completing their field experiences, students also participate in an online Blackboard seminar. Over the 16 weeks, they complete reflection papers that address leadership, communication, interprofessional practice, and systems thinking. They also engage with other students on discussion boards where they support each other as members of a shared community of practice and discuss issues related to their professional development. The assistant director of public health practice and the assistant director of thesis advising serve as the practicum coordinators. They work with students in the planning phase of the APE and are the instructors for the Blackboard portion of the course. Students are eligible to take the APE course after they have completed the nine required GPPH courses. Students are expected to complete their APE before selecting their electives, however students may take elective courses concurrently if the courses align with the tasks they will be completing in the field. Competencies to be attained by the practice experience are determined before the student is cleared to take GPH 743. At least six months before enrolling in the APE, students have a one-on-one discussion with their practicum coordinators by phone or email to discuss the specific APE competencies that align with their interests and plans for the MPH degree. Currently, students are required to demonstrate the attainment of at least five foundational competencies of their choosing. Starting in Spring 2019, students may include concentration-specific competencies in their list. The requirement will be a minimum of five competencies, of which three must be foundational competencies. A preceptor/site information form is used to pre-approve an APE site. It is used to ensure that the selected site and the preceptor are appropriate to provide a high-quality learning experience for the student. Preceptors receive written guidance on what is expected of them before, during, and after the completion of the student’s practicum. During the site visit, preceptors reported that the requirements were clear and that they had good communication with program faculty. After the site is approved, the learning contract is used to describe the student’s project(s); it identifies a minimum of two final products that will be created for the site and the tasks that the student will undertake in order to complete the products and lists the competencies that will be attained during the APE. The preceptor’s signature certifies that the project is feasible and that the products will be useful to the site. The practicum coordinator approves the contract to confirm that the final products listed meet the academic requirements for an APE and that the tasks outlined will help the student attain the listed competencies. Students submit a report midway through their APE to document the progress they have made creating the products identified in the learning contract as well as their progress on attaining the identified competencies. This report, signed by the student and preceptor and reviewed by the APE course instructor, is an opportunity for the student, the preceptor and the APE course instructor to identify any issues and introduce new or revised products as needed. At the end of the APE, students submit the products they created, a synopsis of their work to be shared with other students, and a final report detailing the products, the process of creating the products, and how the student demonstrated mastery of their competencies. The APE instructor reviews the final products as well as the preceptor’s evaluation of the student’s work and assesses the student’s work according to the course grading rubric. The syllabus for GPH 743 and the reporting forms required for the student’s APE clearly outline the expectations. In addition, the syllabus and forms consistently reflect the importance of attaining specific competencies through the APE experience. The documentation requires the student, preceptor, and faculty to assess a student’s progress toward and attainment of each specific competency. During the site visit, both faculty and students described how a student was evaluated on attaining each competency and how faculty documented those assessments in Blackboard using grading rubrics and written comments. Students also described one-on-one discussions with faculty regarding their success in achieving specific competencies.Because the program is a fully online with students in various geographical locations, students must take the initiative to secure an appropriate applied practice site and preceptor. Practicum coordinators provide individualized guidance to students and use preceptor and site pre-approval forms and learning contracts to assess that the experience will be mutually beneficial. GPPH does have one formal academic-practice partnership with the City of Portland Department of Public Health, where a number of students may be placed for their APEs every semester. The self-study included documentation on the six students who have completed their applied practice experiences using GPH 743. Their practice experiences were completed with the following agencies: Caribbean Public Health Agency, Nigeria Centre for Disease Control, Healthy Franklin County (Maryland), New York City Department of Health and Mental Hygiene – Division of Food Safety, Lincoln County (Oregon) Public Health, and Andover (Massachusetts) Water Treatment Plant. The documentation demonstrated that each student produced at least two work products that were meaningful to the organization. The documentation also demonstrated a consistent process for identifying competencies for the APE, mapping those competencies to the applied practice experience in general and the work products in particular, and having the student and the preceptor assess how well those competencies were demonstrated during the APE.Students who matriculated prior to summer 2018 may still take GPH 747 Integrated Public Health Practicum to fulfill the applied practice experience requirement. Because the old course sequence had GPH 747 as the final course in the program, students who have completed the required and elective courses may opt to take GPH 747 to fulfill degree requirements in one semester rather than the two semesters required to complete GPH 743 and GPH 744. The site visit team reviewed the course syllabus for GPH 747 and determined that it meets all requirements for an applied practice experience with the exception of an explicit requirement to produce two work products for the practicum site. However, these students matriculated under prior criteria and curricula and therefore have the choice to complete the program requirements based on the curriculum they matriculated into.  | Click here to enter text. | Click here to enter text. |
| Qualified individuals assess each work product & determine whether it demonstrates attainment of competencies |  |
| All students demonstrate at least 5 competencies, at least 3 of which are foundational |  |

# D6. DrPH Applied Practice Experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

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# D7. MPH Integrative Learning Experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met with Commentary |  |
| Students complete project explicitly designed to demonstrate synthesis of foundational & concentration competencies |  | The APE and ILE are integrated, with the APE serving as the basis for the ILE. Students select competencies from an ILE proposal form; students must choose at least two foundational and two concentration competencies. The student’s ILE advisor evaluates and grades the written product (research paper, program evaluation, or policy paper).Students participate in the APE course (the semester before the ILE course) where they submit ILE proposals, select their competencies, and receive feedback from the APE instructor. Students must complete a proposal and receive sign-off on the ILE clearance form before enrolling in the ILE course (GPH 744).The assistant director of thesis advising, program director, and associate program director jointly match students and advisors based on the ILE proposals. The ILE manual clearly outlines the process, with students requiring a well formatted set of aims before proceeding. Student satisfaction is generally favorable but is based only on five surveys. Students voiced satisfaction with the current ILE procedures, although one student had a difficult experience with his capstone experience (which had previously combined current ILE and APE requirements).The commentary relates to the quality of the written products provided to site visitors. Six ILE papers (from summer 2018) are included in the ERF. Reviewers noted that the methods sections in several examples were not consistently appropriate for graduate level work. The ILE course is new as of summer 2018, so the program does not have artifacts from 10% of students over the last three years.  | Click here to enter text. | Click here to enter text. |
| Project occurs at or near end of program of study |  |
| Students produce a high-quality written product |  |
| Faculty reviews student project & validates demonstration & synthesis of specific competencies |  |

# D8. DrPH Integrative Learning Experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

# D9. Public Health Bachelor’s Degree General Curriculum

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

# D10. Public Health Bachelor’s Degree Foundational Domains

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

#

# D11. Public Health Bachelor’s Degree Foundational Competencies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

#

# D12. Public Health Bachelor’s Degree Cumulative and Experiential Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

#

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

#

# D14. MPH Program Length

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| MPH requires at least 42 semester credits or equivalent |  | The program requires students to complete a total of 46 credit hours to receive their degree. This is made up of 27 credits of required courses, 15 credits of electives, three credits for the APE, and one credit for the ILE. Students who matriculated prior to the 2018-19 academic year only took 21 credits of required courses and could take the integrated practicum course for four credits instead of the APE and ILE courses, but these students still completed 46 credit hours. The program uses the Carnegie Unit, in accordance with university policy, to define credits. A three-credit course is equivalent to 45 contact hours of instruction. As an online program, the courses are asynchronous, and the program combines the 45 hours of contact hours with 90 hours of expected out of class work to reach the expected time commitment of 135 hours of work per three-credit course. All courses are three credit courses with the exception of the integrated practicum which is four credits and the new ILE course which is one credit.  | Click here to enter text. | Click here to enter text. |

# D15. DrPH Program Length

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

# D16. Bachelor’s Degree Program Length

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

# D17. Academic Public Health Master’s Degrees

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

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# D18. Academic Public Health Doctoral Degrees

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

# D19. All Remaining Degrees

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Not applicable |  |

# D20. Distance Education

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Instructional methods support regular & substantive interaction between & among students & the instructor |  | The program offers a generalist MPH, which is fully distance based. For the APE experience, students are expected to work alongside public health professionals in a face-to-face experience, though this can take place in any location. The program uses the Blackboard learning management system, which is funded and hosted by the university. This tool is available to all faculty and staff at the university for development of courses and online training programs. Courses are developed by subject matter experts (SMEs) with relevant education and field expertise in the specific content area. SMEs consult with the associate program director to ensure that course content addresses program goals and public health competencies. Teaching faculty are selected for their educational and professional experience related to the course topic and are encouraged to incorporate their background into their interactions with students. All classes use contain discussion boards and some require small group discussions. Faculty regularly communicate with students and facilitate and participate in meaningful discussions. Faculty grade all discussion posts and assignments and provide substantive feedback using comments in Blackboard as well as rubrics. Faculty are also required to hold weekly office hours, at a set time, or by appointment, and must post weekly announcements with content personalized by the faculty member. The program’s primary reason for developing and implementing the online MPH program at the university was to address public health workforce needs across the country and around the world. Many applicants to the program are working professionals who would not have the time or means to pursue an MPH degree in traditional face-to-face settings. Program leaders said that the online format and CEPH accreditation are the main reasons students cite for choosing the university. Since the program is online, the administrative, IT, and student support services are tailored towards online students. Administrative and student support services include the following: enrollment counselors who work closely with SSS to ensure that new students are ready to begin orientation, SSS who perform initial learning assessments to identify potential risks and ensure provision of adequate support, program administrators who work with students who are having academic or programmatic concerns, the instructional design team, Student Academic Success Center, library services, and technology support, which includes a 24/7 Help Desk. Educational rigor is ensured through the SMEs and faculty members who develop the courses, as well as course reflections held with faculty teaching each class. Student perceptions of academic rigor are assessed through course evaluations. In addition, the associate program director consults with SMEs, faculty, and program committees to regularly review the curriculum and course designs. Based on feedback provided, changes have been made to the curriculum. For example, the program received feedback that their infectious disease epidemiology course was not rigorous enough. The program responded by contracting an adjunct faculty member with expertise in the content area to revise the course and include the development of an epidemiological survey to improve the rigor. This course was offered beginning in fall 2018. Educational outcomes are measured through course evaluations, faculty meetings, course review meetings, and through systematic monitoring of outcome measures such as competency attainment, job placement rate, and student satisfaction.The university and program utilize a single sign-on technology which is an authentication technology that requires users to use a single user name and password across multiple platforms. This technology also requires students to answer unique security prompts for password resets to prevent the username being compromised. Upon acceptance of admission, students are provided with a unique student ID and login. Students access official university systems and complete work through logging in with their unique ID. All university communication occurs through UNE email, which is derived from the student’s unique ID. In addition, many courses require live or recorded presentations, which allow faculty to verify students’ identity. If faculty identify plagiarism or other violations of academic integrity within their courses, they contact the associate program director, identifying the student and documenting the issue. The associate program director then reviews the incident and the student’s record and gives the faculty member guidance about how to address the matter.When reviewers talked to students about their perception of the program’s responsiveness to the needs of online learners, they said that the program was very responsive. They felt that there were plenty of resources, IT issues were resolved quickly, and that faculty were accessible and helpful.  | Click here to enter text. | Click here to enter text. |
| Curriculum is guided by clearly articulated learning outcomes that are rigorously evaluated |  |
| Curriculum is subject to the same quality control processes as other degree programs in the university |  |
| Curriculum includes planned & evaluated learning experiences that are responsive to the needs of online learners |  |
| Provides necessary administrative, information technology & student/faculty support services  |  |
| Ongoing effort to evaluate academic effectiveness & make program improvements |  |
| Processes in place to confirm student identity & to notify students of privacy rights and of any projected charges associated with identity verification |  |

# E1. Faculty Alignment with Degrees Offered

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Faculty teach & supervise students in areas of knowledge with which they are thoroughly familiar & qualified by the totality of their education & experience |  | As a generalist program, the breadth of faculty expertise is appropriate. There are seven primary faculty, four of whom hold doctorates in relevant fields; one holds a JD and MS in health policy, one has an MBA, and one has an MPH. Expertise is broad and reasonable for a generalist degree; several adjunct faculty have recently been hired with expertise in epidemiology, biostatistics, and behavioral health. Faculty are well qualified to teach the program’s courses. Forty-seven non-PIF (adjunct) faculty are listed in the self-study, with a great breadth of expertise including all major aspects of public health. Adjunct faculty are evaluated for qualifications through review of their CVs. Many have significant FTE effort toward supporting the program. The self-study document refers to the large number of adjunct faculty as the “scholar-practitioner” model, as many of them are employed in real world settings such as local health departments. The model follows from the program’s mission to train students to enter the profession of public health. Students told site visitors that they were more than satisfied with the qualifications of their faculty. One student described the scholar-practitioner model as the hidden gem of the program. Students had no concern with the large number of adjunct faculty, citing their expertise and geographic distribution as an advantage.The program was previously cited for not consistently ensuring that faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by education and experience. Reviewers were able to validate that faculty members are qualified and provided with teaching assignments that align with their degrees and professional experience. With a large number of qualified adjunct faculty, all course subjects are covered.  | Click here to enter text. | Click here to enter text. |
| Faculty education & experience is appropriate for the degree level (eg, bachelor’s, master’s) & nature of program (eg, research, practice) |  |

# E2. Integration of Faculty with Practice Experience

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Employs faculty who have professional experience in settings outside of academia & have demonstrated competence in public health practice |  | Several of the current PIF have significant prior experiences in public health practice. Some of their experiences outside academia include a pediatrician practicing in Africa, health educator in community health organizations and health systems, attorney in health-related practice, business and operations manager for an assisted living facility, nutritionist, clinical research coordinator, and health systems manager. Adjunct faculty and subject matter experts work part-time in the program and, following the scholar-practitioner model, are hired because of significant work experience in the field. The majority of adjunct faculty and subject matter experts currently work full-time in public health or healthcare organizations outside academia. Examples of current public health practice settings of adjunct faculty include the following: senior biostatistician with a clinical research organization, research epidemiologist with a foundation, state STD and viral hepatitis program administrator, health plan manager for population health and wellness, health educator with a county health department, environmental toxicology program director for a non-profit organization, quality improvement manager for a health organization, research analyst in child and family services for a city health department, director of a federal office of women’s health, health system epidemiologist, healthcare associated infections specialist for a state health department, director of a healthy community initiative, and program director for a long-term care ombudsman program. Primary faculty, adjunct faculty and subject matter experts integrate their perspectives from the field into the classroom through course development, online classroom discussions, and assignments. During the site visit, students and faculty described specific examples of how faculty members’ practice experiences were incorporated into their teaching. Several students mentioned that the program’s scholar-practitioner model was one of the things that made the program attractive to them. | Click here to enter text. | Click here to enter text. |
| Encourages faculty to maintain ongoing practice links with public health agencies, especially at state & local levels |  |
| Regularly involves practitioners in instruction through variety of methods & types of affiliation |  |

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# E3. Faculty Instructional Effectiveness

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| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Systems in place to document that all faculty are current in areas of instructional responsibility  |  | Primary faculty have financial resources available to attend professional development trainings and conferences. Examples of conferences attended in 2018 included, but are not limited to, the APHA Annual Meeting, Main Public Health Association Annual Meeting, and an ASPPH meeting. The program ensures that non-PIF maintain currency by requiring that they are credentialed and active practitioners in their areas of instructional responsibilities.Primary faculty only teach in areas that align with their qualifications. The program director and associate program director review the CVs of all adjunct faculty. Course evaluations are the primary means for assessing faculty instructional effectiveness. All faculty undergo an evaluation process, including an early term review at two to four weeks and an end of course reflection/review meeting. The program had previously been cited for not demonstrating that it had well-defined policies and procedures to evaluate faculty competence and performance. This has been remedied. Student course evaluations are returned at the end of the course, and all faculty members that taught sections of the same course participate in the end of course reflection/review meeting. In addition, lead faculty members mentor new primary and adjunct faculty members that are teaching sections of their course. The lead faculty member is responsible for maintaining communication with the faculty members throughout the semester and provide feedback and advice to ensure instructional effectiveness and consistency across sections of the course. The SSS office plays an “ears on the ground” role in receiving informal student feedback on faculty effectiveness. Efforts to maintain currency in pedagogy are voluntary rather than pro-active, unless evaluations or informal methods identify a problem with a course. All constituents (faculty, leadership, and students) greatly appreciate the role SSS play in ensuring student and program success.The program chose three indicators: faculty currency (measured by the course reflection/review meeting, which led to two courses being revised); faculty instructional technique (measured by course reflections); and program-level outcomes (measured by use of grading rubrics). The fact that two courses were changed following concerns that arose in the reflections is a positive finding.Targets included increasing the number of required courses offered in fall semester (from three to 10 over two years), reducing the number of sections per required course (from 10 to three), increasing the number of electives offered in fall (from six to 13), and reducing the number of sections per elective (from four to two). | Click here to enter text. | Click here to enter text. |
| Systems in place to document that all faculty are current in pedagogical methods |  |
| Establishes & consistently applies procedures for evaluating faculty competence & performance in instruction |  |
| Tracks indicators that provide meaningful information related to instructional quality  |  |
| Supports professional development & advancement in instructional effectiveness for all faculty  |  |

# E4. Faculty Scholarship

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met with Commentary |  |
| Policies & practices in place to support faculty involvement in scholarly activities |  | Expectations for faculty scholarship are modest. The Center for Excellence in Interprofessional Education (CEIE), Center for Excellence in Teaching and Learning (CETL), the mini-grant program, and competitive UNE-wide research funds all support faculty scholarship. These mechanisms are primarily focused on the scholarship of learning, application, and integration, rather than the scholarship of discovery. The program does allow up to 20% of full-time faculty time to be devoted to research and scholarship. A number of adjunct faculty also have robust research programs.The self-study provides five examples of faculty engagement in scholarship, but these center on four projects. Two of the projects are led by adjunct faculty; the two primary faculty projects are a needs assessment of adolescent health in Maine and development of a competency-based model for applied practice experiences. Further information was shared at the site visit, identifying two primary faculty members publishing in peer reviewed journals, and an additional two proposals for research currently pending: a nutritional assessment of Maine’s elders and a study of refugee knowledge of the US healthcare system in Maine.The self-study provides three examples of student involvement in faculty research, including a nutritional assessment, interprofessional education, and a needs assessment. Student activities included data collection and analysis. Students who met with site visitors spoke of ample research opportunities being available for those who wanted to do research. Student engagement in research appears to be student-driven.Three indicators—percentage of faculty participating in research activities, number of peer-reviewed articles, and number of presentations at professional meetings—are provided, with all three met or nearly met. The target for total faculty participating in research is 50%, with 71% participating in 2017-18. The program targets 20 peer-reviewed articles per year, with 18 published in 2017-18, 31 in the previous year, and 40 in the year before. The program targets 35 professional meeting presentations per year, with 35 conducted in 2017-18. Additional data was provided at the site visit, demonstrating that both primary and adjunct faculty are engaged in grants/contracts (n=4), presentations (n=5), and peer-reviewed publications (n=2).The commentary relates to the fact that scholarship and research is very limited. University leaders articulated plans to increase research and scholarship as part of a new strategic plan. The program was previously cited for not demonstrating a sufficient depth of faculty participation in research and scholarship. Reviewers determined that the program is minimally compliant in this criterion but would benefit from increasing faculty participation in research and scholarship.  | Click here to enter text. | Click here to enter text. |
| Faculty are involved in research & scholarly activity, whether funded or unfunded |  |
| Type & extent of faculty research aligns with mission & types of degrees offered |  |
| Faculty integrate their own experiences with scholarly activities into instructional activities |  |
| Students have opportunities for involvement in faculty research & scholarly activities  |  |
| Tracks measures that are meaningful and demonstrate success in research and scholarly activities  |  |

# E5. Faculty Extramural Service

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| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Defines expectations for faculty extramural service  |  | The university’s faculty handbook clearly identifies service as part of the evaluation criteria for tenure, non-tenure, and adjunct faculty positions. The program expands the definition of service from service to the institution to include involvement with, and service to, the community. Primary faculty and adjunct faculty are encouraged to be involved in professional and community service and to participate in a wide range of activities within their communities. The program is based upon a scholar-practitioner faculty model and does not operate using a more traditional academic recruitment, promotion, and tenure process.The program works with the larger university to form both formal and informal collaborations that allow faculty and students to become directly involved in service. The university’s Global Health Initiative has a formal agreement with the University of Cape Coast, Ghana, to create the Ghana Health Partnership. Since 2011, the partnership has provided provide service, research, and training opportunities for public health students and faculty. The college administration fully supports faculty participation in extramural service activities. Both primary and adjunct faculty reported extensive involvement in state and national professional associations and with local, state, and national organizations addressing specific health and community health issues. In 2017, 73% of primary and adjunct faculty participated in extramural service activities and were involved in 65 community-based service projects. There were five faculty/student service collaborations. One primary faculty member serves on the Portland Public Library Health Advisory Board and advises on a NIH grant that seeks to link members of vulnerable populations with medical information online. Another primary faculty member serves on the Steering Committee for the Planetary Health Alliance, which is working to determine the effect of climate change on human and animal health. She also serves as a board member for the non-profit organization, Worcester Refugee Health Assistance Project. One adjunct faculty member serves on the Permanent Advisory Steering Committee developing the Alzheimer State Plan for Louisiana and serves as an advocate/ambassador on Alzheimer’s disease for a Congressman from Louisiana. Another adjunct faculty member is the Global Strategy Officer for Carry the Future, which supports refugee families who flee to Greece. All incorporate perspectives and lessons learned from these service experiences into their teaching. Faculty and students worked together to provide service to a local Portland organization during the university’s Community Service Week. Annually, students work alongside faculty who are providing disaster preparedness training to local community partners.  | Click here to enter text. | Click here to enter text. |
| Faculty are actively engaged with the community through communication, consultation, provision of technical assistance & other means  |  |

# F1. Community Involvement in School/Program Evaluation & Assessment

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Engages with community stakeholders, alumni, employers & other relevant community partners. Does not exclusively use data from supervisors of student practice experiences |  | The membership of the program’s Advisory Committee and Curriculum Committee includes individuals who represent employers, public health and community health organizations, and alumni. These community stakeholders are from the local area, the New England region, and other regions of the United States. The committees meet two times per year to discuss the program’s operations, policies, and curriculum and to help monitor and advise the program’s current and future direction. The one set of the Advisory Committee’s meeting minutes that was available did document active engagement of the community stakeholders in discussion about the goals and directions for the program. The program also obtains community input through its surveys of student preceptors, adjunct faculty, and employers, who, like the program’s students, live and work in diverse settings across the nation and internationally. While these surveys seek assessments of the specific performance of students and graduates, the surveys also are used to obtain recommendations for changes to the program and to identify workforce development needs. Market research analysis by the college research and strategy team also informs the program about changes in the health and public health practice environments.In fall 2016, both the Advisory Committee and Curriculum Committee were engaged in reviewing and updating the program’s vision, mission and goals. In April 2018, the Advisory Committee discussed changes that were needed to some of the program’s goals and objectives to ensure compliance with the CEPH criteria.In fall 2018, the program initiated a survey of the employers of recent graduates regarding competency attainment. Alumni who graduated in 2017 were surveyed regarding employment status and asked to provide an email address for their employer. In the employer survey, the employer/supervisor was asked to anonymously rate the graduate’s ability to perform a set of public health competencies in his/her workplace. To date, only 20 alumni (10%) provided an employer email address, and 13 employers responded to the survey. The program was previously cited for not collecting and analyzing data from employers on their assessment of graduates’ competency attainment and workforce readiness. Given the limited time that the program has had since the last review, it has sought feedback from employers and adjunct faculty members who have hired recent graduates to inform course changes. The program did engage the Advisory and Curriculum Committees in review of the draft and final self-study document. The program’s newsletter was used to solicit volunteers to review the draft self-study in June 2018 and to notify all stakeholders of the availability of the self-study for comment in September 2018. The program has limited documentation of community stakeholders’ engagement with the program and its planning processes, but during the site visit, site visitors heard examples from faculty of how the program sought community stakeholder input and how the information was used to make improvements to the program. Community stakeholders confirmed their satisfaction with their engagement with the program, however, site visitors met with only two alumni and two community members/employers. | Click here to enter text. | Click here to enter text. |
| Ensures that constituents provide regular feedback on all of these: * student outcomes
* curriculum
* overall planning processes
* self-study process
 |  |
| Defines methods designed to provide useful information & regularly examines methods |  |
| Regularly reviews findings from constituent feedback |  |

# F2. Student involvement in community & professional service

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Makes community & professional service opportunities available to all students |  | During the first semester introductory call with each student, the academic advisor asks about the student’s involvement in any service or volunteer activities. During the second semester, students take a non-credit professional preparation workshop, which emphasizes service and other volunteer activities. These efforts aim to begin a discussion preparing students for the APE and ILE, but the program also uses them as opportunities to encourage community and professional service.The program provides an online system to share service, community engagement, and professional development opportunities with students and lists opportunities in its monthly newsletter. The assistant director of research and service works with SSS to send targeted emails with opportunities for students in various geographic areas. The program held a volunteer week contest that encouraged students and faculty to post photos of their engagement in volunteer service. Specific student service participation included: CASPER community assessments with a local health department in Texas; point of dispensing exercises coupled with flu vaccine administration in Maine; service to community organizations during the university’s Annual Day of Service; and community health fairs hosted by the university and the Portland Public Library. In October 2018, 63 students responded to a survey to determine their current level of service activities. Professional service activities were reported by 35 students (55%), with 13 students reporting 20 or more hours of service since beginning the MPH program.For academic year 2018-2019, the program initiated a service cord program to recognize students at graduation if they met criteria for involvement in service and professional engagement. Students will complete a brief bi-annual survey to provide information on their professional and community service activities. Students are encouraged to be engaged with APHA, the Maine Public Health Association, or their local public health association. Several GPPH students have had leadership roles and/or presented at the organizations’ meetings. | Click here to enter text. | Click here to enter text. |
| Opportunities expose students to contexts in which public health work is performed outside of an academic setting &/or the importance of learning & contributing to professional advancement of the field |  |

# F3. Assessment of the Community’s Professional Development Needs

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| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Defines a professional community or communities of interest & the rationale for this choice |  | The program defines its professional community of interest as the public health practitioners in the United States and abroad. As a fully online program, students are located throughout the US and internationally: only 10% of students live in Maine. The program does work closely with the local public health departments in Maine and the Maine Medical Center, which are the major employers of the program’s local graduates. At the same time, the program maintains a broad focus to include the professional development needs of the diverse communities represented by its student population.The program was previously cited for not having a record of collecting information from workforce stakeholders on training needs. The deficiency has been resolved by assessment of professional development needs through annual public health leader conversations (one-on-one by phone or in-person) and surveys of faculty and preceptors. In 2016 and 2017, the program obtained input from individuals employing and supervising graduates in Maine. Identified needs were in the areas of oral and written communication, financial matters, and the changing role of public health professionals. In 2018, the program also obtained input from individuals outside of Maine. In 2018, the program began asking all faculty and preceptors about their perceptions of workforce development needs among public health professionals. In 2018, the program received responses on workforce development needs from 39 practicum preceptors, 12 APE preceptors, and 53 faculty. Results identified a variety of skills; however, a common theme was the need for improved soft skills. | Click here to enter text. | Click here to enter text. |
| Periodically assesses the professional development needs of individuals in priority community or communities |  |

# F4. Delivery of Professional Development Opportunities for the Workforce

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Provides activities that address professional development needs & are based on assessment results described in Criterion F3 |  | The program evaluates the need for professional development activities in response to information gathered from its community of interest. In addition, decisions are informed by input from the Advisory Committee. Once a need is identified and a decision is made to design a new resource to fill the identified gap, the assistant director of workforce development works with other faculty to identify subject matter experts within or outside of the current faculty. The subject matter expert works with the assistant director of workforce development to ensure that the program provides a high-quality product. If the identified need requires a new course offering, the associate program director and assistant director of workforce development identify the subject matter experts and facilitate their work with instructional designers to produce the course.As part of an online college, the program predominantly offers professional activities or products as webinars or as online courses. These formats enable the university to archive the activity or product and to make it available on demand for persons in different locations and time zones. The program was previously cited for not offering or planning to offer programs that responded to identified professional development needs. The deficiency has been resolved. Based on input from the public health leader conversations in 2017, the program offered two professional development webinars in 2018. The webinar “Effective Grant Writing for Health Professionals” was delivered in March 2018. The webinar’s purpose was to help participants learn how to identify and choose the best proposals for development, find resources to support the creation of significant aspects of proposals, and think like a reviewer when developing grant proposals. The webinar was attended by 22 individuals and was recorded for later viewing. In September 2018, the program launched a 3-session webinar series on “Fundamentals of Financial Management and Budgeting for Health Practitioners.” Subject areas included organization goals, relevant terminology, types of budgets and processes, performance management, financial controls, budget variance analysis, and corrective action plans. There were 29 participants from six states, with 14 participants attending all three sessions. Both webinars had detailed post-webinar evaluation reports. Based on information gathered from employers, preceptors, and faculty in 2018, the assistant director of workforce development is exploring options that will focus on motivational interviewing and presentation/communication skills. | Click here to enter text. | Click here to enter text. |

# G1. Diversity & Cultural Competence

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Defines appropriate priority population(s) |  | The program identifies four priority populations for both students and employees: individuals of color; males; individuals born outside of the US; and individuals working in the field of public health. The first two priorities are based on SOPHAS norms; the latter two are meant to increase diversity of thought.The goals are 30% for “a diversity of racial and ethnic groups” (non-white), 25% who identify as male, 25% who are born outside the US, and 40% who work in public health. The goals are the same for students, faculty, and staff. The primary strategy employs marketing to attract non-whites and males, for example, the use of targeted Facebook ads. Attracting foreign-born students presents a challenge due to the lack of financial aid funding for non-US citizens and residents. Strategies to increase staff diversity include marketing and joining the Diversity Hiring Coalition of Maine.The self-study refers to elements of the curriculum that promote a culturally competent environment. Cultural competency is an element of some courses (for example, GPH 738: Program Planning and Evaluation), and the university requires culturally-specific training before immersion trips, as confirmed in discussion with alumni. Course evaluations also assess the extent to which faculty promote a culturally inclusive and respectful environment, with the vast majority (around 90%) of students saying that they feel the faculty promote diversity and inclusion.Over 90% of students and faculty surveyed feel that the program supports a diverse environment. The program has met its self-defined diversity targets in most years, although there is some variation. For example, one of the goals is the number of enrolled students working in public health, which has a target of 40%. The program exceeded that target in all three reporting years, 47% for 2016-17, 53% for 2017-18, and 55% for 2018-19. One exception is attracting male students (target of 25%); in the most recent year, just 16% of faculty identified as male, and in the two previous years, 18% and 22% of students identified as male. The program is exploring marketing approaches to address this need, for example, targeting engineers and surgical residents (two male-dominated fields) for recruitment. | Click here to enter text. | Click here to enter text. |
| Identifies goals to advance diversity & cultural competence, as well as strategies to achieve goals  |  |
| Learning environment prepares students with broad competencies regarding diversity & cultural competence  |  |
| Identifies strategies and actions that create and maintain a culturally competent environment |  |
| Practices support recruitment, retention, promotion of faculty (and staff, if applicable), with attention to priority population(s) |  |
| Practices support recruitment, retention, graduation of diverse students, with attention to priority population(s) |  |
| Regularly collects & reviews quantitative & qualitative data & uses data to inform & adjust strategies |  |
| Perceptions of climate regarding diversity & cultural competence are positive |  |

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# H1. Academic advising

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| --- | --- | --- | --- | --- |
| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Students have ready access to advisors from the time of enrollment |  | Academic advising for the program is shared between SSS and Academic Advisors (AA). SSS are full-time CGPS employees. SSS are responsible for student onboarding and conduct a learning assessment to determine any potential risk factors and ensure connection to appropriate resources for support. SSS are well-versed in program requirements and are the first point of contact when students need help with registration, financial aid, and communicating with faculty. AAs complement the work of SSS by providing advising specific to public health. AAs are primary faculty members with knowledge of the program and are able to provide advising regarding APE, ILE, electives, and public health careers. As previously mentioned, the program assistant assigns AA to students. Students are required to meet with their AAs at least three times: at the beginning of their program, after completing 21 credits to discuss electives, and prior to the ILE to discuss plans and review competency attainment. Each semester, SSS provide AAs with a list of students who need to have their 21-credit or pre-ILE advising meeting. AAs reach out to the students to schedule the meeting and use advising materials such as academic plans and checkpoint documents to assess student progress. SSS are selected through UNE’s hiring procedures and are oriented to their role by the director of student support and senior SSS. Through orientation and ongoing training, SSS learn about the program, degree requirements, course offerings and calendars, and study plans. AAs do not have formal training for their roles, as all are PIF. The formal AA structure began in the beginning of 2018. AAs are keeping track of challenges or training needs that may arise and discuss them in team meetings. If AAs determine that substantive or formal trainings are needed, they will be planned and implemented. When asked on site, the program director said that she and the faculty are having regular discussions about advising loads and resources needed and will address this if problems arise. She said that at this time the workload is manageable. SSS monitor student progress and identify those experiencing difficulty by monitoring their submissions on Blackboard. SSS reach out to students who have not completed assignments on time to determine if the student is having issues or needs to be connected to resources. AAs also reach out to students to check in or provide resources if they know a student is experiencing an issue. An example of this is a PIF reaching out to students in California impacted by wild fires to determine what resources the student needed and how the faculty could provide support. MPH students are required to complete an online orientation before matriculating into the program. This orientation is made up of seven learning modules that students work through at their own pace. These models consist of lectures, readings, assignments, and quizzes and must be completed before the first day of class. Orientation shows students how to navigate the online learning environment, locate and access program resources, and learn about tools and strategies to ensure a meaningful and collaborative learning experience. Students are also oriented to academic expectations such as citation style, scientific writing, and academic integrity. Surveys are used to collect data on student satisfaction with academic advising. Data were collected in 2015, 2017, and 2018. Before the formal AA process was implemented, over 95% of respondents were satisfied with academic advising in 2015. In 2017, 80% of respondents were very satisfied or satisfied with academic advising and mentoring received. In 2018, 87% of respondents were very satisfied or satisfied with academic advising and mentoring received. The response rates were low, with 17% in 2017 and 27% in 2018. When asked about advising satisfaction during the site visit, students said they were very satisfied with advising from faculty members and their assigned SSS. University leaders explained that the SSS structure is used by all CGPS programs. The president said that the university as a whole is moving towards a centralized advising structure. | Click here to enter text. | Click here to enter text. |
| Advisors are actively engaged & knowledgeable about the curricula & about specific courses & programs of study |  |
| Qualified individuals monitor student progress & identify and support those who may experience difficulty |  |
| Orientation, including written guidance, is provided to all entering students |  |

# H2. career advising

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| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Students have access to qualified advisors who are actively engaged & knowledgeable about the workforce & can provide career placement advice |  | The program has a designated staff member, the assistant director of career services, to offer career advising services to public health graduate students and alumni. The assistant director of career services is responsible for offering different career services and professional job seeking tools including resume development, cover letters, networking, interviewing, career planning, and a variety of work success topics. The program’s career services also maintain a public health job board showing current job opportunities and internships throughout the nation. Students are alerted to career services through AAs, faculty members, SSS, online marketing through the public health social media blog and the public health newsletter, and through APHA-Student Assembly webinars. The following career services are available to public health students and alumni:* One-on-one counseling sessions with a career advisor
* “On demand” library access 24/7 that hosts career advising resources such as a series on writing, networking, and interviewing.
* Small group discussions via non-credit mandatory professional preparation workshops
* One-on-one peer motivational coaching

The assistant director of career services and the assistant director of research and service provide one-on-one career counseling sessions to public health students and alumni. Students and alumni schedule these sessions via an online scheduling system. Students also have access to resume and cover letter templates and networking tips. The library services are available at all times. Services include a writing series, networking series, interviewing series, planning series, professional planning series, and life success series.Students also have to participate in a career workshop titled “Professional Preparation Workshop” that occurs during the summer session. This four-week workshop covers professional preparation and job search tools to help students prepare for their APE experiences. Students are surveyed at the end of the workshop through a confidential link, and the director of career services uses the results to make revisions. Examples of activities include practicing elevator pitches and networking opportunities. The peer motivational coaching provides students the chance to speak directly with senior students to learn about the peer’s journey and understand the importance of early career planning while being a student. These peer sessions are usually 15 minutes long and are scheduled through an online calendar. Students are made aware of the service through the public health newsletter. In addition to these resources, students are assigned an AA who provides career advice, transfers students to one of the two career advisors, or connects students with adjunct faculty members working in the student’s area of interest. Alumni can also work with AAs to develop professional skills and make connections. Students and alumni also have access to career services and offerings of UNE’s Office of Career Services. The office provides services such as career exploration assistance, resume and cover letter assistance, and job search strategy guidance. The office maintains a database of health professions job listings and coordinates the annual Portland Campus Career Fair. The assistant director of career services position was nationally advertised, and candidates were interviewed for skills relevant to the position. This position is responsible for one-on-one counseling and development of professional preparation workshops and other relevant resources. The assistant director of research and service is a certified professional career coach and works as a part-time career advisor. This position holds one-on-one career counseling with students and alumni. Examples of specific career counseling activities include a student who worked with her advisor to develop a resume and cover letter to showcase public health knowledge and skills, social media profiles, business cards, practice interview techniques, and follow up protocol after a job interview. Another student worked with an advisor to rewrite her resume to showcase skills for the job she wanted. An alumnus worked with an advisor to develop a public health resume and cover letter. All three of these students/alumni found a job to fit their needs. A career service satisfaction survey was developed in May 2018 and sent out to students. Students were asked to rate their level of satisfaction related to career counseling, and 73% of respondents reported that they were very satisfied or satisfied with career counseling. The first survey is sent through Red Cap directly to students and alumni after each career counseling season. The second survey is sent after several sessions focusing on students working long term with the counselor. The response rate has been very low, with only 12 respondents thus far. When asked during the site visit, students said they are very satisfied with career advising resources, particularly faculty career advising. They said that faculty members are willing to connect students to other faculty members who have expertise in the student’s area of interest and assist the student with finding practicum sites and job opportunities. The program was previously cited for not demonstrating that it provides readily available career counseling and placement advice that is sensitive to the students’ differing needs. Based on information provided in the self-study and on site, reviewers were able to validate that the program has addressed and resolved this deficiency. | Click here to enter text. | Click here to enter text. |
| Variety of resources & services are available to current students  |  |
| Variety of resources & services are available to alumni |  |

# H3. student complaint procedures

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| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Defined set of policies & procedures govern formal student complaints & grievances |  | The college provides avenues for students to communicate formal complaints. Student petitions fall into two categories: academic and professional behavior. Academic petitions for a grade change may only be filed in instances where students disagree with faculty evaluation due to arithmetic, clerical error, or arbitrariness. The petition process is as follows: students must first try to resolve the issue with faculty within five business days of the initial event. Students who are dissatisfied with the result must reach out to an SSS within five business days of the communication with the faculty member. SSS facilitates the petition process and provides students with the necessary forms. The petition must include a clear statement of the student’s requested action, a summary of conversations with the faculty member or other involved parties, and appropriate support materials. The student must submit the completed petition to the SS within five business days after the process has been initiated. Program leaders then review each petition and may contact the student, instructor, SSS, or other university personnel should additional information be needed to make a decision. Program leaders make a decision and communicate it to the student and SSS through UNE email within seven business days of receiving the completed petition. The SSS records the decision in the student’s file. If the student disagrees with program leadership, a grievance can be filed to the dean of the college. Grievances can only follow a petition and will be accepted in cases where there have been procedural violations or demonstrable mistake of fact. Once the dean receives the grievance from the SSS, she will appoint an Ad Hoc Appeals Committee comprised of the dean or designee, an unbiased faculty member from the program, and a member of the executive committee of the college faculty. The student must present the grievance to the committee within 10 business days of the committee being appointed. The committee will send the dean a summary of the grievance and its recommendations for resolving the grievance within five business days of the hearing. The dean’s decision is then communicated in writing to the student and program within seven business days of receipt of the committee’s report. The dean’s decision is final.Petition and grievance procedures are outlined in the university-level student handbook and the college-level student handbook and are communicated to students through SSS. The university also has a dedicated office to handle sexual misconduct, discrimination, and harassment under Title IX. All complaints of sexual misconduct, discrimination, and/or harassment under the policy should be made to the Title IX coordinator or a deputy Title IX coordinator. These individuals guide students through the reporting process, connect individuals with resources and are responsible for all training and educational programs, monitoring campus climate, and creating annual reports for the government. When asked on site, students said they are encouraged to report concerns by through their assigned SSS, who facilitates conversations with faculty to resolve issues and facilitate the petition or grievance process, if necessary. Students said that SSS and faculty are very open to feedback and they feel comfortable going to both their SSS and faculty members with any concerns and feedback. The program and SSS work with students to address issues quickly and satisfactorily. In the last three years, there have been petitions but all have been resolved and none were filed as formal grievances. | Click here to enter text. | Click here to enter text. |
| Procedures are clearly articulated & communicated to students |  |
| Depending on the nature & level of each complaint, students are encouraged to voice concerns to unit officials or other appropriate personnel |  |
| Designated administrators are charged with reviewing & resolving formal complaints |  |
| All complaints are processed & documented |  |

# H4. student recruitment & admissions

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| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Implements recruitment policies designed to locate qualified individuals capable of taking advantage of program of study & developing competence for public health careers |  | Student recruitment is a shared responsibility between the program and the college’s marketing and enrollment units. Individuals with expertise and experience in these areas manage the marketing and recruitment activities, and the college administration collaborates with these individuals on branding and messaging.The marketing manager is responsible for launching all marking campaigns across a variety of channels, including online digital advertising, paid search ads through Facebook, and online educational directories such as outbound email marketing. The college’s web developer and inbound marketing manager are responsible for managing all web assets, including the program website. The website provides information about the program, the goals, objectives, and admissions criteria and has a link to the program’s blog that showcases student success stories. Any inquiries that result from marketing efforts are directed to enrollment counselors, who answer questions that prospective students may have. The program’s admissions requirements are as follows: a bachelor’s degree from a regionally accredited U.S. college/university or equivalent, a cumulative GPA of 3.0 or higher, course prerequisites, GRE scores in lieu of course prerequisites, and computer and internet access. Students must submit a completed application, application fee, a copy of their CV, answers to essay questions, and two letters of recommendation to the program. The Admissions Committee reviews applications on a rolling basis. At least two members of the committee review each application, and if their decisions differ, a third member reviews the application. Students are admitted for three start terms per year: summer, fall, and spring. The program and the Admissions Committee, in collaboration with the Office of Graduate and Professional Admissions, reserves the right to make exceptions to admissions criteria and make changes on a case-by-case basis. The program aims to enroll academically strong students and recruit and retain professionals who are working in the field. The program chose quantitative scores and the percentage of matriculated students with previous health or public health related experience as measures to demonstrate their success in recruiting and enrolling a qualified student body. The program set a target of 70% of newly matriculating students with an undergraduate GPA of 3.0 or better. The program met the target in 2017-18 and was close in 2016-17 and 2018-19. The program also set a target of 40% of newly matriculated students with relevant work experience. The program met this target in 2017-18 and 2018-19 with 53% and 54% respectively. Based on this information, as well as the program’s graduation rates and positive post-graduation outcomes, reviewers felt that the program recruits and enrolls qualified students capable of completing the program. | Click here to enter text. | Click here to enter text. |
| Implements admissions policies designed to select & enroll qualified individuals capable of taking advantage of program of study & developing competence for public health careers |  |
| Tracks at least one measures that is meaningful and demonstrates success in enrolling a qualified student body |  |

# H5. publication of educational offerings

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| **Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments** |
|  | Met |  |
| Catalogs & bulletins used to describe educational offerings are publicly available |  | The program has catalogs publicly available through the university’s website that include the academic calendar, admissions policies, grading policies, academic integrity standards, and degree completion requirements. The team reviewed advertising, promotional and recruitment materials and found them to contain accurate information. | Click here to enter text. | Click here to enter text. |
| Catalogs & bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards & degree completion requirements |  |
| Advertising, promotional & recruitment materials contain accurate information |  |

# Agenda

**Monday, December 10**

8:30 am **Site Visit Team Request for Additional Documents**

8:45 am **Site Visit Team Executive Session 2**

9:00 am **Break**

9:15 am **Program Evaluation**

|  |  |
| --- | --- |
| **Participants** | **Topics on which participants are prepared to answer team questions** |
| CGPS* Martha Wilson, PhD, DSW, Dean of CGPS
* Richard Parent, PhD, Director Assessment

GPPH Primary Faculty* Titilola Balogun, MBBS, MPH, DrPH, Assistant Director of Public Health Practice
* Jennifer Ceide, MPH, CHES, Assistant Director of Workforce Development
* Mary Lou Ciolfi, JD, MS, Assistant Director of Thesis Advising
* Carol Ewan Whyte, PhD, MSc, Assistant Director of Research and Service
* Jennifer Healy, MEd, MBA, Assistant Director of Career Services
* Nang Tin Maung, PhD, MPH, Program Director
* Sharla Willis, MA, MPH, DrPH, Associate Program Director
 | *Guiding statements – process of development and review?* |
| CGPS* Richard Parent, PhD, Director Assessment

GPPH Primary Faculty* Titilola Balogun, MBBS, MPH, DrPH, Assistant Director of Public Health Practice
* Jennifer Ceide, MPH, CHES, Assistant Director of Workforce Development
* Mary Lou Ciolfi, JD, MS, Assistant Director of Thesis Advising
* Carol Ewan Whyte, PhD, MSc, Assistant Director of Research and Service
* Jennifer Healy, MEd, MBA, Assistant Director of Career Services
* Nang Tin Maung, PhD, MPH, Program Director
* Sharla Willis, MA, MPH, DrPH, Associate Program Director
 | *Evaluation processes – how does program collect and use input/data?* |
| * Martha Wilson, PhD, DSW, Dean of CGPS
* Michele Littlefield, MBA, Assistant Dean of Finance and Strategy at CGPS
* Nang Tin Maung, PhD, MPH, Program Director
 | *Resources (personnel, physical, IT) – who determines sufficiency? Acts when additional resources are needed?* |
| * Martha Wilson, PhD, DSW, Dean of CGPS
* Michele Littlefield, MBA, Assistant Dean of Finance and Strategy at CGPS
* Matthew Kogut, UNE Director of Financial Planning
* Nang Tin Maung, PhD, MPH, Program Director
 | *Budget – who develops and makes decisions?* |
| **Total participants: 11** |

10:15 am **Break**

10:30 am **Curriculum 1**

|  |  |
| --- | --- |
| **Participants** | **Topics on which participants are prepared to answer team questions** |
| * Nang Tin Maung, PhD, MPH, Program Director
* Sharla Willis, MA, MPH, DrPH, Associate Program Director
* Chris Malmberg, Instructional Designer II
 | *Foundational knowledge* |
| * Nang Tin Maung, PhD, MPH, Program Director
* Sharla Willis, MA, MPH, DrPH, Associate Program Director
* Chris Malmberg, Instructional Designer II
* Richard Parent, PhD, Director Assessment
 | *Foundational competencies – didactic coverage and assessment* |
| * Nang Tin Maung, PhD, MPH, Program Director
* Sharla Willis, MA, MPH, DrPH, Associate Program Director
* Chris Malmberg, Instructional Designer II
* Richard Parent, PhD, Director Assessment
 | *Concentration competencies – development, didactic coverage, and assessment* |
| **Total participants: 6** |

11:45 pm **Break & Lunch Set-up**

12:00 pm**Students**

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| **Participants** | **Topics on which participants are prepared to answer team questions** |
| * Bernadette Amihere
* Jeannine O'Connor Klos
* Puneet Sarni
* Erika Penrod
* Emily Bartlett
* Anne Gibs
* Sarah Kilgore
* Monique Mbarga
* Lauren Preble
* Mansoor Shafqat
 | *Student engagement in program operations**Curriculum**Resources (physical, faculty/staff, IT)**Involvement in scholarship and service**Academic and career advising**Diversity and cultural competence**Complaint procedures* |
| **Total participants: 10**  |

1:15 pm **Break**

1:30 pm **Curriculum 2**

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| **Participants** | **Topics on which participants are prepared to answer team questions** |
| * Titi Balogun, MBBS, MPH, DrPH - Assistant Director of Public Health Practice
* Nang Tin Maung, PhD, MPH- Program Director
* Sharla Willis, MA, MPH, DrPH - Associate Program Director
 | *Applied practice experiences* |
| * Mary Lou Ciofi, JD, MA - Assistant Director of Thesis Advising
* Nang Tin Maung, PhD, MPH- Program Director
* Sharla Willis, MA, MPH, DrPH - Associate Program Director
 | *Integrative learning experiences* |
| * Nang Tin Maung, PhD, MPH- Program Director
* Sharla Willis, MA, MPH, DrPH - Associate Program Director
 | *Distance education* |
| **Total participants: 4** |

2:30 pm **Break**

2:45 pm **Instructional Effectiveness**

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| --- | --- |
| **Participants** | **Topics on which participants are prepared to answer team questions** |
| * Nang Tin Maung, PhD, MPH- Program Director
* Sharla Willis, MA, MPH, DrPH - Associate Program Director
* Mary Lou Ciofi, JD, MA - Assistant Director of Thesis Advising
* Carol Ewan Whyte, PhD, MSc, Assistant Director of Research and Service
* Jennifer Ceide, MPH, CHES, Assistant Director of Workforce Development
* Jayne Pelletier, PhD, Director of Academic Policy and Accreditation

Adjunct Faculty* Becky Arsenault, DHA
* Aisha Dickerson, PhD, MSPH
* Sharon Kuhrt, RN, DNP
* Ivan Most, ScD, MS
* Jennifer Makelarski, PhD, MPH
* Tia Rogers, PhD, MPH
* Mollie Williams, DrPH, MPH
 | *Currency in areas of instruction & pedagogical methods* |
| * Nang Tin Maung, PhD, MPH- Program Director
* Sharla Willis, MA, MPH, DrPH - Associate Program Director
* Carol Ewan Whyte, PhD, MSc, Assistant Director of Research and Service

Adjunct Faculty* Becky Arsenault, DHA
* Aisha Dickerson, PhD, MSPH
* Sharon Kuhrt, RN, DNP
* Ivan Most, ScD, MS
* Jennifer Makelarski, PhD, MPH
* Tia Rogers, PhD, MPH
* Mollie Williams, DrPH, MPH
 | *Scholarship and integration in instruction* |
| * Nang Tin Maung, PhD, MPH- Program Director
* Sharla Willis, MA, MPH, DrPH - Associate Program Director
* Carol Ewan Whyte, PhD, MSc, Assistant Director of Research and Service

Adjunct Faculty* Becky Arsenault, DHA
* Aisha Dickerson, PhD, MSPH
* Sharon Kuhrt, RN, DNP
* Ivan Most, ScD, MS
* Jennifer Makelarski, PhD, MPH
* Tia Rogers, PhD, MPH
* Mollie Williams, DrPH, MPH
 | *Extramural service and integration in instruction* |
| * Nang Tin Maung, PhD, MPH- Program Director
* Sharla Willis, MA, MPH, DrPH - Associate Program Director
* Carol Ewan Whyte, PhD, MSc, Assistant Director of Research and Service

Adjunct Faculty* Becky Arsenault, DHA
* Aisha Dickerson, PhD, MSPH
* Sharon Kuhrt, RN, DNP
* Ivan Most, ScD, MS
* Jennifer Makelarski, PhD, MPH
* Tia Rogers, PhD, MPH
* Mollie Williams, DrPH, MPH
 | *Integration of practice perspectives* |
| * Carol Ewan Whyte, PhD, MSc, Assistant Director of Research and Service
* Jennifer Ceide, MPH, CHES, Assistant Director of Workforce Development
 | *Professional development of community* |
| **Total participants: 13** |

3:45 pm **Break**

4:00 pm **Stakeholder Feedback/Input**

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| **Participants** | **Topics on which participants are prepared to answer team questions** |
| * Christina Holt, MD, Research Director, Department of Family Medicine, Maine Medical Center
* Toho Soma, MPH, Interim Director of Center for Excellence in Health Innovation, UNE
* Rebecca Arsenault, DHA, MS, Adjunct Faculty
* Jamie Wren, MPH’16
* Brittany Roy, MPH’16
 | *Involvement in program evaluation & assessment* |
| * Christina Holt, MD, Research Director, Department of Family Medicine, Maine Medical Center
* Toho Soma, MPH, Interim Director of Center for Excellence in Health Innovation, UNE
* Rebecca Arsenault, DHA, MS, Adjunct Faculty
 | *Perceptions of current students & program graduates* |
| * Christina Holt, MD, Research Director, Department of Family Medicine, Maine Medical Center
* Toho Soma, MPH, Interim Director of Center for Excellence in Health Innovation, UNE
* Rebecca Arsenault, DHA, MS, Adjunct Faculty
* Jamie Wren, MPH’16
* Brittany Roy, MPH’16
 | *Perceptions of curricular effectiveness* |
| * Christina Holt, MD, Research Director, Department of Family Medicine, Maine Medical Center
* Toho Soma, MPH, Interim Director of Center for Excellence in Health Innovation, UNE
* Rebecca Arsenault, DHA, MS, Adjunct Faculty
* Jamie Wren, MPH’16
* Brittany Roy, MPH’16
 | *Applied practice experiences* |
| * Christina Holt, MD, Research Director, Department of Family Medicine, Maine Medical Center
* Toho Soma, MPH, Interim Director of Center for Excellence in Health Innovation, UNE
* Rebecca Arsenault, DHA, MS, Adjunct Faculty
* Jamie Wren, MPH’16
* Brittany Roy, MPH’16
 | *Integration of practice perspectives* |
| * Christina Holt, MD, Research Director, Department of Family Medicine, Maine Medical Center
* Toho Soma, MPH, Interim Director of Center for Excellence in Health Innovation, UNE
* Rebecca Arsenault, DHA, MS, Adjunct Faculty
* Jamie Wren, MPH’16
* Brittany Roy, MPH’16
 | *Program delivery of professional development opportunities* |
| **Total participants: 5** |

5:00 pm **Site Visit Team Executive Session 3**

5:45 pm **Adjourn**

**Tuesday, December 11**

8:30 am **University Leaders**

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| **Participants** | **Topics on which participants are prepared to answer team questions** |
| * James Herbert, PhD, President
* Joshua Hamilton, PhD, Provost
* Mike Sheldon, PhD, Associate Provost
* Martha Wilson, PhD, DSW, Dean of CGPS
 | *Program’s position within larger institution* |
| * James Herbert, PhD, President
* Joshua Hamilton, PhD, Provost
* Mike Sheldon, PhD, Associate Provost
* Martha Wilson, PhD, DSW, Dean of CGPS
 | *Provision of program-level resources* |
| * James Herbert, PhD, President
* Joshua Hamilton, PhD, Provost
* Mike Sheldon, PhD, Associate Provost
 | *Institutional priorities* |
| **Total participants: 4** |

9:00 am **Break**

9:15 am **Site Visit Team Executive Session 4**

1:00 pm **Exit Briefing**

2:00 pm **Team Departs**