

REVIEW FOR ACCREDITATION
OF THE
MASTER OF PUBLIC HEALTH PROGRAM
AT THE
UNIVERSITY OF TENNESSEE, KNOXVILLE

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

October 5-6, 2015

SITE VISIT TEAM:

Amy F. Lee, MD, MPH, MBA, CPH, Chair
Felicia M. Warren, MPH, BA

SITE VISIT COORDINATOR:

Nakita J. Kanu, MPH, BSPH

Table of Contents

Introduction.....	1
Characteristics of a Public Health Program	3
1.0 THE PUBLIC HEALTH PROGRAM.....	4
1.1 Mission.....	4
1.2 Evaluation and Planning.....	4
1.3 Institutional Environment.....	6
1.4 Organization and Administration	7
1.5 Governance	8
1.6 Fiscal Resources	10
1.7 Faculty and Other Resources.....	12
1.8 Diversity.....	13
2.0 INSTRUCTIONAL PROGRAMS.....	16
2.1 Degree Offerings.....	16
2.2 Program Length.....	17
2.3 Public Health Core Knowledge.....	17
2.4 Practical Skills	18
2.5 Culminating Experience.....	20
2.6 Required Competencies.....	20
2.7 Assessment Procedures.....	22
2.8 Bachelor's Degrees in Public Health.....	23
2.9 Academic Degrees	24
2.10 Doctoral Degrees.....	24
2.11 Joint Degrees	24
2.12 Distance Education or Executive Degree Programs.....	25
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.....	26
3.1 Research.....	26
3.2 Service.....	27
3.3 Workforce Development.....	28
4.0 FACULTY, STAFF AND STUDENTS.....	29
4.1 Faculty Qualifications	29
4.2 Faculty Policies and Procedures	30
4.3 Student Recruitment and Admissions	31
4.4 Advising and Career Counseling.....	32
Agenda.....	35

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 Tennessee, Knoxville (UTK). 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 October 2015 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.

The University of Tennessee, Knoxville was founded in 1794 as Blount College and currently serves as the flagship campus of the University of Tennessee System, a statewide institution with campuses in Knoxville, Chattanooga, Martin, Memphis and Tullahoma. Serving nearly 28,000 students, UTK offers over 300 degree programs and more than 170 undergraduate majors, concentrations and specializations. The university is organized into 11 colleges dedicated to the agricultural sciences and natural resources, architecture and design, arts and sciences, business, communication and information, engineering, law, nursing, social work, veterinary medicine, education and health and human sciences.

The College of Education, Health and Human Sciences (CEHHS) houses the departments of child and family studies; educational leadership and policy studies; educational psychology and counseling; kinesiology, recreation and sport studies; retail, hospitality and tourism management; theory and practice in teacher education; nutrition; and public health. The following centers and institutes are also administered through the CEHHS: the Culinary Institute, the Early Learning Center, the Institute for Assessment and Evaluation, the Korn Learning, Assessment and Social Skills (KLASS) Center, the College Access and Persistence Services (CAPS) Outreach Center, the Center On Deafness and other centers focused on educational leadership, mathematics and sciences, literacy, education and employment, physical activity and health, youth and political conflict and sport, peace and society.

The MPH program is located in the Department of Public Health (DPH), along with the DrPH and undergraduate programs, which are not included in the unit of accreditation. The program director reports to the department chair, who in turn reports to the CEHHS dean. The program offers MPH degrees in community health education, health policy and management and veterinary public health. Joint degrees in nutrition and law are also available.

The program has been accredited by CEPH since 1969. The most recent review, in 2008, resulted in a term of seven years. In 2009, 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.

The aforementioned characteristics are evident in the MPH program. The program is located in a regionally accredited university and has the same rights and privileges as other professional programs on campus. The program has a planning and evaluation process that is inclusive, timely and focused on public health research, teaching and service.

Faculty are trained in a variety of disciplines, and the program's environment supports interdisciplinary collaboration. Faculty and student connections with public health practitioners and local community members ensure that the program fosters the development of professional public health concepts and values. The program has a clearly defined mission, with supporting goals and objectives, and adequate resources to offer the MPH degree in three concentration areas.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The program has a clear and concise mission statement with supporting goals and measurable objectives. The program's mission is as follows: to provide quality education and leadership to promote health in human populations through interdisciplinary instruction, research and community service.

The program's mission mirrors the broader vision and mission of the university, the CEHHS and the DPH. Three goal statements support the mission and are linked to instruction, research and service: 1) prepare future professionals competent in core public health content and methodological approaches, 2) engage public health faculty and students engaged in research projects that address health concerns, contribute to community health improvement and add to the knowledge base and 3) engage public health faculty and students engaged in community, government and professional service to benefit populations at the local, state and national levels. Each goal is linked to specific, measurable objectives with quantifiable indicators. Timelines associated with these objectives extend through 2015.

Through a collaborative and inclusive process, members of the MPH Academic Program Committee developed the mission statement. With input from students and internal stakeholders, ad hoc sub-committees drafted directional statements for initial review by the full committee. Student representatives shared draft statements and solicited input from peer groups. The program director also disseminated the statements to all faculty for review and recommendations. Aside from alumni, community representatives were not involved in the process. The Academic Program Committee formally adopted the revised objectives and value statements in 2011 and 2013, respectively, after a consensus on the strategic direction. Department faculty provided final review and approval. The committee reviews these statements on a two-year cycle to ensure continued relevance and appropriateness. The next review is scheduled for fall 2015.

The program's mission, goals and objectives are published on the program website, application forms, the MPH Graduate Forum and the field practice brochure. Plans are underway to develop a process for expanding input from external stakeholders.

1.2 Evaluation and Planning.

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making

to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

This criterion is met. The program has an ongoing, systematic process to monitor and evaluate achievement of its mission, goals and objectives.

In 2010, the program developed and implemented a centralized database and data management system to collect and track data on students, faculty, alumni and community partners and strengthen the program's overall monitoring and evaluation capacity. The self-study outlines the processes, including data sources and responsible parties, the program uses to measure its success. The program director, the Academic Program Committee, faculty, the field practice coordinator and the department chair are responsible for monitoring and evaluating progress toward the objectives. The program director, for example, monitors the rigor of learning objectives in course syllabi. She and the department chair track student involvement in faculty-led research and faculty participation in community service.

The self-study presents outcome data for the last three academic years. A large majority (12 of 19) of objectives have been achieved. One of the instructional objectives that the program has not achieved pertains to the percent of students who seek opportunities for self-directed learning with faculty members. Driven by student interest and faculty support, the 10% target has not been met in the last three years. Similarly, two publication-related research objectives, one on service-learning and one relevant to workforce development, are also below the target level. One service-related objective has not been measured at all. The program director explained that the Public Health Graduate Student Association (PHGSA) officers, who are responsible for collecting data on student participation, did not track the data in an appropriate manner.

Evaluation results are examined by the Academic Program Committee, which meets at least twice each semester. Sub-committees of faculty members and students may be appointed to review the data in more depth, determine additional needs and propose recommendations—particularly in areas where established targets have not been met. The department also conducts a one-day faculty retreat each year to reevaluate and direct the program's strategic priorities and objectives and identify opportunities for improvement.

The program conducted a self-study process that included feedback and participation from a variety of constituents. The program director and administrative assistant established a monitoring system to track the status of the report. Faculty, staff and graduate assistants drafted assigned sections. An ad hoc self-study committee, comprised of faculty, students, alumni and community partners, reviewed drafts and established timelines and deliverables. Drafts were also forwarded to all DPH and veterinary public health faculty for review and comment. Students were kept informed of the self-study process through those

serving on the Academic Program Committee and by regular updates in *MPH Memos*, the student newsletter. Although the students who met with site visitors indicated that they had not been involved in the development of the self-study, the program invited and encouraged all students to provide input and volunteer as active participants in the process. Several committee members and community representatives told the team that they were actively engaged in the development of the self-study and provided a substantial amount of feedback. The final document was posted on the program website, along with a public invitation to submit third-party comments.

1.3 Institutional Environment.

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

This criterion is met. The University of Tennessee has been accredited by the Southern Association of Colleges and Schools since 1897; the most recent review for reaccreditation occurred in 2005 and resulted in a ten-year term. The university responds to 25 specialized accrediting agencies in fields such as engineering, nursing, psychology and social work.

The University of Tennessee, Knoxville serves as the flagship campus of the University of Tennessee System, a statewide institution with campuses in Knoxville, Chattanooga, Martin, Memphis and Tullahoma. UTK is organized into 11 colleges dedicated to the agricultural sciences and natural resources, architecture and design, arts and sciences, business, communication and information, engineering, law, nursing, social work, veterinary medicine, education, health and human sciences. The College of Education, Health and Human Sciences houses the departments of child and family studies; educational leadership and policy studies; educational psychology and counseling; kinesiology, recreation and sport studies; retail, hospitality and tourism management; theory and practice in teacher education; nutrition and public health. The following centers and institutes are also administered through the CEHHS: the Culinary Institute, the Early Learning Center, the Institute for Assessment and Evaluation, the Korn Learning, Assessment and Social Skills Center, the College Access and Persistence Services Outreach Center, the Center On Deafness and other centers focused on educational leadership, mathematics and sciences, literacy, education and employment, physical activity and health, youth and political conflict and sport, peace and society.

The MPH program is located in the Department of Public Health, along with the DrPH and undergraduate programs, which are not included in the unit of accreditation. The program director reports to the department chair, who in turn reports to the CEHHS dean. The dean reports to the provost and senior vice chancellor, who reports to the chancellor. The chancellor serves the university president. Ultimately, the Board of Trustees is the highest authority in the chain of governance.

The DPH chair is responsible for managing resources budgeted to the department and the MPH program. Information he shares with the dean is considered in budget negotiations between the dean and the provost. Funds are allocated by the college to each department. Requests for new faculty lines and appointments must be approved by the department head, the dean, the Office of Equity and Diversity and the provost. Mechanisms for faculty advancement are handled by the department, the college and the Office of the Provost. Staff are recruited through the Office of Human Resources, with employment decisions made by the department head and approved by the college dean. The Undergraduate Council, the Graduate Council and the faculty senate at the university level are responsible for academic standards and policies and oversight of curricula. Each college acts on department requests and processes proposals through curricular review committees prior to making recommendations to the university.

The self-study indicates that the department structure and institutional environment support program growth and development and provide flexibility to address curricular needs and opportunities. With the support and confidence of the dean, the department chair stated that the MPH program remains the primary focus of the department. Similarly, the dean, the vice provost for academic affairs and the vice chancellor for diversity and inclusion recognize the MPH program as a high priority. The dean, in particular, expressed an interest in eventually expanding and transitioning the program to a school of public health; specific timelines or plans have not been established.

1.4 Organization and Administration.

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

This criterion is met. The program maintains an organizational structure with clear lines of authority and responsibility. The program director oversees all aspects of the program, from student admissions to strategic planning. She also maintains responsibility for advising students.

The program's organizational setting is conducive to interdisciplinary collaboration. Practice and academic relationships exist across and beyond campus. The program collaborates with the Department of Nutrition and the College of Law, respectively, to offer the MS/MPH and JD/MPH degrees. The veterinary public health concentration is a product of the partnership between the MPH program and the College of Veterinary Medicine. Nutrition, law and veterinary medicine faculty members serve on the Academic Program Committee, while others organize a public health seminar series, provide instruction and advise students. MPH faculty hold joint appointments with the Center for the Study of Youth and Political Conflict, the Graduate School of Medicine, Family and Consumer Sciences and the College of Nursing. The program's ongoing relationship with the Department of Family Medicine has resulted in field

placements, guest lectures and opportunities for family practice residents to study public health while completing residency.

An interdisciplinary public health seminar series (PUBH 509) is cross-listed with the Department of Kinesiology, Recreation and Sport Studies, the Department of Nutrition, the College of Nursing and the College of Social Work. MPH students can earn graduate minors in statistics and epidemiology via the program's affiliation with the Intercollegiate Graduate Statistics Program. The Certificate in Health Policy is offered in conjunction with the colleges of nursing and law, and the Certificate in Food Safety is offered through a partnership with the Department of Food Science and Technology. The East Tennessee Public Health and Preventive Medicine Forum joins public health and nutrition faculty with members of the College of Veterinary Medicine, the College of Nursing, the Department of Family Medicine, the Tennessee Department of Health and the Knox County Health Department. In partnership with the county and state health departments, the DPH established the first Academic Health Departments in the state of Tennessee, through which the program engages in collaborative research and service activities.

The CEHHS and the university demonstrate a significant commitment to supporting a stronger, more visible public health presence on campus and to expanding collaborative efforts among health-related departments and colleges across the university.

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 has a well-defined governance structure that supports faculty, staff and student involvement in decision making. Standing committees oversee all pertinent functions, such as program and curriculum evaluation, student admissions and faculty recruitment. Each committee convenes at the department level and includes representatives from the MPH program. Faculty assured the site visit team that the current governance structure meets the program's needs.

Chaired by the program director, the Academic Program Committee serves as the main governing body. In addition to providing direction to the program, the committee facilitates goal-setting and problem-solving, encourages student involvement in academic policy development and program governance, enhances the recruitment of highly qualified students, and oversees accreditation-related activities. The committee is comprised of faculty and students from each concentration, the director of the public health nutrition program, a representative from the JD/MPH program and the field practice coordinator. One graduate assistant participates as a non-voting member of the committee. Meetings are conducted with

an open-door policy, so that other students, faculty members and interested parties may attend and join the discussions.

A sub-committee of faculty members in each concentration area monitors curriculum integrity and advises the program director on student admissions. Additional standing committees are described below:

- The Human Subjects Review Committee is a committee of one—a primary faculty member who provides guidance on Institutional Review Board submissions and ensures student and faculty proposals involving human research comply with the Office of Research procedures.
- The Promotion and Tenure Committee is another committee of one—a primary faculty member who makes recommendations to the department head regarding faculty retention, tenure and promotion. External representatives with appropriate expertise are invited to join the committee on an ad hoc basis.
- The Technology Committee, comprised of faculty, staff and students, reviews and updates the department's website and assesses and prioritizes technology needs.
- The Equity and Diversity Committee reviews and monitors progress toward achieving diversity goals and objectives and makes recommendations for revising the diversity plan and ensuring effective implementation throughout the department. Membership includes faculty and one MPH student.

Although the program's community partners are not formally represented in its governance structure, on-site discussions with program administrators and community representatives revealed that community members have many informal opportunities to provide input on the daily operation of the program and contribute to related conversations. The Academic Program Committee, for example, solicits feedback from community representatives regarding student competencies and skills on an intermittent basis. The Academic Health Department Steering Committee, on which the program director, department chair and county health officials serve, provides more formal opportunities for the program to interact with and engage local health professionals in discussions about the future direction of the program. Additional opportunities for community engagement exist with governmental, nonprofit and business organizations. Those who met with site visitors were enthusiastic partners of the program.

The department chair appoints a chairperson for most standing committees. Other committees—faculty search committees, graduate assistantship review committees, peer review committees and the accreditation self-study review committee—are appointed on an ad hoc basis.

In addition to supporting the governance of the program and the department, several faculty members hold appointments on college- and university-level committees, through which they contribute to the activities of the institution at large. Such committees include the Administrative Council, the Graduate

Curricular Review Committee, the Council on Intercultural and International Initiatives and the Outreach and Engagement Committee.

Students also play an integral and participatory role in the governance of the program. The program director and faculty formally and informally consult students for input on program evaluation procedures, policy setting and decision making. Each faculty search committee includes at least one student member with full voting privileges. Some students actively participate in university- (eg, Graduate Student Senate) and/or college-wide committees (eg, Graduate Student Advisory Board). The Public Health Graduate Student Association selects one student from each concentration to serve as voting members of the Academic Program Committee. Students also serve on the department's Technology Committee and the Equity and Diversity Committee. Student representatives communicate issues and proposed policy actions and share committee decisions with their peers. Other PHGSA activities include National Public Health week activities and recruitment fairs.

1.6 Fiscal Resources.

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

This criterion is met. The program's fiscal resources have expanded over the last seven years and continue to support its mission, goals and objectives.

The department chair oversees the program's budget and resource allocation. Although the program director does not have decision-making authority over the budget, she is granted opportunities to contribute to related discussions and submit written requests to the department chair as needs arise. The program does not operate on a program-specific budget—administrators indicated that MPH-specific funds and expenditures would be difficult to tease out of the department budget. The department chair assured the site visit team that the budget provided is a close reflection of the MPH program's fiscal resources, since 90% of department resources are dedicated to the MPH program. Table 1, below, presents the DPH budget for the last seven years.

Table 1. Sources of Funds and Expenditures by Major Category, 2008 to 2015

	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
Source of Funds							
State Appropriation	676,895	725,317	1,090,816	1,212,465	1,161,208	1,272,785	1,262,368
University Funds	58,045	25,066	32,584	30,435	33,350	36,294	31,247
Grants/Contracts	10,000	141,000	493,034	591,662	352,917	449,690	326,222
Indirect Cost Recovery		600	3,223	5,554	18,341	12,346	12,138
Endowment	2,000	2,200	3,000	4,415	1,929	2,017	2,143
Gifts	270	250	960	670	810	1,542	1,095
New Faculty Start-up	5,000	8,450	140,892	165,710	51,600	50,000	85,000
Total	752,210	902,883	1,764,509	2,010,911	1,620,155	1,824,674	1,720,213
Expenditures							
Faculty Salaries & Benefits	593,062	648,972	894,509	941,497	919,964	982,958	919,580
Staff Salaries & Benefits	39,480	39,568	80,135	128,748	139,811	150,591	162,822
Operations	10,617	7,909	31,524	40,571	44,896	54,017	50,944
Travel	10,736	11,868	23,948	34,399	12,512	26,349	18,794
Student Support	25,000	19,000	63,700	69,482	46,025	58,870	110,228
Summer Teaching	58,045	25,066	32,584	30,435	33,350	36,294	31,247
Research expenses	10,000	128,000	171,588	375,756	232,323	278,141	252,728
Total	746,940	880,383	1,297,988	1,620,888	1,428,881	1,587,220	1,546,343

Primary funding is received from state appropriations, grants and contracts and the university. State appropriations for higher education in Tennessee have been declining for the last 10 to 12 years. The university has increased tuition rates to offset the reductions and meet operational expenses. There is no direct relationship between tuition generation and allocation of budgeted funds, nor do colleges retain a proportion of tuition and fees. A large majority of funds support faculty salaries and benefits. Additional funding is available for scholarships, speakers, special events and faculty development. Grants and contracts awarded to faculty cover facilities and administrative costs. The university shares 40% of indirect costs generated by the college through grants and contracts. In turn, the college sets aside approximately 30% of the funds for unexpected expenses and allocates half of the remaining recovered dollars to the generating departments. Those collected by the program fund faculty travel. Supplemental funds may be allocated to the department in extraordinary circumstances.

Although total revenue fluctuated between \$1.6 million and \$2.0 million in the last five years, revenues exceeded expenditures during each of the last seven years. Unspent funds may be carried over to the following year. External funding per faculty FTE, which dropped by 81% and increased by 240% in the last two years, was subject to fluctuations in available extramural funding and faculty turnover. According to program administrators, the income is sufficient to fulfill program needs. Approximately 80% of departmental student support is reserved for the MPH program. The program may have lost some applicants for whom the program was unable to provide financial assistance, but it generally offers support to a higher percentage of students compared to other university programs. Nevertheless, the department chair plans to pursue additional fundraisers to support students.

1.7 Faculty and Other Resources.

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

This criterion is met. The program has sufficient human resources and facilities to offer the MPH and corresponding joint degrees.

At the time of the site visit, the program employed a total of 12 primary faculty and ten secondary faculty. Each concentration area is supported by three to five primary faculty. Site visitors verified that those who are jointly appointed to teach in the undergraduate and/or DrPH programs dedicate at least half of their time to the MPH program. Student-faculty ratios per concentration, based on total and primary faculty FTE, range from 1.25:1 to 5.43:1. Two faculty positions are currently open. The health policy and management faculty search is progressing, with interviews scheduled. A second faculty search, to replace a faculty member from the community health education track who will be leaving by the end of the year, has been approved but has not yet begun. Faculty are dedicated to the program and are well-regarded by students. Students who met with site visitors did not seem concerned with faculty turnover,

but the self-study indicates that others have expressed dissatisfaction with multiple faculty members teaching the same course.

Faculty support is supplemented by four staff persons: one part-time (0.5 FTE) field practice coordinator, two full-time (1.0 FTE) administrative specialists and one newly hired accounting specialist (1.0 FTE). Although staff serve the entire department, site visitors were told that the MPH program constitutes at least 90% of their time.

In addition to several small rooms, the program has access to two large classrooms that accommodate up to 140 students. These classrooms are fully equipped with technology. Common space, study areas and space for large events are also available. The environmental science research laboratory is fully equipped. Faculty, staff and graduate assistants are all assigned computers. Computer labs are accessible in multiple locations. Students have access to labs that convert and create digital media and support resources, including statistical data evaluation, writing evaluation and software package assistance.

Hodges Library is the main library; other campus libraries include the Graduate School of Medicine Library. One librarian is designated for the Department of Public Health to provide literature search support and other services. Faculty and students mentioned that she is a valuable resource. Nearly 2.5 million volumes are housed in the libraries' collection. The extensive non-print collection includes microforms, graphics, audios, film/videos, maps and other resources. Through a cooperative collection arrangement with the University of Kentucky and Vanderbilt University libraries, resource sharing and document delivery services are also available. Students and faculty believe program resources, including classroom space, computers and library reference materials, are adequate.

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. Equity and diversity are fundamental to the vision, mission and values of the program. The Office of the Vice Chancellor for Diversity and the Office of Equity and Diversity lead the university's equity, inclusion and diversity efforts, including compliance with state and federal laws and university policies. The Department of Public Health works closely with the Office of Equity and Diversity to create and sustain a learning environment that is welcoming, supportive and inclusive. The MPH program demonstrates a commitment to diversity and cultural competence in learning, research and service practices.

In alignment with the demographic profile of Tennessee, the program identifies the following populations as underrepresented: American Indian, Alaska Native, Native Hawaiian and other Pacific Islander faculty and staff; Asian and African American staff; Hispanic staff and students; persons with disabilities and Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI) individuals.

The initial DPH Equity and Diversity Plan, established in 2010, led to a memorandum between the department and Jackson State University, a historically black university, with the long-range goal of increasing faculty diversity. In 2015, the department developed a strategic plan with the following goals and measurable strategies to address equity and diversity. These goals align with the CEHHS Diversity Plan. MPH faculty, staff and students were directly involved in the development of the strategic plan through the Equity and Diversity Committee:

1. Create and sustain a welcoming, supportive and inclusive campus climate.
2. Attract and retain greater numbers of individuals from underrepresented populations into faculty, staff and administrative positions.
3. Attract, retain and graduate increasing numbers of students from historically underrepresented populations and international students.
4. Develop and strengthen partnerships with diverse communities in Tennessee and globally.
5. Ensure that curricular requirements include significant intercultural perspectives.
6. Prepare graduate students to become teachers and researchers in a diverse world.

The self-study indicates that the program has not met several related objectives—those tied to the second, third and fifth goals. The Equity and Diversity Committee meets four times each year to review the plan, monitor progress towards achieving goals and objectives, propose recommendations and revisions and ensure that the plan is implemented effectively throughout the department.

At the time of the site visit, nine percent of new students were Hispanic or Latino. In previous years, the program enrolled up to 3.5%. Recruitment and retention strategies involve featuring minority students and alumni on the DPH website and offering graduate fellowships and student assistantships. The program plans to collaborate with the Office of Multicultural Student Life in fall 2015 to improve the recruitment of undergraduate minorities across the university.

No Asian or African American staff were hired in the last four years. Seventeen percent of primary faculty identify themselves as African American—an increase from seven and eight percent in previous years. Faculty recruitment strategies involve 1) maintaining and building working relationships with historically black colleges and universities (eg, Meharry Medical College and Tennessee State University), 2) advertising open positions in venues that are focused on underrepresented minorities, 3) reaching out to

colleagues in other institutions with higher numbers of minority doctoral graduates and 4) consulting minority faculty members across campus for advice and guidance on best practices for recruiting and retaining minority faculty. The program plans to meet with the Office of Equity and Diversity in fall 2015 to discuss appropriate approaches to recruit minority staff from within UTK and identify departments that have been successful in recruiting minority staff. The program will also consult the Black Faculty and Staff Association.

The program complies with university policies and procedures that support a climate free of harassment and discrimination and value diversity in race/ethnicity, gender, sexual orientation, physical ability, socioeconomic groups and other areas. Protocols are in place for any student, faculty member or staff to report an incident of bias. Students have reported informally to faculty members that they experience micro-aggressions from faculty and students within and outside the department. The Equity and Diversity Committee and the rest of the department are in the midst of investigating these complaints. Community representatives who met with the site visit team acknowledged that the program is very conscious about diversity and related needs and responsibilities.

The first commentary relates to the appropriateness of the program's diversity-related objectives, which are not defined by specific outcome measures and benchmarks against which the program can measure its success in recruiting diverse faculty, staff and students. The use of vague outcome measures (eg, "increase"), rather than quantifiable outcome measures, makes it difficult to measure progress. Site visitors also questioned the emphasis on staff diversity in the outcome measures, especially since conversations on site conveyed a sense that faculty and student diversity were primary focus areas. Data provided reflect the importance of increasing the percentage of African American faculty, yet this population was not listed as underrepresented.

The second commentary pertains to the absence of a systematic mechanism to ensure that diversity and cultural competence are well-integrated into the curriculum. PUBH 555 Health and Society, a required core course, focuses on key determinants of health disparities. PUBH 540 Principles of Epidemiology, another required core course, includes a session that addresses the ongoing impact of racial injustices on health and health research in African-Americans. Site visitors were also informed that the department recently offered two cultural competency workshops. However, faculty have only just begun to review curricula to determine the level of exposure to intercultural, diversity and equity-related learning objectives and content. Along with the Academic Program Committee, instructors from each concentration area will be tasked with reviewing required coursework. The committee will provide recommendations for revising syllabi in order to maximize the inclusion of intercultural perspectives, diversity and equity-related competencies.

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 MPH degrees in community health education, health policy and management and veterinary public health. Joint degrees in nutrition and law are also available. Students can earn graduate minors in statistics and epidemiology by completing specific elective coursework and/or additional credit hours.

Table 2. Instructional Matrix		
	Academic	Professional
Master's Degrees		
Community Health Education		MPH
Health Policy and Management		MPH
Veterinary Public Health		MPH
Joint Degrees		
Nutrition		MS/MPH
Law		JD/MPH

The community health education concentration prepares students to use multidisciplinary theories, along with behavioral and organizational change principles, to plan, implement and evaluate interventions that enable individuals, groups and communities to achieve personal, environmental and social health. Health policy and management students are trained to manage an array of human, capital and material resources and provide leadership within a guiding framework of established organizational goals to achieve positive health outcomes. The veterinary public health program was developed in response to a critical need for veterinarians with a public health perspective. Students learn how to address food safety, animal diseases transmittable to humans, bio-and agro-security and other challenges to population health. Site visitors reviewed the corresponding plans of study and agreed that most curricula appear appropriate and reflective of graduate-level public health training, though site visitors did identify concerns about the depth of concentration coursework in the VPH concentration. Interviewed students perceived coursework to be appropriately challenging, with a good balance of theory and practice.

The program's response to the site visit team reports notes that after the site visit, the VPH concentration curriculum was reviewed and additional courses designed to develop competency in VPH were added. Also, a dual-degree program (DVM-MPH) was approved by the Curricular Review Committee at the college and university levels in January 2016. A substantive change notification was submitted to CEPH in March 2016.

At the time of the site visit, the program was exploring opportunities to develop additional minors and joint degrees in kinesiology and nursing. The department chair also conveyed his interest in eventually adding the DrPH program to the unit of accreditation.

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. Students are expected to complete a minimum of 42 semester-credit hours. One semester credit is defined as 12.5 hours of classroom instruction. In addition to fifteen credits of core coursework, all students attend a series of public health seminars (12 seminars per credit hour, two credit hours total) and complete a three-credit Fundamentals of Program Evaluation course. The field practice internship and master’s essay are each worth six credits. Depending on the chosen plan of study, students complete seven to ten credits of designated concentration coursework and up to nine credits of approved electives. Over the last three years, the program has not awarded an MPH degree to a student with fewer than 42 credits.

2.3 Public Health Core Knowledge.

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

This criterion is met. All 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.

Core Knowledge Area	Course Number and Title	Credits
Biostatistics	530 Biostatistics	3
Epidemiology	540 Principles of Epidemiology	3
Environmental Health Sciences	510 Environmental Health Science	3
Social and Behavioral Sciences	555 Health and Society	3
Health Services Administration	520 Public Health Policy and Administration	3

Corresponding syllabi outline the learning objectives and/or competencies associated with each course. Assignments reflect an appropriate level of breadth and depth to expose students to the five core knowledge areas and teach them skills important for understanding and engaging in the broad practice of public health. Waivers are not permitted.

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 partially met. All students are required to complete 360 hours of planned, supervised, competency-based and evaluated fieldwork. An extended placement with additional contact hours (480 hours total) may replace elective coursework. Students usually complete their fieldwork during the final semester of study. Such experiences allow students to develop programmatic competencies while supporting a community-based organization.

The PUBH 509 seminar, which is usually taken during the first semester, exposes students to prospective preceptors and placement sites. The program has longstanding relationships with state and local health departments, public and private healthcare facilities, community-based and non-profit organizations, federal government agencies and other service organizations. The Academic Health Departments, described in Criterion 1.4, are particularly helpful in connecting students to local and state health professionals. Several projects have been completed with the Knox County Health Department and the East Tennessee Regional Health Office. Other opportunities exist in business, industrial and investor-owned health organizations and independent projects.

The field practice coordinator provides an orientation during the semester that precedes fieldwork. As a supplement, the PHGSA facilitates workshops to help students prepare for their fieldwork assignments. Students select placement sites and identify specific competencies for further development in consultation with their faculty advisors and the field practice coordinator, who is responsible for advising students, processing affiliation agreements and overseeing the entire planning and evaluation process.

Placement sites are selected in accordance with the student's career interests and self-assessed needs. A student may complete an internship with his or her current employer, but only if the fieldwork is conducted under the supervision of someone other than the student's current direct supervisor. Assigned activities must also be substantially different from the student's existing responsibilities. Preferred preceptor qualifications include graduate-level training in public health, supervisory responsibilities, previous experience with interns and, for those assigned to community health education students, certified health education specialist (CHES) credentials. Other factors taken into consideration include professional public health experience, expertise in a particular topic area and the ability to directly supervise students. Faculty may serve as preceptors, as long as their assigned students interact with and gain exposure to the community.

Preceptors provide on-site supervision and real-time evaluation of students. Students collaborate with their preceptors to develop a work plan and appropriate learning objectives. The field practice coordinator and assigned faculty advisors communicate with students through e-mail, telephone and in-person meetings. The field practice coordinator may conduct a site visit or conference call to assess student progress and the appropriateness of the learning environment.

Deliverables include weekly progress reports and a final paper. Students complete one or more projects that are monitored throughout the experience and evaluated by both the preceptor and the faculty advisor. Weekly, midterm and final evaluation forms provide preceptors and students with multiple opportunities to evaluate student progress and demonstration of the learning objectives and competencies. Students also rate their satisfaction with their preceptor and placement site. Results from the 2013-2014 academic year indicate that interns exceed the expectations of their preceptors. Ninety-four percent of interns strongly agreed or agreed that they strengthened core and concentration competencies during the field experience. Nearly all strongly agree or agree that the experience was valuable. Approximately 6% reported concerns with the availability of their preceptors. Preceptors who met with the site visit team provided positive feedback about the quality of the students with whom they work. They also commented on the thoroughness and structure of the evaluation process. Current and former students reflected on the meaningfulness of working in the community—as part of a larger effort.

Students with a prior professional degree, extensive public health work experience or plans to pursue a research-intensive doctoral degree or career may request to complete a master's essay in lieu of the standard practice experience. This option, which resembles a thesis, requires the consent of the faculty advisor and the Academic Program Committee. Students whose proposals are approved must complete a three-credit hour research methods course, identify a relevant community health topic, produce a research paper worthy of publication and prepare an oral defense. Institutional Review Board approval is required for projects involving human subjects. Each student is closely guided by a three-person advisory committee, including his or her faculty advisor and at least one practicing health professional. Students present their findings to the committee after completing their research investigations and preparing a written report. Only two students were approved for this option in the last three years. Faculty strongly encourage students to take advantage of the standard practice experience.

The concern relates to the use of a master's essay in place of a practice experience. Faculty who met with site visitors asserted that the master's essay, when approved to replace the practice experience, is community-oriented and that related research activities require some level of interaction with the field. Councilors determined that a master's essay, even if the research topic relates to a community, is not sufficient to demonstrate competency in lieu of practical experience.

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 with commentary. The culminating experience consists of two components: a written comprehensive exam and a professional oral presentation. Students are required to complete both assignments, which are designed to assess and ensure students' ability to integrate, synthesize and apply acquired skills and competencies.

The comprehensive examination is offered during a five-hour period, typically proctored by the program director. The exam is comprised of a 100-question multiple-choice section and a two-question essay section. Each concentration-specific exam includes 50 questions related to core coursework, and the remaining 50 questions correspond to concentration coursework. Questions are developed by faculty members responsible for teaching the associated courses. Students also prepare essays in response to two application problems or case studies, which are evaluated by faculty using an explicit grading rubric. A 70% grade is required to pass the exam. Those who fail are granted one opportunity to retake the exam in the following semester.

Students deliver an oral summary of their fieldwork or master's essay to faculty, preceptors and fellow students in fulfillment of the second half of the culminating experience requirement. The final presentation provides an overview of project successes and challenges and requires the student to reflect on his or her personal career development, as well as the development of specific competencies. A grading rubric is used by faculty advisors and the field practice coordinator to score the presentations.

Through their review of associated guidelines, grading rubrics and a sample of slide presentations and graded exams, site visitors were able to validate that the culminating experience, in its entirety, is integrative and provides an adequate level of rigor to evaluate students' overall knowledge and skills.

The commentary relates to the sequencing of the comprehensive exam. Students are expected to take the exam during their final year and after the completion of all required coursework, but before the field experience is conducted. The program director explained that students are expected to have obtained a substantial grasp of the competencies after the completion of required coursework. Core and concentration competencies are reinforced through fieldwork, after the completion of the exam.

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 curriculum is framed around 12 core competencies, organized into eight domains, and eight to twelve concentration-specific competencies, depending on the track. Site visitors determined that the competency sets are appropriate for graduate-level training.

The Academic Program Committee adopted the core competencies, which are derived from those recommended by the Council on Linkages between Academia and Public Health, in 2010. Revisions will be made in the 2015-2016 academic year. Concentration-specific competencies, which were developed in 2013-2014, incorporate feedback from faculty, students and alumni. Specifically, the community health education competencies are adapted from guidance published by the National Commission for Health Education Credentialing. The veterinary public health competencies are those considered essential for successful completion of the certifying exam of the American College of Veterinary Preventive Medicine. Health policy and management competencies are derived from those recommended by the Association of Schools and Programs of Public Health. Serving as key informants during Academic Program Committee meetings, employers, organizational leaders and other community representatives make recommendations pertaining to the curriculum on an annual basis. Ongoing relationships with alumni and field preceptors keep faculty informed of changing practice and research needs. The program reviews the competencies every three to five years to ensure that they align with current expectations.

The competencies are posted on the DPH website and Blackboard learning system and published in the student handbook and field practice guidelines. Course syllabi also outline the relevant learning objectives and/or competencies that are addressed in each course. Students who met with the site visit team were fully aware of the competency-based nature of the curriculum.

The concern relates to the integration of the competencies in the curriculum. As illustrated in the self-study, each core and concentration-specific competency is mapped to one or several required courses that either introduce, emphasize or reinforce the competency. However, many concentration-specific competencies are primarily linked to core, rather than concentration, courses. This is especially evident in veterinary public health, where all but one of the concentration competencies are mapped to core courses. Site visitors questioned the overreliance on core coursework to provide students with specialty knowledge and skills, but were unable to elicit a clear and justifiable explanation from faculty. They noted that, in some cases, a portion of a concentration competency may be addressed in core coursework. Based on a review of corresponding syllabi, however, the team could not validate that certain core courses fully address the concentration competencies to which they are mapped. In the context of such open-ended matrices, the lines of distinction between each concentration appear to be blurred and

ensuring that all students are thoroughly and consistently prepared in their area of concentration may be challenging.

2.7 Assessment Procedures.

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

This criterion is met. Aside from coursework performance, the program monitors student progress in achieving the expected competencies through fieldwork and comprehensive exams. Other mechanisms through which the program evaluates student success include the tracking of graduation rates, job placement data and feedback from alumni and employers.

Throughout their practice experiences, students complete self-assessments of their achievement of the learning objectives and associated competencies. Similarly, midterm and final evaluation forms provide preceptors with opportunities to evaluate student performance and application of select skills, which are linked to defined competencies. The comprehensive exam requires students to demonstrate their ability to integrate the knowledge and skills they acquired during their pursuit of the degree. Graduating students are asked to complete a self-assessment of their perceived level of competence on a seven-point Likert scale. Those who graduated in 2014-2015 rated their overall mastery of the core competencies between 4.2 and 6.8, with an average of 5.6 (midpoint between “very good” and “excellent”).

Students are permitted up to six years to graduate. Within that time frame, the 2007-2008 to 2010-2011 cohorts achieved cumulative graduation rates between 84% and 93%. Most students graduate within three years.

The program maintains contact with alumni through *Alumni Focus*, an electronic newsletter distributed through a listserv each semester. Job placement data is captured by information forms prior to and following graduation. The form completion response rate is 100%, though some graduates do not reply to questions that ask specifically about their ability to secure employment. The status of two out of 14 students who graduated in 2013-2014, for example, is unknown. According to the data available, all respondents reported being employed or pursuing additional education. The same is true for the two previous years' assessments.

A separate alumni survey, which is administered every two to three years, assesses the extent to which the program's graduates feel competent enough to succeed in the workforce. In the 2013 survey, 76% of respondents assigned high value to the MPH program as preparation for their professional goals. Over 80% indicated that they were prepared for effective workplace performance and/or employed in positions utilizing skills and knowledge they developed as MPH students. Compared to the 2011 survey

respondents, they were somewhat more confident in program evaluation. They were least satisfied, however, with their policy advocacy and grant-writing skills. A demonstration of the feedback loop, grant writing has since been incorporated into the research methods course. Those who met with the site visit team stated that they adapted pretty well to the workforce, especially to jobs that require extensive research and analysis. One alumnus commended the program for emphasizing how interdisciplinary public health is and the importance of “thinking outside the box.” Others acknowledged the need for more communication, negotiation and collaboration skills—particularly those necessary for working with diverse stakeholders. The next survey is scheduled for fall 2016. The program will continue to seek effective ways to maintain ongoing contact with its graduates, including the creation of a private LinkedIn group.

The Academic Program Committee invites leaders of health-related organizations to attend committee meetings each semester and discuss, through key informant interviews, their observations about the performance of interns and MPH graduates. The committee seeks information on the adequacy of student preparation for the work setting, strengths and weaknesses related to defined competencies and recommendations for better preparing students for the realities and challenges of the practice setting. A total of 27 key informants participated in 20 interview sessions over the last nine years. The most frequent suggestions include incorporating community experiences earlier in the curriculum, increasing exposure to and familiarity with electronic databases and statistical software programs (eg, Epi Info and SAS), adding courses in program evaluation and grant writing, facilitating Institutional Review Board training and helping students improve their technical and scientific writing skills. Most employers prioritized flexibility, critical thinking, adaptability to change, creatively responding to challenges, listening and communicating, teamwork, time management, relationship building and collaboration with community members and groups. Key informants asserted that those seeking employment need to recognize the importance of relevant and progressive work experience. On-site discussions with employers revealed that the program better prepares students today than it did in the past. Several commented on the “solid background and experience” of the program’s graduates and compared them favorably with graduates from other MPH programs. Individual suggestions for improvement included increased training in policy navigation, program evaluation, scientific writing, quantitative analysis, healthcare financing and cross-collaboration.

2.8 Bachelor’s Degrees in Public Health.

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

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

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

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

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

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is partially met. The MS in nutrition is offered in combination with the MPH in either community health education or health policy and management. This joint degree program promotes students' cross-disciplinary understanding of public health and nutrition. The JD/MPH, offered with the health policy and management concentration, reflects the interrelationship between the legal system and the protection and promotion of the public's health.

The content of shared courses is reviewed for comparability and subject to approval by each student's faculty advisor. The field practice coordinator ensures that any substitute field experiences meet MPH standards. Additional courses may be approved by the program director.

Joint degree students complete largely the same curriculum, including the comprehensive exam, as other MPH students. A maximum of 14 to 16 credits offered by the Department of Nutrition, for example, may

be substituted for MPH coursework. PUBH 536 Research Methods in Health is waived for MS/MPH students in community health education, as related content is addressed in NUTR 543 and NUTR 545 Research Methods (Part I and II). NUTR 509 (three credits) is cross-listed with PUBH 509, a series of public health seminars, and NUTR 616 Maternal and Child Nutrition serves as an elective course for all MS/MPH students. NUTR 515 and NUTR 519, the field study in community nutrition, replace the traditional MPH practice experience while incorporating competencies in nutrition and, depending on the student's concentration, community health education or health policy and management. Such students complete 280 hours of fieldwork.

Efficiency for the JD/MPH program is partly achieved through the substitution of law courses for public health electives. Eight credits, including six credit hours of elective coursework, are fulfilled through the College of Law. Some approved electives, such as LAW 963 Health Care Law and Regulation and LAW 964 Health Care Policy, are health-related. The field practice requirement for JD/MPH students may be fulfilled by placement in an approved community-based or health-related legal organization, in which students complete 200 to 240 hours of fieldwork. Program administrators expressed challenges with integrating the two fields in practice. Site visitors were unable to fully assess the implementation of the field experience, as no students have graduated from the program or completed the requirement.

The concern is that the integrity of the MPH curriculum is not fully preserved within the JD/MPH program. Public health content is not incorporated into the associated syllabi of some possible electives, such as LAW 821 Administrative Law, LAW 957 Law, Science and Technology and LAW 962 Law and Medicine. In addition, the PUBH 509 Seminar in Public Health, which is required of MPH students who are not completing a combined degree program, is waived without substitution. As a result, JD/MPH students may not obtain 42 credits of public health or related coursework. Unless it is made more robust, community representatives who met with site visitors believe that the viability of the JD/MPH program is at stake.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met. The program is committed to promoting high-quality research, scholarly inquiry and the generation and dissemination of new knowledge.

The UT Office of Research administers over \$1.0 million per year in incentive funds to support research and assist faculty in securing and managing external funding. SciVal, a web-based tool, informs researchers, administrators and research development professionals about grant opportunities and award recipients. Through its own Office of Research, the CEHHS provides customized assistance with all aspects of external funding for research, service and instructional projects, including proposal submission, award management contracts, budgeting and advance accounts.

Thirty percent of all externally-funded faculty research projects conducted over the last three years were community-based. In spring 2015, the university voted unanimously to explicitly reflect community engagement activities in the realm of scholarship in its tenure criteria. The program documents research efforts at local, state, national and international levels. Activities include the development of an Academic Health Department with the Knox County Health Department and a practice-based research network. State efforts include collaboration with the Tennessee Cancer Registry on an ovarian cancer study in African-American women and work with the Tennessee Cancer Coalition to explore reasons for racial disparities in ovarian cancer. A national study involves Minnesota's Ramsey County Attorney's Office and the University of Minnesota Center on Advanced Studies in Child Welfare to find ways to reduce truancy and crime. Other faculty members were involved in research in Kenya.

Over the last three years, the program received a total of \$26.4 million in extramural research funding. The annual average is \$3.7 million. Primary faculty report total award amounts of \$1.65 million to \$4.0 million per year. Research activities are distributed among seven of 11 tenure and tenure-track faculty. In 2014-2015, 89% of tenure-track faculty members presented at one or more peer-reviewed conferences. The same percentage published at least two articles.

As verified in on-site conversations with students, faculty are supportive of student involvement in research. One faculty member initiated a research lab with weekly roundtable discussions for students to reflect on and share their research experiences—including any limitations or challenges. Many participants engage in independent studies. Another faculty member described simultaneous research

collaborations with four to eight students. Over the last three years, 72% of all externally-funded faculty-led research projects involved students. Between 24% and 41% of students are involved in research activities with faculty members on an annual basis. In 2014-2015, more than 30% of tenure-track faculty members co-authored published articles with students. Three community service learning courses engage students in community needs assessments (PUBH 552), community-based research (PUBH 536) and evaluation of community-based public health programs (PUBH 537). Community partners for these courses include the Knox County Health Department; the Knox County School System; the Center for Health, Education and Wellness; and Bridging Refugee Youth and Children's Services. Faculty and students present their research projects during the annual Research Day.

Students interviewed on site seemed to be aware of all available opportunities. Several of them stated that their faculty advisors help connect them to community-based research projects. Faculty who met with site visitors have been "blown away" by student engagement in research. One faculty member identified the need for more financial support for student travel and participation in international research.

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. Community service is an integral part of the program and supports its mission to provide quality education and leadership and promote health in human populations.

Department bylaws describe service requirements to the university, the profession and the community. Professional service includes involvement in community outreach activities, as well as service to community-based agencies and organizations. Faculty are actively engaged at local, state and national levels. They serve on community boards, hold leadership positions with service organizations and serve as reviewers for peer-reviewed journals. Service is one of three core areas in the promotion and tenure review process. Community representatives who met with site visitors commended program faculty for their dedication to service.

As outlined in the department's strategic plan, at least a third of courses will include at least 15 hours of service learning. This designation incorporates five essential elements: reflection, collaboration, commitment, integration and evaluation. These elements guide course development, academic and community partners and student requirements. In PUBH 552 Community Health Assessment, students are required to complete 25 or more hours of community service learning.

The program has measurable service objectives and consistently exceeds many of its targets. Data from 2012 through 2015 demonstrate that the program has met or exceeded objectives pertaining to the

incorporation of service learning into coursework, consultations and technical assistance to external organization and faculty positions on professional and community-based committees or boards.

Students have opportunities to serve communities, organizations and underserved populations through community service learning courses, practical field experiences and student-initiated volunteer activities. Although there have been improvements in incorporating community service learning into the program curriculum, community health education is the only program that has achieved the target of 33%. Faculty plan to incorporate more community service learning opportunities into core courses so that students can better apply classroom learning and network with public health professionals. The Academic Health Department, a formal collaboration with the Knox County Health Department, also provides a critical framework for faculty and student engagement. Student surveys from 2013 to 2015 reveal that students participate in a variety of self-initiated service projects. The Public Health Graduate Student Association organizes National Public Health Week events, but does not consistently collect data on student participation in sponsored service projects. Therefore, progress toward the program's target of 50% student participation cannot be confirmed. Plans are underway to systematically collect and assess data on these activities in the future.

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 engages in a variety of workforce development activities that support continuing education and workforce development strategies. The program continuously reviews primary and secondary data sources to systematically assess public health education and workforce development needs.

Two annual Academic Program Committee meetings are devoted to exploring workforce development needs by inviting public health and other healthcare leaders to participate in key informant interviews. Participants represent local, regional and state health departments, community health organizations, hospitals, rural health clinics and state and federal agencies. They most frequently cite the need for technical assistance and workshops on program evaluation, leadership, strategic planning, statistical analysis, emergency preparedness and grant seeking and writing.

In 2012, faculty reviewed the Tennessee Department of Health Workforce Assessment survey of employees' self-identified training needs related to core public health competencies. Training needs in analysis, policy development and program planning were identified. In response to survey results, the department refined its annual Public Health Summer Academy for Tennessee Department of Health employees by incorporating an evidence-based public health framework. The Academic Health

Department Steering Committee is another vehicle through which the program identifies the needs of the workforce on an ongoing basis.

Feedback from community representatives during the site visit revealed that the program is responsive to their needs. Those from the Knox County Health Department value the program's services and acknowledge its instrumental role in their preparation for accreditation visits, grant proposals and other organizational activities.

The program collaborates with other educational institutions and health practice organizations to offer continuing education and professional development opportunities. Between February 2012 and June 2015, the program was involved in two major efforts: Public Health Grand Rounds and the Public Health Summer Academy. Specific workshops focused on adolescent brain development, childhood obesity, core public health disciplines and evidence-based public health. These events attracted a total of 138 attendees, including community representatives and health department officials. Faculty who met with the site visit team explained that they also fulfill a number of individual requests to conduct epidemiologist forums, preventive health forums and trainings on positive youth development.

The program offers graduate certificates in health policy and food safety. Despite reported interest and need, workforce enrollment in these certificate programs remains very low. Since 2012, no members of the workforce have completed the health policy certificate. Furthermore, no members of the workforce have completed the certificate in food safety since it was established in 2014.

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 with commentary. The faculty complement, as whole, is robust in public health training and expertise.

Four primary faculty are tenured, seven are tenure-track and one is non-tenure track. Ten have a public health degree or public health-related degree, most of which were obtained at CEPH-accredited schools and programs. All primary faculty have doctoral degrees (eg, DrPH, DVM and PhDs in relevant disciplines). Most community health education faculty are trained in community health education or health promotion; one has a background in epidemiology. Veterinary public health faculty are trained in veterinary or zoonotic disease. Most secondary faculty have expertise in their assigned concentration area.

More than 90% of faculty demonstrate or maintain linkages to public health practice. One faculty member served as a regional health officer and the director of the East Tennessee Regional Health Office for the Tennessee Department of Health. The program director served as the director of community assessment and health promotion at the Knox County Health Department. Another faculty member managed a consulting company primarily focused on program evaluation. Faculty maintain certification and licensure in their area of practice (eg, certified health education specialist, registered dietitian, state veterinary medical license). One faculty member is a diplomat with the American College of Veterinary Preventive Medicine. Others are active in relevant professional organizations, including the American Public Health Association, the Tennessee Public Health Association, the National Safety Council, the American Dietetic Association and the Society for Nutrition Education.

The commentary is that some of the primary faculty assigned to the health policy and management concentration do not have health policy or health management expertise, as demonstrated by their research, educational background and courses taught. Two health policy and management faculty have degrees in the field of health planning, policy and/or management; the other two specialize in environmental health and epidemiology/biostatistics. As a result, adjunct faculty, rather than primary faculty, are assigned to teach core health policy and management courses. The program's response to the site visit team's report indicates that a new primary faculty member will be joining HPM in August 2016 and will be available to teach core courses.

4.2 Faculty Policies and Procedures.

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

This criterion is met. The UT faculty handbook is the primary policy document for faculty. The manual for faculty evaluation is used in conjunction with the faculty handbook. Program administrators can reference a separate procedural handbook. The faculty handbook outlines faculty rights and responsibilities, in addition to policies on appointment evaluation and promotion and tenure. According to on-site discussions, processes for evaluation, appointment, promotion and tenure are clear and familiar to faculty.

Faculty can have the academic status of tenure-track, tenure or non-tenure track; these can be nine- or 12-month appointments, depending on administrative responsibilities. Faculty are typically hired as tenure-track assistant professors. Generally, assistant professors are considered for promotion to associate professor at the same time they are considered for tenure. Tenure is considered for faculty demonstrating achievement and promise of continued excellence. A committee of tenured faculty advise the department chair in his review of faculty. Associate professors serve for five years before they are

considered for promotion to full professor. Non-tenure track positions include those focused on teaching, research, clinical work and practice.

The DPH chair reviews faculty annually using an online faculty review system; the review is examined by the dean and eventually submitted to the provost for final approval. Student Assessment of Instructional System results are integral to this review. Faculty teaching, research and service are all evaluated and given performance ratings. Although the handbook is not specific about the importance of university vs. professional and community service, faculty confirmed that community service is encouraged by and emphasized within the DPH. Faculty who fall short of the department's expectations are required to submit an improvement plan. Those who meet or exceed these expectations are eligible for merit pay.

The Tennessee Teaching and Learning Center provides an annual teaching guide and a three-day New Faculty Teaching Institute. The Graduate School offers a Best Practices in Teaching program, a platform for faculty to discuss their challenges. Reduced teaching loads allow additional time for new tenure-track faculty to establish research agendas. Along with other grants and travel support, start-up funding is awarded to jumpstart and provide incentives for research. Other university services, such as the Statistical Consulting Center and the Employee and Organizational Development Unit, are also available. Junior faculty are assigned a mentor within the department to provide guidance—especially for research. Professional development awards are granted by the CEHHS. Those who met with site visitors were satisfied with the support they receive and familiar with development opportunities, teaching institutes and funding.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The program employs a variety of methods to identify and attract promising, highly-qualified candidates. Recruitment strategies and materials include hard copy brochures and handouts, a user-friendly website and information booths at graduate and career fairs and local, state and national conferences. Funded assistantships, tuition waivers and fellowships serve as additional recruitment tools. Scholarships are awarded to two public health students each year.

The program website documents the program's admissions policies and procedures. Admission to the veterinary public health concentration, for example, is restricted to graduate veterinarians, DVM students and licensed veterinary medical technicians. Admission requirements for all MPH programs include a 3.0 cumulative undergraduate GPA, a 3.0 GPA for any previously taken graduate courses and official standardized test scores. Although minimum GRE scores are not established, admissions decisions are made from a holistic perspective and take into consideration all of the required components of the

application. Applicants with low GRE scores are only admitted if they demonstrate outstanding performance in other areas. Preferential consideration is extended to those with professional public health experience.

Prospective students are expected to submit their transcripts directly to the Graduate School. Other application materials, including a personal statement and resume, are submitted to the program. Admissions applications are reviewed by a three-person faculty committee in each concentration area. The program director serves as a member of each committee to ensure consistency in review actions. Based on faculty recommendations, the program director makes the final decision on admission and submits her recommendations to the Office of Graduate and International Admissions. Applicants may be accepted with prerequisite courses assigned as a condition of admission.

Approximately 70% to 80% of applicants are accepted into the program. More than 50% of those accepted enroll. Sixty-eight percent of prospective students who applied to the program in the summer and fall of 2015 qualified for admission, and the same fraction of those who were accepted followed through with enrollment. An average of 27 new students entered the program during each of the last three years. The total student headcount at the time of the visit was 56.

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. Academic advising and career counseling services are accessible to students, from the time of enrollment to graduation.

Upon acceptance into the program, potential students are assigned a faculty advisor. This faculty advisor contacts potential students soon after they are accepted into the program. This point of contact welcomes students and opens a channel of communication regarding next steps for enrollment and orientation to the DPH. Advisor assignments are based on concentration, each student's interest as expressed in application materials, their educational background and past and/or current professional experience. New students typically meet with their advisor one or two months prior to the beginning of their first semester to discuss the program of study, course sequencing, plans for pursuing a minor and enrolling in any program-assigned prerequisite courses. An MPH-specific orientation is offered to all new students during the first month of the fall semester to help them prepare for their graduate studies. The new Graduate Student Online Orientation website helps all new graduate students get acquainted with the university and the services available to them.

Students receive career counseling information and services through a combination of program and university efforts. Faculty engage in classroom discussions related to professional preparation needs, steps to positioning for a career and locating employment. Public health seminars serve as a forum for panel discussions by successful MPH graduates. The program director, faculty advisors and the field practice coordinator facilitate a series of career guidance workshops and assist students with reviewing, updating and refining their resumes, engaging in career planning, defining immediate career objectives and discussing long-term career goals. The field practice coordinator also conducts mock interviews with students to prepare them for future job interviews. *MPH Memos*, the student newsletter, shares news regarding the field of public health locally and nationally and informs readers of upcoming events, seminars and career development opportunities. The field practice coordinator sends students individual emails and listserv announcements regarding time-sensitive volunteer and field practice opportunities and available jobs. The Public Health Graduate Student Association organizes informational sessions on topics such as job search strategies, interviewing skills and portfolio preparation.

University resources provide significant support to augment and expand upon the program's efforts. UT Career Services is designed to promote the development and implementation of academic and career goals through access to self-assessment, education and career information, experiential learning opportunities, graduate school planning and employment services. Associated services and resources include job search support, career counseling and assessments, decision-making strategies, resume writing and interview preparation. Career fairs and employer visits are also provided. A consultant is assigned to each department to provide discipline-specific career counseling and resources. The field practice coordinator partners with the DPH career consultant to design career guidance workshops specifically tailored to MPH students. Students receive a Guidebook with PowerPoints and an action plan template to translate workshop content into personal action steps. Additional related resources are offered through the Counseling Center, College Advising Offices, the Student Success Center and Tutorial Services.

Overall student satisfaction with academic advising and career counseling is reflected through anonymous student and alumni surveys. Respondents to the 2015 student survey rated the quality of faculty advising with an average score of 3.75 on a five-point (1= not very satisfied to 5= very satisfied) scale. The response rate was 88%. Average alumni scores, with a response rate of 70%, range from 3.91 to 4.14. Students and alumni rated the effectiveness of career guidance with average scores of 3.28 and 3.32, respectively. Many students expressed satisfaction with faculty members, who they described as student-friendly, supportive and accessible for guidance and mentoring. Graduates often maintain communication with faculty members long after graduation, sharing updates about their career achievements and seeking sounding-board guidance. It is important to note that the most recent survey respondents reported less satisfaction than earlier cohorts. Community health education students, in

particular, rated career counseling slightly more poorly (2.94) than their peers. Despite these results, those who met with site visitors were extremely satisfied with the accessibility and engagement of their faculty advisors and the guidance they provide. They feel comfortable voicing their concerns and consulting their advisors for direction. One student, in particular, stated that her faculty advisor has always been “very patient” and responsive to her many requests.

As noted in the self-study, the recent departure of several senior faculty members will require careful planning and strategies for mentoring incoming faculty members to assume expanding advising responsibilities.

Grievance procedures are articulated on the university website and published in the student handbook. Students have the opportunity to voice their complaints to faculty, faculty advisors, the program director, the department chair and the associate dean of the college. If not resolved by the program, the department or the college, a student may file a formal complaint with the Graduate Council or Office of Equity and Diversity, depending on the nature of the complaint. No formal grievances were filed against the program in the last three years.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Tennessee, Knoxville Master of Public Health Program

October 5-6, 2015

Monday, October 5, 2015

- 8:30 am Meeting with Program and Department Administration
Dr. Paul Erwin, MD, DrPH, Professor, Department Head
Dr. Kathleen Brown, PhD, MPH, CHES, Clinical Associate Professor and Director, MPH Program
- 9:30 am Break
- 9:45 am Request for Additional Documents
Dr. Kathleen Brown, PhD, MPH, CHES, Clinical Associate Professor and Director, MPH Program
- 10:00 am Executive Session
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs
Paul Erwin, MD, DrPH, Department Head
Kathleen Brown, PhD, MPH, CHES, Clinical Associate Professor
Clea McNeely, DrPH, MA, Associate Professor
Marcy Souza, DVM, MPH, Director of Veterinary Public Health, Associate Professor
Marsha Spence, PhD, MPH, Director of Public Health Nutrition
Sarah Colby, PhD, MS, Associate Professor, Public Health Nutrition
Katie Kavanagh, PhD, MS, Assistant Professor, Public Health Nutrition
Brian Krumm, JD, MPA, Associate Professor of Law
Julie Grubaugh, MPH, Field Practice Coordinator
- 12:00 pm Break
- 12:15 pm Lunch with Students
Wil Baillon, HPM
Elizabeth Conner, CHE
Claudia Geary, MS-MPH, HPM
Benton Harvey, VPH
Amanda Letheren, CHE
Taylor Opal, VPH
Neal Mehta, HPM
Pragya Poudel, CHE
Jennifer Russomanno, CHE
Jessica Waddell, CHE
Courtney Williams, HPM
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Workforce Development and Faculty Issues
Cristina Barroso, DrPH, MPH, Associate Professor
Jiangang Chen, PhD, Assistant Professor
Samantha Ehrlich, PhD, MPH, Assistant Professor
Julie Grubaugh, MPH, Field Practice Coordinator
Jennifer Jabson, PhD, MPH, Assistant Professor
Clea McNeely, DrPH, MA, Associate Professor
Laurie Meschke, PhD, MS, Associate Professor
Agricola Odoi, PhD, MSc, Associate Professor
- 2:30 pm Executive Session

4:00 pm Meeting with Alumni, Community Representatives and Preceptors
Martha Buchanan, MD, Director, Knox County Health Department, Adjunct Faculty, Employer, and Community Representative
Mark Miller, Deputy Director, Knox County Health Department, Employer, and Community Representative
Ashley Golden, PhD, Biostatistician, Oak Ridge Institute for Science and Education, Preceptor, and Adjunct Faculty
Joel Hornberger, Chief Strategy Office, Cherokee Health Systems, Preceptor, Community Representative
Julie Grubaugh, MPH, Academic Health Department Coordinator, Alumni 2010
Kelly Melear-Hough, Operations Director, Rural Medical Services, Inc., Community Representative, and Alumni 2008
Karen Pershing, MPH, Director of Community Initiatives, HealthCare21, Community Representative, Preceptor, and Alumni 2010
Michelle Smith, Alumni 2015
Stephanie Welch, MPH, VP Operations, The Great Schools Partnership, Preceptor, Community Representative, and Alumni 1997
Tim Young, MPH, CEO Summit Medical Group, Preceptor, and Alumni 1992
Carlos Yunsan, JD, MPH, Alumni 2002

5:00 pm Adjourn

Tuesday, October 6, 2015

8:30 am Meeting with Academic Leadership
Bob Rider, Dean, College of Education, Health and Human Sciences
Robert J Hinde, Vice Provost, Academic Affairs
Rickey Hall, Vice Chancellor, Diversity and Inclusion

9:15 am Break

9:30 am Executive Session and Report Preparation

12:30 pm Exit Interview