

REVIEW FOR ACCREDITATION
OF THE
STANDALONE BACCALAUREATE PROGRAM
AT
SOUTHERN ILLINOIS UNIVERSITY, EDWARDSVILLE

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

March 27-28, 2017

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CRITERIA:

Accreditation Criteria for Standalone
Baccalaureate Programs, amended
June 2014

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1.0 LEADERSHIP, MANAGEMENT AND GOVERNANCE

Criterion 1.1: The program maintains an organizational description and organizational chart(s) that define the program's administrative structure and relationships to other institutional components. The organizational chart presents the program's relationships with its department(s), school(s), college(s) and other relevant units within the institution.

(For evidence, see DR 1-1 and DR 1-2)

Finding:

Met

Team Comments:

Observations from the Self-Study

The public health program resides in the Department of Applied Health in the School of Education, Health and Human Behavior (SEHHB). Program faculty report to the program director. The public health program director reports directly to the chair of the department who reports to the dean of the school. The dean reports to the university's provost and vice chancellor for academic affairs.

The institution has seven schools: College of Arts and Sciences, School of Business, School of Dental Medicine, School of Engineering, School of Nursing, School of Pharmacy and SEHHB. Four degree-granting departments are in the SEHHB: applied health, psychology, teaching and learning and educational leadership. The programs within the department include exercise science, nutrition, public health and speech-language pathology.

Observations on Site

The site visit team confirmed that the program maintains an organizational description and chart that defines the administrative structure and relationship to other institutional components. The program director, department chair and school dean confirmed that the reporting lines are as described in the self-study.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 1.2: The program demonstrates administrative autonomy that is sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation. Administrative autonomy refers to the program’s ability, within the institutional context, to make decisions related to the following:

- allocation of program resources
- implementation of personnel policies and procedures
- development and implementation of academic policies and procedures
- development and implementation of curricula
- admission to the major

(For evidence, see DR 1-3)

Finding:

Met

Team Comments:

Observations from the Self-Study

<p>Financial resources come from two primary sources: state aid and tuition. The provost allocates funds to the dean. The dean allocates a percentage to each department chair, who then provides funding to each program. The public health program director is part of the department’s Executive Committee, which has input in resource allocation. Program faculty decide how funds are spent.</p> <p>Personnel policies and procedures are administered through the Department of Applied Health and outlined in the department’s Operating Papers. The papers describe the policies and procedures, including levels of merit, processes for annual review, appeal and tenure and the roles and responsibilities of the chair and program directors. The program director, in consultation with the tenure-track faculty, has the autonomy to made decisions regarding appointing and hiring of non-tenure-track faculty. The chair and dean approve these decisions.</p> <p>Academic policies and procedures can be developed at the program level, with adherence to institution and school guidelines. This is an informal process led by the program director, tenured faculty and tenure-track faculty.</p> <p>Program faculty are responsible for developing program curricula and course materials, with adherence to school and institution policies. Course materials must meet the student learning outcomes agreed upon during the development of the given course. Each of the department</p>

and school Academic Affairs Committees and the Faculty Senate Curriculum Council approve any changes.

The program can submit admission standard changes, in accordance with the universities guidelines. These changes must be approved at the department, school and university levels.

Observations on Site

Leadership and faculty confirmed the program's ability to provide input and make decisions regarding allocation of resources, implementation of personnel policies and procedures, implementation of academic policies, development of the curriculum and admission requirements to the major.

The provost, dean, department chair and the program director verified the process for allocating program resources. Faculty meet monthly and participate in shared governance. This structure allows for input from all faculty, who then share in the implementation of decisions.

The provost and dean assured the site visit team of their commitment to and ongoing support of both the school and public health program. As an example, the school recently received approval for a new faculty line which has been designated to the program. They expressed positivity about the growth of the program over the past five semesters, nearly doubling the number of full-time enrolled students.

Commentary:

(if applicable)

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Compliance Concern:

(if Partially Met or Not Met)

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Institution Comments:

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Council Comments:

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Criterion 1.3: The program has a single individual who serves as the designated leader. The designated leader is a **full-time faculty member** at the institution and has immediate responsibility for developing and monitoring the program's curriculum.

Finding:

Met

Team Comments:

Observations from the Self-Study

The designated leader is the program director, a full-time tenure-track faculty member in the Department of Applied Health. The program director has administrative authority over the program and is directly responsible for the development and monitoring of the program's curriculum.

Observations on Site

The site visit team confirmed that the designated program leader is a full-time faculty member with direct responsibility for developing and monitoring the program's curriculum.

Commentary:

(if applicable)

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Compliance Concern:

(if Partially Met or Not Met)

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Institution Comments:

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Council Comments:

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Criterion 1.4: Program administrators and faculty have clearly defined rights and responsibilities concerning program governance and academic policies. Program faculty have formal opportunities for input in decisions affecting curriculum design, including program-specific degree requirements, program evaluation, student assessment and student admission to the major. Faculty have input in resource allocation to the extent possible, within the context of the institution and existing program administration.

(For evidence, see DR 1-3 and DR 2-4)

Finding:

Met

Team Comments:

Observations from the Self-Study

Program governance and academic policies are addressed in the Faculty Handbook and defined more specifically in the department's Operating Papers. The Operating Papers Committee, comprising at least one tenure-track faculty member from each voting division, develops and reviews the Operating Papers. Changes to these papers are presented to all staff for discussion and approval.

The program director and faculty meet monthly to discuss the curriculum and propose changes. Any faculty member can propose curriculum changes and ask for them to be placed on the monthly curriculum meeting agenda. The process for approving curriculum changes is clearly outlined in the Operating Papers.

Observations on Site

Faculty described a shared governance structure, which allows all faculty to provide input regarding academic policies, curriculum design and degree requirements.

The program has the autonomy to set its own admissions standards. Admissions requirements include a GPA of 2.5 or higher and two prerequisites: English 101 and 102.

Commentary:

(if applicable)

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Compliance Concern:

(if Partially Met or Not Met)

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Institution Comments:

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Council Comments:

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Criterion 1.5: The program ensures that all faculty (including **full-time and part-time faculty**) regularly interact and are engaged in ways that benefit the instructional program (eg, instructional workshops, curriculum committee).

(For evidence, see DR 1-4)

Finding:

Met

Team Comments:

Observations from the Self-Study

<p>Faculty have a variety of opportunities to regularly interact and engage with each other about the public health program. All program faculty (full- and part-time) are invited to the department's monthly program meeting, and tenured and tenure-track faculty are required to attend. The department also coordinates biannual research presentations, presented by the program's faculty, to foster collaboration among programs and faculty.</p> <p>Peer teaching observation and evaluations are conducted each semester, where peers provide feedback and recommendations for improved delivery of content. In addition, the university offers teaching improvement resources through the Office of Faculty Development and Institutional Diversity and Inclusion. Peer observation is standard practice for the promotion, tenure and reappointment of faculty.</p> <p>The Office of Academic Innovation and Effectiveness provides competitive funding for faculty and undergraduate students to perform research or creative activities. Faculty are encouraged to participate as either researchers or as reviewers of the research being conducted.</p>

Observations on Site

<p>Faculty, including tenured and tenure-track faculty, verified meeting monthly to discuss program successes and challenges. Instructors are contracted under a bargaining unit and are not required to attend the monthly meetings; however, they also reported attending on a regular basis. Faculty reported a high level of collegiality among their cohort.</p> <p>While adjunct faculty do not regularly attend faculty meetings, they are welcome to do so. The site visit team met with one adjunct faculty member who works full time at the local health department. She noted several levels of involvement with the program including guest lectures, committee participation and supervising interns.</p>

Instructors noted that they are also able to take advantage of professional development opportunities, such as instructional workshops, across campus.

Commentary:

(if applicable)

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Compliance Concern:

(if Partially Met or Not Met)

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Institution Comments:

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Council Comments:

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Criterion 1.6: Catalogs and bulletins used by the program, whether produced by the program or the institution, to describe its educational offerings accurately describe its academic calendar, admission policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, contains accurate information.

(For evidence, see DR 3-5, DR 5-16 and DR 5-17)

Finding:

Met

Team Comments:

Observations from the Self-Study

The Office of Registrar publishes the undergraduate catalog and academic calendar annually. Course descriptions and sample curriculum are available on the program's website, along with degree requirements. The catalog sufficiently covers the admissions policies, grading policies, integrity standards and degree completion requirements.

Observations on Site

Site visitors confirmed that published information including catalogs, academic calendars and admissions policies are accurate and regularly updated.

Commentary:

(if applicable)

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Compliance Concern:

(if Partially Met or Not Met)

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Institution Comments:

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Council Comments:

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2.0 RESOURCES

Criterion 2.1: The program has **sufficient faculty resources** to accomplish its mission, to teach the required curriculum, to oversee extracurricular experiences and to achieve expected student outcomes. Generally, the minimum number of faculty required would be 2.0 FTE faculty in addition to the designated leader's effort each semester, trimester, quarter, etc., though individual circumstances may vary. The FTE calculation follows the institution or unit's formula and includes all individuals providing instruction in a given semester, trimester, quarter, etc.

(For evidence, see DR 2-1, DR 2-2, DR 2-4 and DR 2-5)

Finding:

Met

Team Comments:

Observations from the Self-Study

The public health program relies on a mix of full-time and part-time faculty to accomplish its mission, teach its curriculum and oversee other program activities. In addition to the designated leader, four full-time faculty each contributed 1.0 FTE and three part-time faculty each contributed 0.2 FTE in spring 2017. The total FTE for spring 2017 was 5.6. Over the past four semesters, a mix of full- and part-time faculty have supported the program. There were 5.8 FTE faculty in fall 2016, 7.73 FTE in spring 2016 and 7.2 FTE in fall 2015.

The program has received approval to hire two new tenure-track faculty for the 2017-2018 academic year. One of these positions is to replace a departing faculty member, and the other is a new line. The program has three part-time faculty members teaching one course each per semester until the new hires are in place.

Tenured or tenure-track faculty are considered 1.0 FTE when teaching six classes per year and mentoring students (75%) and conducting research (25%). Full-time instructors are considered 1.0 FTE when teaching 10 courses per year and mentoring students. Part-time instructors are considered 1.0 FTE when teaching 10 courses per year.

Observations on Site

The team confirmed that the program is currently operating with 5.6 FTE faculty.

The program has also finalized the two new hires. Starting fall 2017, two new full-time tenure-track faculty will be contributing 1.0 FTE each to the program. Their fields of expertise are community health and biostatistics.

Students and alumni expressed satisfaction with the program faculty, noting that they are always available both in and out of the classroom. Students noted that the faculty regularly share extracurricular activities that may be of interest to them.

Commentary:

(if applicable)

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Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

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Council Comments:

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Criterion 2.2: The mix of **full-time and part-time faculty** is sufficient to accomplish the mission and to achieve expected student outcomes. The program relies primarily on faculty who are full-time institution employees.

(For evidence, see DR 2-3, DR 2-5 and DR 3-1)

Finding:

Met

Team Comments:

Observations from the Self-Study

A mix of full- and part-time faculty members support the program each semester. Over the past two years, 16 faculty have supported the program. Nine of these faculty are full-time institution employees, and seven are part-time institution employees.

Full-time faculty provide the majority of instruction for the program. In general, part-time faculty teach one course per semester. For example in spring 2017, 5.0 FTE was provided by full-time faculty, and the remaining 0.6 FTE was provided by part-time faculty. One exception to this includes a part-time instructor who provided 1.0 FTE to the program in fall 2015 (teaching five sections of PBHE 111 Personal Health) and spring 2016 (teaching PBHE 111, PBHE 230 Emotional Health and Stress Management, PBHE 240 Intro to Applied Nutrition, PBHE 305 Principles and Foundations of Community Health and receiving a one-course release).

Observations on Site

The site visit team confirmed that required courses are primarily taught by full-time faculty. In some cases, such as after the departure of full-time faculty member, part-time adjuncts will fill in those courses that are a good fit for their experience and expertise. For example, the site visit team met with one adjunct faculty member who is currently teaching PBHE 495 Grant Writing.

Commentary:

(if applicable)

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Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 2.3: The program tracks student enrollment to assist in gauging resource adequacy. Given the complexity of defining “enrollment” in an undergraduate major or baccalaureate degree program, the program uses consistent, appropriate quantitative measures to track student enrollment at specific, regular intervals.

(For evidence, see DR 2-6 and DR 2-7)

Finding:

Met

Team Comments:

Observations from the Self-Study

Students can enter the program by declaring a public health major as sophomores, transferring from another major or transferring from another institution. Once the student is a declared major, the program can track students using the major identifier attached to their student identification number. Each semester, the registrar provides the chair with an enrollment report. The chair then forwards the enrollment report to the designated leader and all full-time tenured or tenure-track program faculty.

The chair uses these enrollment reports to allocate resources to the program. Recently, enrollment data was used to determine that the program would receive a new tenure-track faculty line for fall 2017.

Observations on Site

In addition to the enrollment reports, the program director requests a report of program-specific graduation and retention data each semester. This information allows the program to determine its needs and advocate for those needs with the department chair.

The department chair confirmed that enrollment reports and trends are used to allocate resources, including the new faculty line for fall 2017.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 2.4: The program's **student-faculty ratios (SFR) are sufficient** to ensure appropriate instruction, assessment and advising. The program's SFR are comparable to the SFR of other baccalaureate degree programs in the institution with similar degree objectives and methods of instruction.

(For evidence, see DR 2-6, DR 2-7 and DR 2-8)

Finding:

Met with Commentary

Team Comments:

Observations from the Self-Study

The number of students over the past four semesters has increased from 105 (94.0 FTE) in fall 2015 to 155 (147.0 FTE) in spring 2017. The program's growth is the result of renewed recruitment efforts, in arenas such as local community colleges, over the past two years. In addition, the program changed its name from health education to public health, sparking new interest in prospective students.

The program has chosen to compare itself to the BS in exercise science. Exercise science is housed in the same department as the public health program and is accredited by the Commission on Accreditation of Allied Health Education Programs. Exercise science is a slightly larger program and the public health program anticipates growing to match it in the next five years. Exercise science students are eligible for professional certification similar to the CHES.

The program calculates SFRs by comparing the total number of students to the number of full-time public health faculty. The program SFR was 11.8:1 in fall 2015, 15:1 in spring 2016, 16.1:1 in fall 2016 and 18.4:1 in spring 2017. In comparison, SFRs in exercise science are slightly higher. Exercise science had an SFR of 25.1:1 in fall 2015 and has maintained an SFR of 26.1:1 in spring 2016, fall 2016 and spring 2017.

The program's average class size varies based on the class level. PBHE 100-level classes average 46 students, 200-level classes average 42 students, 300-level courses average 33 students and 400-level classes average 25 students. The 300- and 400-level courses are skill-based or advanced content courses that require lower enrollment to maintain quality and rigor. The university is encouraging all programs to increase class sizes. This trend has affected PBHE 111 Personal Health. PBHE 111 has seen increased enrollment by students outside of

the program because it fulfills a university-level requirement: health experience. To meet this demand, faculty teaching this course have used graduate teaching assistants from the department to assist with grading and other administrative tasks. For the future, the program has identified 200-level courses as those that could maintain the quality of teaching with larger class sizes. These courses are content-based courses. The program anticipates that the maximum enrollment for 200-level courses could increase from 35 to 45 students. In comparison, exercise science had an average class size of 25 in fall 2015 and 30 in spring 2016, fall 2016 and spring 2017.

The program shares two professional student advisors with the exercise science program. The program's advising load has grown from 54 in fall 2015 to 99 in spring 2017. The advising load in the exercise science program has ranged from 252 in fall 2015 to 276 in spring 2017.

Observations on Site

The program changed its name from health education to public health in spring 2016. This has been part of the impetus behind the growth in enrollment seen over the past year.

The exercise science program also includes an internship requirement and both content- and skill-based courses, making it a good fit for comparison. In addition, the exercise science program offers several courses online, including during the winter session.

Class size caps are determined by course level. For example, 200-level courses are capped between 45-50 students and 300- and 400-level courses are capped at 35 students. One exception is PBHE 498 Senior Seminar, which is offered only once per year and must accommodate all senior students. In spring 2017 this course enrolled 48 students.

The largest course is PBHE Personal Health 111, a general education course that enrolls students from across the university, which can enroll up to 175 students. Faculty confirmed that they use teaching assistants to complete grading and other administrative tasks.

Students expressed satisfaction with class sizes in general, noting that higher-level courses have smaller class sizes.

The program has two staff advisors. These advisors provide all academic advising for students in the undergraduate allied health programs: exercise science, nutrition, public health and speech pathology. All students must meet with an advisor to register every semester. Students reported satisfaction with the availability of advisors, noting that they have never experienced any difficulty meeting with an advisor when they wish.

At the time of the site visit, one of the two staff advisors had just resigned, and a search for her replacement was underway. When both positions are filled, each advisor is responsible for approximately 400 undergraduate students. The site visit team met with the remaining staff advisor who reported that her workload was manageable at the current level.

Commentary:

(if applicable)

The commentary relates to the resources available as the program's enrollment continues to grow. First, class sizes for PBHE 498 Senior Seminar are excessive for a course that are skill-based or present advanced content. Second, the program's advising loads are high, particularly given the current staff vacancy. The staff advisor noted that her workload, while currently manageable, would not remain so if the program continues to grow at the current rate. The program should continue to assess its enrollment related to its resources.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

The second academic advisor started in June and now advises half of the public health majors.

We continue to discuss enrollment management strategies including requesting additional tenure track faculty lines and increasing the GPA to declare and remain in good standing in the program. We have discussed increasing the GPA for the last two years and had not made a decision. After reviewing the draft site visit report it was decided at our retreat that we would submit the paperwork to change the GPA from 2.5 to 2.75 in the Fall 2017 semester. We

believe that this will decrease the number of eligible students and will temper our enrollment growth to a rate better matched to our current resources.

Council Comments:

Click here to enter text.

Criterion 2.5: The program has access to financial and physical resources that are adequate to fulfill its operating needs, accomplish the mission, teach the required curriculum and provide an environment that facilitates student learning, including faculty office space, classroom space and student gathering space.

(For evidence, see DR 2-1, DR 2-9, DR 2-10 and DR 2-11)

Finding:

Met

Team Comments:

Observations from the Self-Study

<p>Operating funds for the university come from 60% tuition and fees and 40% general revenue from the State of Illinois. Funds for the department are consolidated, and programs do not maintain separate budgets. Funding for the public health program has steadily grown since 2011, reflecting the growth in funding received at the department level.</p> <p>Funds are allocated to the program by the department chair and used solely for the purpose of supporting the undergraduate public health program.</p> <p>Physical resources for the department include the Lukas Annex and the Founders Hall. The Lukas Annex is a new facility that includes faculty offices. Additional office space is designated for Eta Sigma Gamma and graduate assistants. Classroom space is next to the Lukas Annex in the Vadalebene Center. Classrooms in the center are “smart classrooms” and seat 30-80 students.</p> <p>Students have access to 13 walk-in computer labs across campus.</p>
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Observations on the Site Visit

<p>Site visitors confirmed that the program has access to financial and physical resources necessary to support program delivery. Winter term monies, which are shared revenue from winter online courses, provide the department and program with additional flexible spending dollars. Dean’s grants are also available to the program on a competitive basis and can be used for purchasing equipment.</p> <p>Students confirmed adequate access to classrooms, study space and computer labs. In addition, students spoke of opportunities to receive travel support if presenting at conferences.</p>
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Faculty receive \$2,100 annually to support travel to conferences. The department provides \$700, the graduate school \$900 and SEHHB \$500.

While the budget is centralized at the department level, the faculty and program director report a shared governance process in which all are involved in decisions related to resource distribution. Typically, the department chair works with the program director, who ultimately confers with faculty, to make resource-related decisions.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 2.6: The academic support services available to the program are sufficient to accomplish the mission and to achieve expected student outcomes. Academic support services include, at a minimum, the following:

- computing and technology services
- library services
- distance education support, if applicable
- advising services
- public health-related career counseling services
- other student support services (eg, writing center, disability support services), if they are particularly relevant to the public health program.

(For evidence, see DR 2-1, DR 2-12 and DR 2-13)

Finding:

Met

Team Comments:

Observations from the Self-Study

The program has adequate academic support services. Information and Technology Services supports hardware and software on campus as well as manages Blackboard and Microsoft email services. They also assist with teaching, learning and technology integration. The Lovejoy Library provides students and faculty with access to a large collection of academic resources including 125 databases. The public health program has its own librarian who assists both students and faculty. The Office of Academic Advising offers advising services for freshman. Once students declare a major, they are assigned to one of two advisors in the department with responsibility for public health students.

Other academic support services at the university include the Career Development Center, which offers career counseling, resume assistance, mock interviews and career fairs for the health professions. The Writing Center offers study modules, labs and workshops during the semester and consultation both face-to-face and online. Disability Support Services assist students with appropriate academic accommodations.

Observations on Site

Site visitors confirmed that adequate academic support services exist to meet student needs including library resources and computer access. Advising services occur through the Office of Academic Advising until students declare a major. Two major-specific advisors are responsible for schedule building within the department.

Students reported satisfaction with support services, specifically related to technology and SPSS statistical software.

Commentary:

(if applicable)

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Compliance Concern:

(if Partially Met or Not Met)

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Institution Comments:

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Council Comments:

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3.0 FACULTY QUALIFICATIONS

Criterion 3.1: The program meets the requirements of regional accreditors for faculty teaching baccalaureate degree students. Faculty with doctoral-level degrees are strongly preferred and, in most cases, expected. A faculty member trained at the master's level may be appropriate in certain circumstances, but the program must document exceptional professional experience and teaching ability.

(For evidence, see DR 3-1, DR 3-2, DR 3-3 and DR 3-6)

Finding:

Met

Team Comments:

Observations from the Self-Study

<p>Southern Illinois University Edwardsville is accredited by the Higher Learning Commission. According to the university website, the last review was conducted in spring 2014.</p> <p>The three full-time, tenured or tenure-track faculty currently teaching in the program are all trained at the doctoral level in community health and health education. Two full-time instructors have master's degrees. One instructor has a master of education degree and serves as the internship coordinator. The second instructor has a master of public administration and is completing a PhD in health education. Both of these instructors have an extensive and relevant work history in public health and health education.</p> <p>The program is also finalizing two hires of tenure-track faculty members with doctoral degrees in public health disciplines.</p> <p>The program currently has three part-time faculty, all trained at the doctoral-level, with a vast variety of professional experience relevant to the courses they teach.</p>

Observations on Site

<p>Site visitors confirmed that the program's faculty meet the requirements for faculty teaching baccalaureate-degree students.</p> <p>The program completed its faculty search and has hired two tenure-track faculty. Both faculty hold doctoral degrees in public health disciplines, one in community health and one in epidemiology.</p>

Commentary:
(if applicable)

Click here to enter text.

Compliance Concern:
(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Our Instructor, Dr. Faustina Blankson, has completed her PhD in health education.

Council Comments:

Click here to enter text.

Criterion 3.2: The designated leader of the program is a **full-time faculty member** with educational qualifications and professional experience in a **public health discipline**. If the designated program leader does not have educational qualifications and professional experience in a public health discipline, the program documents that it has sufficient public health educational qualifications, national professional certifications and professional experience in its primary faculty members. Preference is for the designated program leader to have formal doctoral-level training (eg, PhD, DrPH) in a public health discipline or a terminal professional degree (eg, MD, JD) and an MPH.

(For evidence, see DR 3-1)

Finding:

Met

Team Comments:

Observations from the Self-Study

The program director is the designated leader and is a full-time faculty member. She holds a DrPH with a concentration in community health as well as an MPH from a CEPH-accredited program. She is a physician and practiced both psychiatry and internal medicine in China.

Observations on Site

Students and alumni reported that the designated leader and faculty complement are a great resource for public health information, describing that faculty often draw on their own professional experiences when speaking with students.

Site visitors confirmed that, in addition to the designated leader, the program has a faculty complement with formal training in public health, professional experience and professional certifications, such as CHES and MCHES.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 3.3: Practitioners are involved in instruction through a variety of methods (eg, guest lectures, service learning, internships and/or research opportunities). Use of practitioners as instructors in the program, when appropriate, is encouraged, as is use of practitioners as occasional guest lecturers.

(For evidence, see DR 3-4)

Finding:

Met

Team Comments:

Observations from the Self-Study

Practitioners are involved in instruction as guest lecturers, service learning site supervisors and internship preceptors. The program identified a total of 19 practitioners who are involved in classroom instruction, with the majority providing guest lectures. A total of six practitioners were identified as campus partners who worked with teams of students on course projects. In addition, 29 practitioners have served as internship preceptors since spring 2014.

Observations on Site

Site visitors confirmed that practitioners are involved in instruction through guest lecturers, service learning and internships.

Community partners reported that they are involved in providing a 10-hour service learning experience for students as required in PBHE 305 Principles and Foundations of Public Health. In addition, most practitioners interviewed serve as preceptors for internship experiences. The program recruits practitioners on an as-needed basis to teach in content-oriented classes. Site visitors met with one individual who is currently teaching the required grant writing course as an adjunct instructor.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 3.4: All faculty members are informed and current in their discipline or area of public health teaching.

(For evidence, see DR 3-5)

Finding:

Met

Team Comments:

Observations from the Self-Study

<p>Faculty members in the department stay informed and current in the field through a number of activities including research, serving as reviewers for journals, participating in annual conferences and attending trainings and workshops.</p> <p>Two faculty members are MCHES certified and maintain their certification through participation in regular continuing education opportunities. All faculty members are expected to maintain any certifications or specialized training.</p> <p>All tenure-track faculty in the department are expected to publish to progress through the rank and tenure process. Faculty in the program publish in peer-reviewed academic journals that are appropriate for their discipline.</p> <p>Public health faculty are active members in state and national professional associations that include, but are not limited to, the American Public Health Association, Society for Public Health Education, Illinois Society for Public Health Education, American College Health Association and Eta Sigma Gamma.</p> <p>While non-tenure-track faculty are not expected to participate in scholarship as part of any promotion process, the two full-time instructors have received funds to attend teaching/research conferences and purchase associated materials. Additionally, all faculty are encouraged to attend regional, state, national and international conferences.</p>
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Observations on Site

<p>The site visit team confirmed that the activities noted throughout the self-study are regularly undertaken.</p>
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Faculty members report responsibility for conducting research. The program explained that the expectation for tenure is a minimum of one peer-reviewed publication annually.

Faculty described attending conferences and working with students on research projects. Students reported being able to work with faculty on research projects through the Undergraduate Research and Creative Activities (URCA) program.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 3.5: Course instructors who are currently enrolled graduate students, if serving as primary instructors, have at least a master's degree in the teaching discipline or are pursuing a doctoral degree with at least 18 semester credits of doctoral coursework in the concentration in which they are teaching.

(For evidence, see DR 3-7)

Finding:

Not Applicable

Team Comments:

Observations from the Self-Study

Click here to enter text.

Observations on Site

Click here to enter text.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.



4.0 CURRICULUM

Criterion 4.1: The overall undergraduate curriculum (eg, general education, liberal learning, essential knowledge and skills, etc.) introduces students to the following domains:

- the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease
- the foundations of social and behavioral sciences
- basic statistics
- the humanities/fine arts

The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.

(For evidence, see DR 4-1, DR 4-2, DR 4-3, DR 4-8 and DR 4-9)

Finding:

Met

Team Comments:

Observations from the Self-Study

<p>All undergraduate students must complete 120 credit hours. The general education requirements include foundations, breadth areas, interdisciplinary studies and experiences. All students must complete five courses across three foundations areas: 1) written and oral communication, 2) logic and 3) quantitative literacy. All students must take a breadth course in each of six areas: 1) fine and performing arts, 2) humanities, 3) information and communication in society, 4) life sciences, 5) physical sciences and 6) social sciences. All students complete one interdisciplinary studies course. Required experiences include a new freshman orientation course; at least one laboratory course; at least one approved course, project or activity related to one of three categories: United States Cultures Experience, Global Cultures Experience and Health Experience. In addition, all seniors must complete the senior assignment, which represents the culmination of the entire undergraduate experience. Each program designs its own senior assignment.</p>

<p>The program requires all students to complete one English course and one statistics course with a grade of C or better before they can declare the public health major. As a BS degree, the program requires students to complete eight courses in the sciences, two of which must be laboratory courses.</p>
--

The program provides students with an introduction to the foundations of scientific knowledge with a required general education course for all public health majors. Students must complete BIOL 205 Human Diseases: A molecular, cellular, organismic or environmental approach to the human body and its dysfunctions, disorders and diseases including their causes, treatments and recent biomedical advances. In addition, the required major course PBHE 111 Personal Health addresses the concepts of health and disease.

All students must complete a course in the breadth area of social sciences. In addition, the major requires that students complete PBHE 305 Principles and Foundations of Health Education, PBHE 355 Intro to Public Health and PBHE 405 Health Coaching.

All students are required to complete STAT 107 Concepts of Statistics or STAT 244 Statistics before declaring the public health major.

Two of the required breadth areas are humanities and fine arts, which ensures that students receive an introduction to these domain areas.

Observations on Site

The site visit team confirmed that all students complete general education requirements in the required domain areas.

The university required all new freshmen to complete an orientation course. Programs across the university offer courses that meet this requirement. The program offers a health version of the new freshman orientation that is available to students across the university.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 4.2: The requirements for the public health major or concentration provide instruction in the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (ie, the program may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).

- the history and philosophy of public health as well as its core values, concepts and functions across the globe and in society
- the basic concepts, methods and tools of public health data collection, use and analysis and why evidence-based approaches are an essential part of public health practice
- the concepts of population health, and the basic processes, approaches and interventions that identify and address the major health-related needs and concerns of populations
- the underlying science of human health and disease including opportunities for promoting and protecting health across the life course
- the socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities
- the fundamental concepts and features of project implementation, including planning, assessment and evaluation
- the fundamental characteristics and organizational structures of the US health system as well as the differences in systems in other countries
- basic concepts of legal, ethical, economic and regulatory dimensions of health care and public health policy and the roles, influences and responsibilities of the different agencies and branches of government
- basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology

If the program intends to prepare students for a specific credential, then the curriculum must also address the areas of instruction required for credential eligibility (eg, CHES).

(For evidence, see DR 4-1, DR 4-2, DR 4-4, DR 4-8 and DR 4-9)

Finding:

Met with Commentary

Team Comments:

Observations from the Self-Study

The program provides instruction to introduce and cover the domain areas through 16 major-specific core courses. The program has provided a detailed matrix (Template L-1) of its curricular review of the domain areas. Domain areas were designated as introduced or covered in each course with these criteria based on Bloom's Taxonomy. A domain was introduced if the information was provided but not thoroughly applied. Topics that are introduced use the first two levels of Bloom's Taxonomy: knowledge and comprehension. A domain was covered if students were able to apply, analyze and/or evaluate the material successfully.

A total of 63 credit hours of coursework is required in the major-specific core and elective courses. The program offers 11 elective courses, and students must complete 12 credits of electives for graduation. A minimum of 120 credits is required for graduation as a public health major.

Students who complete the program are eligible to take the Certified Health Education Specialist (CHES) exam offered by the National Commission for Health Education Credentialing (NCHEC).

Observations on Site

Site visitors confirmed that the program offers a general public health degree while also preparing students to take the CHES exam.

Faculty reported working together to complete matrices that map the curriculum to both the CEPH domains and the NCHEC competencies.

The site visit team met with current students and alumni to discuss how their education has prepared them in the required domains. Students and alumni reported coursework in each of the domains, with a strong emphasis in health promotion and education. For example, four of the required courses (PBHE 305 Principles and Foundations of Community Health, PBHE 370 Community Health, PBHE 490 Program Planning in Community Health and PBHE 491 Program Implementation and Evaluation in Community Health) provide instruction only through the lens of community health. Some students indicated interests in other public health areas, such as infectious disease and epidemiology, and expressed a desire for more coursework in those areas. Students reported that a few of the newer courses, such as PBHE 353 Public Health Data Analysis and PBHE 420 Contemporary and Controversial Issues, do add more diverse public health content to the required curriculum. However, they also explained that not all students have to take that course due to the course not being part of the curriculum upon their entrance to the program.

Commentary:
(if applicable)

The commentary relates to the fact that public health students who declared their major prior to 2016 are not required to take courses such as PBHE 353 Public Health Data Analysis and PBHE 420 Contemporary and Controversial Issues, which have been developed more recently.

Template L confirms that without these courses students still receive an introduction to and coverage of all of the required domains. However, site visitors noted the importance of these courses as part of the overall curriculum. Students reported satisfaction that PBHE 353 had been added to the curriculum as it provided more opportunity to explore additional public health areas of knowledge. Site visitors confirmed that all students enrolling in the program after 2016 are required to complete these courses.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 4.3: Students must demonstrate the following skills:

- the ability to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences
- the ability to locate, use, evaluate and synthesize public health information.

(For evidence, see DR 4-1, DR 4-2, DR 4-5, DR 4-8 and DR 4-9)

Finding:

Partially Met

Team Comments:

Observations from the Self-Study

<p>Courses and projects throughout the required curriculum help students to develop skills in public health communications and information literacy.</p> <p>Skills in public health communication are assessed through in-class presentations, literature reviews, various written assignments, instructional plans and role play. Faculty assess students on their oral and written communication skills through a variety of methods in at least two required courses. Faculty assess students on communicating with diverse audiences in one course: PBHE 370 Instructional Strategies in Community Health. The assessments in PBHE 370 are activities that take place with other students through an instructional plan, peer education and role play activities.</p> <p>Skills related to information literacy are assessed in several required courses. Assessment methods include research of academic journals, literature reviews, grant proposals, health promotion programs and bibliographical research papers.</p>

Observations on Site

<p>Site visitors confirmed with students that they feel prepared to communicate public health information as well as locate, use, evaluate and synthesize public health information. One student in particular noted the importance of being able to communicate to individuals with a lower level of health literacy in his service learning and internship activities.</p> <p>Alumni and internship preceptors who met with the site visit team noted that students learn the content necessary to communicate with diverse audiences, but do not regularly practice those skills in a real-world setting. Site visitors confirmed that the assessment opportunities for this skill rely primarily on coursework and in-class role play.</p>
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Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

The concern relates to students' abilities to communicate with diverse audiences. While faculty report that students have the opportunity to practice this skill in the classroom, they identified limited opportunities for assessing this skill. In addition, community practitioners reported a need for the program to focus more strongly on preparing students to communicate with diverse audiences such as aging populations or local communities in the greater St. Louis area. Alumni reported feeling inadequately prepared in this skill area.

The program must further develop and assess students' skills in communicating with diverse audiences. The team learned that one of the courses recently added to the curriculum, PBHE 420 Contemporary and Controversial Issues in Health, specifically focuses on diversity and cultural competency issues, however students who enrolled before 2016 are not required to complete this course. While the issue may resolve itself for those students declaring the major in 2016 or after, it is still incumbent upon the program to integrate missing material and assessment opportunities into existing required courses for continuing students.

Institution Comments:

Regarding the comment in the Observations on Site related to students not having opportunities to practice communication skills with diverse populations in real world settings: The faculty are surprised by this. We discussed several opportunities for students to practice communication skills including community events through Eta Sigma Gamma, in PBHE Principals and Foundations of Community Health Education 305 and in the Aging course during their Service Learning experiences, and in PBHE 499 Internship students work with diverse populations. In the Spring we will add Service Learning and an international Travel Study option to PBHE 410 Environmental Health course. One thing we have not done is evaluate their communication skills in these real world settings. As part of our evaluation plan we will add a component to

these courses to gather data from the preceptors and supervisors. The details of this plan will be discussed at the September program meeting.

Council Comments:

Councilors appreciate the program's efforts to date, and the program must continue to progress in ensuring appropriate assessment of students' abilities to communicate with diverse audiences

Criterion 4.4: Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

(For evidence, see DR 4-1, DR 4-2, DR 4-6, DR 4-9, DR 4-10 and DR 4-11)

Finding:

Met

Team Comments:

Observations from the Self-Study

<p>The program's curriculum allows students several opportunities to apply knowledge through both cumulative and experiential activities. Principles and Foundations of Health Education (PBHE 305) requires students to complete 10 hours of service learning in a health education/public health setting. In PBHE 490 Program Planning in Community Health and PBHE 491 Program Implementation and Evaluation in Community Health, students must develop a plan to reduce risky behaviors. They must also implement and evaluate the plan's effectiveness.</p> <p>All public health students are required to complete PBHE 499 Internship in Public Health. This course requires students to complete a 300-hour internship with a community agency of their choosing and complete a public health-related project. At the end of the internship, students write a paper reflecting on their experience, focusing on the criteria set forth by the NCHEC Areas of Responsibility.</p> <p>Members of Eta Sigma Gamma are required to complete 15 hours of service work per semester, often serving as health educators for local community groups.</p>

Observations on Site

<p>Faculty, students and community partners all reported an extremely high level of satisfaction with PBHE 499 Internship in Public Health. Students find the extensive list of cooperating agencies maintained by the program helpful in finding host agencies. Students said that the internship allows them the opportunity to apply concepts learned in the classroom in a workplace environment. Students, with their internship supervisor, are responsible for setting</p>

the goals and objectives of the internship and they reported feeling confident and prepared for the experience.

Agencies reported being very pleased with student interns from the public health program and commented on students' level of expertise regarding program development, implementation and evaluation. They were also complimentary of the students' professionalism, ability to communicate and desire to improve their communities' health.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 4.5: The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and life-long learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:

- advocacy for protection and promotion of the public’s health at all levels of society
- community dynamics
- critical thinking and creativity
- cultural contexts in which public health professionals work
- ethical decision making as related to self and society
- independent work and a personal work ethic
- networking
- organizational dynamics
- professionalism
- research methods
- systems thinking
- teamwork and leadership

(For evidence, see DR 4-1, DR 4-2, DR 4-7 and DR 4-9)

Finding:

Met

Team Comments:

Observations from the Self-Study

The department and the program offer a number of curricular and co-curricular experiences that expose students to the required concepts. The program regularly encourages students to participate in community projects, research projects, career development events and professional organizations.

In addition to other required coursework, students are exposed to a number of the concepts via PBHE 499 Internship in Public Health. The internship experience is designed to allow students to apply critical thinking, develop their personal work ethic and practice teamwork, leadership, professionalism and networking.

In addition, Eta Sigma Gamma, the Undergraduate Research and Creative Assistant (URCA) program and professional conferences provide students the opportunity to be introduced to the required concepts.

Observations on Site

Site visitors met with students who expressed that they received exposure to concepts that prepared them to enter the workforce. Two students had been accepted to the URCA program, which provided further exposure to research methods. The program provides some support for students who attend professional conferences. For example, one student was sponsored to attend the SOPHE 2017 meeting to receive an award.

Internship supervisors and employers present at the site visit reported that students from the program are prepared to participate in their workplaces. Alumni noted that the program prepared them well in teamwork via extensive group projects throughout the curriculum.

Commentary:

(if applicable)

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Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

5.0 PROGRAM EFFECTIVENESS

Criterion 5.1: The program defines a mission statement that guides program activities and is congruent with the mission statement(s) of the parent institution(s).

(For evidence, see DR 5-1)

Finding:

Met

Team Comments:

Observations from the Self-Study

<p>The program exists within the Department of Applied Health. The department's mission is to "contribute to the enhancement of a healthy and active society through professional preparation of both undergraduate and graduate students in public health and related fields."</p>

<p>The department mission statement is congruent with the university mission statement, which emphasizes engaged students and capable graduates by attracting a diverse student body, including traditional, nontraditional, commuter and residential scholars. In addition, the department's mission aligns with the university's desire for active community engagement by implementing distinctive programs in the area of human sciences and the desire to respond to regional and state needs.</p>

Observations on Site

<p>The public health program has not developed its own mission statement and site visitors learned that no attempt has been made to do so. While this may be appropriate in cases when the public health program is the only program operating within the department, this is not the case at SIUE where the Department of Applied Health administers disparate programs. In addition, over the last year, the program has shifted from a community health program to a public health program and has marketed itself as such. Some aspects of the curriculum were updated according to this name change. However, a mission does not exist to help guide these program activities.</p>

<p>Faculty reported that development of the mission statement have been delayed until the two recently hired faculty join the program during fall 2017.</p>

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

The concern relates to the fact that the program and its faculty have not developed a mission statement. The mission must be specific to the public health program and in line with the new direction of the curriculum. The mission should guide the program's student learning outcomes, which in turn guide the curriculum. The program must ensure that each of these pieces align with the others to form a coherent and consistent program.

Institution Comments:

The faculty met on August 14th at our annual planning retreat to develop the program mission. After discussion of the undergraduate program, observations from the site visit report, and thinking broadly about what the aims and values of our undergraduate and in the near future a masters program are we developed and agreed on the following mission statement to guide the program going forward.

The Public Health Program draws from the social and bio-behavioral health sciences to prepare public health professionals with knowledge and skills to use evidence based, multi-level approach to address health equity in communities through leadership, promotion, prevention and advocacy.

This mission will guide our student learning outcomes and curricular changes to be discussed and revised as necessary at our extended August 23rd meeting and the development of our evaluation plan at our September 20th meeting. The mission will be evaluated for relevance to the program annually at the start of the annual planning retreat.

Council Comments:

The Council reviewed the program's response and noted that faculty developed the program's mission at their August annual retreat, addressing the initially-identified concern.

Criterion 5.2: The program defines expected student learning outcomes that align with the program's defined mission and the institution's regional accreditation standards and guide curriculum design and implementation as well as student assessment.

(For evidence, see DR 5-2)

Finding:

Not Met

Team Comments:

Observations from the Self-Study

The program defines four expected learning outcomes and prepares students to obtain competencies associated with the National Commission for Health Education Credentialing (NCHEC).

The expected student learning outcomes somewhat align with the NCHEC competencies, although they are more compounded than the seven Areas of Responsibility. No attempt was made to align the student learning outcomes with the mission of the department.

Observations on Site

The program made curricular changes in 2016 to add public health courses and to reflect the program's name change from health education to public health and the university describes and markets the public health program as a "generalist" program. While some curricular revisions reflect the intent to move away from being a specialty program in health education to being a generalist public health program the site visitors noted that this process is still underway as the majority of the curriculum remains heavily focused on community health education.

Site visitors also observed that course-level outcomes remain aligned with the NCHEC Areas of Responsibility more explicitly than the four defined student learning outcomes. This is despite the shift from a health education program to a general public health program.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

The first concern relates to the fact that that program does not have student learning outcomes that are aligned with a programmatic mission statement or with the curriculum as it currently exists. The program currently relies on the broad departmental mission statement, as discussed in Criterion 5.1. The program must revise its student learning outcomes to align with a newly developed mission statement. The program must also align its curriculum and student assessment activities with its expressed learning outcomes and direction of the program.

Institution Comments:

At our August 14th planning retreat we unanimously agreed to adopt the Public Health Domains to align our program learning outcomes with. The new program level student learning outcomes will also align with the new mission. These will be incorporated to all course level student learning outcomes as well. For those specific courses that are Community Health Education focused, we will also incorporate the NCHEC areas of responsibility. The domains will be implemented by the beginning of the Spring 2018 semester. Several courses will be changed to align with the domains and public health more broadly.

Council Comments:

The Council reviewed the program's response to site visitors' report and determined that the program's efforts, as described, do not address the concern or this criterion's requirements. The program must provide evidence that it has developed student learning outcomes that are aligned with the mission statement. The learning outcomes should define specific skills and knowledge that students will attain in the program. The CEPH domains defined in the criteria are not intended to function as learning outcomes, but rather to guide the development of program-specific outcomes.

Criterion 5.3: Syllabi for required and elective courses for the major include objectives that are sufficient to demonstrate that they address the domain(s) identified in Criterion 4.

(For evidence, see DR 4-8)

Finding:

Met

Team Comments:

Observations from the Self-Study

The program provided all syllabi for core and elective courses. Syllabi include objectives that are sufficient to demonstrate that the curriculum reflect the domains identified in Criterion 4.

Syllabi for courses that specifically prepare students for the CHES exam (eg, PBHE 370 Community Health, PBHE 420 Contemporary and Controversial Issues, PBHE 490 Program Planning in Community Health, PBHE 491 Program Implementation and Evaluation in Community Health) list NCHEC competencies covered in the course.

Observations on Site

Site visitors confirmed that syllabi provide appropriate course-level learning outcomes that address the domains identified in Criterion 4.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 5.4: The program defines and implements a student assessment plan that determines whether program graduates have achieved expected student outcomes and assesses the program's effectiveness. Assessment methodologies may vary based on the mission, organization and resources of the program, but whatever the approach, assessment processes are analytical, useful, cost-effective, accurate and truthful, carefully planned and organized, systematic and sustained. At a minimum, the assessment plan includes regular **surveys or other data collection** (eg, focus groups, key informant interviews, data from national exams (eg, CHES) from enrolled students, alumni and relevant community stakeholders (eg, practitioners who teach in the program, service learning community partners, internship preceptors, employers of graduates, etc.).

(For evidence, see DR 5-3, DR 5-4 and DR 5-5)

Finding:

Partially Met

Team Comments:

Observations from the Self-Study

<p>The program performs several assessments using coursework as evidence that students have achieved expected outcomes. The program collects data on expected student outcomes from current students and alumni through coursework, exit surveys and alumni surveys. Starting in 2014, the program implemented an exit survey that collects data on topics such as future career/education plans, satisfaction with curriculum, department services and advising. The program also reviews the CHES exam results to assist with determining the program's effectiveness, based on the number of students who pass the exam. However, the program does not have a defined plan to use these data to assess overall program effectiveness. The program uses the data only to assess individual student learning.</p> <p>The program has no assessment plan to collect data from relevant community stakeholders.</p> <p>The program's Annual Performance Report evaluates students' academic performance against the NCHEC Areas of responsibility along with their competencies and sub-competencies and against SIUE's objectives for baccalaureate degrees. The report also evaluates online teaching and learning assessment, enrollment and completion data and information regarding the students' experiential learning. The report is reviewed by all faculty.</p>
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Observations on Site

Site visitors were able to confirm the collection of data from students and alumni. All data collected is directly related to the NCHEC Areas of Responsibility, and these data include

student portfolios and other coursework, an Annual Performance Report, a senior exit survey and an alumni survey.

The site visitors observed no evidence that the program was collecting data to reflect student progress toward defined student learning outcomes. The program confirmed this and informed site visitors that the data collected reflects only student progress toward the NCHEC Areas of Responsibility.

The team learned that while the internship coordinator does collect evaluation data from internship preceptors, these data are not shared with faculty or used in any assessment plan.

The program reported that since not all students take the CHES exam, it may not be a useful indicator moving forward.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

The first concern relates to the lack of regular data collection from community partners. The program recognizes that it must develop methodologies to collect data on student outcomes and the program's overall effectiveness from community partners such as practitioners who teach in the program, service learning community-based sites, internship preceptors and employers of graduates. Methodologies may include surveys, focus groups, key informant interviews and/or other strategies identified by the program.

The second concern relates to the need for the program to develop clear methodologies for the evaluation of data related to expected student outcomes and to assess the program's overall effectiveness. The program does not have a systematic feedback loop for its assessment processes. For example, the program should use the evaluations from internship preceptors. Service learning partners and employers to inform its assessment of its effectiveness in preparing new graduates for the workforce.

Institution Comments:

Collecting data and using it for evaluation and program improvement were discussed at the August 14th planning retreat. It was agreed that we will conduct a focus group with internship preceptors, service learning supervisors, and community partners to gather data related to student progress toward learning outcomes. The first focus group will be held in the Spring 2018 semester. In addition the internship preceptor evaluation will be revised to include specific questions related to the student's level of progress toward the defined learning outcomes. It was agreed that these data would be reviewed at the annual planning retreat when we review the program level student learning outcomes. How these data will be used will be decided on at our extended September 20th program meeting when we develop our assessment plan to evaluate program effectiveness.

Council Comments:

The Council reviewed the program's response, which describes progress in addressing the identified concerns. The program must now demonstrate that it has completed the steps necessary to document compliance with this criterion by implementing plans for data collection and review.

Criterion 5.5: The program collects quantitative data at least annually on the following:

- 1) graduation rates within the maximum time to graduation allowed by the institution
- 2) rates of job placement or continued education within one year of graduation.

The program defines plans, including data sources and methodologies, for collecting these data, identifies limitations and continually works to address data limitations and improve data accuracy. The program's plan does not rely exclusively on institution or unit-collected data, unless those data are sufficiently detailed and descriptive.

(For evidence, see DR 5-4, DR 5-6, DR 5-7 and DR 5-9)

Finding:

Met

Team Comments:

Observations from the Self-Study

The Office of Institutional Research annually collects data related to graduation rates. Graduation rates are published in the SIUE Graduation and Retention Rates by Program each year.

The university does not collect job placement or continuing education rates for graduates. The public health program began collecting these data in 2016. It is collected using an online survey that tracks the number of alumni who have jobs in health education and/or public health; have jobs not related to health education or public health; were unable to obtain a job in a health-related field; are continuing their education; and are actively seeking employment. The program administers the survey each May to students who have graduated one-year prior.

Observations on Site

Site visitors confirmed the collection of data in relation to graduation rates by the university's Office of Institutional Research.

The site visit team confirmed that the program began to collect post-graduation outcome data in 2016 for students who graduated in 2015.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:
(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 5.6: The program collects qualitative data on the destination of graduates related to both employment and further education, such as type of graduate degree pursued and sector of employment, as defined by the program.

(For evidence, see DR 5-8)

Finding:

Met

Team Comments:

Observations from the Self-Study

Prior to 2016, post-graduation data related to employment and/or enrollment in graduate school were collected once using an informal qualitative survey via the program’s Facebook page. Forty-five alumni who graduated between 1999 and 2015 responded.

As a result of the accreditation process, the program has formalized the collection of qualitative data regarding the destination of graduates related to both employment and further education. The program administered the first survey one year post-graduation for the 2015 class.

Observations on Site

Site visitors confirmed the collection of qualitative data on the destination of graduates.

Program alumni have gained employment at non-profit organizations, universities, healthcare facilities and in business. Alumni hold job titles such as community education instructor, drug prevention specialist, school nutrition specialist and HIV prevention specialist. Site visitors also met with students employed at local health departments and at senior living facilities.

Students pursue further education in a variety of fields. For example, students have gone on to pursue master’s degrees in public health, social work, clinical health counseling, public administration and community development and planning. Program alumni have also pursued PhDs in public and community health and clinical and translational science.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:
(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 5.7: The program demonstrates that at least 70% of students for whom data are available graduate within six years or the maximum time to graduation as defined by the institution, whichever is longer. The program demonstrates that at least 80% of graduates for whom data are available have secured employment or enrolled in further education within one year of graduation. Data collection methods for graduates' destinations are sufficient to ensure at least a 30% response rate. If the program cannot demonstrate that it meets these thresholds, the program must document the following:

- 1) that its rates are comparable to similar baccalaureate programs in the home unit (typically a school or college)
- 2) a detailed analysis of factors contributing to the reduced rate and a specific plan for future improvement that is based on this analysis.

(For evidence, see DR 5-10, DR 5-11 and DR 5-12)

Finding:

Met

Team Comments:

Observations from the Self-Study

<p>The Office of Institutional Research's retention report provides data related to the graduation rates within the maximum allowed time, six years. The graduation rates for the program are 70% for students entering in 2007-2008 and 72.5% for students entering in 2008-2009.</p> <p>Students who entered in 2009-2010 had a 48.6% graduation rate within six years. The six-year graduation rate was 56.5% for native students and 35.7% for transfer students. Site visitors noted that the segmented data revealed that transfer students had a graduation rate below 70% in 2007-2008, 2008-2009, and 2009-2010.</p> <p>The cohort that entered in 2010-2011 had a 71.1% graduation rate within four years.</p> <p>During the first year of the alumni survey, 39% of graduates responded. Of those who responded, approximately 93% are employed or enrolled in further education one year after graduation. Additionally, 43% of respondents are employed in a health education or public health position.</p>

Observations on Site

<p>The program faculty hypothesized two possible reasons for the low graduation rate in the 2009-2010 cohort: 1) staff turnover and 2) inclusion of the school health program, which had low retention rates, in the denominator. In addition, since that time, the order of required courses</p>

has become more flexible, allowing students to complete required curriculum within the maximum time to graduation.

The retention report demonstrates a 70% graduation rate for the reported cohorts, with the exception of the 2009-2010 class. Because the data is broken down by student type, site visitors noted that the program has not been as successful in graduating transfer students in 2007-2008, 2008-2009, and 2009-2010. However, this does not pull the overall rate below the required threshold.

In an attempt to increase participation in the alumni survey, the program is considering requesting students' permanent email addresses outside of the anonymous and confidential Senior Seminar course survey.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 5.8: The program establishes a schedule for reviewing data on student outcomes.

(For evidence, see DR 5-13)

Finding:

Met

Team Comments:

Observations from the Self-Study

<p>The program reviews data on student outcomes informally at monthly staff meetings as well as more formally annually and at greater intervals as part of an external review.</p> <p>Each year, the program undergoes an internal review called the Annual Performance Report. This report includes the results of the assessment of students' learning outcomes, online course assessment, students' enrollment and completion and experiential education. These data are reviewed by the program faculty, and the university's Office of Assessment provides written feedback on meeting assessment goals and desired outcomes. The last Annual Performance Report took place in October 2016.</p> <p>The program also undergoes an extensive review every eight years as part of a larger university review required by the Illinois Board of Higher Education. This review involves providing evidence on learning outcomes. The last review took place in 2011.</p> <p>The program director and all full-time faculty review data from student exit surveys as well as alumni surveys each year at the annual planning retreat.</p>

Observations on Site

<p>The Annual Performance Report includes student grades aligned with the Areas of Responsibility, enrollment data and online assessment data. This report is reviewed annually by the program.</p> <p>The review conducted in conjunction with the university review by the Illinois Board of Higher Education includes interviews with external reviewers.</p> <p>The program also annually reviews graduation data. The program director requests a special report on graduation and retention rates from the university.</p>
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Commentary:
(if applicable)

Click here to enter text.

Compliance Concern:
(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

Criterion 5.9: The program uses student and faculty assessment results to improve student learning and the program.

(For evidence, see DR 5-14)

Finding:

Met with Commentary

Team Comments:

Observations from the Self-Study

The program uses its regular reviews of assessment data to improve the program. The program leader, department chair, dean and provost meet to discuss the annual program review and will formulate plans for improvement when necessary and draw up a memorandum of agreement on actions to be taken and a timeline for completion. If changes are recommended, the parties reconvene in one year to check in on progress.

Following the 2011 review for the Illinois Board of Higher Education, the program reviewed prerequisites to address concerns related to program sequencing. As a result, a number of prerequisites were eliminated, allowing students to take courses out of sequence so as not to delay graduation. The program also began offering most classes at least twice per year. The review takes place every eight years. There has not been a review since 2011.

Data from the exit survey indicated that students did not feel prepared to apply the work completed during their internship to the NCHEC Areas of Responsibility. In response to these concerns, the program faculty began to incorporate practice for students applying the Areas of Responsibility to their work as part of other courses. For examples, students in PBHE 313 Injury Prevention are required to complete a literature review of an injury topic and develop a plan to address the problem. Students must then complete an online Professional Competency Portfolio where they develop a one–page document to describe how they practiced or applied competencies while completing the project.

Observations on Site

Students complete course evaluations, which the program director reviews. The program director uses these evaluations to improve the program and student learning. One faculty member shared that based on student evaluations, she plans her courses one half at a time to minimize the number of changes that she may need to make in the second half of the semester.

Faculty discussed instances in which they used data to make necessary changes to the program. In particular, they have used data from the 2011 review and the Annual performance report to improve course sequencing and adjust prerequisites. These changes help students graduate as planned without any schedule-induced delays.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

The Council changed the finding to met with commentary to reflect the fact that ongoing compliance with this criterion relies on the program's plans and decisions discussed at the August annual retreat and outlined under Criterion 5.4.

Criterion 5.10: The program regularly evaluates its mission and expected student outcomes to ensure their continuing relevance.

(For evidence, see DR 5-15)

Finding:

Partially Met

Team Comments:

Observations from the Self-Study

The program discusses program goals, student learning, program relevance and program improvement regularly. The self-study document does not mention discussion of the mission. Before the start of each fall semester, the program holds a formal planning meeting. Feedback from preceptors, community partners and students are considered more informally at monthly faculty meetings.

Student learning outcomes are reviewed as part of the internal review process.

Observations on Site

The site visit team confirmed that the program evaluates its expected student outcomes during the regular internal review detailed in Criterion 5.8.

The program has not updated its student learning outcomes since updating its curriculum or changing its name to public health. The program has meetings scheduled in the weeks following the site visit to discuss additional curriculum revisions.

The program has not developed an individual mission or a plan to evaluate the mission. The program intends to wait until the two new faculty members join the program.

Commentary:

(if applicable)

The first commentary relates to the fact that the program has no specifically developed mission or plan to review its mission. Criterion 5.1 requires that the program define a mission statement to guide the program's activities, including the expected student learning outcomes.

The second commentary relates to the fact that the program has not reviewed or updated its student learning outcomes despite revisions to the program's curriculum and name. While the program has a schedule to review its outcomes for continued relevance, it has not done so.

Criterion 5.2 requires that the program have expected student learning outcomes that align with the mission and guide curriculum design, implementation and student assessment. The program has not updated its outcomes to reflect its revised curriculum.

Criteria 5.1 and 5.2 relate to the program's mission and student learning outcomes. These two items are meant to guide the program's curriculum and relate directly to each other. If the program does not have a mission to guide development of the student learning outcomes and the overall curriculum, then these items cannot be reviewed. The site visit team found both of these criteria to be partially met. Any interim reporting related to these criteria should also document that the program has established a schedule for regularly evaluating its mission and student learning outcomes for continued relevance in the future.

Compliance Concern:
(if Partially Met or Not Met)

[Click here to enter text.](#)

Institution Comments:

The two new faculty have joined the program. At our planning retreat on August 14th we defined our mission as discussed in criteria 5.1. We have scheduled an extended program meeting to discuss our program student learning outcomes that align with the new mission. Based on our new mission we have started initial discussions of curricular changes. These changes will be discussed again at our August 23rd meeting after we define the learning outcomes. To ensure relevance of the mission and learning outcomes data collected in the Spring semester from the community partner focus group, exit survey, alumni survey and the internship preceptor and service learning supervisor evaluations will be reviewed at the annual planning retreat in August before the fall semester starts. The details of how the data will be used will be in the assessment plan to be developed at the September 20th meeting.

Council Comments:

The Council notes that, since the mission was recently developed and appropriate learning outcomes have not yet been developed, the program still needs to ensure that it defines processes for regular review and revision of these statements.

Criterion 5.11: The program maintains clear, publicly available policies on student grievances or complaints and maintains records on the aggregate number of complaints received for the last three years.

(For evidence, see DR 5-16 and DR 5-17)

Finding:

Met

Team Comments:

Observations from the Self-Study

When students have a complaint or grievance, they are first encouraged to put their concerns in writing and speak with the faculty member concerned to potentially resolve the issue informally. If a resolution is not met, the issue is taken to the program director to attempt to find a solution before taking administrative action. If this informal process is not successful, students are directed to follow the formal grievance process with the department chair. The department chair will arrange a hearing and render a decision.

Any charges of intimidation or harassment or intimidation based on race, color, creed, religion, national origin, gender, age, disability or sexual orientation must be reported for informational purposes to the assistant provost for cultural and social diversity.

There has been one student grievance in the past three years.

Observations on Site

The site visit team confirmed that policies and procedures related to grievances are available to all students on the university website.

The one student grievance was related to a grade dispute.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

6.0 ADVISING

Criterion 6.1: Students are advised by program faculty (as defined in Criterion 2.1) or qualified program staff beginning no later than the semester (quarter, trimester, term, etc.) during which students begin coursework in the major and continuing through program completion.

(For evidence, see DR 6-1, DR 6-2 and DR 6-3)

Finding:

Met with Commentary

Team Comments:

Observations from the Self-Study

Students are assigned one of two advisors once they have declared public health as a major and are required to meet with their advisor at least once a semester. Public health advisors are trained by the university upon hire and participate in monthly professional development meetings with the university advisement community. Students provide feedback on advisement effectiveness through a survey administered twice a year by the Office of Student Services. Results of these surveys are used to develop training sessions for professional development and improvement.

Program faculty are involved with career and nonacademic advising through a faculty mentoring program. Students in the program select or are assigned to a faculty mentor with whom they can discuss career or graduate school opportunities. These discussions occur informally and on an as-needed basis. Some group advising occurs in PBHE 305 Principles and Foundations of Health Education. In this course, students are exposed to health practitioners, organizations and agencies, and they complete a service learning experience.

Observations on Site

Faculty discussed their involvement with career advising through methods such as communication through Facebook and email once advisees have been assigned. Faculty explained that there is no formalized system for interacting with advisees, and each faculty member takes his or her own approach.

Students noted that faculty are readily available and serve as a helpful public health resource as they consider potential careers. One student noted that he was able to have such conversations with his assigned advisor as well as with other faculty members.

Commentary:

(if applicable)

The commentary relates to the fact that career advising is not standardized across all faculty in the department and appears to be individually administered. Different students, therefore, are receiving different levels of interaction and contact. Developing a standardized advising and mentoring plan across program may ensure better experiences for all students.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

Click here to enter text.

Council Comments:

Click here to enter text.

7.0 DIVERSITY

Criterion 7.1: The program demonstrates a commitment to diversity and provides evidence of an ongoing practice of cultural competence in student learning.

Aspects of diversity may include, but are not limited to, age, country of birth, disability, ethnicity, gender, gender identity and expression, language, national origin, race, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this context, refers to skills for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite skills include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the skills for recognizing and adapting to cultural differences. Each program defines these terms in its own context.

Programs can accomplish these aims through a variety of practices including the following:

- incorporation of diversity and cultural competency considerations in the curriculum;
- recruitment/retention of faculty, staff and students; and
- reflection in the types of research and/or community engagement conducted.

(For evidence, see DR 7-1 and DR 7-2)

Finding:

Met with Commentary

Team Comments:

Observations from the Self-Study

<p>The program has incorporated diversity and cultural competency into the curriculum through delivery of PBHE 420 Contemporary and Controversial Issues in Health. This required course addresses such topics as race, ethnicity, sexism and poverty. Other courses, including introduction to public health, program planning, health policy and management and international health, integrate cultural competence across their courses of study.</p>
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<p>The program follows the university employment policy for hiring and diversity and recruits faculty by intentionally advertising in venues that serve black and Hispanic faculty.</p>

<p>The program makes specific efforts to attract a diverse student body. The program's student body includes a higher percentage of African American and Asian students than SIUE as a whole. In addition, the program works with SIUE International Admission to attract students</p>
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from across the globe. The program director published an invitation to apply letter to international students on the program website.

Faculty in the program serve on committees that address diversity issues including the Diversity Committee, Women's Studies and Safe Zone programming for LGBTQ students.

Additional efforts include study abroad opportunities in Ghana and adoption of the Policy on Professionalism and Professional Conduct from the University of Arkansas, which includes standards relative to empathy and cultural diversity.

Observations on Site

Site visitors confirmed activities exist that help students develop skills in cultural competence. While faculty and students spoke of skill acquisition across many courses in the curriculum, there is heavy reliance on PBHE 420 Contemporary and Controversial Issues in Health. Students who enrolled before 2016 are not required to complete this course.

Alumni who met with the site visit team reported being underprepared to communicate with diverse audiences, as addressed in Criterion 4.3. Community partners who host program students as interns supported this assertion.

Commentary:

(if applicable)

The first commentary relates to the fact that students who declared their major prior to 2016 are not required to complete PBHE 420 Contemporary and Controversial Issues in Health, which provides the bulk of intentional teaching and skill building around diversity and cultural competency issues. Alumni and community partners noted that students could be better prepared to exercise this skill. Given the importance of the skill to the practice of public health, the program advisors may want to consider strongly recommending that even students who are not required to complete the course take it as an elective.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

We discussed PBHE 420 with the advisers and requested that they encourage students not required to take the course to take it as an elective. This situation is part of the transition from Health Education to Public Health and will be resolved this academic year as the last of the Health Education majors graduate.

Council Comments:

[Click here to enter text.](#)

8.0 DISTANCE EDUCATION PROGRAMS

Criterion 8.1: A degree program offered via distance education is a curriculum or course of study designated to be primarily accessed remotely via various technologies, including internet-based course management systems, audio or web-based conferencing, video, chat, or other modes of delivery. All methods used by the SBP support regular and substantive interaction between and among students and the instructor either synchronously and/or asynchronously and are:

- a) consistent with the mission of the program and within the program's established areas of expertise;
- b) guided by clearly articulated student learning outcomes that are rigorously evaluated;
- c) 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 online learners.

(For evidence, see DR 8-1 and DR 8-2)

Finding:

Not Applicable

Team Comments:

Observations from the Self-Study

Click here to enter text.

Observations on Site

Click here to enter text.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

Click here to enter text.

Institution Comments:

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Council Comments:

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Criterion 8.2: The university provides needed support for the program, including administrative, communication, IT and student services.

(For evidence, see DR 8-2)

Finding:

Not Applicable

Team Comments:

Observations from the Self-Study

Click here to enter text.

Observations on Site

Click here to enter text.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

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Institution Comments:

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Council Comments:

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Criterion 8.3: There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

(For evidence, see DR 8-2)

Finding:

Not Applicable

Team Comments:

Observations from the Self-Study

Click here to enter text.

Observations on Site

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Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

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Institution Comments:

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Council Comments:

Click here to enter text.



Criterion 8.4: The program has processes in place through which it establishes that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit. Student identity may be verified by using, at the option of the institution, methods such as a secure login and pass code; proctored examinations; and new or other technologies and practices that are effective in verifying student identity. The university notifies students in writing that it uses processes that protect student privacy and alerts students to any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

(For evidence, see DR 8-3)

Finding:

Not Applicable

Team Comments:

Observations from the Self-Study

Click here to enter text.

Observations on Site

Click here to enter text.

Commentary:

(if applicable)

Click here to enter text.

Compliance Concern:

(if Partially Met or Not Met)

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Institution Comments:

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Council Comments:

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Southern Illinois University Edwardsville (SIUE)
Standalone Baccalaureate Program (SBP) Agenda

Council on Education for Public Health Site Visit¹

March 27-28, 2017

Sunday, March 26, 2017

Open **Arrival of the Site Visit Team to Hotel**

6:00 pm **Executive Session of Site Visit Team**

7:00 pm **Site Visit Team Dinner**

Day 1: Day of the Week, Date

8:30 am **Meet with Program Leader and Faculty/Staff with significant roles relating to the following criteria:**

- *Criterion 1: Leadership, Management and Governance (1.1-1.6)*
- *Criterion 2: Resources (2.1-2.6)*
- *Criterion 3: Faculty Qualifications (3.1-3.5)*
- *Criterion 7: Diversity (7.1)*

Attendees

- Erik Kirk, PhD, Department Chair
- Huaibo Xin, DrPH, MPH, MD, Designated Leader
- Nicole Klein, PhD, MCHES, Associate Professor
- Michelle Cathorall, DrPH, MPH, MCHES, Assistant Professor

9:15 am **Break**

9:30 am **Meet with Program Leader and Faculty Related to Curriculum and Degree Programs**

¹ All sessions, unless otherwise noted, will take place in the Vadalabene Center, the Exercise Science Lab Room 2305.

Discuss Criterion 4: Curriculum (4.1-4.5); Criterion 5: Program Effectiveness (5.1-5.11); Criterion 8: Distance Education Program (8.1-8.4)

Attendees

- Huaibo Xin, DrPH, MPH, MD, Designated Leader
- Nicole Klein, PhD, MCHES, Associate Professor
- Michelle Cathorall, DrPH, MPH, MCHES, Assistant Professor

10:45 pm **Break**

11:00 am **Meet with Institutional Academic Leadership/University Officials**

Discuss Criterion 1: Leadership, Management and Governance (1.1-1.6); Criterion 2: Resources (2.5, 2.6); Criterion 3: Faculty Qualifications (3.2); Criterion 5: Program Effectiveness (5.1)

Attendees

- Dr. Denise Cobb, Provost and Vice Chancellor for Academic Affairs
- Dr. Curt Lox, Dean of the School of Education, Health and Human Behavior

11:45 pm **Break**

12:00 pm **Lunch with Students at Fixins Restaurant in the Morris University Center (MUC)**

Discuss Criterion 2: Resources (2.2.5-2.6); Criterion 3: Faculty Qualifications (3.3-3.4); Criterion 4: Curriculum (4.1-4.5); Criterion 5: Program Effectiveness (5.1-5.2, 5.4, 5.11); Criterion 6: Advising (6.1); Criterion 7: Diversity (7.1)

Invitees

Awaiting confirmation from students

- Meg Bruhn, Public Health
- Graham Huntley, Public Health
- Haley Adrian, Public Health
- Marcus Minnis, Public Health
- Mica Coleman, Public Health
- Olivia Jackson, Public Health
- Alice Munoz-Cook, Public Health
- Tina Pham, Public Health

1:00 pm **Break**

1:15 pm **Meet with Faculty and Staff with Significant Responsibilities related to the following criteria:**

- *Criterion 1: Leadership, Management and Governance (1.4, 1.5)*
- *Criterion 2: Resources (2.4-2.6)*
- *Criterion 3: Faculty Qualification (3.4)*
- *Criterion 6: Advising (6.1)*
- *Criterion 7: Diversity (7.1)*

Attendees

- Huaibo Xin, DrPH, MPH, MD, Designated Leader
 - We will ask Dr. Xin to step out for all or part of this meeting
- Nicole Klein, PhD, MCHES, Associate Professor
- Michelle Cathorall, DrPH, MPH, MCHES, Assistant Professor
- Jenn Caumiant, MEd, Instructor
- Faustina Blankson, MPA, Instructor
- Dawn Alrich, MS, Public Health Advisor

2:15 pm **Break**

2:30 pm **Resource File Review and Executive Session**

3:15 pm **Break**

3:30 pm **Meet with Alumni, Community Representatives, Preceptors**

Discuss Criterion 2: Resources (2.5-2.6); Criterion 3: Faculty Qualifications (3.3); Criterion 4: Curriculum (4.3-4.5); Criterion 5: Program Effectiveness (5.1-5.2, 5.4, 5.11); Advising (6.1); Criterion 7: Diversity (7.1)

Attendees

- Amy Yeager, MPH, Health Promotion Manager, Madison County HD
- Jamie Pugh, graduation year? BS, Business Office Manager Cedarhurst
- Dawn Determan, BS, Director of Community Wellness Meridian Village
- Corinne Goodwin, 2016, BS, CHES, Health Educations St. Clair County Helath Department
- Courtney Schaffer, 2016, BS, Girl Scouts of St. Louis

4:30 pm **Adjourn**

Day 2: Tuesday, March 28

9:30 am **Executive Session and Report Preparation**

11:30 am **Working Lunch, Executive Session and Report Preparation**

12:30 pm **Exit Briefing**

- Erik Kirk, PhD, Department Chair
- Huaibo Xin, DrPH, MPH, MD, Designated Leader
- Nicole Klein, PhD, MCHES, Associate Professor
- Michelle Cathorall, DrPH, MPH, MCHES, Assistant Professor
- Jenn Caumiant, MEd, Instructor
- Faustina Blankson, MPA, Instructor

1:15 pm **Team Departs**