REVIEW FOR ACCREDITATION
OF THE
MASTER OF PUBLIC HEALTH PROGRAM
AT THE
UNIVERSITY OF WEST FLORIDA

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
March 31-April 1, 2014

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Master of Public Health (MPH) Program at the University of West Florida (UWF). The report assesses the program’s compliance with the Accreditation Criteria for Public Health Programs, amended June 2011. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in March 2014 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Founded in 1963, UWF is a member of the State University System of Florida (SUSF). Serving more than 12,800 students, UWF offers over 45 undergraduate degree programs, 25 master’s degree programs, two specialist degrees and a doctorate in education. The university is organized into the Graduate School and three colleges: the College of Arts and Sciences (CAS), the College of Business (COB) and the College of Professional Studies (COPS).

The College of Arts and Sciences is home to the School of Allied Health and Life Sciences (SAHLS), the School of Fine, Performing and Communication Arts (SFPCA), the School of Psychological and Behavioral Sciences (SPBS) and the School of Science and Engineering (SSE); the departments of anthropology, philosophy, chemistry, English and world languages, environmental studies, government and history; and several research centers and institutes, including the Archaeology Institute, the Center for Applied Psychology, the Center on Aging, the Center for Fine and Performing Arts, the Center for Environmental Diagnostics and Bioremediation and the GeoData/Geographic Information Systems Center. The MPH program is housed in SAHLS, along with the departments of nursing, biology and clinical laboratory sciences, a standalone Bachelor of Science (BS) degree program in health sciences and a collaborative Doctor of Physical Therapy (DPT) program.

The MPH program was founded in 2006 to support working professionals and military students seeking to develop or enhance their training in public health, and it is offered in a fully distance-based format. The program director, who also currently serves as the SAHLS director, reports directly to the CAS dean and the dean of the Graduate School.

The program was first accredited by CEPH in 2009. This review resulted in a term of five years, with required interim reporting. In 2010 and 2011, the Council accepted the program’s interim reports.
Characteristics of a Public Health Program

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

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

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

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

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

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

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

These characteristics are evident in the UWF MPH program. The program is located in a regionally-accredited institution, which has remained accredited by the Southern Association of Colleges and Schools (SACS) since 1969. The program and its faculty and students enjoy the same rights, privileges and status as the other professional programs within the School of Allied Health and Life Sciences and across the university. The program is supported by faculty from various SAHLS departments, military agencies, local health departments and other community-based organizations; such faculty demonstrate a wealth of diverse training and experience and participate in an array of collaborative research and service activities.

The program’s mission statement emphasizes the importance of instruction, research and service, and its organizational culture embraces core public health goals and values. The program has also implemented an ongoing process of evaluation and planning to monitor and improve student performance and ensure that all internal operations continue to support its mission, goals and objectives.
The program has adequate physical and fiscal resources to offer the MPH degree. Human resources, however, appear to be a challenge: the program expresses a strong need for additional staff support and, although the primary faculty complement exceeds the minimum requirement established in Criterion 1.7, the current faculty workload has a detrimental impact on the program’s performance in several other areas, including employer assessment and workforce development.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met with commentary. The MPH program has a clear and concise mission statement and supporting goals, objectives and value statements that reflect a collective commitment to advancing instruction, research and service.

The mission, values, goals and objectives were originally developed by the MPH Steering Committee in 2006, at the inception of the program. Drafted statements were developed by program faculty in a series of faculty meetings and are reviewed by the Steering Committee, including the program director, every three years to ensure relevance. The site visit team learned that the program also solicited input from the Self-Study Committee and the SAHLS Advisory Committee and invited members of the Student Association for Public Health (SAPH) executive board to participate in the most recent strategic planning discussions, which were conducted in fall 2013.

The current mission of the program is to 1) empower a generation of public health professionals with skills, knowledge and competencies to contribute creatively and ethically to education, research and service and promote public health and disease prevention and 2) foster the spirit of community engagement through education, service and community-based participatory research. The program’s core values emphasize the importance of integrity and candor in the pursuit of knowledge; dedication to and innovation in educating students to excel; excellence in teaching, research and service; creativity in designing and implementing programs to fit the needs of the region; cooperation and collaboration with community partners in providing quality education in the life and health sciences; commitment to diversity at all levels; responsibility in managing, utilizing and protecting programmatic resources and the environment; and the promotion of a dynamic learning environment that encourages the development of individual potential.

In support of its mission, the program identifies five goals that relate to education, research, service, faculty and staff resources and diversity. Each goal is linked to two to three objectives.
The first point of commentary relates to the limited involvement of constituents in developing and revising the program’s mission and supporting values, goals and objectives. Site visitors determined that the process for developing and revising these statements was conducted almost exclusively by the Self-Study Committee, the Steering Committee and MPH faculty. With the exception of the general opportunity to review the entire self-study document (which contained the mission, goals and objectives), students, alumni and community partners outside of those serving on the Steering Committee, the SAHLS Advisory Committee or the SAPH executive board were not invited to actively participate in the development or review processes. Due to the current composition of the Steering Committee, the program also received very little input from nongovernmental community-based organizations. Program administrators cited a lack of sufficient staff support to conduct a more comprehensive and inclusive strategic planning process.

The second area of commentary relates to the value, appropriateness and measurability of the program’s objectives. Many objectives are process-oriented and none are written concisely in a SMART (specific, measurable, achievable, relevant and time-bound) format. For example, one objective indicates that the program will “strive to increase extramural funding associated with core faculty scholarly activities.” Although each objective is linked to one to five measurable indicators with specific target values, many indicators are not defined by specific timelines and several are focused on student achievement, rather than programmatic issues; many are process-oriented, and others contain multiple measures and/or simply restate elements required of an accredited MPH program. Such indicators are not useful in defining the program’s success. For example, one objective states that all students will complete the comprehensive examination with a grade of 70% or better. Similarly, one of the following objectives indicates that all students will complete and earn a satisfactory grade in a supervised internship. The successful completion of the internship and the comprehensive exam are measures of student achievement and, furthermore, requirements for graduation; therefore, the value of knowing that all students completed these requirements seems inconsequential.

The final comment relates to the manner in which the mission statement, values, goals and objectives are communicated and made available to the program’s constituent groups, including students and the general public. The presentation of these statements appears to be limited to the self-study document and the reaccreditation section of the program’s website.

1.2 Evaluation and Planning.

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program’s effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.
This criterion is met with commentary. The program has established protocols for monitoring and evaluating progress against its objectives and for assessing the program’s effectiveness in achieving its mission and goals. The self-study describes the processes used to measure the program’s progress, including the data sources, responsible parties and the frequency with which these procedures are conducted.

The evaluation of the program’s activities involves several data sources managed by designated staff, program administrators and committees. The comprehensive exam coordinator, for example, is responsible for monitoring student grades on the comprehensive examination. The Admissions Committee tracks the qualifications of incoming students each semester. Although the self-study indicates that the program director conducts the majority of the evaluation processes, on-site discussions revealed that the associate director and program coordinator assume primary responsibility for data collection and analysis, including monitoring faculty research productivity and community service through annual faculty evaluations and gathering information on student service activities from SAPH each year. The program director clarified that he oversees the program’s data collection and evaluation processes.

The self-study presents measurement data for the current academic year, which is in progress, and the last three academic years.

The overall results of the evaluation processes, including any issues that emerge from the data, are presented to and reviewed by the Steering Committee and the SAHLS Advisory Committee, which formulate suggestions and plans to ensure goal attainment and continuous quality improvement. This entire evaluation process occurs at least once each academic year. On-site discussions with the program director, however, revealed that much of the data collection and analyses were conducted only recently, during the preparation of the self-study.

The Self-Study Committee assumed primary responsibility for developing and revising the majority of the self-study. Drafts of the document were shared with the Steering Committee and the SAHLS Advisory Committee for input. As validated by on-site discussions with students, alumni and community representatives, preliminary drafts of the self-study were posted on the program website, along with an invitation to submit third-party comments. Students and the majority of alumni who met with site visitors also received an email that notified them when the document was published, directed them to the accreditation webpage and provided instructions on how to submit comments.

Site visitors noted the limited involvement of constituents in developing the self-study. Outside of those serving on the Self-Study Committee, the Steering Committee and the SAHLS Advisory Committee, faculty and community partners did not formally contribute to the development of the self-study. On-site
discussions confirmed that the only faculty and community representatives who were asked to review the document were members of an internal committee. The self-study asserts that other constituents were invited and encouraged to join the Self-Study Committee meetings, but few took advantage of the program’s offer.

The commentary relates to the fact that several outcome measures are not monitored in a way that allows for the meaningful interpretation of data. For example, data pertaining to one objective, which states that the program will identify and provide at least one workforce development training opportunity annually, indicates “100%” for each of the last four years. As a result of the format in which this data was presented, the site visit team was unable to ascertain the total number of workforce development opportunities offered each year. Similarly, one of the following objectives measures the percent of tenure-track faculty with whom the program director met to evaluate their performance; data pertaining to this objective indicates “yes” for each of the last four years and does not appear to correspond with the target of 100%.

1.3 Institutional Environment.

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

This criterion is met. UWF has remained accredited by the Southern Association of Colleges and Schools since 1969; the most recent review for reaccreditation occurred in 2005 and resulted in a 10-year term. The university responds to over 10 specialized accrediting agencies in fields such as athletic training, chemistry, business, engineering, music, nursing, psychology, social work and teaching.

UWF comprises the Graduate School and three colleges: the College of Arts and Sciences, the College of Business and the College of Professional Studies. The MPH program is housed in the School of Allied Health and Life Sciences, along with the departments of nursing, biology and clinical laboratory sciences, a standalone Bachelor of Science degree program in health sciences and a collaborative Doctor of Physical Therapy program. SAHLS is an interdisciplinary school in the College of Arts and Sciences, which is also home to the School of Fine, Performing and Communication Arts, the School of Psychological and Behavioral Sciences and the School of Science and Engineering; the departments of anthropology, philosophy, chemistry, English and world languages, environmental studies, government and history; and several research centers and institutes, including the Archaeology Institute, the Center for Applied Psychology, the Center on Aging, the Center for Fine and Performing Arts, the Center for Environmental Diagnostics and Bioremediation and the GeoData/Geographic Information Systems Center.

The MPH program director, who also currently serves as the director of the School of Allied Health and Life Sciences, reports directly to the dean of the College of Arts and Sciences—unlike the other SAHLS departments and standalone programs, which report to the SAHLS director. As with the other SAHLS
program directors, the MPH program director also reports to the dean of the Graduate School. With one less reporting line, as well as direct access to and supervision by the CAS dean, the program appears to enjoy a higher level of autonomy than the other SAHLS departments and programs; on-site discussions with the program director, however, indicated that the MPH program enjoys the same level of authority accorded to the other SAHLS units, regardless of his joint appointment. In other words, if the program director should ever decide to relinquish his position as SAHLS director and hire a replacement, the program’s relationship to the other components of the institution will remain intact.

The dean of the Graduate School and the CAS dean both report to the provost and vice president of academic affairs. The provost reports to the university president, who in turn reports to the UWF Board of Trustees. Ultimately, the Florida Board of Governors is the highest authority in the chain of governance.

In consultation with the MPH Curriculum Committee and the MPH Steering Committee, the program director oversees the development and implementation of academic standards, policies and curricula. Curricular or course changes or the establishment or termination of courses, certificates or degree programs must be reviewed and approved by the program director, the College Council, the CAS dean, the Faculty Senate and the provost. The establishment of new degree programs also requires the approval of the Board of Trustees and, in the case of new doctoral programs, the Florida Board of Governors.

The self-study noted that the university, including the School of Allied Health and Life Sciences in which the program is located, is currently planning a reorganization of its units. Joining other health-related programs on campus, all of the departments and programs currently housed in SAHLS will be moved to a new college, tentatively entitled the College of Science, Engineering and Health. SAHLS will, effectively, be eliminated from the institution. On site discussions with the program director and the associate director indicated that the planning process for this transition has only reached the preliminary stages of discussion, and that a concrete timeline has yet to be established; the provost, however, revealed that the first phase of this transition is scheduled to begin in July 2014 and near completion in July 2015.

1.4 Organization and Administration.

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

This criterion is met. Maintaining an organizational structure with clear lines of authority and responsibility, the program facilitates interdisciplinary collaboration in learning, research and service.
As the chief executive officer, the program director oversees the daily operations of the program, including the execution of the program budget and the planning of course offerings. He also serves as a secondary faculty member.

The associate director, who also serves as the internship coordinator and a primary faculty member, reports to the program director. In the program director’s absence, the associate director serves in the capacity of acting program director. His responsibilities as internship coordinator, which are further described in Criterion 2.4, include guiding students and their preceptors in planning and executing internship projects.

The program coordinator also serves as the comprehensive exam coordinator, the self-study coordinator and a primary faculty member. She reports to the program director and oversees the development of the self-study document and resource file. Her responsibilities as comprehensive exam coordinator, which are further described in Criterion 2.5, include working with course instructors to develop the comprehensive exam.

All faculty report directly to the program director, though each jointly-appointed faculty primarily responds to the chair of his or her home department.

As reflected in its value statements, the MPH program is committed to collaborating with other programs and departments across the School of Allied Health and Life Sciences and in the community. With the exception of one faculty member from the Department of Mathematics and Statistics in the School of Science and Engineering, most adjuncts and other secondary faculty members hold joint appointments with various SAHLS departments, military agencies, local health departments, and/or other community-based organizations. The Steering Committee, the SAHLS Advisory Committee and other program-, department-, school-, college- and university-level committees on which faculty, students, alumni, military partners, healthcare providers and other community representatives participate provide a forum for interdisciplinary collaboration, strategic planning and decision-making.

The planned reconfiguration and transition of the MPH program, along with other health-related programs on campus and all of the departments and programs currently housed in SAHLS, to a College of Science, Engineering and Health will likely provide additional opportunities for faculty, staff and students to engage in interdisciplinary learning, research and service.
1.5 Governance.

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

This criterion is met. The program exhibits a clear governance structure, with broad representation and defined roles and responsibilities, and allows for the involvement of faculty, staff, students, alumni, community partners and other program constituents in the daily operation of the program. Four standing committees and one ad hoc committee participate in policy development and decision-making, program planning and evaluation, student recruitment and admissions and curriculum development, among other functions.

The Steering Committee, which convenes at least twice each year, oversees the conduct and performance of the program. The committee makes recommendations to the program director, who serves as the chairperson, regarding general policy development and program planning and evaluation procedures. The associate director, the program coordinator and one other primary faculty member are non-voting members. Membership also includes one SAHLS primary faculty member, the UWF associate director of community health education, the Student Association for Public Health (SAPH) president, one alumnus, five local health department practitioners and three US Armed Forces representatives. The self-study identifies the current composition of the Steering Committee, which is limited to representatives of governmental agencies, as a deficit and indicates that the program is currently recruiting new members from nongovernmental community-based organizations.

The Admissions Committee, which meets on a monthly basis, is charged with reviewing and approving student enrollment applications. In doing so, the Admissions Committee enforces academic standards and policies established by the Curriculum Committee, the Steering Committee and the entire MPH faculty in its faculty meetings and discussions. Chaired by the program director, the Admissions Committee consists of the associate director, the program coordinator and two additional faculty members—one of whom is also a county health official.

The primary responsibilities of the Curriculum Committee involve reviewing and approving proposed changes to the MPH curriculum and degree requirements, including course competencies and academic standards and policies. One of the primary faculty members serves as the chairperson; membership also includes the program director, the associate director, the program coordinator, one other primary faculty member and the SAPH president. The committee meets at least once a year or more frequently, if necessary.
The Internship Coordination Committee evaluates and approves all preceptor applications, internship proposals and oral defenses. Responsibilities also include maintaining the internship guide and communicating with a student’s faculty advisor regarding any performance issues that may require intervention. The committee, which convenes once each month, is chaired by the associate director; membership also includes the program director, the program coordinator, one primary faculty member and one secondary faculty member, who also serves as a community representative.

The Self-Study Committee is formed on an as needed basis to develop and prepare the self-study and electronic resource file. In preparation for the site visit, the committee met weekly. The program coordinator is the chair of this committee, which also comprises the program director, the associate director, the associate director of community health education, one additional primary faculty member and one MPH staff person.

The site visit team noted the limited involvement of students and alumni in program governance. Although the self-study noted that up to two students may be appointed to both the Steering Committee and the Curriculum Committee, the SAPH president was the only student actively involved in the program’s standing committees at the time of the site visit, and only one alumnus was given the opportunity to serve on a committee. While this deficit may be attributed to the fact that many students work full-time jobs or reside in distant regions, the program should encourage and pursue alternative opportunities to involve more students and alumni, in particular, in program governance.

In addition to supporting the governance of the program, the program director and all primary faculty are active in other program-, department-, school-, college- and/or university-level committees. In fact, most primary faculty members hold several appointments on university committees, through which they contribute to the activities of the university. Such committees include the DPT Advisory Committee, the Clinical Laboratory Sciences Advisory Committee, the SAHLS Advisory Committee, the CAS Academic Standards Committee, the Professional Science Master Advisory Board and the UWF Public Health Committee.

Advocating for students’ needs and providing feedback on matters related to the curriculum and other program requirements, one student serves as an active voting member on the Steering Committee, the Curriculum Committee and all faculty and staff search committees. As referenced above, the SAPH president typically serves in this capacity. SAPH, which serves as the voice of the entire student body, was established to 1) facilitate communication with and create an atmosphere of camaraderie among MPH students and 2) encourage student participation in community service activities. All incoming students are automatically granted membership in this online organization. SAPH encourages students to volunteer for their local Medical Reserve Corps, the American Public Health Association, the Florida
Public Health Association, the Southern Health Association and similar professional organizations in their area.

**1.6 Fiscal Resources.**

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

This criterion is met with commentary. The program’s fiscal resources, which have significantly increased since the last accreditation review, adequately support the program’s mission, goals and instructional, research and service activities.

SPARA is the UWF Strategic Planning and Resource Alignment process designed to 1) integrate, align and ensure transparency in the university’s planning, budgeting, assessment and accountability processes, 2) facilitate the strategic and prudent use of resources and 3) support continuous improvement. The university president and vice presidents enter into budget negotiations at the highest level and are responsible for the allocation of funds to the two primary divisions within the university: academic affairs and administrative affairs. Funds received by the MPH program are processed through the Division of Academic Affairs and the office of the provost. The provost allocates resources to the three colleges, and the deans determine allocations to the units within their respective colleges. Department chairs and program directors administer the budget to their respective units and oversee all associated expenditures.

Indirect cost rates are set by the associate vice president for research, within the limits established by the granting agency. The associate vice president retains budgetary responsibility for 70% of the indirect cost rates. The CAS dean and the program director are each responsible for 10% of the indirect costs from grants received by faculty within their units. The primary investigator maintains authority over the remaining 10% of indirect costs earned on grants he or she has obtained.

As indicated in the self-study and confirmed in conversations with the program director, the university is very receptive and responsive to program’s fiscal needs and requests. In spring 2008, the UWF Board of Trustees responded to the financial needs of the MPH program and other online programs with the approval of a technology fee, which assists the program in covering costs associated with online course delivery. Additional funds for equipment, travel, supplies, student recruitment and graduate student assistantships are available through SAHLS, CAS and the Division of Academic Affairs. During each of the last three years, for example, CAS provided the program with $18,000 for student assistantships; at the time of the site visit, such annual contributions had been raised to $35,000, at the request of the program director.
Budget considerations are based on unit productivity. Due to the consistent growth in MPH student enrollment over the last seven years, CAS has funded all of the program’s summer courses. Although the program does not receive tuition dollars, the program is expected to continue receiving an increasing amount of funding from the administration.

Table 1 presents the program’s budget for the last five academic years. The budget primarily covers personnel costs, including faculty and staff salaries and benefits.

| Table 1. Sources of Funds and Expenditures by Major Category, 2008-2009 to 2012-2013 |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| **Source of Funds**             | 2008-2009       | 2009-2010       | 2010-2011       | 2011-2012       | 2012-2013       |
| Graduate Revenues               | $258,262        | $325,371        | $586,831        | $933,004        | $1,058,614      |
| Undergraduate Revenues          | $279,681        | $375,572        | $1,083,823      | $1,847,703      | $2,542,421      |
| Grants and Contracts            | $0              | $0              | $34,900         | $22,000         | $17,000         |
| Indirect Cost Recovery          | $0              | $0              | $7,980          | $4,400          | $3,400          |
| Endowment                       | $0              | $0              | $20,000         | $0              | $0              |
| Gifts                           | $0              | $5,165          | $16,583         | $40,760         | $25,000         |
| **Total**                       | **$537,943**    | **$706,109**    | **$1,750,117**  | **$2,847,867**  | **$3,646,435**  |

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<tr>
<th><strong>Expenditures</strong></th>
<th>2008-2009</th>
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<th>2010-2011</th>
<th>2011-2012</th>
<th>2012-2013</th>
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<td>Faculty Salaries and Benefits</td>
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<td><strong>$583,769</strong></td>
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The program’s expenditures may appear to drastically differ from the total amount of funding it receives. Discussions with the program director, however, revealed that the budget table presented in the self-study was developed by the Division of Academic Affairs and includes graduate and undergraduate funds that were distributed across SAHLS. The university did not permit the program to prepare a separate, program-specific budget statement for submission in the self-study. As a result, the amounts of funds presented in the table above are an overestimate and not reflective of the amount of funding the program actually receives.

Despite the discrepancies between the budget statement and actual revenue streams, the program director asserted that the program currently receives more than enough operational support. Excess funds that are available within seed, foundation or endowment accounts are preserved and allowed to accumulate. Funds in all other categories are returned to CAS.
The program identifies three measures by which it assesses the adequacy of its fiscal resources: 1) the amount of faculty support to offset travel expenses to professional conferences, 2) extramural research dollars per academic year and 3) the amount of funding secured through intramural research faculty grants. These objectives are discussed in greater detail in Criterion 3.1.

The first comment relates to the lack of autonomy granted to the program to develop and prepare its own budget statements. Discussions with the program director revealed that he lacks control and influence over the program’s budget. As stated above, the university is independently responsible for preparing the program’s budget and allocates roughly the same amount of resources to the program each year; the program director must go through an appeal process to request additional support. The provost acknowledged the lack of input the program has on its own budget and agreed that the university’s current distribution process is inefficient. In fact, the SPARA model limits her ability to redirect resources to the program. The vice provost, however, was optimistic about the organizational transition of the program to a semi-autonomous College of Science, Engineering and Health, which will help to leverage the program’s autonomy in the university’s budgetary and allocation processes.

The second comment relates to the sustainability of the program’s financial infrastructure and resources. The program appears to be overly reliant on state funding; the continuous erosion of state funds threatens its financial stability. The program acknowledges that, as the program grows, more resources will be needed to meet the academic and scholarly needs of its faculty and students. The program plans to diversify its sources of income and become more actively engaged in seeking external funding for research and training opportunities. The provost indicated that she sees great potential for growth and would like to see more resources invested in the program.

1.7 Faculty and Other Resources.

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

This criterion is partially met. The program exhibits sufficient physical resources to ensure the continuity of the MPH degree program and meet its commitments to students and other constituents; the faculty and staff complement, however, appears inadequate.

At the time of the site visit, the program employed a total of four primary faculty members, who each dedicate between 50% and 100% of their time to public health instruction, research and service; and 16 secondary faculty, who dedicate an average of 30% of their time to the program. The primary faculty complement has remained consistent over the last four years. The program surpasses the minimum expectation for the size of the primary faculty complement.
Due to the online nature of the program, there is a limited need for physical resources. The program occupies several offices and common spaces within SAHLS: individual offices for MPH faculty, a common office for adjunct use, a kitchen and two conference rooms. The program does not require lab space. Local students who wish to utilize any available resources on campus are free to do so.

Office and common space appears to be currently adequate. The program’s transition to the new College of Science, Engineering and Health is expected to increase the program’s physical assets and accommodate programmatic growth. The self-study noted that the design of the new building will incorporate faculty input. The provost confirmed that this reorganization is a high priority.

All faculty and staff have personal computers and printers in their office space. Core course instructors also have laptops and iPads for use at home and for travel. Students have access to numerous computer facilities in the Information Technology Services (ITS) building (37 computers), the Cyberlounge (20 computers), the biology department (20 computers), the main library (72 computers) and the Emerald Coast Campus. There are also 51 laptops available for checkout from the main library. Other electronic equipment, such as projectors, teleconferencing equipment, camcorders, televisions, DVD/VCR players, cameras and microphones, are available for checkout in the SAHLS building.

MPH students enjoy a wide range of electronic and print resources, remote library access and an extensive suite of services provided by the John C. Pace Library (the main library), the Curriculum Materials Library on the Pensacola campus and a branch library at the Emerald Coast Campus in Fort Walton Beach. Hours of access for the various facilities vary from 89 hours per week at the main library to 69 hours per week at the Emerald Coast Library. Resources include over 300 databases and reference resources, 15,000 full-text journals, 70,000 eBooks (nearly 7,000 of which are public health-specific) and more than 5,000 serials (2,100 in print format, 1,300 in print format with online access and 1,700 in electronic format). Faculty and students can access the library collections through the library’s website.

Library services include electronic course reserves, interlibrary loans and electronic book renewal. In addition to providing a basic library orientation, numerous online library tutorials provide database search tips and address plagiarism, copyright, critical thinking and concept mapping. The library also provides subject research guides that help users navigate their way through the maze of print and electronic resources. Although all librarians can provide assistance across all disciplines, the MPH program is assigned a reference librarian to provide library instruction and specific reference assistance for public health students and faculty. Students may contact the reference librarian directly for assistance in conducting research or using specific research tools. Librarians are available by phone, e-mail or in person during most hours that the library is open.
MPH students have special access to the libraries at the Navy Hospital, the Naval Aerospace Medical Institute Libraries, Sacred Heart Hospital and Baptist Hospital. The program’s partnerships with these organizations connect students to a much broader range of books, journals and other materials.

The measures by which the program assesses the adequacy of its resources relate to student-faculty ratios, computer updates, eDesktop software and remote access. With the exception of the primary student-faculty ratio, the program has achieved all of its resource-related objectives.

The first concern relates to the adequacy of the faculty complement, relative to the number of students. While the student-faculty ratio based on total faculty FTE (over 8:1) remains below the 10:1 threshold, the student-faculty ratio based on primary faculty FTE, nearly 18:1 (a total of four primary faculty supporting 219 students), far exceeds the standards of this criterion. On site discussions with program administrators confirmed that the program is in need of additional faculty lines. While operational at this current point in time, stakeholders project that the program will rapidly reach a point where it will be unsustainable without securing additional primary faculty resources—especially as enrollment increases. On-site discussions clearly demonstrate that primary faculty have reached their maximum capacity to effectively engage students in quality teaching, research, service and mentoring. At the time of the site visit, the program had already submitted requests for two tenure-track faculty positions, though similar requests that have been submitted and discussed with the university in the past have not been fruitful. Program administrators all emphasized the urgency of their need for additional full-time faculty members to alleviate their current workload, accommodate a growing student body and maintain an appropriate student-faculty ratio. The provost suggested that she will grant the program one faculty position, though official approval has not yet been granted. The second faculty line may not be realized until the following year.

The second concern relates to the insufficient amount of staff support. The program utilizes six staff, with minimal levels of commitment to the program (.01 to 0.6 FTE), to perform many of its daily administrative operations; the total amount of effort dedicated to the program is equivalent to only .76 FTE. Staff responsibilities, depending on the individual’s primary appointment and expertise, include processing travel authorizations and reimbursements, providing technical support for MPH faculty and/or assisting with budget-related matters. As indicated in the self-study and validated by site visitors’ conversations with faculty, the program lacks enough staff support to fulfill the program’s growing administrative needs. At the time of the site visit, the program was in the midst of preparing a request for an additional full-time graduate-level staff person, who can dedicate their time to program assessment, workforce needs assessments and the coordination of student internship projects, among other functions. The program director repeatedly expressed the urgency of the program’s need for an additional staff person—in his view, one or two additional faculty lines will not suffice.
1.8 Diversity.

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

This criterion is met with commentary. The program demonstrates a commitment to cultivating diversity and cultural competence, yet lacks an established strategic, program-specific diversity promotion plan to guide the program in enhancing the overall climate of diversity in which its faculty, staff and students interact.

The program identifies five goals for achieving diversity and cultural competence within the program: 1) provide and promote an environment that emphasizes diversity and individual potential among faculty, staff and students, 2) recruit and graduate a diverse student body that reflects the changing population dynamics of the state and the nation, 3) engage faculty and students in research to addresses public health problems that disproportionately affect underserved and underrepresented populations, 4) develop internship opportunities that integrate and promote cultural competency in program planning, implementation and evaluation and 5) advertise faculty and staff searches in literature that serve historically underserved and underrepresented populations. The program’s progress towards achieving the first goal is measured through five objectives related to the publication of open faculty and staff positions, student recruitment and extracurricular activities that promote diversity and cultural competency. These objectives are consistent with the university’s mission and values and its new diversity plan, which was endorsed and released by the provost only a few weeks prior to the site visit.

The program identifies males, economically-disadvantaged individuals and Hispanics as underrepresented in its student body. The population distribution within the program, across the state of Florida and around the nation has prompted the program to focus its attention on these particular groups. Hispanic student enrollment, approximately 7% at the time of the site visit, has increased from 1.7% over the last four years and helped the program move closer to realizing its target of 10%. The fraction of Hispanic students, however, appears far less than that of the statewide (23%) and national (17%) Hispanic populations. Nevertheless, it is important to note that Hispanics, African Americans, Asians and other minority groups collectively represent approximately 52% of the student body. The program is also fast approaching its target of 45% for male students, which currently constitute 43% of the student population. Nearly 30% of MPH students are eligible for need-based financial aid and are thus considered to be economically-disadvantaged.

African Americans and bilingual individuals are underrepresented among primary faculty; the program hopes that increasing the proportion of such faculty will increase student exposure to various cultures. Despite the fact that the program has reached its target (20%) for the proportion of primary African American faculty, the size of this particular population has fallen from 33% over the last four years. At the
time of the site visit, two primary faculty were fluent in a language other than English. The provost
acknowledged the need to enhance faculty recruitment efforts to create a more diverse faculty body; she
plans to launch a strategic campus-wide initiative, in which additional funding will be provided to expand
advertising efforts geared towards the recruitment of minority faculty.

Although the nature of the online program allows students from across the nation and around the world to
enroll in the program, it is important to note that most students (approximately 69% of incoming students)
reside in the state of Florida. Other students are based in more distant locations such as Alabama,
Georgia, Texas, California, Maryland, Virginia, New York, New Jersey, Tennessee, Mississippi,
International students reside in Canada, Bermuda and Zimbabwe.

The program supports the attainment of its diversity goals and objectives by complying with and enforcing
university policies that create a climate free of harassment and discrimination. Such policies prohibit
sexual harassment and discrimination, enforce equal employment opportunity and affirmative action and
require the provision of accommodations for individuals with disabilities. The program also follows the
university’s procedures for documenting and reporting related complaints. Information regarding these
policies is posted on the university website.

The program strives to recruit a diverse student body, and create a welcoming and inclusive learning
environment. The program relies heavily on its website and electronically-distributed programmatic
materials to reach and attract a diverse audience. Faculty are also actively engaged in student
recruitment and outreach through the Black Young Public Health Professionals Network and the Latino
Caucus for Public Health. During each of the last three years, at least one recruitment event was hosted
in a predominantly minority community. In accordance with university policies, the program admits
students regardless of race, ethnicity, creed, national origin, gender, age or physical ability.

The program participates in university-wide efforts to recruit, promote and retain a diverse faculty and
staff, ensure equity and transparency in the recruitment process and create a welcoming and inclusive
working environment. Faculty and staff vacancies and new positions must be advertised in at least one
periodical that targets diverse and underrepresented professionals. The Department of Human
Resources requires that all faculty and staff search committees includes at least one minority
representative. As with student recruitment, the program hires faculty and staff regardless of race,
ethnicity, creed, national origin, gender, age or physical ability. As of January 2013, all university
employees are required to complete a training session on discrimination and harassment prevention.
The program director, the Curriculum Committee and the Steering Committee oversee the development of the curriculum and ensure that diversity and cultural competence are well-integrated into the curriculum. Ten of the MPH competencies, described in Criterion 2.6, address the importance of diversity and cultural sensitivity. The following four core courses highlight health disparities, health equity, healthcare access, cultural competency and health literacy: Social and Behavioral Sciences in Public Health, Environmental Health, Public Health Policy and Scientific Basis of Public Health. Several elective courses also address and build competency in diversity and cultural considerations. The internship experience exposes students to culturally and ethnically diverse workplace environments, in which students must demonstrate their cultural awareness and sensitivity. One of the primary faculty members, who launched and coordinated a Global Health Initiative, is currently developing a blueprint for engaging students in summer internships in Haiti. She is also collaborating with program administrators to develop a Global Health course and facilitate other international internship opportunities.

The commentary relates to the opportunity for the program to develop its own strategic, program-specific diversity promotion plan to guide the program in achieving its diversity goals and objectives. Currently, the program refers to the university's strategic plans to enhance the overall climate of diversity across campus. The program director suggested that he has been primarily concerned about meeting university requirements, though he appeared to be open to enhancing the program’s diversity promotion efforts. In fact, the program’s response to the site team’s report described enhanced diversity initiatives in the program’s strategic plan and in the MPH Steering Committee membership.

### 2.0 INSTRUCTIONAL PROGRAMS.

#### 2.1 Degree Offerings.

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

This criterion is met. As illustrated in Table 2, the program offers a generalist MPH degree in an online format, which supports the program’s mission, responds to workforce development needs and accommodates students’ work schedules.

<table>
<thead>
<tr>
<th>Table 2. Instructional Matrix</th>
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<tr>
<td></td>
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<tr>
<td><strong>Master's Degrees</strong></td>
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<tr>
<td>Generalist</td>
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</tbody>
</table>

*Distance-based format
Students must complete five core courses (15 credits), additional coursework in biostatistics and epidemiology (nine credits), an internship (six credits), a comprehensive exam (non-credit requirement), two of four selective courses (six credits) and six credits of appropriate electives. Elective course topics include epidemiology, geographic information systems, bioterrorism, environmental and aerospace toxicology, health policy, health economics, business analysis, occupational safety, industrial hygiene, medical informatics and bioinformatics.

The program is currently engaged in preliminary discussions with the Department of Health, Leisure and Exercise Science (HLES) in the College of Professional Studies to explore the possibility of developing an additional distance-based track in community health education.

2.2 Program Length.

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

This criterion is met. One semester credit is defined as 16 hours of classroom instruction. The MPH degree requires 42 semester-credit hours. Over the last three years, the program has not awarded an MPH degree to a student with fewer than 42 credits.

With the exception of credit transfers and waivers of internship credits, as described in Criterion 2.4, the program does not permit course exemptions. Credit transfer requests are thoroughly reviewed on a case-by-case basis. Only graduate-level courses completed at a CEPH-accredited institution are considered for approval. Students must also pass a proficiency exam before a credit transfer can be approved; such exams closely resemble or replicate the final exam in the substituted course.

2.3 Public Health Core Knowledge.

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

This criterion is met. Students must complete coursework that allows them to attain knowledge about the five core areas of public health. This expectation is achieved through the successful completion of the courses identified in Table 3.

All of the corresponding course syllabi provided to site visitors explicitly list the learning objectives associated with each course and reflect an appropriate level of breadth and depth to expose students to the five core knowledge areas.
Table 3. Required Courses Addressing Public Health Core Knowledge Areas

<table>
<thead>
<tr>
<th>Core Knowledge Area</th>
<th>Course Number &amp; Title</th>
<th>Credits</th>
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<tbody>
<tr>
<td>Biostatistics</td>
<td>PHC 5050: Biostatistics</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PHC 6015: Epidemiological Study Design and Statistical Methods</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PHC 6196: Computer Applications in Public Health</td>
<td>3</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>PHC 6000: Epidemiology for Public Health Professionals</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PHC 6015: Epidemiological Study Design and Statistical Methods</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>PHC 5123: Scientific Basis of Public Health</td>
<td>3</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>PHC 6300: Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>Social and Behavioral Sciences</td>
<td>PHC 5410: Social and Behavioral Sciences in Public Health</td>
<td>3</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>PHC 6150: Public Health Policy</td>
<td>3</td>
</tr>
</tbody>
</table>

2.4 Practical Skills.

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

This criterion is met. The program requires all students to complete a six-credit, 180-hour internship experience. Students are expected to plan early for the internship experience, but are not permitted to register for the internship course until they complete a prescribed list of six core courses, which address all five core areas of public health. Completed in one or multiple semesters, the internship is planned, organized, supervised and strategically designed to provide an opportunity for students to apply their acquired knowledge and skills to a specific project in an area of public health practice. The internship also serves to extend students' learning experiences beyond the virtual classroom and into a professional environment.

The internship team consists of the student, his or her faculty advisor, the site preceptor and the Internship Coordination Committee, which includes the program director and the internship coordinator. Depending on a student’s geographic location, faculty advising can be provided electronically, via Skype, Blackboard or telephone, or, for students who reside in the Pensacola region, through in-person consultations.

The identification and selection of internship sites is a collaborative effort. Each faculty advisor discusses site options with his or her assigned student and helps connect the student with a potential preceptor and internship project that aligns with the student’s career interests and professional goals.

Students are asked to work with their prospective preceptors to complete a project proposal and work plan, in which they outline the scope of the project, the overall goals and learning objectives and the relevant MPH competencies that the experience is expected to reinforce. This information is included in
the preceptor and internship approval forms that the student submits to the Internship Coordination Committee.

The Internship Coordination Committee reviews the internship approval forms, as well as the curriculum vitae of each prospective preceptor, to ensure adequate guidance and supervision. Standard preceptor qualifications include a master’s degree in public health or a related discipline; the program has not established a quantitative expectation for the minimum number of years of experience that a preceptor must possess. The program director, on behalf of the Internship Coordination Committee, gives the final approval on each internship proposal.

The student's faculty advisor and the internship coordinator maintain open communication with both the student and the preceptor throughout the progression of the internship and are available throughout the semester to answer questions, discuss any issues that arise and provide ongoing guidance and support.

Each student is required to prepare monthly progress reports, which must be shared with and signed by his or her preceptor before being submitted to the internship coordinator. The internship coordinator also conducts mandatory follow-up sessions with the preceptor to assess the student's progress after the completion of 60 and 90 internship hours. Both evaluation methods provide the internship coordinator with an opportunity to identify any areas in need of improvement, to offer constructive feedback and to discuss, if necessary, any possible modifications to enhance the internship experience going forward.

After the conclusion of the internship, each student is required to submit a written summary report of the internship project. In the development of this report, students are expected to conduct a literature review and discuss the scientific basis for their selected intervention or project, the methodology, the results, their interpretation of the findings, the limitations of their research, the lessons learned and their recommendations for the agency for which they worked. The report must also include a detailed description of the manner in which the MPH competencies were integrated into and reinforced by the experience. Once the paper is finalized, students prepare and present a corresponding oral defense before the Internship Coordination Committee. Students who reside within 50 miles of the university must present their oral defense on campus, while more distant students are given the option to present their work via webcam or teleconference. Regardless of the delivery method, preceptors and other students are invited to attend and all presentations are open to the public.

Required deliverables also include a final preceptor evaluation and a final student assessment. Preceptor evaluation forms provide preceptors with an opportunity to evaluate the student's overall performance, including his or her professional behavior and demonstration of the competencies identified in the project proposal. Similarly, students assess their satisfaction with their preceptor and internship site.
The program considers and approves requests for internship waivers on an individual basis. Prior to fall 2013, students could request a waiver of all six internship credits based on at least five years of verifiable public health work experience or their enrollment in a residency program. In an attempt to ensure continuity, the program has since revised its policies to allow up to three internship credits to be waived, though all of the core internship components, including the content, deliverables and number of practice hours, are still required of students who receive such waivers. A completed credit request form must be submitted by the end of the student’s first semester, along with a written report describing the relevance of the previous work experience and the specific skills and MPH competencies acquired or practiced during the experience. The report must be reviewed and signed by the internship coordinator, the student’s faculty advisor and the program director, on behalf of the Internship Coordination Committee. Final approval for internship credit is only given following a successful oral defense of the activities for which the student is seeking internship credit. The benefit for students who are granted an internship waiver is that they are not required to pay for the waived credits.

Over the past four years, the program has approved a total of 10 internship waivers, half of which occurred in the last three years; the majority of waivers have been granted to students on the grounds of sufficient and equivalent professional public health practice experience, rather than their enrollment in a residency program.

Working students may fulfill the internship requirement at their current place of employment, but only under certain circumstances. To preserve the educational quality and integrity of such a practical experience, students are expected to report to someone other than their current supervisor and to work on a completely different project or one in which the student works above and beyond his or her current job responsibilities.

While the self-study acknowledges the limited extent to which the internship coordinator can supervise distance-based students, students who met with site visitors spoke highly of their field experiences and the support provided by their faculty advisors and the internship coordinator. A number of interns have been hired into full-time positions by their preceptors or the agencies in which they conducted their internships.

2.5 Culminating Experience.

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

This criterion is met. All students are required to complete a comprehensive examination as their culminating experience. The comprehensive exam is designed to assess and ensure each student’s ability to integrate, synthesize and apply the knowledge and skills they acquired in their coursework. As
validated by site visitors’ review of the exam guide and sample documentation, the exam is truly
integrative and provides an adequate level of rigor to evaluate each student’s knowledge and abilities.

The exam is divided into two main parts and six subsections, the first five of which cover the core MPH
competencies and the five core knowledge areas. The second part focuses on the generalist, or cross-
cutting, competencies, as they are referred to in the self-study. The exam consists of a total of 500
randomized multiple-choice questions (50 per core area and 250 for the generalist concentration). The
classroom is also tailored to cover the competencies addressed in the particular required and elective courses
that a student has completed. No two students, therefore, take the exact same exam. Questions for part
one are pulled and adapted from sample Certified in Public Health (CPH) exams and reviewed by core
course instructors to ensure that they accurately reflect the core course material and programmatic
competencies. Questions for part two are developed by other course instructors. All questions are subject
to review by the comprehensive exam coordinator.

Students within 50 miles of the university must take the online exam in an on-campus computer lab,
proctored by an MPH faculty or staff member. More distant students must identify an appropriate proctor,
and submit a proctor approval form for review and approval by the comprehensive exam coordinator,
before taking the exam in an off-campus location—usually a testing center or public library. Students
have a total of eight hours to complete each half of the exam, which is typically scheduled over a two-day
period.

The exams are graded electronically, which provides students with the opportunity to view their scores
immediately after completion. Students are required to pass each subsection with a grade of 70% or
higher in order to graduate. If a student fails one or more subsections, the student must retake and pass
each section on which he or she performed poorly. In cases where a student receives any failing grade
on his or her second attempt, the comprehensive exam coordinator develops an individual remediation
plan which includes a requirement that the student audit select courses prior to taking the exam a third
time. Failure to pass the exam on a third attempt will result in the student’s dismissal from the program.

At the time of the site visit, reviewers noted potential concerns with the sequencing of the comprehensive
exam. Students were required to take the second half of the exam, which covers all of the generalist
competencies, during their final semester and after the completion of all required coursework. The first
half of the exam, which assesses the core competencies, however, could be taken after the completion of
a prescribed list of five core courses; in fact, students are encouraged to register for and complete this
exam midway through their program of study. Most students, nevertheless, opted to wait until their final
semester to complete the entire comprehensive exam. The program coordinator explained that students
are expected to have obtained a substantial grasp of the core competencies after the completion of the
core coursework. Documentation provided to site visitors, however, demonstrates that the core competencies are reinforced throughout the curriculum, after the recommended time period for taking this part of the exam. After only five courses, students may have limited knowledge and skills to apply. In assessing students’ ability to synthesize and integrate the knowledge they acquire in their coursework before all courses are completed, the exam does not capture the fundamental nature of a culminating experience. After the site visit, the program implemented a policy change to ensure that all students complete the comprehensive exam after completing all course work.

### 2.6 Required Competencies.

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

This criterion is partially met. The program subscribes to a total of 49 core MPH competencies and 71 generalist competencies, which the program refers to as cross-cutting competencies. The Association of Schools and Programs of Public Health’s (ASPPH) recommended core competencies serve as the framework for the curriculum.

The competencies were adopted by the Steering Committee in 2008, based on feedback from the SAHLS Advisory Committee, on which MPH faculty, community partners, alumni and employers participate.

The first concern relates to the program’s use of the complete and unaltered lists of ASPPH competencies as the core competencies and the concentration-specific, or generalist, competencies. The issue with this usage is twofold: 1) the program neglected to adapt and modify the published competencies to reflect the unique contributions of the program’s curriculum and reduce the number of core competencies to a more appropriate, effective and manageable system; and 2) the ASPPH core competencies are not appropriate for defining generalist-specific knowledge, regardless of the terminology. Site visitors could not verify that the program conducted a thorough and systematic review before making the decision to adopt all 120 competencies, practically word for word.

The second concern relates to the extent to which the program’s constituents have been involved in the development and periodic assessment of the competencies. Outside of those who serve as members of the Steering Committee and the SAHLS Advisory Committee, and with the exception of the opportunity to provide third-party comments on the entire self-study, there is no indication that feedback was formally solicited from faculty, students, alumni or community partners during the development of the competencies. While the self-study indicates that the program was and still remains open to feedback from course instructors, conversations with several secondary faculty members suggested that the
finalized competencies were only presented to them as a framework around which they were instructed to design their courses.

The third concern relates to the currency of the program’s competencies. The program director asserted that the competencies originally adopted in 2008 are still relevant. Although feedback has been solicited and received from committee members, no significant revisions have been made since the establishment of the program’s competencies to ensure relevance and responsiveness to emerging public health needs and priorities. Rather than propose updates to the program’s competencies, faculty have made adjustments to their individual course objectives to meet the needs of the public health and armed services workforces.

Another concern relates to the apparent disconnect between the competencies and the curriculum. The matrix with which the program monitors the implementation and delivery of the competencies is based on a combination of required and optional coursework. Many competencies are linked to at least one of four courses from which students are asked to select two; therefore, the level of student exposure to such concepts is dependent on each student’s chosen plan of study. Furthermore, several competencies are only reinforced and not emphasized, or are only emphasized and not reinforced, in any required course. Although the documentation provided to site visitors indicated that the curriculum covers all of the competencies, site visitors found it difficult to verify that all 120 competencies are thoroughly addressed in 24 credits of required coursework.

The fifth concern relates to the manner in which the competencies are communicated and made available to students. The majority of course syllabi reviewed on site do not list the MPH competencies, though all syllabi display the associated learning objectives addressed in each course. Site visitors also discovered that the program’s competencies are inconsistently presented in various documents on the program’s website.

2.7 Assessment Procedures.

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

This criterion is partially met. The program monitors and evaluates student progress in achieving the expected competencies through course grades, cumulative grade point averages, the internship experience, the comprehensive exam, alumni surveys and informal feedback from alumni and employers of its graduates. The program also assesses student achievement by tracking graduation rates and job placement data.
With competencies mapped to all required coursework, the successful completion of degree requirements is one indication of competency attainment. Faculty members assign overall course grades based on their evaluations of students’ performance on course assignments and examinations. A student who receives a passing grade on a course is considered to have mastered the competencies associated with that course.

The program expects all students to maintain at least a 3.0 overall grade point average in order to graduate. A student whose grade point average falls below the designated threshold will be placed on academic probation, and if the student does not improve his or her grade point average during the following semester, he or she may be suspended from the program.

The Internship Coordination Committee is responsible for conducting a final evaluation of each student’s performance on the internship and assigning an overall course grade (e.g., “exceeds expectations,” “meets expectations” or “does not meet expectations”) based on the quality and completion of the deliverables, the oral defense, preceptor evaluation results and the student’s attainment of the competencies. Over the last four years, 100% of students have received a satisfactory internship grade.

The comprehensive exam, described in detail in Criterion 2.5, is designed to assess each student’s proficiency in the MPH competences. According to the self-study, no students to date have failed the exam on their third attempt. At least 78%, 80%, 67% and 83% of students who completed the first half of the exam during each of the last four years, respectively, passed one or more sections of the exam on their first attempt. All students who sat for the exam in 2009-2010 and 2010-2011 passed the exam by the time of their second attempt, and 29% and 10% of students who sat for the exam in 2011-2012 and 2012-2013, respectively, took the exam three times before earning a full passing grade. The lowest scores are typically received on the epidemiology section. The program acknowledges this deficit in the self-study and, in response, is currently working with the epidemiology course instructors to implement strategies to strengthen students’ mastery and retention of critical epidemiological principles, methods and applications.

The program collects job placement data in several ways. An annual alumni survey is administered to assess the employment status of alumni within 12 months of graduation. Due to the typically low response rates, the program relies heavily on the informal emails it receives from students who take the initiative to inform the program about their job status. The program also uses several social media platforms, including LinkedIn, Facebook, Twitter and Google+, to supplement survey data and determine the current employment status of alumni. As a result of its combined efforts, the program has been successful in collecting job placement data from 76% to 90% of its graduates over each of the last four years.
The self-study provides job placement data for the last four cohorts of graduates. Of the students who graduated in 2010-2011, approximately 83% (100% of respondents) reported being employed, and no alumni indicated that they were continuing their education. Of the students who graduated in 2011-2012, nearly 81% informed the program of their job status and over 88% of respondents reported employment; no alumni reported continuing education. Of the students who graduated in 2012-2013, 76% responded and 92% of respondents reported employment; again, no alumni reported continuing education. Preliminary data pertaining to those who graduated in fall 2013 indicate that 80% of the program’s most recent graduates (88% of respondents) are currently employed and none are continuing their education.

The program administers a separate three-question survey each year to assess the satisfaction and perceived competence of its graduates. A different set of questions is identified each year. Rather than address the extensive list of core and/or concentration-specific competencies, the program encourages more responses by highlighting two or three cross-cutting skills and asking alumni to rate whether or not the program met their general expectations. Response rates for the last three years range from 18% to 25%. Respondents to the most recent survey all reported that they were either “satisfied” or “very satisfied” with the following: 1) the program’s ability to meet their overall expectations, 2) their ability to apply scientific methods to solve public health problems, as a result of their MPH degree and 3) their proficiency in applying appropriate ethical practices in public health research, including developing, implementing and evaluating public health interventions. Program administrators also send alumni informal emails with open-ended questions about 1) the skills they developed as MPH students, 2) the usefulness and applicability of the MPH competencies in the workforce and 3) areas in which the program might benefit from improvement.

On-site discussions with alumni confirmed their overall satisfaction with the competence and skills they developed as MPH students. Several alumni, however, identified their need for additional training in risk and crisis communication and media messaging.

The methods the program uses to collect employer data on graduates’ abilities to perform competencies in the workplace are focused on those who participate on the Steering Committee, SAHLS Advisory Committee and the Navy Residency Advisory Council. The program developed an annual employer survey, but has not released it in the past few years. As with alumni, the program relies on the informal emails it receives from employers who take the initiative to provide feedback to the program. On-site discussions with preceptors and community representatives indicated a high satisfaction with the competence and skills of the program’s graduates. Consistent with alumni recommendations, however, employers suggested that the program place a greater emphasis on risk communication and writing and communications skills. Employers also indicated that the program has been very receptive and responsive to their past concerns and suggestions.
Program administrators and other faculty review and analyze aggregate data collected from the above measures to identify any gaps in the curricula and determine if any adjustments are warranted.

The concern relates to the program’s consistently low graduation rates. Based on the university’s six-year maximum allowable time to graduate, the cohorts of students entering in 2006-2007, 2007-2008 and 2008-2009 achieved graduation rates of 38%, 40% and 50%, respectively. All of these rates fall well below the 70% benchmark. The program primarily attributes this deficit to its historically flexible academic policies. Until 2011, the program had not established a minimum number of courses that students were required to complete each year; as a result, many students completed one or two courses annually before dropping out. Full-time students are now required to complete a minimum of seven courses (21 credit hours) per year, and the annual course load for part-time students is at least four courses (12 credit hours); such requirements are intended to facilitate student matriculation through the program in a timely manner. The program has also adopted more stringent admissions policies and procedures, which are outlined in Criterion 4.3. As a result of the program’s new academic requirements, the program coordinator expects that graduation rates will gradually increase and eventually reach the 70% target. Data pertaining to the 2009-2010 cohort, 64% of which has graduated in a five-year time frame, supports the program coordinator’s predictions.

The program identified the need to implement a more systematic approach for gathering both alumni and employer data. Going forward, the program intends to email the employer survey to all employers on an annual basis and administer the survey during Steering Committee meetings to increase the response rate. The program is also exploring the possibility of conducting group exit interviews with graduating students to assess their overall satisfaction with the program.

The program director emphasized that he would like to hire an additional staff person to improve the program’s assessment procedures and carry out all of these important responsibilities. As described in Criterion 1.7, the current faculty and staff complements simply do not have enough time to conduct such assessments.

2.8 Bachelor’s Degrees in Public Health.

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

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

- **Elective Public Health Coursework:** in addition to the required public health core knowledge courses, students must complete additional public health-related courses.
Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

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

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is not applicable.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is met. The online curriculum, launched in response to an increasing demand for distance-based degree programs, is specifically designed to accommodate working professionals and military students seeking to develop or enhance their training in public health. This mode of delivery helps the program extend its reach beyond the Florida panhandle and overcome any geographic constraints.

The program offers an asynchronous online course delivery system utilizing the Desire2Learn (D2L) eLearning course management platform. The D2L system is well-structured, integrated and contains all of the instructional elements of a contemporary asynchronous learning environment, including drop boxes, live chat rooms, archived discussion forums, web conferencing and technical support 24 hours a day, seven days a week. Synchronous delivery of material is accomplished through Blackboard Collaborate, a separate web-conferencing tool.

The program integrates new and emerging interactive technologies to enhance the quality of instruction and support continuous quality improvement. The development and delivery of online instruction is guided by Quality Matters (QM), an organization dedicated to improving and certifying the design of online and blended courses. Over the last three years, three courses have been reviewed and deemed as compliant with national QM standards. A designated primary faculty member, in consultation with other information technology experts, is charged with monitoring the quality and execution of all activities related to the online environment.

The program remains committed to ensuring that each core instructor is certified as a distance educator and thoroughly oriented to teaching in the online environment. All primary faculty are required to complete a series of training sessions in online content delivery, education strategies and methodologies within their first year of employment. The UWF Academic Technology Center (ATC) and Information Technology Services also provide existing faculty with software upgrades and tutorials. These training sessions are supplemented by university-sponsored training seminars on online educational theory, technology and methods; such seminars are conducted once each semester. Adjunct faculty are also encouraged, though not required, to participate in all training sessions.

The program provides various electronic resources to support student learning. The MyUWF portal provides students with seamless access to a variety of network-based resources, including electronic mail, centralized file storage, the eDesktop virtual computer lab, eLearning and a variety of library services. Training tutorials and materials are provided on the virtual computer desktop. The university maintains an ITS HelpDesk which serves as the primary source of technical support for faculty and students. HelpDesk provides students with live chat support, as well as email and telephone support in
the online classroom. Online discussion boards are also available for students to reach out for academic and technical assistance. Site visitors verified that the online tutorials are user-friendly and helpful in navigating the course materials.

The program implements sufficient measures to ensure that each student who registers for the online program is the same student who participates in and completes the MPH courses and receives academic credit. The program protects the integrity of the examination process by requiring students to hire an approved proctor and to present proper identification before sitting for exams. Faculty are encouraged to monitor indicators of academic misconduct, such as an abrupt change in the quality of a student’s work or a student’s lack of attendance or participation in the D2L system prior to submitting assignments.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. As reflected in its mission and goal statements, the program is committed to promoting excellence in interdisciplinary and community-based participatory research and to encouraging research among faculty and students alike. In support of these efforts, the program has recruited and developed a faculty of productive researchers and promotes policies and practices that support a vibrant research environment.

The program expects all tenure-track faculty to engage in community-based and applied population health research, and to involve students in their work. Non-tenure-track faculty are not contractually required to engage in public health research, though on-site conversations with faculty confirmed that the program still encourages their participation in such activities. Although research funding is not a high priority at the university, the UWF Office of Sponsored and Research Programs provides faculty with administrative grant support and shares relevant funding opportunities that match faculty research interests. As a supplement to university and SAHLS sponsorships, the program provides funding for research-related travel, informational technology support and a broad spectrum of scholarly activities. The program aims to maintain at least $2,500 in travel support for faculty each year. Over the last four years, funding for faculty travel has ranged from over $3,800 to more than $7,300; at the time of the site visit, over $5,100 had been secured. Faculty also received a total of $9,500 in intramural research grants over the last four years.

The program expects all tenure-track faculty to submit at least one research proposal every other year. Three of the four primary faculty members and three of the 16 secondary faculty members obtained
extramural funding for research in the last four years. Faculty maintain a modest portfolio of extramural funding for research. Research productivity among the entire faculty complement has fluctuated between $10,000 and $135,000 over each of the last three years. Preliminary data for 2013-2014 indicate that faculty have already secured an additional $3,000 in external research funding through 2014.

All tenure-track faculty participate in collaborative research projects with local, regional, state, national or international partners. Seventy-one percent of all externally-funded research projects were community-based, and approximately 64% involved student participation. Most faculty research is coordinated through the Florida Department of Health.

The impact of faculty research is reflected, in part, by the publication and presentation of peer-reviewed research articles. During each of the last four years, all tenure-track faculty disseminated their research findings through scientific organizations and by publishing at least one paper per year in a peer-reviewed journal, or by presenting at least one paper or poster per year at a professional conference.

The program recognizes the importance of engaging students in faculty- and student-led research—not only to generate scientific, evidence-based public health practice, but also to develop students’ critical thinking skills and enhance their exposure to and engagement in data collection and analysis. Research-related activities, including those that involve data collection, management, analysis and interpretation, are incorporated into the curriculum as instructional tools. The Directed Studies in Public Health elective courses, for example, is designed to facilitate faculty-student research projects. Outside of their participation in research during the internship experience, students are encouraged to collaborate with faculty on grant opportunities. The program incentivizes student participation in research through funded research and graduate assistantships.

Between 2011-2012 and 2012-2013, students presented a total of 10 papers at scientific meetings. The self-study indicates that, due to the online nature of the program, student involvement in faculty research is not always feasible. Local students have an advantage, as they can often meet with faculty in person. Distance-based students, on the other hand, participate via teleconferencing technologies, including Blackboard Collaborate web conferencing tools. All students have access to statistical software (SAS and SPSS) 24 hours a day, using the eDesktop virtual computer lab.

The sheer size of the student body, compared to the number of faculty resources, also limits opportunities for students to participate in faculty research. Program administrators expect that, as it secures additional faculty lines, more students will have the chance to collaborate with faculty in this capacity.
3.2 Service.

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

This criterion is met. The program is committed to professional and community service, as reflected in its mission and goal statements, and to encouraging service among faculty and students.

The program views service as a critical component for professional development—for faculty and students alike—and as an important tool for building partnerships with diverse communities and populations and leveraging opportunities for community-based participatory research. As such, the program encourages the integration of scholarly activities with service to the community. The provost indicated that she plans to spearhead a campus-wide campaign to emphasize the importance of high-impact community service.

All primary faculty have been engaged in multiple non-funded community and professional service activities over the last four years. Faculty collaborated with local, regional, national and/or international organizations and engaged in outreach efforts to address emerging public health issues and challenges.

The Student Association for Public Health serves as the forum for student-initiated community service. SAPH encourages each of its members to volunteer for their local Medical Reserve Corps and to participate in the American Public Health Association, the Florida Public Health Association and similar professional organizations in their area. The SAPH eLearning portal facilitates organized discussion forums, which advertise upcoming community events, to encourage student-student interaction in service. The recent participation of SAPH in Healthy Families, World AIDS Day and Public Health Week activities and in local Ronald McDonald House events are representative examples of student involvement in service to the community. Additional volunteer opportunities are available through Volunteer UWF, a division within UWF’s Career Services.

As with research, the self-study acknowledges that student participation in service is hampered by the online nature of the program. While SAPH members have been able to participate in local service activities, the level of participation—especially among more distance-based students—remains low. An average of two SAPH-led outreach activities are conducted each year.

3.3 Workforce Development.

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

This criterion is met. The program is engaged in workforce development through a variety of continuing education programs. Since the last accreditation review, however, the program has focused less time and
effort into determining the continuing education and workforce development needs of the existing public health workforce.

Over the last four years, the program has conducted various in-person workshops, conference presentations, panel discussions and other training sessions on campus and at several county health departments and local professional conferences. Such offerings were products of the program’s collaboration with other universities and academic units across campus, including the School of Psychological and Behavioral Sciences, the College of Professional Studies and the Center or Aging. Between 25 and 80 individuals attended and participated in each event. One primary faculty member organized the most recent series of workshops in 2012 and 2013; the trainings highlighted health disparities and included panel discussions by a local health department director, UWF faculty and the public. In 2012, another primary faculty member facilitated a presentation on the influence of cultural attitudes and practices on health. On-site conversations with the associate director revealed that the program recently secured a two-year grant to develop a Train the Trainer Program, through which the MPH program will train Escambia County high school teachers in environmental health; the first installation of funding for a series of online and in-person courses will be received in May 2014. With the exception of certificate programs, no continuing education programs have been offered online thus far; the program is considering offering future workshops in a distance-based format.

The Certificate in Public Health program, which is offered in an online format, is designed to meet the needs of public health practitioners. Graduate-level specializations are currently available in emergency management, environmental health, infection control and occupational safety and health. At the undergraduate level, specializations include occupational safety and health and readiness and response. During each of the last three years, between 11 and 16 non-degree students were enrolled in the certificate program. Preliminary data for 2013-2014 indicated that three non-degree students were enrolled in the certificate program. The most popular specializations are emergency management and infection control.

During the first few years after inception, the program gathered data on the training needs of the public health workforce through workshop surveys. The program seeks feedback from the SAHLS Advisory Committee and the MPH Steering Committee, which consist of local employers and community partners. The close connections to a select number of local agencies befits the program’s size and realistic scope of offerings. Program administrators stated that the program simply does not have the faculty or staff resources to regularly conduct thorough workforce needs assessments. Since the site visit, a part-time staff member and an additional faculty member have been added, and the program’s response to the site visit team’s report indicates that these additions will enable the program to conduct ongoing workforce needs assessments.
4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program’s faculty complement is robust in public health expertise. Faculty members are individually well-qualified and collectively offer a wealth of experience in relevant sub-disciplines of public health.

All primary faculty hold terminal degrees (PhD, DrPH or MD degrees) appropriate to the field of public health or related disciplines, and as well as other degrees from CEPH-accredited institutions. Four secondary faculty members received MPH degrees, and seven hold doctoral degrees in public health policy, public health law, epidemiology, biostatistics or medicine.

The program is supported by a pool of exceptionally well-qualified and dedicated adjunct faculty, many of whom are either current or retired public health practitioners.

Faculty research interests include minority health, social determinants of health, health disparities, environmental health and global health. These qualifications are augmented by an extensive array of peer-reviewed publications, conference presentations, research grants and contracts and professional and community service activities, as well as faculty participation in professional and scholarly organizations.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The program observes the university’s policies for recruitment, appointment, promotion and tenure. Faculty are governed by institutional faculty rights and responsibilities, as stated in the UWF faculty handbook, which is accessible on the university website. The rights, benefits and responsibilities of faculty, specific to the MPH program, are outlined in the MPH Faculty Bylaws and Standing Rules document, which is also online.

The program director initiates all faculty and staff recruitment, by submitting such requests to the CAS dean. The college prioritizes and forwards the program director’s requests to the Division of Academic Affairs. If approved, faculty and staff lines are allocated by the division to CAS, and from the college to the program.
University policies promote excellence in teaching, research and service, though less emphasis is placed on service and service to the university is accepted in fulfillment of this requirement. All three elements are taken into consideration during reviews for faculty promotion and tenure. Specific expectations for MPH faculty contributions to research and service are dictated by the MPH bylaws. Although these regulations do not stipulate a minimum FTE requirement for research or service, faculty who met with site visitors estimated the weight of teaching, research and service in faculty evaluations: approximately 40%, 40% and 20%, respectively. Faculty also clarified that such research and service expectations only apply to tenure-track faculty.

Faculty competence and performance in teaching, research and service are evaluated on an annual basis by the program director, in the capacity of the SAHLS director, and the CAS dean. Each faculty member prepares and submits an activity report and a statement of accomplishments, along with an updated curriculum vitae and summary results of student course evaluations pertaining to the academic year under consideration. The program director writes a letter of evaluation, in which he assigns a rating of “poor,” “fair,” “good,” “excellent” or “distinguished” in each area. The letter of evaluation is acknowledged and signed by the faculty member before it is forwarded to the dean for further evaluation and approval.

All primary faculty are appointed to SAHLS and classified as tenured, tenure-track or non-tenure track. At the time of the site visit, 75% of primary faculty were either tenured or in tenure-track positions.

The program offers a variety of resources to support the professional development of all faculty, regardless of their status as tenure-track or non-tenure-track. Each new faculty hire is assigned a mentoring committee, consisting of the SAHLS director and two tenured faculty members, to provide guidance and support. The assigned mentoring committee meets with each faculty member each semester to evaluate and provide feedback on faculty performance and progress towards professional excellence. Junior faculty enjoy travel funds to attend professional meetings, seed money to jumpstart their research activities and/or financial compensation for those who develop new online courses. Non-tenure track employees are also eligible for paid professional development leaves of one or two semesters after four years of continuous service.

The quality and effectiveness of faculty instruction is evaluated through anonymous student course evaluations. Students rate their satisfaction with each instructor’s communication methods, availability to assist students during and between class periods, respect and concern for students and a variety of other factors. The SAHLS director reviews and discusses the survey results with each faculty member. When applicable, faculty are asked to respond to student concerns and identify improvement plans. As mentioned above, course evaluation results are a component of annual faculty evaluations and are considered in decisions regarding promotion and tenure.
During each of the last two years, 94% of faculty received an average score of at least 70% in the “good” to “excellent” range on student course evaluations.

4.3 Student Recruitment and Admissions.

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

This criterion is met. A variety of methods are utilized to identify and attract highly-qualified individuals to the program.

Recruitment tools and materials include the program and university websites, brochures, flyers, posters, bill boards, mailings, radio announcements, information sessions, face-to-face and telephone interviews with prospective students and exhibits at professional conferences. Faculty engage in recruitment activities at the university, within the community and at regional and national public health events. The program is assured a steady stream of highly qualified applicants through its partnership with the US Army and Navy, which require all Aerospace Medical Residency Fellows to obtain an MPH degree.

Admissions criteria are clearly stated and easily accessible on the program’s website. Admission requires a bachelor’s degree from a regionally-accredited institution and a minimum grade point average of 3.0 in undergraduate coursework. Applicants must perform satisfactorily on a recent Graduate Record Examination (GRE), or its equivalent, and submit transcripts, three letters of recommendation and a personal statement and additional writing samples.

The program engages in a competitive admissions process to identify students who are well-qualified and motivated to succeed in the program. The Admissions Committee reviews all application materials for fall, spring and summer admission. The committee recommends the most academically and experientially qualified applicants to the program director, who issues the final admissions decisions. Program standards are constructed to allow a degree of flexibility, however, for applicants who demonstrate promise outside of traditional test scores and grades. A student admitted on such grounds is required to prove his or her suitability by earning a grade of “B” or better in the first 12 hours of coursework and by maintaining an overall grade point average of 3.0 for the remainder of the curriculum.

Over the last four years, the annual number of applicants has gradually increased, from 84 in 2010-2011 to 166 in 2013-2014. Thirty-five percent of applicants in fall 2013 qualified for admission; the program seeks to grant at least 50% of applicants admission to the program. Of those who were accepted, approximately 88% (51) enrolled in the program. Total enrollment has also grown consistently over the
past four years; compared to 97 in 2010-2011, the total student headcount as of spring 2014 was 219. Most students are working adults, with existing employment in the armed forces or in public health or health care fields. At the time of the site visit, the program enrolled over 80 physicians and other students with advanced degrees.

In consideration of the current strains on faculty resources, the provost advised the program to limit student admission to ensure that student enrollment does not outgrow the program’s means. She was also concerned that the program may compromise the quality of applicants admitted to the program if student enrollment continues to expand at its current rate. Program administrators agreed that they must find a balance between student recruitment and program growth.

4.4 Advising and Career Counseling.

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

This criterion is met with commentary. A variety of academic advising and career counseling services are accessible to students, from the time of enrollment to graduation.

The UWF First Year Advising Center serves as a resource for all freshmen students. Local MPH students are invited to attend an in-person orientation session prior to the start of their first semester. The orientation gives students an opportunity to meet their classmates and course instructors. All incoming students are assigned a faculty advisor. Students are required to meet with their faculty advisor prior to beginning their course of study and every semester thereafter. Faculty advisors provide guidance on curricular requirements and study plans and monitor student progress towards degree completion. Academic advising is conducted by email, phone or in person, for local students.

The associate director and the program coordinator frequently send information about job and training opportunities to the entire student body via email. The MPH Careers website provides additional career advice and resources, including links to UWF’s Career Services and JasonQuest, the university’s searchable jobs database.

Students have the opportunity to provide feedback on academic advising, through an online survey that addresses a variety of factors, from a student’s comfort with his or her assigned advisor to the advisor’s responsiveness to the student’s questions. According to the most recent survey conducted in the months preceding the site visit, 80% of respondents either agree or strongly agree that the advising they receive from their faculty advisor is adequate. On-site discussions with students confirmed that faculty advisors are responsive to students’ needs. Not all students, however, are given the opportunity to respond to this
survey; according to the self-study, the aforementioned survey results are based on a sample of 16 randomly selected students.

The commentary relates to the opportunity for the program to collect more useful and actionable information on student satisfaction with career advising. Although students have discussed career advising in response to the survey question that asks them to provide general comments on advising, the survey does not incorporate any questions that specifically measure student satisfaction with career advising. The two related comments that were received from the most recent survey are both positive. Students who met with site visitors did not perceive a significant need for career counseling, due to the fact that they are all currently employed.

The university enforces a clear set of procedures that govern student grievances. The UWF website and student handbook thoroughly outline the university’s appeals and grievance policies. Procedures may involve the program director, the CAS dean or the provost, depending on the nature of the complaint and level of inquiry or appeal. The program received a total of two formal complaints in the last three years; both were academic appeals involving course grades.
Agenda
COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

University of West Florida
Master of Public Health Program

March 31-April 1, 2014

Monday, March 31, 2014

8:30 am  Request for Additional Documents
        George Stewart, Director SAHLS and MPH Program

8:45 am  Executive Session

9:45 am  Meeting with Program Administration
        George Stewart, MPH Program Director
        Justice Mbizo, MPH Program Associate Director
        Enid Sisskin, MPH Program Coordinator

10:45 am  Break

11:00 am  Meeting with Faculty Related to Curriculum and Degree Programs
        George Stewart, Ph.D. – MPH Program Director
        Justice Mbizo, Dr.PH – Assistant Professor, Primary Faculty
        Enid Sisskin, Ph.D – Lecturer, Primary Faculty
        Maria Martin, MD, MPH –Assistant Professor, Primary Faculty
        Melanie Sutton, Ph.D – Associate Professor, Primary Faculty
        Deborah Vinci, Dr.PH – Associate Director, Community Health Program
        John Lanza, MD, PhD, MPH – Faculty Associate, Core Course
        Joseph Pavelites, MD, PhD, MPH – Preventive Medicine Resident / US Army, Naval Aerospace Medical Institute, Pensacola, FL/ MPH Adjunct
        Raid Amin, Ph.D – Professor of Mathematics/Statistics, UWF, Core Class
        Angela Hahn, Ph.D – Lecturer, BSHS Program
        Rodney Johnson, JD – Adjunct/Legal Counsel Florida Department of Health
        Julie Philippart, DHSc – Instructor, Clinical Lab Sciences Program/ MPH Adjunct
        Michael Finley, Ph.D – Faculty Associate /Independent OSHA Consultant
        Ann Abbott, Ph.D – MPH – Adjunct/MPH Core Class
        Joy Nanda Ph.D, MPH – Adjunct/MPH Required Class
        Maria Pilar Martin, MD, MPH – Assistant Professor

12:00 pm  Break

12:15 pm  Lunch with Students
        Jeff Mohr
        Rachel Morrell
        Kenari Guest
        Corey Cronrath
        Fiona Mowbray
        Michael Prudhomme
        Amanda Eckert
        Nedra Khabou
        Lisa Shoubaki
        Heather Williams
        Tylar Cates
        Audrey Thacker
        George Semple
        Jennifer Fields
        C. C. Schultheiss
        Amanda DeGuzman
        Robert Krause
        Peter Dinh
Kevin Cummings
Eduardo Rizo

1:15 pm  Break

1:30 pm  Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues
Justice Mbizo, Dr.PH – Assistant Professor
Enid Sisskin, Ph.D – Lecturer
Maria Pilar Martin, MD, MPH – Assistant Professor
Melanie Sutton, Ph.D – Associate Professor
Raid Amin, Ph.D. – Full Professor
John Lanza, M.D., Ph.D. M.P.H. – Director Florida Department of Health in Escambia County
Joy Nanda, Ph.D. – Adjunct

2:30 pm  Executive Session

4:00 pm  Meeting with Alumni, Community Representatives and Preceptors
Erica Holland, MPH –Health Education Program Consultant /Public Communications Officer/ Florida Department of Health –Escambia County
Shaun May, MPH, CEHP – Environmental and Community Health Section Chief Florida Department of Health - Okaloosa County/ Preceptor
Mary Beverly, MPH –Public Health Services Manager, Florida Department of Health – Santa Rosa County/ Preceptor
Tim Burkhart, MD., MPH –Preventive Medicine Resident / US Navy
Joe Pavelites, MD, Ph.D, MPH –Preventive Medicine Resident / US Army
Pam Perrich, MPH, CIH –Head, Industrial Hygiene Department, Naval Hospital Pensacola, Naval Hospital Pensacola/ Preceptor
Casey Richards, MPH –Florida Department of Health, Escambia County / Preceptor
Lisa Lavoie, Infection Prevention Program Manager, Baptist Hospital, Pensacola/ Preceptor
Karen Chapman, Director, Florida Department of Health - Okaloosa County
John Albano, Deputy Director Clinical Evaluations, Navy Medicine Operations Training Center/ Robert E Mitchell Center for Prisoner of War Studies
Samual Sauer, Army Associate Director, Occupational Medicine Residency, Naval Aerospace Medical Institute, Pensacola, FL/ Preceptor
Joseph T. LaVan, Deputy Associate Director, USN Aerospace Medicine Residency, Naval Aerospace Medical Institute, Pensacola, FL / Preceptor

5:00 pm  Adjourn

Tuesday, April 1, 2014

8:30 am  Meeting with Academic Leadership
Martha Saunders, Provost
George Ellenberg, Vice Provost

9:15 am  Break

9:30 am  Executive Session and Report Preparation

12:30 pm  Exit Interview