A Self-Study of the Master of Public Health Program
at the University of Illinois Urbana-Champaign

Final Version Submitted 12 October 2012

Prepared to meet requirements
of the Council on Education for Public Health (CEPH),
in partial fulfillment of the requirements for accreditation

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## Abbreviations and Definitions Used

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<th>Abbreviation</th>
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<tr>
<td>AHS</td>
<td>College of Applied Health Sciences</td>
</tr>
<tr>
<td>APHA</td>
<td>American Public Health Association</td>
</tr>
<tr>
<td>AY</td>
<td>Academic year (&quot;AY 2011-12&quot; or &quot;2011-12&quot; refers the year starting in August, 2011)</td>
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<tr>
<td>BS</td>
<td>Bachelor of Science</td>
</tr>
<tr>
<td>Capstone</td>
<td>A term used in place of ‘culminating experience’</td>
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<tr>
<td>CEPH</td>
<td>Council on Education for Public Health</td>
</tr>
<tr>
<td>CHAD</td>
<td>Center for Health, Aging, and Disability</td>
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<tr>
<td>CIC</td>
<td>Committee on Institutional Cooperation (a consortium of Big 10 Universities)</td>
</tr>
<tr>
<td>CHLH</td>
<td>Community Health (a degree granting unit and coursework designation within KCH)</td>
</tr>
<tr>
<td>DRES</td>
<td>Disability Resource and Education Services</td>
</tr>
<tr>
<td>EEO</td>
<td>Equal Employment Opportunity</td>
</tr>
<tr>
<td>GPA</td>
<td>Grade point average (University of Illinois uses a 4 point system where A = 4.0)</td>
</tr>
<tr>
<td>Graduate College</td>
<td>Administers the policies under which UIUC graduate programs operate</td>
</tr>
<tr>
<td>GRE</td>
<td>Graduate Record Examination</td>
</tr>
<tr>
<td>I-Health</td>
<td>Interdisciplinary Health (an interdisciplinary undergraduate degree offered by AHS)</td>
</tr>
<tr>
<td>I-TOPP</td>
<td>Illinois Transdisciplinary Obesity Prevention Program (a USDA training grant)</td>
</tr>
<tr>
<td>ICES</td>
<td>Instructor and Course Evaluation System</td>
</tr>
<tr>
<td>KCH</td>
<td>Department of Kinesiology and Community Health</td>
</tr>
<tr>
<td>KIN</td>
<td>Kinesiology (a degree granting unit and coursework designation within KCH)</td>
</tr>
<tr>
<td>MPH</td>
<td>Master of Public Health</td>
</tr>
<tr>
<td>MSPH</td>
<td>Master of Science in Public Health</td>
</tr>
<tr>
<td>POS</td>
<td>Program of Study (a synopsis of degree requirements)</td>
</tr>
<tr>
<td>PHP</td>
<td>Public Health Professionals (MPH Student Organization)</td>
</tr>
<tr>
<td>RST</td>
<td>Department of Recreation, Sport and Tourism</td>
</tr>
<tr>
<td>SHS</td>
<td>Department of Speech and Hearing Science</td>
</tr>
<tr>
<td>TA</td>
<td>Teaching Assistant (often this position includes a tuition waiver as a benefit)</td>
</tr>
<tr>
<td>UIUC</td>
<td>University of Illinois Urbana Champaign</td>
</tr>
<tr>
<td>UIC</td>
<td>University of Illinois Chicago</td>
</tr>
<tr>
<td>USDA</td>
<td>U.S. Department of Agriculture</td>
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Introduction

In 1957, the University of Illinois at Urbana-Champaign (UIUC) established the Department of Health and Safety. Later renamed to the Department of Health and Safety Studies, this department was renamed again in 1992 to the Department of Community Health. At this point in time it was located in the College of Applied Life Studies. The Department offered a Bachelor of Science (BS) degree, as well as three graduate degrees: MS, PhD, and MSPH (Master of Science in Public Health). The MSPH degree was accredited by the Council on Education in Public Health (CEPH). However, around 1999 the leadership of the Department of Community Health decided not to re-apply for accreditation. The MSPH degree program continued to enroll graduate students until 2009, when enrollment into the degree was suspended.

About 10 years ago, campus leadership began to support initiatives to increase the capacity of UIUC in teaching and research programs dealing with health. This strategic priority led to several new initiatives. For example, the Interdisciplinary Health and Wellness Initiative and the Center for Health, Disability, and Aging were established. A new undergraduate degree program named Interdisciplinary Health (I-Health) was approved. Senior leadership participated in a strategic planning initiative called the Illinois Interdisciplinary Health Sciences Initiative Vision 2020. Campus leadership also encouraged the development of professional degree graduate programs. These programs would complement the well-established research degree programs at UIUC.

As a result of these and other strategic planning initiatives, in 2005 the College of Applied Life Studies was renamed to the College of Applied Health Sciences (AHS). Also in 2005, the Department of Community Health was merged with the Department of Kinesiology to form the Department of Kinesiology and Community Health (KCH). A proposal for a new Master of Public Health (MPH) degree program on the UIUC campus was submitted and approved, with input from many sources including the University of Illinois-Chicago School of Public Health. The MPH program would be located in the Department of Kinesiology and Community Health within AHS. As originally envisioned, the MPH had two areas of concentration: (1) health policy and (2) chronic disease prevention and health promotion. So far, one area of concentration (health promotion) has been implemented. The plan was to hire additional tenure-track faculty to support the MPH program, and during 2008-2010 three new faculty members were hired. The MPH program would be housed in a new building, and in 2011 the Khan Annex of Huff Hall was opened with space allocated for the MPH program.

In the fall term of 2009, the MPH program admitted its first class of six students. A year later, the second class of nine students was admitted. In 2010, a joint BS-MPH program was approved whereby certain undergraduate students can obtain both a BS and MPH degree within a 5-year period. These students have graduate status starting with the 5th year of study, and in fall 2011 the first class of 16 students matriculated as graduate students to the BS-MPH program. Also, a training grant was obtained that funds eight graduate students to obtain both PhD and MPH degrees (in joint PhD-MPH degree programs). Four students were admitted to this training program in fall, 2011. In fall 2012, the MPH degree was added to the list of degrees which can join with the Master of Urban Planning (MUP) degree. That is, a joint MUP-MPH degree is now approved. As of August, 2012, the MPH program has 48 students on campus (15 in 4th year of BS-MPH, 13 in 5th year of BS-MPH, 13 in first year of MPH, and 7 in second year of MPH). As of August, 2012, the MPH program has four core tenure-track faculty members, and eight other faculty members that support the teaching mission of the MPH program.
1.0 The Public Health Program

1.1 Mission. The program shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The program shall foster the development of professional public health values, concepts and ethical practice.

1.1a. A clear and concise mission statement for the program as a whole.

The mission of the MPH program is to promote health, prevent chronic illness and reduce disparities in health through education and training of public health practitioners, research excellence, and service to communities locally, nationally, and internationally.

1.1b. One or more goal statements for each major function by which the program intends to attain its mission, including instruction, research and service.

The 2009-2014 program goals are:
1. Train public health professionals to improve health and functional ability in diverse communities.
2. Advance interdisciplinary research on social, environmental, and individual determinants of health.
3. Promote effective public health practice through community collaboration and service activities.

1.1c. A set of measurable objectives relating to each major function through which the program intends to achieve its goals of instruction, research and service.

Measurable Objectives to Accomplish between 2009 and 2014:

*Educational Objectives mainly related to Goal 1:*
1. Implement at least one recruitment effort each year to attract under-represented applicants to the MPH program.
2. Most courses in the MPH curriculum will use a common conceptual model of health disparities.
3. Each year, coordinate at least one presentation from an outside speaker addressing health policy or community advocacy for public health initiatives.
4. By Spring term of 2014, the majority of MPH courses include assignments or activities that support students in developing portfolios of their work in the MPH program.

*Research Objectives mainly related to Goal 2:*
5. At least 20% of MPH students will participate in a research project during MPH training.
6. At least once per year, all MPH faculty share relevant research findings with community constituents.
7. The majority of MPH faculty will have at least one publication per year that focuses on reduction of health disparities.

*Service Objectives mainly related to Goal 3:*
8. The majority of public health concentration faculty participate in at least two initiatives each year that train and educate the public health workforce.
9. By the year 2012-2013, the MPH program supports one public health training event or initiative annually.
10. Each year, the MPH student organization will coordinate at least one community project that involves service, outreach, and/or advocacy.
1.1d. **A description of the manner in which mission, goals and objectives are developed, monitored and periodically revised and the manner in which they are made available to the public.**

The process for developing the mission of the MPH program began in the mid-2000’s with the proposal to create a new MPH degree in the Department of Kinesiology and Community Health. As originally envisioned and approved by the University, the MPH program would essentially focus on chronic disease prevention, health behavior, and health policy.

The MPH program began drafting its mission statement, goals, and objectives in the first academic year of the MPH program (AY 2009-10). By the end of this year, the Public Health Faculty Group (Concentration) was organized. This faculty group continued to work on strategic planning for the MPH program during the second academic year (AY 2010-11). During the fall term of 3rd academic year (AY 2011-12), input and feedback on mission, goals, and objectives was sought from MPH students, public health faculty, faculty from other departments involved in developing MPH-PhD joint degree programs, the Associate Dean for Academic Affairs, CEPH, and the MPH Advisory Committee. Based upon this feedback, MPH faculty made additional revisions, circulated a penultimate draft to all stakeholders for final comments, and in late January 2012 released the final version.

The MPH mission, goals and objectives were immediately made available to the MPH students, MPH faculty, and to the public via the MPH website. They have been incorporated into web and print materials distributed by the MPH program, KCH department and College of AHS, as seen in Appendix A.

The MPH program plans to conduct strategic planning every 3-5 years, and this planning is an opportunity to consider a revision of the mission and goals. The strategic planning will involve a similar group of stakeholders as were involved in developing the first mission and goals. The MPH Program will review the MPH program objectives annually. Annual monitoring of progress on objectives, feedback from the MPH advisory committee, and information from the annual survey of MPH students will likely provide information and insight into how the objectives can be improved.

1.1e. **A statement of values that guide the program, with a description of how the values are determined and operationalized.**

**Accountability.** The MPH program is accountable to community constituents to conduct research relevant to community health issues and to train practitioners with skills for improving community health.

**Dedication.** The MPH program activities embody the dedication, passion and enthusiasm required to work with communities on addressing today's complex health problems.

**Excellence.** The MPH program is committed to excellence in teaching, research, and service.

**Inclusivity.** The MPH program values the input and participation of its stakeholders, including underrepresented and underserved populations.

**Relevance.** The MPH program engages in projects and activities that support both the academic mission of the University of Illinois and efforts to improve the health of communities.

**Integrity.** The MPH program follows principles of ethics in research, practice, instructional, and administrative activities.

**Self-awareness.** The MPH program fosters personal growth and genuine understanding of community concerns by encouraging introspection of personal attitudes, beliefs, and biases.
The MPH program statement of values was developed through a series of meetings involving MPH faculty, MPH students, and the MPH Advisory Committee. A draft value statement was shared with the Associate Dean for Academic Affairs and the faculty involved in developing MPH-PhD joint degree programs. The process for developing the MPH program’s Value Statement began in AY 2010-11, but most work was done in the Fall term of AY 2011-12. After an opportunity for input from all stakeholders, a penultimate version was shared with stakeholders for final comment. The Value Statement was also finalized in late January, 2012.

The values of the MPH program were created to guide and influence how the MPH program meets its mission and goals. Some specific examples illustrate how they have been operationalized.

- The value of **Accountability** included conducting “research relevant to community health issues.” This value is reflected in MPH Objectives #6 and #7 (above).

- The value of **Accountability** included that the program is accountable to community constituents in how it trains practitioners. This value is reflected in the membership of the MPH advisory committee, which has representatives from local practicum sites and health organizations.

- The value of **Inclusivity** is reflected in the decision to require a course in cultural competence, in MPH objective #1 (above), and in the evaluation plan that involves monitoring the diversity of the MPH student population.

- The values of **Self-Awareness** and **Integrity** influenced the design of coursework. For example, the required course on cultural competence includes exercises in self-awareness. The required course on program evaluation uses a standard exercise on ethics, conflict of interest, and biases of evaluators.

- The value of **Dedication** is reflected in MPH Objective #3 (above).

- The value of **Relevance** guided the MPH program to participate in *Vision 2020: Illinois Interdisciplinary Health Sciences Initiative*. Drs. Buchner and Chodzko-Zajko were members of the Health Vision Team. The team was charged with creating a plan for how the UIUC campus trains researchers and health professionals and for how to increase the translation of educational, clinical, and research programs so as to better service the University and the community.

- All values, but in particular the value of **Excellence**, are promoted by locating the MPH program at the University of Illinois which has established standards for academic excellence.
1.1f. **Assessment of the extent to which this criterion is met.**

Summary: This criterion has been met. The MPH program has a mission statement supported by goals and objectives. These strategic plan elements were developed using an inclusive process. A value statement guides activities of the programs, e.g., inclusion of a required course on cultural competency and ethics assignments in the program evaluation course.

Strengths and successes:
- The process for developing MPH Program Mission, Goals and Values was inclusive and involved constituents.
- Comparison of the different drafts shows that the time spent to develop the statements did improve the quality and appropriateness of the mission, goals, and objectives.
- The program used draft statements of mission, goals, and objectives to guide its development over the first 3 years, and the final statements benefited from experience.

Weakness and limitations:
- The MPH Advisory Committee and constituents were not involved as early in the process as was originally planned.
- Feedback received from some constituents was limited, presumably because they have so many demands on their time.

Recommendations for the MPH Program:
- Conduct strategic planning in mid-year of AY2013-14. At this time, update objectives based in part upon trend data from evaluation indicators. As the time frame for the original strategic plan was 2009-2014, the time-delimited objectives (#4 and #9) will need revision. The MPH program will need to reach consensus on whether mission, goal, and value statements need revision. The strategic planning will build upon discussions and recommendations from the CEPH accreditation process.
- Reach an explicit decision by mid-year AY2013-14 regarding if and when to open a second concentration for the MPH program. The decision should address whether health policy (as originally proposed) should be the focus of the second concentration, or whether a different focus should be chosen.
1.2 Evaluation and Planning. The program shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the program’s effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

1.2a. Description of the evaluation procedures and planning processes used by the program, including an explanation of how constituent groups are involved in these processes.

The MPH program has set in place a plan and processes for regularly monitoring the operations of the MPH program and for conducting planning. In some cases, the MPH program participates in processes conducted by KCH, while in others the MPH program directs the process. There has been an increase in involvement of constituents over time, and growth in methods of collecting information over time. Consistent with principles of program evaluation, the input from students began with a formative evaluation process that emphasized qualitative data from informal meetings and course evaluations. As the MPH program matured and enrollment grew, the plan called for more emphasis on quantitative student evaluations, with more of a summative evaluation approach. There was also more involvement from constituents over time, and an MPH advisory committee was constituted in Fall term of 2011.

The Public Health Faculty take the lead on evaluation procedures and planning processes. Issues on evaluation and planning are regularly addressed at monthly faculty meetings.

MPH Advisory Committee reviewed and provided input into the draft evaluation plan in 2011-12. In both the fall and spring meetings of 2012, the MPH Advisory Committee reviewed the available data on evaluation indicators. They also reviewed the recommendations in this self-study that were based (in part) upon the evaluation data. The MPH Advisory Committee will continue to be asked each year to review the data on evaluation indicators, and provide recommendations as appropriate.

The MPH program obtained student input on the survey in 2011-12 by involving an MPH student in the design and implementation of the survey. Because of the amount of work involved, the student was paid for this work. Public Health faculty and the MPH student worked on the survey design, and the MPH student put the survey up on the UIUC website. The plan is to increase involved of students in the survey design in 2012-13. The draft survey will be shared with the MPH student organization, and feedback obtained. Redacted results from the survey as well as data on other evaluation indicators will be shared with the student organization, and students will provide recommendations as appropriate.

As explained elsewhere in this self-study, changes in the MPH program almost always required approval at the level of the Department. Changes in the MPH program often require approval at higher levels of the University as well.

Hence, the evaluation and planning structure involves leadership by the Public Health faculty, and input from students and community constituents, with oversight from appropriate levels of governance at the University. The specific processes and procedures for evaluation and planning are listed below, along with the constituents involved.

**KCH Departmental Faculty Meetings and Retreats**
KCH holds at least one major faculty meeting in fall term and in spring term. These meetings include updates on the MPH program, and provide an opportunity for faculty input beyond just the faculty in the Public Health Concentration. For example, the faculty discussed whether applicants to the joint BS-MPH program should be required to take the GRE.
Department Head Meetings
The MPH Program Director meets bi-weekly with the KCH Department Head to provide updates and receive feedback regarding the MPH program. Occasionally, these meetings involve other MPH faculty. The Department Head seeks input from the AHS Dean’s office as appropriate.

KCH Advisory Committee
The KCH Advisory Committee consists of about six KCH faculty members elected to the committee by vote of the KCH faculty. The MPH program regularly has agenda items before this committee for advice and consent. The KCH Advisory Committee is used by the KCH department head to seek input regarding many different aspects of departmental business. The department head provides the committee with regular updates regarding the status of all degree programs in the department, including the MPH degree.

Public Health Concentration Faculty Meetings
About eight Public Health faculty meetings are held each year, which involved 10 faculty members in AY 2011-12. Faculty members provide input on issues related to the MPH program, such as MPH student recruitment, admissions, curriculum development, research and service. For example, as a result of deliberations, the MPH Admissions committee was expanded from core MPH faculty to all Public Health Concentration Faculty.

AHS Annual Report
AHS and KCH have established policies and procedures that require that faculty be evaluated at least annually. All AHS faculty members (tenure track and non-tenure track) prepare an annual report describing their activities. The Department Head and the Departmental Advisory Committee then review the submissions and rate each faculty member in the areas of teaching, research, and service and productivity. An annual performance review letter is prepared; the faculty member and department head discuss the evaluation, which is forwarded to the dean with a copy placed in the personnel file. If the faculty member disagrees, he/she may write a rebuttal, which is also placed in the personnel file. The Department Head, Associate Dean, and Assistant Deans are evaluated by the AHS Dean using similar procedures. Annual merit salary increases are based upon this performance review.

Promotion and Tenure
The productivity and qualifications of tenure track faculty are evaluated as part of promotion and tenure review on a schedule established by the University. The process of review for promotion and tenure is described in a publication called Provost Communication #9: http://www.provost.illinois.edu/communication/09/index.html. Of note, non-tenured, tenure-track faculty are formally evaluated by the Department Promotion and Tenure Committee during the third year of their appointment. The Promotion and Tenure Committee sends a written report to the department head that is forwarded to the Dean and placed in the faculty member’s personnel file. The third year review process is designed to provide the department and faculty member with information regarding progress being made and still needed for tenure and promotion.

Evaluation of the quality of instruction is an important part of faculty evaluation process. Evaluation of teaching includes not only classroom instruction but student supervision, mentoring, and development of innovative teaching methods. A variety of assessment are used including: review of course syllabi, course goals and objectives; review of student assignments and required reading; peer observation of classroom performance; portfolio assessment by departmental review committee; assessment of the integration of new technology into teaching; and quality of instructional outcomes assessment by current and former students.
Instructor Course Evaluation System (ICES)
All KCH faculty members are required to obtain student evaluations of their teaching and courses using the University of Illinois ICES system. Scores must be reported to the KCH Department and are included as part of the faculty’s annual report. In all courses including all MPH courses, ICES forms are completed anonymously by students near to the end of the course. If released by faculty, the Illinois Student Senate publishes ICES scores. Each semester, UIUC identifies faculty with the highest ICES scores on a website: “List of Teachers Ranked as Excellent By Their Students” available at: http://cte.illinois.edu/teacheval/ices/exc_teach.html.

Peer Evaluation of Teaching
With the exception of full Professors, the teaching performance of KCH faculty members is observed annually by another faculty member. Teaching is evaluated using a standardized form. In part, this evaluation contributes to the promotion and tenure evaluation of faculty.

University of Illinois Grading System
Performance of MPH students in courses is graded on a 4 point system set by the Graduate College: http://www.grad.illinois.edu/gradhandbook/chapteriii/section01. When the MPH degree was established in 2008, the degree required a minimum GPA of at least 2.75 to earn the degree. This requirement was subsequently changed to a cumulative GPA of at least 3.0, and this requirement is now the same as in other graduate degree programs in KCH. Student performance is monitored by the Graduate College. Students with a cumulative GPA of less than minimum required are placed on academic probation. Also, the MPH program has now set requirements that all MPH students must earn at least a B- in each of the six core MPH courses.

Annual Performance Review of Graduate Students
Starting in 2012-13, the Graduate College requires graduate programs to conduct annual academic progress reviews of all graduate students. In brief, the review is based upon a student self-report and self-assessment, and faculty assessments prepared by the primary advisor and at least one other faculty member. The student has an opportunity to discuss this review in person, and a written copy of the review must be placed in the student’s academic file. (In 2011-12, this review was done only for the four MPH students funded by the Illinois Transdisciplinary Obesity Prevention Program (I-TOPP)).

MPH Student Survey (anonymous input)
An annual survey of MPH students was initiated in 2011-12. The survey uses a University of Illinois system that allows online, anonymous surveys. The survey will provide annual feedback regarding student experiences with coursework, research, advising, achievement of competencies, MPH policies and guidelines, and preparation for careers in public health. A copy of the survey is in Appendix B. The survey asks students to make quantitative ratings, but also provides an opportunity for anonymous written comments.

Formal Opportunities for MPH Student Input
One MPH student is included on all search committees for MPH faculty. In this capacity, they provide input into hiring of faculty. Two MPH students were included in some of the meetings in Fall 2011 that finalized the MPH mission, goals, objectives, values, and competencies. One MPH student has been involved in preparation of this accreditation document, including assisting in data collection and in drafting sections of the document (because of the volume of work involved, this student was paid hourly for time contributed). One position on the MPH Advisory Committee is for a recent MPH program graduate. Details of student involvement in committees that impact the MPH program are included in section 1.5c. During the student orientation at the beginning of the program, the structure of the program is explained by the program director and program coordinator. Opportunities to participate in the MPH student organization and other committees are explained.
Informal Opportunities for MPH Student Input

Besides contact with MPH students as part of courses, the MPH program holds events each semester for MPH students. These include orientations and lunches with outside speakers. They also include group meetings that advise students on the preparing for the MPH Practicum and Capstone experiences. These events have provided a platform for discussions of variety of issues, including how well the MPH program is doing, particularly in the first year of the MPH program when enrollment was low. Students may also schedule meetings with MPH faculty, including the MPH Director, and the MPH Coordinator holds regular office hours. Finally, an MPH student organization was formed in Fall of 2011, called Public Health Professionals, with Lena Hann and Dr. Notaro as the faculty liaisons. This group has provided input to the program, e.g., on outside speakers and on policies regarding the MPH student lounge on the 3rd floor of Huff Hall.

MPH Alumni Survey

An anonymous annual survey of MPH alumni was initiated in 2011-12. The initial objective of the survey is to collect data on alumni about one year after graduation from the MPH program, using a questionnaire that is similar to the MPH student survey. Alumni are also invited to share insights on the MPH program informally outside of the annual survey, and may be invited to some MPH program events.

Practicum and Capstone Course Evaluation

The Practicum Supervisor provides an evaluation of the MPH student during the practicum using standardized forms. In 2011-12, the evaluation process for the MPH Practicum and Capstone courses was enhanced. Each student presents on her/his practicum experience at a poster session attended by faculty, students, and members of the MPH Advisory Committee, when possible. Public Health faculty members ask questions of the student at the poster session, identify competencies addressed by the practicum experience, and provide input into a grade on the poster. Similarly, as part of the Capstone experience, MPH students conduct a 10 minute formal presentation on the Capstone, similar to a presentation at a professional meeting. Public Health faculty identify competencies addressed by the Capstone project, ask questions during a 5 minute question and answer period, and provide input into the grade on the presentation. All MPH faculty are invited to participate in the Practicum and Capstone evaluations by attending the final poster sessions and the Capstone slide presentations.

MPH Advisory Committee

The MPH Advisory Committee includes 8-10 community stakeholders. They review aspects of the MPH program in semiannual meetings. Feedback is provided during this meeting and by e-mail correspondence the rest of the year. Members include community practitioners with a relationship to the MPH program or KCH, including practicum preceptors and previous graduates of the Community Health PhD program. Advisory Committee members are invited to provide input on any aspect of the MPH program.

1.2b.  Description of how the results of evaluation and planning are regularly used to enhance the quality of programs and activities.

The results of evaluation and planning have been used regularly to enhance the quality of the MPH program. This description of how results are used focuses first on the process for deciding upon changes to the MPH program, and focuses second on examples of actual changes made.

The process of deciding upon changes to the MPH program has become more inclusive over the first 3 years of the MPH program. Also over this time period, the data collected to evaluate the MPH program has expanded. In the first year, most decisions were made by MPH core faculty in consultation with the Department Head. Student input was primarily from informal meetings. In the second year, a larger group of Public Health Concentration Faculty was involved in decisions, and there was greater feedback from MPH students. In the third year, the MPH Advisory Committee and the MPH student organization became
involved in decisions of the MPH program. MPH students and alumni surveys were initiated to collect additional evaluation data. Also in the 3rd year, undergraduate advisors and the AHS Deans Office began to be involved in guiding the operation of the 5 year joint BS MPH program. Decisions are generally made after discussions at regularly scheduled meetings, though some ad hoc meetings occur. The KCH Department Head meets regularly with the MPH program director and attends Public Health faculty meetings regularly. Recommendations regarding the structure and curriculum of the MPH program are initially discussed at the Public Health faculty committee level prior to seeking input from other groups.

The analysis of data for the evaluation indicators was performed in 2011-12 by the MPH Accreditation Workgroup (see Criterion 1.5.c.) In the future, the plan is for a subgroup of Public Health Faculty to collect and analyze data on evaluation indicators. In 2011-12, information related to evaluation was redacted, discussed, and shared. MPH students were provided with an email that summarized themes in the MPH student survey, and discussed some revisions to MPH program activities based upon student feedback. The MPH Advisory Committee was also provided the evaluation data.

The following examples describe changes in the MPH program based upon evaluation and planning activities.

**Curriculum**

Only 400-level and 500-level courses count for credit toward graduate degrees at the University of Illinois. While 400-level courses are taught to both undergraduates (generally seniors) and graduate students, 500-level courses are for graduate students only. Graduate students at the University of Illinois commonly take many 400-level courses as part of graduate studies. The original proposal to the University for the MPH curriculum emphasized 400-level courses.

Early feedback from MPH students clearly indicated a preference for 500-level courses. Students also indicated they thought some courses should be for MPH students only, and some courses should be open to graduate students in other degree programs. As a result of this feedback, the MPH program made a major commitment to the development of 500-level courses. Currently, of the 48 required credit hours, only 8 to 16 credit hours can be from 400 level courses. All other coursework for the MPH degree is taught at the 500 level. For the 400-level course in public health practice, MPH students enroll in a distinct MPH section of the course. Currently, eight MPH courses either are restricted to MPH students or have a separate section for MPH students.

**Quality of the MPH Student Experience Outside of Class**

In the second year of the MPH program, feedback from MPH students indicated that the MPH program should have a stronger identity and sense of community. A number of changes were implemented to address this concern.

- Lena Hann, MPH, was hired in the summer after the second year as MPH Coordinator, in part to enhance the ability of the MPH program to address this issue.

- An expanded MPH program orientation and welcome was implemented early in each semester, allowing an opportunity for students, faculty, and staff to meet each other outside of class settings.

- At least once per semester, MPH students are invited to a lunch with an outside guest speaker.

- The day at the end of each semester (fall, spring, and summer) for MPH Practicum poster presentations and Capstone presentations was enhanced and advertised more widely and more in advance.

- A separate graduation celebration at an outside venue was added for spring term 2012.
• The MPH program facilitated the development of an MPH student organization called Public Health Professionals.

• A graduate student lounge in the new Khan Annex of Huff Hall was designated for MPH students only (note that most other graduate students in KCH have assigned workspaces on campus).

• Lena Hann began weekly email updates for MPH students that describe MPH program events and campus-wide events of interest to MPH students.

**Development of Additional Materials Explaining the Joint BS-MPH Program**

In Summer 2011 the MPH program enrolled its first class of students in the 5 year Joint BS-MPH Degree program (see section 2.1). Despite the fact the requirements for the MPH are the same for the joint BS-MPH program, feedback from MPH students (both informal and from the MPH student survey) indicated there were many questions about the program. Some issues related to student advising in the 4th year (when students are still undergraduates) and ensuring this advising was consistent with advising in the 5th year (when students are graduate students). As a result:

• Meetings were held with undergraduate advisors, with the Assistant and Associate Deans for Academic Affairs, and with staff to identify issues, and provide feedback on documents created for student use.

• The MPH program created a handout for advisors to provide to undergraduate students interested in the BS-MPH program.

• The MPH program created a longer document with answers to frequently asked questions about the 5 year BS-MPH program.

• The MPH program re-structured the timeline for hosting BS-MPH information events, so as to provide ample time for students to explore this degree option prior to applying.

• As a result of this and other feedback, a separate graduate student handbook was created for MPH students that provided an official statement of the operations of the MPH program. (Previously, the MPH program information was included in the KCH Graduate Student Handbook intended for use by all KCH Graduate Students).

• Admission deadlines for the BS-MPH program were revised so as to better meet student needs and preferences.

**Adjustment of MPH Program Class Sizes**

The MPH program monitors class sizes, and recognized that the class sizes in some 500 level courses had grown substantially with the growth of MPH enrollment. On the MPH student survey, MPH students indicated less satisfaction with class sizes in the core MPH courses. As a result of both student and faculty concerns, the MPH program is making changes in core classes:

• The MPH is now offering an additional section of CHLH 410 Public Health Practice for MPH students, taught by Dr. Remmert. The impact of this change has been to reduce the class size for the MPH section of CHLH 410 to about 25 students.

• There are now two sections of CHLH 540 Health Behavior, one for MPH students and one for other graduate students. The impact of this change has been to reduce the class size for the MPH section of CHLH 540 to about 25 students.

• The MPH core course in biostatistics now has restricted enrollment. As noted in other sections, the MPH program is seeking to hire a biostatistician in part to increase the capacity in MPH coursework related to biostatistics. The impact of this change has been to reduce the class size for the MPH section of CHLH 594 - Biostatistics to about 25 students.
1.2c. Identification of outcome measures that the program uses to monitor its effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the program’s performance must be provided for each of the last three years.

The MPH program developed a set of indicators used to monitor MPH program performance. The set includes indicators which track the MPH program objectives. Some indicators were not selected until AY 2011-12, so data is not available on all indicators for the last three years.

With few exceptions, performance targets have been established to measure overall MPH program performance. The MPH program developed its objectives and performance indicators prior to collecting data on them. These objectives and targets for indicators were not constructed for ease of obtainment, but to best serve the mission of the program.

Targets for MPH program objectives were developed as part of strategic planning process discussed in Section 1.1. Targets for other indicators were developed by the MPH Accreditation Workgroup, and vetted with Public Health Concentration faculty members and with the MPH Advisory Committee. The work required to meet performance targets and objectives was prioritized, as illustrated by the two MPH program objectives that are to be met in future years (#4 and #9).

Indicators were assessed by collecting data from many sources, including MPH program reports and documents, student files, and data in UIUC information systems. Data gathering procedures are now in place to obtain data in an ongoing manner.
Table 1.2c. MPH Program Outcome Measures including Targets

<table>
<thead>
<tr>
<th>Outcome Measure/Indicator</th>
<th>Target</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Institutional Expenditure per student FTE</td>
<td>None [1]</td>
<td>$93,971</td>
<td>$26,483</td>
<td>$13,507</td>
</tr>
<tr>
<td>2) Research dollars per Faculty FTE used to support MPH program</td>
<td>None [1]</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3) Extramural funding as percent of total MPH budget</td>
<td>None [1]</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4) Degree completion rates: At least 80% of MPH students will complete the degree within the normal time period for degree completion</td>
<td>≥80%</td>
<td>N/A</td>
<td>MPH-100% (6/6)</td>
<td>MPH-100% (8/8) [2] BS-MPH-88% (14/16) Overall-92% (22/24)</td>
</tr>
<tr>
<td>5) Job placement rates: At least 80% of MPH graduates will obtain employment or enroll in another degree program within 1 year of graduation</td>
<td>≥80%</td>
<td>N/A</td>
<td>N/A</td>
<td>7/8 (88%) [3]</td>
</tr>
<tr>
<td>6) Academic probation: No more than 10% of students overall will be placed on academic probation in a given year after grades for a term are released (fall, spring, summer). [5]</td>
<td>≤10%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>7) Practicum Performance: Final ratings by the Practicum Preceptor will indicate that at least 95% of MPH students performed acceptably on their MPH Practicum.</td>
<td>≥95%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>8) Practicum Performance: Final ratings by the Practicum Preceptor ratings will indicate that at least 95% of MPH students demonstrated acceptable levels of professionalism on their MPH Practicum.</td>
<td>≥95%</td>
<td>No data</td>
<td>No data</td>
<td>100% of the 16 practicums completed in summer 2012</td>
</tr>
<tr>
<td>9) Professional development: Based upon the Capstone presentation, anonymous ratings by faculty will indicate that presentation skills are acceptable or higher in 90% of MPH students.</td>
<td>≥90%</td>
<td>No data</td>
<td>No data</td>
<td>100% of Capstone presentations in spring and summer 2012</td>
</tr>
<tr>
<td>Outcome Measure/ Indicator</td>
<td>Target</td>
<td>2009-10</td>
<td>2010-11</td>
<td>2011-12</td>
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<tr>
<td><strong>10) Professional development:</strong> Anonymous ratings by faculty will indicate that at least 90% of students demonstrate acceptable levels of professionalism at the Capstone presentation.</td>
<td>≥90%</td>
<td>No data</td>
<td>No data</td>
<td>100% of Capstone presentations in spring and summer 2012</td>
</tr>
<tr>
<td><strong>11) Attainment of MPH Competencies:</strong> Self-ratings by recent MPH graduates of how well the MPH program prepared them on competencies will average at least 3.5, where 1=little preparation and 5=complete preparation</td>
<td>≥3.5</td>
<td>No data</td>
<td>No data</td>
<td>All competencies rated as ≥3.5</td>
</tr>
<tr>
<td><strong>12) Participation in career development opportunities:</strong> At least 50% of MPH students attend a professional meeting or conference per academic year in MPH program.</td>
<td>≥50%</td>
<td>No data</td>
<td>No data</td>
<td>No data</td>
</tr>
<tr>
<td><strong>13) Research funding:</strong> The average number of research grants active each year shall be at least 2.0 per core MPH faculty member [4,6]</td>
<td>≥2.0</td>
<td>1.0</td>
<td>2.0</td>
<td>0.75</td>
</tr>
<tr>
<td><strong>14) Peer-reviewed publications:</strong> The average number of peer reviewed publications shall be at least 3.0 per year per core MPH faculty member [4,6]</td>
<td>≥3.0</td>
<td>1.5</td>
<td>2.75</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>15) Non-peer reviewed publications:</strong> The average number of non-peer reviewed publications shall be at least 1.0 per year per core MPH faculty member [4,6]</td>
<td>≥1.0</td>
<td>0.75</td>
<td>2.75</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>16) Conference presentations:</strong> The average number of conference presentation shall be at least 2.0 per year per core MPH faculty member [4,6]</td>
<td>≥2.0</td>
<td>3.75</td>
<td>6.0</td>
<td>2.75</td>
</tr>
<tr>
<td>Outcome Measure/ Indicator</td>
<td>Target</td>
<td>2009-10</td>
<td>2010-11</td>
<td>2011-12</td>
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<tr>
<td><strong>17) Research on health disparities:</strong> The majority of core MPH faculty will have one or more publications per year that focus on reducing health disparities (<a href="#">MPH Objective #7</a>) [4,6]</td>
<td>≥50%</td>
<td>75%</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td><strong>18) Public Health training:</strong> The majority of public health faculty participate in at least two trainings per year (<a href="#">MPH Objective #8</a>) [4,6]</td>
<td>≥50%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>19) Public health training:</strong> Starting in 2012-13, the MPH program supports one training event per year (<a href="#">MPH Objective #9</a>)</td>
<td>≥1</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>20) Research dissemination:</strong> At least once per year, all MPH faculty share research findings with community constituents (<a href="#">MPH Objective #6</a>) [4,6]</td>
<td>100%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>21) MPH Student Service:</strong> Each year, the MPH student organization will coordinate at least one community project that involves, service, outreach, and/or advocacy (<a href="#">MPH Objective #10</a>)</td>
<td>≥1</td>
<td>No MPH student organization</td>
<td>No MPH student organization</td>
<td>2</td>
</tr>
<tr>
<td><strong>22) Public health practice:</strong> At least 50% of Public Health Concentration Faculty will have a substantial service activity each year.</td>
<td>&gt;50%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>23) Public health practice:</strong> Over a three year period, the MPH program will be able to identify at least three substantial service activities at each of the following levels: the local, the state, the national, and the international level.</td>
<td>≥3 at each level</td>
<td>N/A</td>
<td>N/A</td>
<td>≥3 at each level for 2009-2012</td>
</tr>
<tr>
<td><strong>24) Faculty qualifications:</strong> All core MPH faculty members are qualified to be appointed as tenure-track faculty at the Urbana-Champaign campus.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Outcome Measure/Indicator</td>
<td>Target</td>
<td>2009-10</td>
<td>2010-11</td>
<td>2011-12</td>
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<tr>
<td><strong>25) Faculty qualifications:</strong> All core MPH faculty members have either: (1) formal public health practitioner training (MPH, DrPH); (2) PhD from a school of public health or a university-based public health unit; (3) work experience in a public health practice setting of 1+ full year full time; or (4) Doctoral research degree in a discipline that supports the mission of the MPH program</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>26) Faculty qualifications:</strong> All non-core MPH faculty members have University faculty-level appointments.</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>27) Faculty qualifications:</strong> At least 50% of non-core faculty teaching MPH students will be tenure-track faculty</td>
<td>≥50%</td>
<td>N/A (not all MPH courses taught in first year)</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>28) Faculty qualifications:</strong> At least 50% of required MPH courses have an instructor with public health practice credentials, OR have substantial involvement by secondary instructors with public health practice credentials, OR involve a practicum or experience working with an organization whose mission includes public health</td>
<td>≥50%</td>
<td>N/A (not all required courses taught in first year)</td>
<td>73%</td>
<td>64%</td>
</tr>
<tr>
<td><strong>29) Faculty &amp; staff recruitment:</strong> For all job searches conducted for a faculty or staff position, the pool of applicants for the search will be reviewed and meet University standards for diversity</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>30) MPH student recruitment:</strong> Implement at least one recruitment effort each year to attract under-represented applicants to the MPH program (MPH Objective #1)</td>
<td>≥1</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Outcome Measure/ Indicator</td>
<td>Target</td>
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<tr>
<td><strong>31) MPH applicant qualifications:</strong> The average undergraduate GPA for students who matriculate into the MPH program shall be at least 3.4 (on a scale where 4.0=A).</td>
<td>≥3.40</td>
<td>3.30</td>
<td>3.60</td>
<td>3.54</td>
</tr>
<tr>
<td><strong>32) MPH applicant qualifications:</strong> For students who matriculate in the MPH program and are required to take the GRE, the average percentile for <strong>quantitative score</strong> shall be at least 50th percentile.</td>
<td>≥50th Percentile</td>
<td>60th percentile</td>
<td>46th percentile</td>
<td>62th percentile</td>
</tr>
<tr>
<td><strong>33) MPH applicant qualifications:</strong> For students who matriculate in the MPH program and are required to take the GRE, the average percentile for <strong>verbal score</strong> shall be at least 50th percentile.</td>
<td>≥50th Percentile</td>
<td>56th percentile</td>
<td>58th percentile</td>
<td>56th percentile</td>
</tr>
<tr>
<td><strong>34) MPH applicant qualifications:</strong> For students who matriculate in the MPH program and are required to take the GRE, the average writing score shall be at least 4.0.</td>
<td>≥4.0</td>
<td>4.0</td>
<td>4.2</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>35) MPH applicant qualifications:</strong> At least 50% of students who matriculate to MPH program will have an undergraduate internship experience and/or work experience in a community health agency or organization.</td>
<td>≥50%</td>
<td>No data</td>
<td>No data</td>
<td>74%</td>
</tr>
<tr>
<td><strong>36) MPH applicant qualifications:</strong> Prerequisites for admission to the MPH program will include at least one college-level course in math, statistics, biostatistics, or epidemiology.</td>
<td>Yes--MPH program of study includes requirement</td>
<td>No</td>
<td>No</td>
<td>No (Note: MPH Program of Study for 2012-13 does include the requirement)</td>
</tr>
<tr>
<td><strong>37) MPH student diversity:</strong> The percent non-white U.S. MPH students will be equal to or higher than the percent non-white U.S. students at the Urbana-Champaign campus</td>
<td>Yes- greater than or equal to campus average</td>
<td>No (0% non-white)</td>
<td>No (14% non-white)</td>
<td>Yes (59% non-white)</td>
</tr>
<tr>
<td>Outcome Measure/ Indicator</td>
<td>Target</td>
<td>2009-10</td>
<td>2010-11</td>
<td>2011-12</td>
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<tr>
<td>38) MPH student diversity: When total enrollment in MPH program exceeds 150 students, the percent Asian MPH students, the percent African American MPH students, and the percent Hispanic MPH students will be equal to or exceed the comparable percent for the Urbana-Champaign campus.</td>
<td>Yes- greater than or equal to campus average</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A (150 total students not yet enrolled)</td>
</tr>
<tr>
<td>39) Career Development for MPH students: Each year, coordinate at least one presentation from an outside speaker addressing health policy or community advocacy for public health initiatives. (MPH Objective #3)</td>
<td>≥1.0</td>
<td>N/A</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>40) Career Development for MPH Students: By Spring term of 2014, the majority of MPH courses include assignments or activities that support students in developing portfolios of their work in the MPH program. (MPH Objective #4)</td>
<td>&gt;50%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>41) Career development for MPH students: At least 20% of MPH students will participate in a research project during MPH training (MPH Objective #5)</td>
<td>&gt;20%</td>
<td>N/A</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>42) MPH Curriculum: Most courses in the MPH curriculum will use a common conceptual model of health disparities. (MPH Objective #2)</td>
<td>&gt;50%</td>
<td>N/A</td>
<td>N/A</td>
<td>The model of Warnecke et al was chosen in spring, 2012 [7]</td>
</tr>
<tr>
<td>43) Financial Aid for MPH Students: MPH tuition and fees are subsidized for at least two MPH students per year from training grants or scholarships.</td>
<td>≥2</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Notes: N/A = not applicable (for example, the indicator on graduation rates was not applicable during the first year of the MPH, when graduation was not yet possible).

No Data = the indicator was established in either AY 2010-11 or AY 2011-12, and it was not possible to collect data retrospectively.
[1] The rationale for not setting a target on these indicators is explained in section 1.6.

[2] There is one part-time student in the group of 9 students admitted in fall 2010, who is scheduled to graduate in Fall 2012.

[3] The denominator for the rate is: 6 students with graduation in Spring 2011 plus 2 students with graduation in Fall 2011.


[5] The original minimum GPA for MPH students in the MPH Program of Study was 2.75, which applied during 2009-12; however, a minimum GPA of 3.0 will apply from 2012-13 onward.

[6] So that trends in data were more interpretable, the research productivity indicators, the public health practice, and the training indicators used the same group of four faculty all 3 years: Buchner, Andrade, Grigsby-Toussaint, and Black.


**Sections of the proposal where each indicator is discussed.**

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<th>Title</th>
<th>Indicators</th>
</tr>
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<td>2.1</td>
<td>Master of Public Health degree</td>
<td>39, 40, 41</td>
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<tr>
<td>2.7</td>
<td>Assessment Procedures</td>
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<tr>
<td>3.1</td>
<td>Research</td>
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<td>3.2</td>
<td>Service</td>
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<td>3.3</td>
<td>Workforce Development</td>
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<td>4.1</td>
<td>Faculty Qualifications</td>
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<td>4.3</td>
<td>Faculty and Staff Diversity</td>
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<td>4.4</td>
<td>Student Recruitment &amp; Admissions</td>
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<tr>
<td>4.5</td>
<td>Student Diversity</td>
<td>30, 37, 38</td>
</tr>
</tbody>
</table>

**1.2d. An analytical self-study document that provides a qualitative and quantitative assessment of how the program achieves its mission, goals and objectives and meets all accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the program’s performance against the accreditation criteria.**

The MPH program has completed a self-study and analysis of the program, and compiled the result in this self-study document. The program found the self-study process to be highly useful in assessing how well the program is achieving its mission, goals, and objectives. This document provides information on the accreditation criteria, and provides an assessment of strengths and weaknesses of the program's performance against the accreditation criteria.

The self-study process has facilitated MPH program planning regarding meeting objectives and target levels of the performance indicators. It has assisted the MPH program in creating the data collection systems required to evaluate its performance.
1.2e. **An analysis of the program’s responses to recommendations in the last accreditation report.**

Not applicable.

1.2f. **A description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, teaching faculty, students, alumni and representatives of the public health community.**

Most of the processes for evaluation of the MPH program (listed in section 1.2.a above) were in place in the first year of the MPH program. The public health faculty meetings were put in place during the second year. The first draft of the evaluation indicators was prepared in the second year, and work on the self-study document began in the spring of the second year.

In the fall of 3rd year of the MPH program (Fall 2011), a MPH Accreditation Workgroup was formed consisting of 5 faculty (Buchner, Hann, Notaro, Farner, Black) and one MPH student (Sigler). This committee incorporated feedback from the CEPH staff person who site visited the MPH Program in August 2011. The committee also incorporated feedback from the MPH Advisory Committee meeting in December, 2011. After this feedback from constituents, a survey of MPH students and a survey of MPH alumni was designed and implemented in spring 2012. A revised evaluation plan was shared with faculty and with the MPH advisory Committee in Spring Term, 2012.

The opportunities to provide input into the self-study document submitted in June 2012 are described below for each group of stakeholders. The self-study was revised based upon comments from external reviewers and CEPH, with input from the KCH Department Head, Public Health faculty, and the MPH advisory committee. This final version was submitted in October 2012.

**Department Head and AHS Dean’s Office**
- Bi-weekly meeting of KCH Department Head and MPH Program Director.
- Regular briefings of College of Applied Health Science leadership by KCH Department Head.
- Department Head’s participation in CEPH’s site visit in August, 2011.
- Department Head and Associate Dean for Academic Affairs review of self-study drafts.
- AHS Deans Office and KCH Department head, with support of administrative staff, involved in drafting much of material in sections 1.3, 1.4, 1.5, and 1.6 of the self-study document.

**MPH Accreditation Workgroup**
- Bi-weekly meetings in 2011-12 to discuss issues in preparing self-study and to review materials prepared for the self-study.
- Conducted most of the data collection and analysis for the self-study.
- Prepared the evaluation plan and most sections of the self-study.

**Public Health Faculty**
- Update on MPH accreditation was a regular item on agenda of Public Health Faculty Meetings.
- Faculty regularly provided input on operation and planning for MPH program
- Evaluation plan shared with Public Health Faculty and feedback provided
- Draft of Self-study shared with Public Health Concentration faculty in the month prior to submission
**MPH Advisory Committee**
- MPH self-study and evaluation plan were agenda items on both Advisory Committee meetings in the AY 2011-12. Feedback to MPH Program Director was provided during the meetings.
- Draft of self-study shared with MPH Advisory Committee in the month prior to submission, and members guided as to which sections could use their feedback and input.

**Students & Alumni**
- An MPH student served on MPH Accreditation Workgroup.
- A recent MPH graduate provided input as a member of the MPH Advisory Committee.
- A few MPH students served on committees related to accreditation and evaluation issues
- MPH student comments on the student survey in March 2012 related to some sections of self-study.
- MPH students had opportunity in the week prior to submission to review self-study and make comments.
1.2g. **Assessment of the extent to which this criterion is met.**

Summary: This criterion is met. The MPH program had evaluation procedures in place at its inception. The evaluation indicators have been expanded as the MPH program has grown, and the MPH program is now monitoring 43 evaluation indicators. By establishing a public health faculty group, contacts with community practicum preceptors, an MPH Advisory Committee, and an MPH student organization, the MPH program has a structure for continued involvement of constituents in the evaluation process. Results of the evaluations have led to substantial changes in the MPH Program. This self-study document includes a candid assessment for strengths and weaknesses of the program vis a vis the accreditation criteria.

Strengths and successes:
- The approach to evaluation often uses pre-existing systems for evaluation and collecting data on indicators, which makes the evaluation more feasible, standardized, and efficient.
- The approach over time followed standard principles of evaluation. At first the evaluation emphasized qualitative data collected for formative evaluation purposes. During year 3, the evaluation became more quantitative, with additional quantitative indicators added.
- The process for making decisions about the MPH program based upon planning and evaluation has become more inclusive over time.
- Evaluation and planning has led to major improvements in the MPH program over the first three years.

Weakness and limitations:
- The MPH Advisory Committee, constituents, and students were not involved as early in the process of evaluating the MPH program as originally planned.
- There was only one opportunity for feedback from students on a draft of the self-study document.
- Feedback on the self-study and approach to evaluation indicators received from some constituents was limited, presumably because they have so many demands on their time.
- Some indicators lack trend data that would be useful for monitoring MPH program progress and informing MPH program decisions.

Recommendations for the MPH program:
- Establish an annual anonymous survey of recent MPH graduates in the middle of the academic year (e.g. January/February).
- Establish an annual survey of current MPH students in the middle of the academic year.
- Each year, conduct a survey of alumni who graduated 3 years earlier.
- Request that MPH graduates contact us when they locate employment, and contact MPH students one year after graduating regarding their employment status.
- Analyze and review MPH program indicators annually. Tabulate and graph 5-year trend data.
- The public health faculty should take the lead in reviewing the evaluation data, and provide redacted and summarized data to the MPH advisory committee and to MPH students, requesting their input and feedback.
1.3 Institutional Environment. The program shall be an integral part of an accredited institution of higher education and shall have the same level of independence and status accorded to professional schools in that institution.

1.3a. A brief description of the institution in which the program is located, along with the names of accrediting bodies (other than CEPH) to which the institution responds.

The MPH program is housed in the Department of Kinesiology and Community Health (KCH) in the College of Applied Health Sciences (AHS), at the University of Illinois at Urbana-Champaign (UIUC). The University of Illinois at Urbana-Champaign is a large, public, research-intensive university in the state of Illinois, United States. It is the flagship campus of the University of Illinois system. The University of Illinois at Urbana-Champaign is a member of the Association of American Universities. The university is designated as a RU/VH Research University (very high research activities). Faculty members at the University of Illinois have been awarded some of the world’s most prestigious honors for their research and accomplishments, including the Noble Prize, Pulitzer Prize and the National Medal of Science. The campus library system possesses the second-largest university library in the United States and the fifth largest in the country overall. The university comprises 17 colleges that offer more than 150 programs of study. In the academic year 2011-12, 31,540 undergraduate students and 12,322 graduate and professional students were enrolled at UIUC. Additionally, the university operates an extension program that serves 2.7 million registrants per year around the state of Illinois and beyond. The campus holds 286 buildings on 1,468 acres in the twin cities of Champaign and Urbana. The University of Illinois at Urbana-Champaign has been accredited since 1913 by the North Central Association of Colleges and Schools. The most recent accreditation renewal was in 2010, and the next accreditation review is scheduled for 2019-2020.

The mission of the College of Applied Health Sciences (AHS) is to, “advance research, instruction and public engagement that promotes the development of healthy, livable communities, facilitates optimal living with disability and promotes health and wellness across the lifespan and throughout a diverse society.” The College consists of three departments: Kinesiology and Community Health; Recreation, Sport and Tourism; and Speech and Hearing Science. The College also houses the Division of Disability Resources and Educational Services, which provides resources of individuals with disabilities so that they have an equal opportunity to participate in and benefit from programs, services and activities of the University.

Each unit is involved with enhancing health and human development. In the Department of Speech and Hearing Science, the Master of Arts in Speech Language Pathology program is accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language Hearing Association. AHS also houses an interdisciplinary degree program for undergraduates, called I-Health. This program allows students to create an individualized health degree by taking health-related courses in several colleges and departments on campus.

The Department of Kinesiology and Community Health (KCH) was formed in 2005 by a merger of the previously separate Department of Kinesiology and Department of Community Health. KCH offers degrees in Kinesiology (BS, MS, and PhD) and degrees in Community Health (BS, MS, MPH, and PhD). In 2011-12, KCH had 25 tenure-track faculty members representing a broad range of research interests. The department also had 6 non-tenure track faculty members. Based upon their interests, faculty have formed five groups, which are also referred to as Faculty Concentrations: (1) Bio-Behavioral Kinesiology; (2) Cultural, Pedagogical, & Interpretive Studies; (3) Exercise Physiology and Athletic Training; (4) Public Health; and (5) Health Disparity and Disability. In 2011-12, the Public Health concentration comprised 10 faculty members. Each concentration has a faculty coordinator. In 2011-12, the coordinator for the Public Health concentration was Dr. Buchner. In 2011-12, there were about 650 undergraduate students in the Community Health BS degree program, and about 550 in the Kinesiology degree program. There were about 70 graduate students pursuing a MS or PhD in Kinesiology, and about 70 pursuing Master degrees or
PhD degrees in Community Health. The undergraduate Athletic Training program in KCH has been accredited by the Commission on Accreditation of Athletic Training Education, but the program is being phased out. A MSPH degree program in the (at that time) Department of Community Health was accredited by CEPH until about the year 2000 (the department decided not to complete a self-study and renew the accreditation). The MSPH degree program suspended enrollment indefinitely in 2009.

1.3b. One or more organizational charts of the university include the program's relationship to the other components of the institution, including reporting lines.

The attached organizational chart describes the reporting lines for all Colleges and Units at the University of Illinois (Figure 1.3b). All graduate programs in the University report to the Graduate College. The Graduate College administers the policies and procedures that govern the operation of graduate programs at the University. The Dean of the Graduate College reports to the Provost.

Figure 1.3b University of Illinois at Urbana-Champaign Organizational Chart

[Organizational chart image]
1.3c. **A brief description of the university practices regarding:**

- **Lines of accountability, including access to higher-level university officials**

The lines of accountability are in accord with the organizational charts above (Figure 1.3b) and below (Figure 1.4a). The Director of the MPH program (Buchner) reports to the Head of the KCH (Chodzko-Zajko), who in turn reports to the Dean of the AHS (Gallagher), who reports to the Provost (Adesida). Both the KCH Department and the AHS College maintain an open door policy, and the MPH Director and faculty have open access to the Dean and the Department Head. Access to high-level university officials such as the Provost and Chancellor occurs through reporting lines.

- **Prerogatives extended to academic units regarding names, titles and internal organization**

The academic units of the University of Illinois are organized by Colleges and their constituent departments. Academic units can change their names with approval of the University. Academic units do not have the prerogative to establish or change the system of job classification and titles.

Several prerogatives are extended to academic units related to their internal organization, which are relevant to the MPH program. In general there is oversight of the decisions in the MPH program from the Department and sometimes from the University, e.g. involving the Faculty Senate or Graduate College.

- Academic units review applications to graduate degree programs, and recommend to the Graduate College who should be admitted. The Graduate College makes the official offer of admission.

- The Graduate College sets the basic policies by which graduate programs operate. However, academic units can recommend specific requirements for admission to a graduate degree program, and for graduation with a master or doctoral degree. Generally these requirements would be subject to review and approval of the University (and in some cases the Illinois Board of Higher Education).

- Academic units have the prerogative to propose new courses in the curriculum and restrict courses to students in specific degree programs and/or restrict to students who have taken specific prerequisite courses. New courses and certain changes in current courses are subject to review by the University.

- Academic units may decide when and how often to offer a specific course and to set limits on number of students enrolled. Most classrooms are assigned by the University, though some academic units (including the MPH program) have access to college-controlled classrooms.

- Departments are responsible for assigning faculty to teach courses. The MPH program director consults with the Department Head about faculty assignments for MPH courses.

- Graduate students may petition the Graduate College to request a modification or waiver of a policy in their particular circumstance. The Department is required to indicate written concurrence on the petition.
AHS is the budgetary unit responsible for the KCH and its constituent programs, including the MPH program. The AHS Dean submits an annual budget request to the Office of the Provost. The University of Illinois uses a modified responsibility centered budget management system to allocate resources in which funds flow to the colleges consistent with the number of undergraduate and graduate majors, the number of students taking AHS courses, grant and contract revenues, including indirect cost recovery (ICR), and gifts and other advancement bequeaths.

The Head of KCH in consultation with the KCH Advisory Committee, Associate Heads, and Program Directors develops an annual budget for the department that is submitted to the AHS Dean. KCH faculty members with externally funded grants and contracts are allocated a portion of the ICR for research use. The KCH department works with the College of AHS to identify appropriate sources of funds of its activities, including funds from external sources and gifts. For example, the MPH program is now housed in a new building (Khan Annex) that was funded in large part by gifts solicited by the AHS advancement office.

The MPH program is an approved self-supporting program at the University of Illinois. As explained on the Graduate College website (http://www.grad.illinois.edu/policies/costrec-selfsupport), self-supporting programs do not receive direct subsidy from state funds, and are exempt from tuition and fee waiver programs, but must honor statutory waivers. Several professional degree programs on campus are designated as self-supporting programs, including online degree programs.

- **Personnel recruitment, selection and advancement, including faculty and staff**

Each College submits an annual hiring plan to the Office of the Provost. The AHS Dean consults with the department heads to develop an appropriate hiring plan consistent with departmental needs and available funds. The MPH hiring plan was developed in consultation with the KCH Head, KCH Advisory Committee, MPH Program Director, and Public Health faculty.

The process for appointment and promotion of faculty and academic professionals is set by campus-wide policies, including several policies called “Office of the Provost Communication” at http://www.provost.illinois.edu/communication/. The process for appointment and promotion of staff is also governed by campus wide policies of the Illinois Human Resources office. In brief, faculty search committees are chaired by senior faculty and consist of a representative group of junior and senior faculty. Staff search committees include both faculty and staff members and are chaired by a senior level faculty or staff member. All search committees are approved by the unit EEO (Equal Employment Opportunity) officer and are required to include a diverse membership. Candidates are recruited through national searches using multiple strategies including (1) advertisements in high profile publications (e.g., The Chronicle of Higher Education, The Nation’s Health), (2) announcements targeting minority institutions and publications; (3) personal contacts of high profile colleagues through telephone and email communication; (4) inclusion of the position announcement on disciplinary list serves; and (5) advertisements on professional society websites and journals.

- **Academic standards and policies, including establishment and oversight of curricula**

The University of Illinois at Urbana-Campaign has set academic standards and policies regarding student performance, faculty performance, and graduate degree program performance. These standards and policies are documented in a variety of materials available on the campus website. The Academic Staff Handbook, while not a policy document per se, provides a compilation and review of these policies for Academic Staff (http://www.ahr.illinois.edu/ahrhandbook/default.html). For example, the University has
policies related to academic integrity, good ethical practice (annual ethics training is required), human subjects research, and professional conduct (including guidelines for teaching, research and service). For students, the University has The Student Code (http://admin.illinois.edu/policy/code/) which applies to all undergraduate, graduate, and professional students. Article 1 addresses student rights and responsibilities, Article 2 discusses general policies and regulations, and Article 3 addresses academic policies and regulations.

There are systems in place for monitoring policies and standards, such as monitoring the GPA of students and placing students with a low GPA on academic probation. Relevant systems to the MPH program are described in section 1.2a.

The Graduate College website contains standards and policies that govern graduate programs. The fundamental policies are laid out in the Graduate College Handbook of Policy and Requirements for Students, Faculty, and Staff (http://www.grad.illinois.edu/gradhandbook). These policies outline a wide range of issues, including: requirements for having status as a full time graduate student; registration for graduate level courses; maximum course loads for graduate students; academic integrity; operation of the graduate college (bylaws, administration, and governance), academic deadlines, the grading system, transfer of credit from other educational institutions, academic standing and probation, graduation requirements, tuition and fees, and assistantships and fellowships. The Graduate College maintains the “Programs of Study” which state the requirements for every graduate degree in place in a given academic term. Students adhere to the program and degree requirements in effect at their term of admission. Students are not obligated to adhere to changes in requirements made after they matriculate.

The University of Illinois has extensive policies regarding the establishment and oversight of curricula. The approval process of how 9 levels of governance are involved in any of 25 possible curricular changes is summarized on the Provost’s website (http://www.provost.illinois.edu/programs/cps/UIUC%20Levels%20of%20Governance%209‐06.pdf). For example, a new degree program involves all levels of governance: Department, College, Graduate College, Faculty Senate Committee of Education Policy, Faculty Senate, Provost Office, the Senates Conference, the University of Illinois Board of Trustees, and the Illinois Board of Higher Education. A “minor revision of existing degree programs” (such as mix of required/elective courses) requires approval at the Department, College, and Graduate College level. KCH has an educational policy committee with appointed and representative faculty members, and AHS has an educational policy committee with elected faculty members.

The University of Illinois periodically reviews all its graduate programs. A review of Ph.D. programs occurred in the past 2-3 years, including the Kinesiology and Community Health PhD programs. The Department provided a self-study document. The University provided recommendations for changes the operation of the PhD programs.

Programmatic performance is also reviewed as part of strategic planning. Each Department and College at the University of Illinois is required to develop a specific strategic plan that is guided and informed by both the UIUC Campus Strategic Plan and the University of Illinois System-wide strategic plan. KCH has developed a strategic plan which serves as the major planning and evaluation blueprint for the department. (see section 4.2c.) The KCH Strategic Plan is regularly reevaluated and adjusted as necessary to ensure that it continues to serve the department and its students optimally. The KCH department has identified a number of specific departmental goals related to its priorities in the areas of research, education, engagement, and economic development. For each of these areas, the department has identified specific benchmarks by which to track progress towards the attainment of the goals. Each year the Department is required to submit a detailed Annual Report to AHS. The KCH Advisory Committee and the KCH Associate Department Heads are consulted in the preparation of the report. The report includes a detailed and
systematic assessment of progress made for each of the goals. Performance is tracked using benchmarks identified for each goal. The Dean discusses departmental progress with the Head who in turn discusses the status of departmental progress in a faculty retreat that is held in August. Necessary adjustments to the plan are discussed at the retreat and implemented in the following year.

1.3d. If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program

Not applicable. The MPH program is a self-contained academic program within KCH. While KCH faculty are free to collaborate with colleague on campus and beyond, for instructional purposes the MPH degree is self-supporting and there are no formal collaborative arrangements.

1.3e. If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program's operation.

Not applicable.

1.3f. Assessment of the extent to which this criterion is met.

Summary: This criterion is met. The program is an integral part of an accredited university. The University of Illinois has well-established, publically-available policies and procedures for lines of accountability, prerogatives of degree-granting units, budgeting, and recruitment of faculty and staff. Policies of the Graduate College set standards for all graduate programs, including the MPH program. The Graduate College provides oversight of activities of the MPH program, including changes in the Program of Study (curriculum).

Strengths and successes:
- The University of Illinois is an accredited, internationally renowned research university that clearly meets the criterion of being an accredited institution of higher education.
- As a public university, there is a large amount of transparency in the operation of the University and its academic programs.
- The policies and standards that govern the University are well-developed and publically available on websites maintained by the University.
- Lines of accountability for the MPH program are clear and active.
- Setting the MPH program on the flagship campus of the University of Illinois system provides the MPH program with a rich academic environment.

Weakness and limitations:
- As the health sciences campus of the University of Illinois system is in Chicago, the institutional environment of the MPH program provides less access to health sciences resources than MPH programs located on a health sciences campus.

Recommendations for the MPH program:
- Continue to function as a degree-granting unit at the University of Illinois and according to policies of the Graduate College.
1.4 Organization and Administration. The program shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the program’s constituents.

1.4a. One or more organizational charts showing the administrative organization of the program, indicating relationships among its component offices or other administrative units and its relationship to higher-level departments, schools and divisions.

Figure 1.4a below shows the administrative organization for the MPH program. KCH has five faculty groups (concentrations). All MPH core faculty are members of the Public Health Concentration. Two concentrations (Public Health and Health, Disability, & Disability) mainly support the CHLH graduate degrees (MS, MPH, and PhD). There is an Associate Department Head (Petruzzello) who assists the Department Head in management of all KCH graduate degree programs. The reporting lines above the Department level are indicated (College, Provost, and Chancellor). Further, all graduate programs in the University also report to the Graduate College. The Dean of the Graduate College reports to the Provost.
*Mainly supports KIN degree programs
^Mainly supports CHLH degree programs

Figure 1.4a MPH Organizational Chart as of August 2012
1.4b. **Description of the roles and responsibilities of major units in the organizational chart.**

The Director of the MPH program (Buchner) is responsible for all aspects of the administration and coordination of the MPH program. He is also the chair of the Public Health Faculty Concentration. He selects members of the MPH external advisory committee after consultation with the faculty and Department Head. He is responsible for implementing the MPH curriculum, in consultation with the Department Head and Associate Head for Graduate Studies. He is chair of the MPH Admissions Committee, which includes all the Public Health faculty members. He has lead responsibility for preparing accreditation material.

The Head of KCH (Chodzko-Zajko) is responsible for all aspects of the research, teaching and outreach functions of the department. He is assisted by three Associate Heads and by the Director of the MPH program.

The Dean of AHS (Gallagher) is responsible for all aspects of the research, teaching and outreach operations of the college. She is assisted by an administrative staff of Associate and Assistant Deans and other support staff.

The Provost (Adesida) is the chief academic officer of the Urbana-Champaign campus. He is responsible for all aspects of the academic functioning of the university. Adesida reports to the Chancellor. The Chancellor (Wise) is the chief executive officer of the Urbana-Champaign campus. She is responsible for all aspects of the functioning of the university. Wise reports to and is evaluated by President of the University of Illinois System (Easter) and by the Board of Trustees.

1.4c. **Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.**

The commitment of AHS to interdisciplinary coordination and collaboration is strong. The commitment is illustrated by the fact AHS created a new degree program starting in 2009 for undergraduates, called Interdisciplinary Health (I-Health).

Interdisciplinary collaboration is supported by the nature of the MPH faculty appointments. MPH tenure-track faculty time is allocated according to the following formula; 40% research; 40% teaching; 20% service. This provides opportunity for collaboration in the areas of research, education, and public engagement, and faculty members are encouraged to collaborate. In the past 5 years, the criteria for promotion and tenure (Provost Communication #9) were revised to make explicit the importance of interdisciplinary scholarship, and the changes are described on the UIUC website (http://provost.illinois.edu/communication/09/CHANGES%20TO%20PROVOST%20COMMUNICATION%20No%209%20%283%29.pdf). These changes were:

“1. The interpretation of the word “research” was expanded to make explicit reference to interdisciplinary and translational research as important components of a faculty member’s scholarly activities (Page 6).”

“2. Language was inserted to refer promotion and tenure evaluation committees to the revised section 5 of Provost Communication No. 23, where guidelines have been provided for the review and valuation of faculty members involved in interdisciplinary activities (Page 9).”

“3. Guidelines are provided for the solicitation of internal letters of evaluation of a candidate’s interdisciplinary or translational research activities (Pages 13-14).”
4. Guidelines are provided on the format of the letter to external evaluators asked to evaluate faculty members whose work includes a significant component of interdisciplinary activities, or public engagement, or who are on a “Q” appointment (Page 17).

Interdisciplinary collaboration is also supported by resources available on campus. In many cases, Public Health faculty members have provided leadership to, and participate in campus-wide interdisciplinary efforts that are identified as high priorities in the UIUC Strategic Plan. Areas of synergy between public health faculty strengths and the campus priorities include:

**Illinois Transdisciplinary Obesity Prevention Program (I-TOPP)**
I-TOPP was created by a training grant competitively funded by USDA. Dr. Buchner (MPH Program Director) serves as a Co-Principal Investigator. The program provides training to eight graduate students interested in childhood obesity, and expects the graduate students to earn a joint PhD-MPH degree. Six degree granting units on campus are involved: Kinesiology, Community Health, Social Work, Division of Nutritional Sciences, Food Sciences and Human Nutrition, and Human and Community Development. The training of the I-TOPP students integrates material from six departments ranging on topics from family and consumer science to public health practice. Faculty members on the grant will teach an integrated, two course sequence on obesity.

**Focal Point**
Focal Point is an initiative of the Graduate College ([http://www.grad.illinois.edu/focal-point-feature](http://www.grad.illinois.edu/focal-point-feature)) that provides modest funding to interdisciplinary activities. One of its objectives is to “promote interdisciplinary inquiry and collaborative problem solving.” Along with Landscape Architecture (Sullivan), the MPH program (Buchner) successfully competed for Focal Point funding to develop an interdisciplinary course on health and the built environment. About 10 graduate students and 7 faculty members from several departments on campus participated in a seminar that laid the basis for the course (including two MPH students). The resulting interdisciplinary course meets the MPH requirement for a 4th Concentration course (LA 575 Built Environment and Human Health). In addition, an involved faculty (Edwards) from the Department of Urban and Regional Planning developed a new course (UP 340 Planning for Healthy Cities).

**Grants from Office of Public Engagement**
A competitive grant from the University of Illinois Office of Public Engagement funded an interdisciplinary project involving the MPH program (Dr. Buchner and one MPH student). The Community Health Informatics Project harnessed multi-disciplinary expertise to improve surveillance data available on the Champaign Urbana Public Health District website. The project involved the MPH program, the Illinois Informatics Institute (I3), the Department of Geography, the College of Veterinary Medicine, and the Champaign-Urbana Public Health District.

**Health and Wellness Initiative**
AHS and KCH are campus leaders in interdisciplinary research in health relative to neuroscience, imaging, engineering, veterinary medicine, urban planning, psychology, nutrition, physiology and cancer and rehabilitation research. The College and department have a long history of health-related extramural funding and have adopted a hiring strategy directed at targeted areas of health science. KCH has historically been an international authority on health and human nutrition research.

**Illinois Informatics Initiative**
Both AHS and KCH have research ties with the National Center for Supercomputing Applications (NCSA). NCSA includes a unit focused on population health. In addition, KCH faculty provides informatics support for the Illinois Department of Public Health. For example, in conjunction with NCSA, KCH faculty developed a state-mandated childhood obesity tracking system and online programs for delivery of biomechanical and motor control educational materials.
Wellness and Public Engagement
Locally, KCH faculty members actively pursue multiple opportunities for wellness and public engagement. This is evidenced through research and internships in public schools, local government, community agencies, Chicago land institutions, as well as with collaborations with many faculty at international universities. KCH faculty members have the expertise, experience, and motivation to plan and implement wellness environments for university housing at Orchard Downs. KCH provides internships for physical education, community health, rehabilitation, and athletic training students. KCH engagement programs expose local school children and parents to health-based programming. KCH faculty members have developed educational and research relationships with faculty in China, the Netherlands, Belgium, Portugal, Japan and Korea.

College of Medicine
KCH has developed a partnership with the College of Medicine to provide a day-long Advanced Clinical Problems workshop for senior medical students which focused on the role of physical activity in preventive medicine. The workshop has been offered for the past 4 years. Associate Dean Kirby of the College of Medicine described the workshop as an excellent resource for the medical students.

Health Disparities
KCH faculty members are campus leaders in research related to health disparities and immigrant health issues. In 2009 the faculty developed an interest group, external lecture series, and a number of web sites related to health disparities.

KCH Colloquium
In an effort to further encourage interdisciplinary learning, the KCH department sponsors a series of colloquia every semester that graduate students and faculty are strongly encouraged to attend. Though attendance is not mandatory for MPH students for the entire duration of their studies, the colloquia only require an hour long time commitment every few weeks and are generally very well attended. Each of the five concentrations in the KCH Department selects a speaker, which not only allows for students and faculty to enjoy a speaker from their field of interest, but also exposes them to prominent academics and/or professionals from other related fields in KCH.

When space allows, non-MPH graduate may enroll in some MPH courses. This provides a more interdisciplinary perspective in the course, from grad students in areas such as Veterinary Medicine, Law, and Business. Similarly, students in the MPH program may enroll (as an elective) in courses in other departments, including Urban Planning, Sociology, Geography, History and Economics.

In addition, faculty from the department have participated in other collaborations in the areas of physical activity and disability, nutrition and health, sport and society, healthcare financing, maternal and child health, AIDS, human factors in accident prevention, and health services research.

1.4d. **Identification of written policies that illustrate the program’s commitment to fair and ethical dealings.**

All faculty members participate in Annual Ethics training and certification that is coordinated by the University Ethics Office. The University Ethics Office is the designated liaison to receive and, as necessary, coordinate and/or refer the investigation of allegations of fraud, waste, abuse, mismanagement, misconduct, or other violations of the State Officials and Employees Ethics Act. The University Ethics Office also responds to and conducts follow-up on inquiries received electronically and via the internally managed Toll-free Ethics Help Line. The University Ethics Office is responsible for the development and administration of mandatory ethics training, in addition to coordinating the Statement of Economic Interests filing process on an annual basis. The University Ethics Office maintains a repository of online
resources including a Handbook of Good Ethical Practices that is available here http://www.library.illinois.edu/bix/resources/research/ethics.html.

The University of Illinois Policies and Procedures related to Ethics and Fair Dealings have been adopted by the KCH department and the MPH program. A description of these Policies is available here http://www.ethics.uillinois.edu/policies_and_legislation/

In addition to the university-wide ethics training provided by the University ethics office, KCH provides training and discussion of ethics. Incoming KCH graduate students participate in a required orientation that covers a number of aspects of research ethics including:

- Areas of scientific dishonesty (e.g., plagiarism, fabrication and falsification, etc.)
- Copyright
- Scientific misconduct
- Working with faculty
- Authorship
- Protecting human subjects
- Protecting animal subjects

The first chapter of the Graduate College Handbook of Policy and Requirements for Students, Faculty and Staff reviews policies and standards for personal, professional and academic conduct (see above for URL). The KCH department maintains a faculty handbook that outlines the operational policies and procedures of the department. The handbook was updated in 2012.

1.4e. **Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints filed for each of the last three years.**

In the event of a disagreement between a faculty member or instructor and a student, an initial effort is made to resolve the concern informally. The Graduate College maintains an overview of University resources that may assist in an informal resolution.

If an informal resolution cannot be achieved for a dispute involving graduate students, KCH has adopted the Graduate College Policy and Procedures on Grievances by Graduate Students. The Graduate College Grievance Policy can be found on the Graduate College website (http://www.grad.illinois.edu/policies/gc_grievances). Policies and procedures for student grievances related to discrimination are available on the Office of Equal Opportunity and Access website and a step-by-step process for how to file a complaint and/or grievance is also provided. Mediation services are available through the OEOA, Academic and Staff Human resources personnel and do not require that the student file a complaint should their services or advice be sufficient. Should no resolution arise from the mediation process, the student will then file a written complaint and request a formal investigation of the matter.

The OEOA provides a mediation and complaint process specific to matters of discrimination and harassment and fully investigates any allegations of discrimination or harassment based on any of the protected categories involved, which are as follows: race, color, religion, sex, national origin, ancestry, age, order of protection status, genetic information, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran.

The MPH program has had one informal student grievance in the past 3 years.
1.4f. **Assessment of the extent to which this criterion is met.**

Summary: This criterion is met. The program is in a university setting that emphasizes and facilitates teaching, research, and service. An interdisciplinary group of faculty support the teaching mission of the program. The program has participated in (and sometimes led) interdisciplinary collaborations on campus. The program abides by university policies that ensure fair and ethical dealings, and abides by the policies of the Graduate College for handling student grievances.

Strengths and successes:
- The University of Illinois provides a clearly organized and delineated structure and setting that is designed to facilitate teaching and learning, research and service.
- The University of Illinois clearly provides support for interdisciplinary collaboration, and the MPH program is organized in such a way as to facilitate interdisciplinary activities.
- Even though the MPH program is relatively young, the MPH program has successfully competed for funding for several important interdisciplinary collaborations (e.g. Focal Point, I-TOPP), that have involved faculty, students, and community constituents.
- Ample written policies demonstrate the University’s commitment to fair and ethical dealings.
- The Graduate College administers a well-designed process for dealing with student grievances.

Weakness and limitations:
- The MPH program has had one informal student grievance.

Recommendations for the MPH program:
- The MPH should continue to participate in campus interdisciplinary initiatives related to health and prevention.
1.5 Governance. The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in conduct of program evaluation procedures, policy-setting and decision-making.

1.5a. Description of the program’s governance and committee structure and processes, particularly as they affect: general program policy development; planning; budget and resources allocation; student recruitment, admission and award of degrees; faculty recruitment, retention, promotion and tenure; academic standards and policies; research and service expectations and policies.

The governance of the MPH program is similar to that of other programs in KCH and AHS. Decisions about the MPH program are made at the level of the Department Office (Department Head and Associate Department Heads). The Department consults with the College and with the University as appropriate through established reporting lines. The University may require approval and oversight of a departmental decision, according to extensive and well-developed policies of the University (and sometimes according to laws of the State of Illinois). Students, faculty, and constituents provide input into decisions affecting the MPH program mainly through a committee structure and through regular meetings (e.g. between the MPH program director and the KCH Department Head). The standing committees of KCH are described in the KCH Bylaws, which is part of the KCH Faculty and Staff handbook. The committees are listed below in section 1.5c, and the functions of these committees regarding policy development, planning, budget, etc. are described. In some cases, the University sets policies for how these committees operate, such as the Promotion and Tenure Committee. In other cases, the structure and function of the committee is mainly determined by the Department, such as the MPH Advisory Committee. It is the norm for committees to maintain written minutes. For example, the Public Health Concentration Faculty meetings, the KCH Advisory Committee, and the MPH Advisory Committee maintain minutes of the meetings.

The admissions process illustrates how Departmental decisions are often reviewed a higher levels of governance. The Public Health Faculty group acts as the admissions committee. The recommendations of the committee are provided to the office of the KCH Associate Head for Graduate Studies (Petruzzello). This office sends the formal letter to applicants notifying them of the admissions decision. For applicants with an “admit” decision, the letter explains the Department will recommend admission to the Graduate College. The Graduate College makes the official offer of admission for the University, after review of the applicant’s file. For example, for international applicants the Graduate College reviews the applicant’s English proficiency (TOEFL score), and in some cases the Graduate College may only grant limited admission status.

With some governance processes such as awarding degrees, decisions are made primarily at levels above the department. All the requirements of the MPH program for graduation are implemented through courses (e.g. the practicum requirement requires passing the MPH Practicum course). As with all students and courses at the University, MPH student enrollment and performance in MPH courses are tracked carefully by the University. Students must apply to graduate. If deemed to meet the requirements listed in the formal Program of Study (see section 2.1), the degree is awarded by the University. Academic standards and policies, and research and service expectations are mainly set by University policies. However, departments apply these policies in a disciplinary context. For example, assessment of research productivity will include an assessment of whether the faculty publishes in the major journals of their discipline.
An Overview of Committee Structure and Processes for specific aspects of the MPH program:

i. **General program policy development:** Discussions regarding MPH program policy are generally held in the Public Health faculty meeting as well as in the KCH Advisory Committee meeting.

ii. **Planning; budget and resources allocation:** Discussions regarding budget and resource allocation are held in the KCH Advisory Committee meeting, in regular meetings between the MPH program director and the KCH department head, and in meetings of the AHS College Administrative Council.

iii. **Student recruitment, admission and award of degrees:** Discussions regarding student recruitment, admission and progress toward the degree are held in the Public Health faculty meeting and also in the KCH Advisory Committee meeting.

iv. **Faculty recruitment, retention, promotion and tenure:** Discussions regarding recruitment and retention of faculty are held in the KCH Advisory Committee meeting, in regular meetings between the MPH program director and the KCH department head, and in meetings of the AHS College Administrative council. Discussions about Promotion and Tenure are held in the KCH and AHS Promotion and Tenure Committees.

v. **Academic standards and policies; research and service expectations and policies:** Discussions regarding academic standards and performance expectations are held in the KCH Advisory Committee meeting, in regular meetings between the MPH program director and the KCH department head, and in meetings of the AHS College Administrative council.

1.5b. *A copy of the constitution, bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program.*

Copies of the following documents are available in the Appendix:
- University of Illinois Graduate College Handbook of Policy and Requirements for Students, Faculty and Staff (Appendix C)
- University of Illinois Academic Staff Handbook (Appendix D)
- Department of Kinesiology and Community Health Faculty and Staff Handbook (Appendix E)
- MPH Graduate Student Handbook (Appendix F)

MPH students participate in the program primarily through the MPH orientation and by participation in the MPH Student Organization that is described on the MPH website. Students may be invited to serve on MPH Strategic Planning, MPH Accreditation Workgroup, search committees, or the MPH e-Portfolio committees. KCH faculty members are made aware of committee service opportunities through the KCH Faculty Handbook which lists all committees. Faculty members are invited to self-nominate to serve on committees. Administrators are made aware of the MPH program needs by regular meetings between the MPH Program Director, the KCH Department Head and the AHS Dean.
1.5c. A list of standing and important ad hoc committees, with a statement of charge, composition, and current membership for each.

Relevant program and department committees that provide input into the governance of the MPH program include:

**MPH Program**

**Committee:** Public Health Concentration / MPH Admissions  
**Function:** MPH program policy development, student recruitment and admissions, MPH-specific academic standards development, curriculum development and review. Input on other graduate programs in KCH (MS, PhD).

**Membership:** Faculty members who designate their primary teaching, service, and research focus as public health. Currently the MPH Program Director (Buchner) serves as Chairperson. Other members are: Andrade, Black, Chodzko-Zajko, Farner, Grigsby-Toussaint, Hann, Kim, Notaro, and Rosenblatt. All committee members have voting privileges. The committee meets monthly.

**Committee:** Public Health Professionals (MPH Student Organization)  
**Function:** Organize MPH student events and activities; provide input in MPH program operations and policies.

**Membership:** MPH students. MPH students elect officers of the organization. Faculty liaisons are Hann and Notaro. All members have voting privileges. The committee meets twice monthly.

**Committee:** MPH Strategic Planning  
**Function:** Develop and periodically review MPH program statements of mission, goals, values, objectives, and competencies.

**Membership:** This ad-hoc committee is reconstituted when major tasks in strategic planning are required. The committee was last active in Fall term, 2011, with a membership of five faculty members (Buchner, Black, Notaro, Hann, Farner) and two MPH students (Sigler, Kemerrer). To date, the business of the committee has been conducted by consensus and votes have not been taken. The committee met twice in AY 2011-12.

**Committee:** MPH Accreditation Workgroup  
**Function:** To prepare the self-study document required for CEPH accreditation. In AY 2011-12 this committee was linked to the MPH strategic planning committee (but need not be so tightly in the future).

**Membership:** This ad hoc workgroup is re-constituted as required for work on CEPH accreditation. In the past year, the committee had 5 faculty members (Buchner, Black, Farner, Hann, Notaro) and one MPH student (Sigler). To date, the business of the committee has been conducted by consensus and votes have not been taken. The committee met biweekly during AY 2011-12.

**Committee:** MPH Advisory (External)  
**Function:** To provide a forum for input by MPH program constituents into the governance and operation of the MPH Program. The committee may provide review and guidance on any aspect of the MPH program, including policies, procedures, curriculum, and outreach.
Membership: The committee members are recommended by Public Health Faculty and approved by the Department Head. All committee members have voting privileges. The committee meets once per semester.

Membership as of Fall, 2012:

**M. Nadeem Ahmed, MD, PhD, MPH**  
Division Head, Pediatric Hospital Service, Carle Foundation Hospital  
Associate Professor, Department of Pediatrics, University of Illinois

**Lynne C. Barnes, MSPH**  
Vice President, Carle Foundation Hospital Operations

**Bridget Cameron, MPH**  
(MPH Alumni representative)  
[Previously nutritionist, Champaign-Urbana Public Health District]

**Nikki Hillier, PhD, MSPH**  
Division of Wellness and Health Promotion, Champaign-Urbana Public Health District

**Peter F. Mulhall, PhD**  
Director, Center for Prevention Research  
Institute of Government and Public Affairs, University of Illinois

**Rick Reigner**  
President and CEO, Prairie Valley Family YMCA  
State Chair, YMCA Pioneering Healthier Communities

**David Remmert, PhD, MPH**  
Public Health Administrator, Dewitt-Piatt Bi-County Health Department  
Visiting Instructor, MPH program/KCH department  
President-elect, Illinois Public Health Association

**Awais Vaid, MBBS, MPH**  
Department of Infectious Diseases, Champaign-Urbana Public Health District

**Committee:** ePortfolio  
**Function:** To make recommendations on how the MPH program should accomplish MPH Objective #4 related to the development of student portfolios of their work.

Membership: This Ad Hoc committee had two students (Aghi, Sigler) and one faculty (Hann) in 2011-12. To date, the business of the committee has been conducted by consensus and votes have not been taken. The committee met once per semester in 2011-12.

**KCH Department**

**Committee:** Strategic Planning  
**Function:** Develop and maintain a strategic plan for KCH that both supports the AHS and University strategic plans and provides goals and objectives specific to KCH.
Membership: All faculty and staff in the department of KCH. All committee members have voting privileges.

Committee: **Faculty Advisory**
Function: To recommend to the Department Head policies and procedures, interpret the organization and administration of departmental policies and procedures; assist in matters concerning faculty, salaries, appointments and matters of faculty welfare; assist in consideration of requests, problems and suggestions relating to the total Department; and implement a system for reviewing, on a sustained basis, all departmental programs.

Membership: Six faculty members elected for staggered three year terms. The Department Head serves as non-voting Chairperson. Three public health faculty members (Buchner, Andrade, McAuley) have served on the committee in the last three years. All committee members have voting privileges.

Committee: **Promotion and Tenure**
Function: To implement policies and procedures relative to promotion, tenure and other matters related to upgrading the professional status of the faculty. The Committee reviews the credentials of all candidates in accordance with the established criteria and procedures for promotion and tenure. The Committee reviews requests for graduate faculty standing, including decisions relative to academic rank for new faculty members.

Membership: Five full professors elected for staggered three year terms of office. No public health faculty members were on this committee in 2011-12, as the only full professor on the Public Health Faculty (Buchner) served on the College-level Promotion and Tenure Committee. All committee members have voting privileges.

Committee: **Affirmative Action and Diversity**
Function: To encourage the employment of qualified females and minorities in academic and non-academic positions within the Department. The committee also addresses issues related to the diversity of the faculty, staff and student body, and provides advice and assistance to department officers.

Membership: Faculty and staff. All committee members have voting privileges.

Committee: **Educational Policy**
Function: To evaluate and make recommendations with regard to new and revised courses and curriculum change and development; to review on a sustained basis, departmental educational programs and recommend future directions; to study and make recommendations with regard to all educational policy matters.

Membership: At least one faculty members representing each of the following KCH concentrations: (1) Bio-Behavioral Kinesiology, (2) Cultural, Pedagogical, & Interpretive Studies, (3) Exercise Physiology, (4) Health Disparity and Disability, (5) Public Health. The KCH Associate Heads serve as ex-officio members. The Associate Heads appoint one undergraduate and one graduate student from the Department to serve a one-year term on the Committee. The Head of the Department will serve as chairperson of this Committee. Public Health faculty who have served in the past three years include Chodzko-Zajko, Hann, McAuley, Notaro. All committee members have voting privileges.
Committee: Honors and Awards
Function: To implement procedures for the selection of recipients for the various honors and awards authorized through the Department; to appropriately publicize the availability of honors and awards as well as the honored recipients; to recommend the establishment of new awards as the need arises.

Membership: KCH Faculty. Recent public health faculty on the committee includes Andrade, Farner, Kim. All committee members have voting privileges.

Committee: Space
Function: To provide advice regarding the utilization of research, teaching and office space within the department. Assist with the allocation of space in the department.

Membership: KCH Faculty and Staff. All committee members have voting privileges.

There were five search committees active in 2011-12, which sought to recruit faculty with expertise relevant to the MPH program. Two searches were specifically to recruit Public Health Concentration faculty:

Visiting Clinical Instructor Search Committee (March-July, 2011) (Lena Hann, MPH, was hired)
KCH Faculty Members: Buchner, Black, Farner
MPH Student: Hemrick
All committee members have voting privileges.

Public Health Epidemiology and Biostatistics Search Committee (no candidate was hired)
KCH Faculty members: Motl, Andrade, Black, Farner
MPH Student member: Kemerrer
All committee members have voting privileges.

There was a possibility of recruiting faculty with public health expertise in two other searches:

Health Disparity and Disability Search Committee
KCH Faculty members: Strauser, Buki, Sosnoff, Rice
MPH Student member: Borkowski
All committee members have voting privileges.

Physical Activity and Health Search Committee
KCH Faculty members: Hillman, McAuley, Petruzzello, Grigsby-Toussaint
(Graduate student member was a Kinesiology Graduate student)
All committee members have voting privileges.

The fifth search was conducted at the college-level for a non-tenure track biostatistician. No candidate was hired.

College of AHS
Committee: Alleged Capricious Grading
Function: To review written student appeals alleging capricious grading, ensuring that specified efforts are made to resolve the issue, and, if necessary, hold fact-finding sessions to determine the validity of the allegation and the appropriate remedy.
Membership: Elected by and from the faculty of the College with one member and one alternate member being from each degree offering unit. All committee members have voting privileges.

Committee: **Educational Policy**
Function: (1) Review and approve matters of educational policy such as degree programs, curricular changes, degree requirements, admission requirements, grading regulations, and experimental educational programs; (2) examine related budgetary implications of educational policy matters and refer any concerns to the Executive Committee; and (3) advise the Dean on issues related to educational policies.

Membership: Seven members elected by and from AHS faculty, with no more than three members being from any academic unit. All committee members have voting privileges.

Committee: **Elections and Credentials**
Function: (1) Coordinate procedures for the College's involvement in Senate elections; (2) conduct College committee elections as prescribed in the *Bylaws*; (3) conduct College voting procedures in accordance with the *Bylaws* and in consultation with the Executive Committee and the Dean; and (4) inform the faculty of the results of all elections.

Membership: Seven members elected by and from the faculty with at least one member being from each academic unit. There is one public health faculty member (Andrade) on this committee.

Committee: **Executive Committee**
Function: (1) Represent faculty within the College; (2) advise the Dean on the formulation and execution of College policies; (3) call meetings of the College faculty as deemed appropriate; (4) consult with the Dean on the preparation of the budget; (5) the review and approval of College policy matters; and (6) advise the Chancellor (or designee) on the annual appointment of the Dean.

Membership: Six members elected by and from AHS faculty, with two members representing each academic unit. Dr. McAuley, who teaches a public health core course, served from 2010-2012. Dr. Buchner served during AY 2010-11. All committee members have voting privileges.

Committee: **Promotion and Tenure**
Function: (1) Advise the Dean on appointments, reappointments, non-reappointments, and promotions related to the faculty; (2) review all promotion and tenure papers submitted to the College by its respective units to ensure that such papers are in compliance with University and College policies and procedures; and (3) review and recommend changes, as deemed necessary, to the College’s policies and procedures relative to the promotion and tenure decision-making process.

Membership: Five members elected by AHS faculty, from those members who are full professors on indefinite tenure status with an appointment in the College in excess of .50 FTE. Dr. Buchner (MPH Program Director) is a member with a term of 2010-2013.

Committee: **Grievance Committee**
Function: Address complaints from members of the College concerning actions of a department or division, its officers, committees, or faculty. The Committee shall be advisory to the Dean.
Membership: Elected by and from the AHS faculty with one member being from each degree offering unit. Unit heads/directors are not eligible for membership on this committee. All committee members have voting privileges.

Committee: Awards Committee
Function: Implements procedures for selecting members of the College for such recognitions and awards as are recommended by the Executive Committee and approved by the Dean, and serves to nominate such members of the College for University of Illinois recognitions and awards it deems appropriate.
Membership: Each unit head appoints one representative to serve, and the Dean appoints one nominee as chair. Dr. Kim, from the public health concentration, served from 2009-2012. All committee members have voting privileges.

1.5d. Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

All core and non-core MPH program faculty are members of at least one committee at the Department, College, or University-wide level. Generally, assistant professors serve on fewer committees. The section above describes the KCH Department-level committees and the AHS College-level committees. The section above lists the names of MPH faculty members that serve on the committees. This section focuses on the membership of University-level committees with membership from several colleges and departments, and university service outside of AHS. Listed below are core and non-core MPH faculty members in KCH who served on committees in 2011-12.

Core MPH Faculty:

Flavia Andrade Review Committee for FLAS Fellowship, Center for Latin American Studies  
Member of University of Illinois Research Board Committee

David Buchner Member of search committee for Computational and Genomic Medicine (an interdisciplinary search committee for Illinois Strategic Excellence program)

Diana Grigsby Member, Faculty Senate  
Member, University Admissions Review Committee, Faculty Senate  
Member, Advisory Board, ESRI-GIS Development Center at the University of Illinois at Urbana-Champaign (See http://www.prairie.illinois.edu/edc/ad-board.shtml)

Non-core MPH Faculty in KCH:

Lydia Buki Reviewer, Campus Research Board Program

Susan Farner Member, Wellness Partners Committee, U. of Illinois Wellness Center  
Member, LAS Global Studies Committee (see http://www.globalstudies.illinois.edu/people/sfarner)  
Member, Campus Honors Program Faculty (see http://honors.illinois.edu/?q=faculty)

Stephen Notaro Member, Teaching Advancement Board 2011-12, Office of the Provost (see http://provost.illinois.edu/committees/tab/index.html)  
Member, Subcommittee on Undergraduate Student Conduct
1.5e. Description of student roles in governance, including any formal student organizations, and student roles in evaluation of program functioning.

MPH Student Organization, The Public Health Professionals (PHPs)
The Public Health Professionals (PHPs) student group was formed in September 2011 under the guidance of the MPH Program Coordinator (Hann) and a faculty member (Notaro). The PHPs are a self-governing student organization that meets bi-weekly and is open to all MPH students. This group’s activities include organizing events that involve MPH students, inviting outside speakers, and providing student input into the governance of the MPH Program. Examples of improvements to the operation of the MPH stimulated by student input and of events coordinated by PHP include:

- Improved access to MPH student lounge space via new keycard swipe system
- Addition of resource materials (white board, student job posting board, etc.) to the lounge.
- Invitations to outside speakers to PHP meetings (e.g. Jim Nelson, Executive Director of Illinois Public Health Association)
- Inclusion of MPH students in College-wide recruitment efforts (MPH student table at “Experience AHS” event on March 10, 2012).
- Inclusion of MPH students in University-wide health and career fairs (ex: McKinley Health Center Special Populations Fair, April 2012)

1.5f. Assessment of the extent to which this criterion is met.

Summary: This criterion is met. The MPH program abides by University policies for governance that define the rights and responsibilities of students, faculty, and staff. In addition, KCH has bylaws for faculty, and the MPH program as a student handbook. Students have participated in governance activities such as program evaluation, strategic planning, and MPH faculty search committees. The MPH program is supported by a committee structure. MPH faculty hold positions on committees at the Department, College, and University-wide levels. The MPH students have formed a student organization, and the MPH program supports this organization with faculty liaisons and support for student activities.

Strengths and successes:
- Both the MPH program and the KCH department operate through a series of committees with clearly delineated roles, procedures, and reporting lines.
- Both the MPH program and the KCH department have recently updated handbooks that outline policies and procedures for students and faculty.
- An MPH external advisory committee has been established to provide guidance regarding the MPH program.
- A student organized and faculty-assisted MPH student organization has been establish to provide input on governance of the MPH program, and also to provide students with professional and social
opportunities. Student feedback indicates that MPH students are generally satisfied with their opportunities to provide input into the MPH program

- MPH graduate student membership in search committees for MPH faculty is assured by policies of the University.

Weakness and limitations:
- The turnover in the MPH student organization is higher than for many graduate student organizations, because 5 year joint BS-MPH program students have graduate status for only one academic year.
- It is challenging to locate a date and time when all members of the MPH Advisory Committee can attend meetings.
- The governance structure does not always operate at a predictable speed. Making changes in the operation of the MPH program can require significant amounts of time and effort, so as to obtain all the input and levels of approval necessary (e.g., it took about two years to change the requirement of minimum cumulative GPA in the program from 2.75 to 3.0.)

Recommendations for the MPH program:
- In the yearly MPH program orientations to students, information will be distributed about opportunities for involvement in the MPH student organization and for involvement in program governance and MPH program committees. Students will be encouraged to participate in activities they are interested in.
1.6 Resources. The program shall have resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

1.6a. A description of the budgetary and allocation processes, sufficient to understand all sources of funds that support the teaching, research and service activities of the program. This should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact on the resources available to the program.

The University of Illinois at Urbana-Champaign operates under a decentralized budget process that is generally based upon the principles of Responsibility Centered Management (RCM). Under this process, academic units receive a core budget that is based upon elements such as the number of majors in a program, the instructional units taught by the faculty, tuition revenue generated by majors, and supplemental General Revenue funding provided by the state legislature. The annual budget allocation is reviewed by the Provost Office and by AHS prior to allocation of program budgets to academic units. Because the MPH program is located in KCH, the MPH program budget is managed as a component of the overall departmental budget.

As a self-supporting, professional degree program, the MPH program is intended to operate using the tuition revenue it generates. The amount of tuition revenue generated by the MPH program is determined by the campus Office of Budget and Planning. To start a new self-supporting degree program, the program must be loaned money or otherwise subsidized. The loans for the MPH program are from AHS.

There are no other major sources of funds for operations of the MPH program. If faculty members wish to receive salary support from research grants, the faculty member and the KCH Department Head would reach an agreement on increasing percent time devoted to research. Faculty members have nine-month appointments at the University of Illinois, and it is possible to receive summer salary for research activities. Recovery of indirect costs from grants is not a source of funds for the MPH program. A portion of the indirect costs recovered from externally funded grants does flow back to the department and the faculty members participating in research. Faculty members use these funds for research activities and/or student support such as research assistantships. Department ICR funds are used to support KCH projects including speaker series, seed funds for research, and laboratory and equipment upgrades.

When donors provide gifts to the University, the gifts are used according to the terms of the donation, and the terms may involve the MPH program in some way. Currently the MPH program director (Buchner) is a Shahid & Ann Carlson Khan Professor in Applied Health Sciences. In a self-supporting program, there is discretion by AHS as to whether a named professorship is deemed to support the MPH program.

1.6b. A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, which is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in table format as appropriate to the program.

The budget for the first three years of the MPH program is shown in Table 1.6.b. Comments at the bottom of the table explain what the budget categories include and/or how the budget amounts were calculated. Several other comments about the budget are useful in understanding the budget.

The primary source of revenue for the MPH program is from tuition and fees paid by MPH students. The primary expenditures are for the core MPH faculty salaries and benefits. These expenditures are not a sum
of the total salaries and benefits for the core faculty, e.g., they do not include faculty member time spent teaching undergraduate courses. They depend upon the percent time the faculty is deemed to spend in activities that support the MPH program (see Table 4.1a and 1.6e). The non-core faculty salaries and benefits are based upon the percent time that non-core faculty teach MPH courses (see Table 4.1b). Note that the increase in non-core MPH salaries and benefits in 2011-12 is not due to teaching more MPH courses. Rather the percent time spent for administrative support by non-tenure track faculty was increased because MPH enrollment increased. The estimated decrease in non-core salaries in 2012-13 is due to a change in teaching assignments among non-core MPH teaching faculty.

If the tuition and fees are not sufficient to cover the MPH program expenditures, some other entity must cover the expenditures of the MPH program. The budget shows that AHS has subsidized the program during the first two years. However, the MPH program was essentially self-supporting in its third year of operation.

While the 3rd year budget situation is encouraging, it would have not occurred had additional MPH faculty been successfully recruited by searches active in 2011-12 (see section 1.5). This situation demonstrates the commitment by AHS to support the program as it matures and grows. The commitment is all the more notable because of the recent challenging budget environment at many U.S. universities, including the University of Illinois. For example, during the past three years at the University of Illinois, there have been faculty furloughs and hiring restrictions.

The process for attributing expenses to the MPH budget can be adjusted by the AHS Dean's office. For example, as indicated in the budget, AHS provides space to the MPH program and there are no expenditures related to space. At some point in the future, the MPH program may be asked to have expenditures related to space or to funding scholarships for under-represented applicants to the MPH program.
Table 1.6.b. MPH Program Sources of Funds and Expenditures by Major Category, Academic Fiscal Years 2009 to 2012. (Items marked with ** have an explanation of the item below the table)

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13 ESTIMATED**</th>
<th>Year 5</th>
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</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
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<td>170,349</td>
<td>413,223</td>
<td>426,136</td>
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<tr>
<td>State Appropriation</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AHS College Funds**</td>
<td>515,732</td>
<td>228,903</td>
<td>14,309</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Grants/Contracts**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Endowment &amp; Gifts</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Funds</td>
<td>565,830</td>
<td>399,252</td>
<td>427,532</td>
<td>426,136</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Expenditures</th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Core MPH Faculty Salaries &amp; Benefits</td>
<td>326,815</td>
<td>326,815</td>
<td>290,777</td>
<td>296,593</td>
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<tr>
<td>Non-Core MPH Faculty Salaries &amp; Benefits**</td>
<td>53,487</td>
<td>44,195</td>
<td>114,227</td>
<td>73,584</td>
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<tr>
<td>Staff Salaries &amp; Benefits**</td>
<td>15,000</td>
<td>15,000</td>
<td>15,000</td>
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<tr>
<td>Operations**</td>
<td>160,627</td>
<td>3,038</td>
<td>2,728</td>
<td>3,000</td>
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<tr>
<td>Travel**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Space**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Student Support**</td>
<td>9,901</td>
<td>10,204</td>
<td>4,800</td>
<td>0</td>
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<tr>
<td>Total Expenditures</td>
<td>565,830</td>
<td>399,252</td>
<td>427,532</td>
<td>388,177</td>
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<table>
<thead>
<tr>
<th>Indicators of Adequacy of Resources for Section 1.6m</th>
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<tbody>
<tr>
<td>Full-time Equivalent Students on campus (FTE from Table 4.4e)</td>
<td>6.00</td>
<td>14.80</td>
<td>31.80</td>
<td>32.40</td>
<td></td>
</tr>
<tr>
<td>Full-time Equivalent Faculty (FTEF from Table 1.6e)</td>
<td>4.00</td>
<td>4.19</td>
<td>4.99</td>
<td>4.59</td>
<td></td>
</tr>
<tr>
<td>Expenditures per full time student</td>
<td>94,305</td>
<td>26,976</td>
<td>13,444</td>
<td>11,980</td>
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</tr>
<tr>
<td>Research dollars per Faculty FTE (as source of MPH funds)**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Percent extramural funding of total budget**</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

** AHS College Funds: In 2009-10, 2010-11, and 2011-12, funds provided by AHS are calculated so that total expenditures match total source of funds, indicating AHS is subsidizing any costs of the MPH program not covered by tuition and fees.

** Grants/Contracts: No funds from research grants or contracts directly support the operation of the MPH program. Hence, research dollars per FTE are 0 and percent of extramural funding is 0%.

** Non-Core MPH Faculty Salaries & Benefits: Expenses related to teaching MPH courses and to administration of the MPH program.
**Staff Salaries & Benefits:** $15,000 per year is an estimate of the cost of staff time from AHS and KCH used to support the MPH program.

**Operations:** the year 2009 includes one-time expenditures of ~$160,000 for widely announcing in targeted media that the new MPH program was accepting applications for the first class.

**Space:** At the present time, the MPH program is not charged for space used by the program. It is possible this situation could change in the future.

**Student Support:** In 2009 & 2010 a unusual situation led to an MPH student receiving some tuition support. The expenditures in 2011 represent estimated costs of an MPH student assisting with tasks related to accreditation.

**Estimated expenditures for 2012-13:** For tuition and fees, the average cost of tuition/student for the 32 students in 2011-12 is extrapolated to 33 students in 2012-13. It is estimated average faculty salaries increase by 2.0% in 2012-13, with two 2011-12 non-core faculty (McAuley and Kim) no longer involved in teaching in the MPH program. The budget does not include estimated salary for new faculty that could be hired in 2012-13.

1.6c. *If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.*

Not applicable.

1.6d. *A concise statement or chart concerning the number (headcount) of core faculty employed by the program as of fall for each of the last three years.*

In the past 3 years, the MPH program has had five KCH tenure-track faculty members who have served as core MPH faculty and taught one or two courses each within the MPH curriculum: David Buchner, Angela Black, Laura McCloskey, Diana Grigsby-Toussaint, and Flavia Andrade. Between 2009 and 2011, the core faculty members were Buchner, McCloskey, Grigsby-Toussaint, and Black. In 2011-12 (see Table 4.1a), the core faculty members were Buchner, Grigsby-Toussaint, Andrade, and Black. (Dr. McCloskey left the University of Illinois at the end of AY 2010-11).

In addition, during the past three years, seven KCH faculty members have taught at least one course within the MPH curriculum which was either a required MPH course, or a course which meets the current requirement for a fourth concentration course: Lena Hann, Juhee Kim, Steve Notaro, Susan Farner, Karin Rosenblatt, Lydia Buki, and Edward McAuley. Two faculty members outside of KCH have taught cross-listed courses that meet the current requirement for a 4th concentration course: Marian Human in the Department of Communication (CMN 465/CHLH 465 Social Marketing and Health Behavior) and Bill Sullivan in the Department of Landscape Architecture (LA 575/CHLH 580 Built Environment and Human Health). Finally, one adjunct faculty member who is the director of a local Public Health department has been hired to teach: David Remmert PhD (the MPH section of CHLH 410 Public Health Practice).
1.6e. A table showing faculty, students, and student/faculty ratios, organized by specialty area, for each of the last three years.

Table 1.6e. Faculty, Students, and Student/Faculty Ratios by Department (schools) or Specialty/Concentration Area (programs)

<table>
<thead>
<tr>
<th></th>
<th>HC Core Faculty</th>
<th>FTEF Core</th>
<th>HC Other Faculty</th>
<th>FTEF Other</th>
<th>Total Faculty HC</th>
<th>Total FTEF</th>
<th>HC Students</th>
<th>FTE Students</th>
<th>SFR by Core FTEF</th>
<th>SFR by Total FTEF</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>4</td>
<td>3.35</td>
<td>5</td>
<td>0.65</td>
<td>9</td>
<td>4.00</td>
<td>6</td>
<td>6.00</td>
<td>1.79</td>
<td>1.50</td>
</tr>
<tr>
<td>2010-11</td>
<td>4</td>
<td>3.35</td>
<td>7</td>
<td>0.84</td>
<td>11</td>
<td>4.19</td>
<td>15</td>
<td>14.80</td>
<td>4.42</td>
<td>3.53</td>
</tr>
<tr>
<td>2011-12</td>
<td>4</td>
<td>3.16</td>
<td>10</td>
<td>1.83</td>
<td>14</td>
<td>4.99</td>
<td>32</td>
<td>31.80</td>
<td>10.06</td>
<td>6.37</td>
</tr>
<tr>
<td>Average</td>
<td>4</td>
<td>3.29</td>
<td>7.33</td>
<td>1.11</td>
<td>11.33</td>
<td>4.39</td>
<td>17.67</td>
<td>17.53</td>
<td>5.42</td>
<td>3.80</td>
</tr>
</tbody>
</table>

Key: HC = Head Count; Core = MPH Core Faculty; FTE = Full-time-equivalent; FTEF = Full-time-equivalent faculty; Total = Core + Other; SFR = Student/Faculty Ratio

Notes: There is only one Department (KCH) and one concentration (Health Behavior and Promotion). The FTE allocations in the table reflect the FTE allocations in Tables 4.1a and 4.1b. The SFT by Core FTEF is calculated by dividing FTE Students by FTEF Core Faculty. The SFR by Total FTEF is calculated by dividing FTE students by Total FTEF.
1.6f. A concise statement or chart concerning the availability of other personnel (administration and staff).

The Department of Kinesiology and Community Health currently employs six full-time support staff (four secretarial/administrative; two accounting). These staff members assist all KCH faculty members. The positions are:

- KCH Administrative Aide (Karen Nichols). Primary duties include managing the complex work flow of KCH, support of the Department Head, supervision of other staff, compiling and entering in the BANNER administrative system all Department courses, and document preparation in accord with University policies.
- Account Technician (Trang Pham). Duties include maintaining account files and processing expenditure requests.
- Accountant (Linda West). Duties include reconciling account statements and ensuring KCH follows the budget and accounting policies of the University.
- Office Support Associate (Julie Jenkins). Duties include serving as receptionist and providing support for KCH faculty with offices in Freer Hall.
- Office Support Associate (Pat Hawkins) Duties include serving as receptionist and providing support for KCH faculty with offices in Huff Hall.
- Graduate Office Administrator (Tina Candler). Duties focus on providing support for operation of graduate programs in KCH.

Two staff are particularly involved in supporting the MPH program. Ms. Hawkins is located in the MPH suite of offices in the Khan Annex of Huff Hall. Ms. Hawkins schedules meetings for the MPH program and for Public Health faculty, and provides secretarial support to the Director.

Ms. Candler processes the applications for admission to the MPH program, including: (1) the preparation of graduate student applications using Apply Yourself and Grad Apps computer systems; (2) calculating GPA for determining admission eligibility; (3) compiling acceptance and denial letters for signature of the Associate Department Head; (4) processing applications using the BANNER administrative system; and (5) ensuring that international applications have the necessary financial information and meet federal requirements. She also coordinates the appointment of graduate students in assistantship positions, and works with the Graduation Unit and Records Unit to verify all degree requirements are properly recorded and archived.

Staff members in the AHS Dean’s office are available for support of MPH program activities.

- The Office of Information, Security, and Technology provides support for phones, computers, connections of computers to University resources, and for classroom technology in Huff Hall.
- The AHS Web Services unit provides technical support of the MPH program website.
- The AHS Business Affairs unit provides fiscal and budget management related to the MPH program, assistance in preparation of budget and administrative parts of research grants, and assistance with processing the legal agreements necessary for MPH Practicum experiences.
- The AHS Office of Advancement can assist in fund raising and in efforts to promote the MPH program.
- The AHS Academic Affairs unit includes five academic advisors who counsel and assist undergraduate students planning to enter the 5-year joint BS-MPH program. This unit also provides support in administering the MPH program, in areas such as revising the MPH curriculum and proposals involving new joint degree programs.
1.6g. A concise statement or chart concerning amount of space available to the program by purpose 
(offices, classrooms, common space for student use, etc.), by program and location.

The MPH program is located in Huff Hall. In the first academic year of the MPH program (2009-10), the 
MPH program and core faculty were located in some original and some remodeled space. Prior to 2011-12, 
the MPH program relied on classroom space controlled by the University.

In the fall of 2011 (3rd academic year), the MPH program moved into space in a new building attached 
to Huff Hall: the Khan Annex. AHS controls the use of space in this building. About 10,000 square feet 
are allocated for dedicated MPH classrooms, faculty offices, research labs, and an MPH student lounge. The 
size of offices and labs varies according to faculty needs, but all exceed the University minimum standard of 
135 square feet for faculty offices, and 175 square feet for laboratories.

**MPH Office (2021 Huff Hall)**
The MPH office suite includes a reception area, seminar room, conference room, and MPH Director’s office. 
The MPH program has priority in scheduling use of the seminar room and conference room.

**Faculty Offices** 
All Public Health Concentration faculty members have individual offices with windows in Huff Hall. Most 
Public Health faculty members occupy new offices on the second floor of the Khan Annex.

**MPH Classrooms**
With the building of Huff Hall, the MPH program now has access to five new classrooms in Huff Hall, and 3 
older classrooms. The five new classrooms accommodate roughly 15, 30, 30, 40, and 120 students. All 
have new instructional technology. Almost all MPH courses are now taught in Huff Hall.

**MPH Student Lounge**
MPH students have sole access to a well-furnished lounge on the 3rd floor of Huff Hall that requires a swipe 
card to enter.

**Shared Space Available to the MPH Program**
The Khan Annex has three additional conference rooms available for use by the MPH program, including a 
conference room with state-of-the-art video conferencing. There are other conference rooms available in 
older parts of Huff Hall. Classroom, conference room, and lab space is also available in Freer Hall (though 
this space is infrequently used by the MPH program).
1.6h. A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.

All tenure-track MPH faculty members are assigned laboratory space to support their research efforts. (Dr. Buchner has not requested laboratory space because his research involves multi-institutional grants that currently do not require laboratory space to support the grant). The size of faculty laboratories vary depending on the research needs. Public Health Concentration faculty members often conduct research in the community, and have usually not required extensive laboratory equipment. Lab space is typically used for computers and data analysis, and space for graduate students, visiting scholars, and post-docs. However, some faculty members who teach MPH courses direct large exercise science laboratories with extensive equipment for the monitoring and assessment of physical activity and physiological health, such as Dr. McAuley. The KCH department maintains a large number of research and instructional laboratories in the areas of exercise physiology, exercise psychology, neuroscience, and biomechanics. These facilities are available to MPH faculty and students on an as needed basis.

<table>
<thead>
<tr>
<th>Name</th>
<th>Office</th>
<th>Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buchner</td>
<td>2021A Huff</td>
<td>Not requested</td>
</tr>
<tr>
<td>Black</td>
<td>2017 Huff</td>
<td>116 Huff</td>
</tr>
<tr>
<td>Grigsby-Toussaint</td>
<td>2019 Huff</td>
<td>80B Huff</td>
</tr>
<tr>
<td>Andrade</td>
<td>2011 Huff</td>
<td>3003 Huff</td>
</tr>
<tr>
<td>Hann</td>
<td>2015 Huff</td>
<td>n/a</td>
</tr>
<tr>
<td>Kim</td>
<td>213 Huff</td>
<td>80D Huff</td>
</tr>
<tr>
<td>Notaro</td>
<td>2005 Huff</td>
<td>n/a</td>
</tr>
<tr>
<td>Farner</td>
<td>2007 Huff</td>
<td>n/a</td>
</tr>
<tr>
<td>Rosenblatt</td>
<td>211S Huff</td>
<td>211S A Huff</td>
</tr>
<tr>
<td>Buki</td>
<td>127B Huff</td>
<td>127A Huff</td>
</tr>
<tr>
<td>McAuley</td>
<td>336 Freer</td>
<td>332-344, 349 Freer</td>
</tr>
</tbody>
</table>

1.6i. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

The University of Illinois at Urbana-Champaign offers students, faculty and staff a variety of computing options to ensure that all needs are met. Instructional Computing Services currently offers six different computer labs at a variety of locations across campus. The hours of these labs allow for flexible access, with most staying open until 12 a.m. and some even offering 24-hour access. Computer lab facilities include both Mac and PC computers, so that students, faculty and staff can generally work with their preferred operating system. Scanners, overhead projector systems and classrooms are available for reservation online. Computer labs that can be reserved generally offer between 20-30 seats and 1 instructional computing station. General use computer labs offer as many as 70 computer stations, with scanners and printers available for those in need of such amenities.

Students can not only print documents from the computers in the labs themselves but can also print remotely from personal computers to the color laser printers located in the many computer labs across campus. High-speed printers are available in both black and white and color, and printing services are conveniently billed to student accounts.

Many labs provide access to specialized software, such statistical software like SPSS and STATA essential to students in Biostatistics and Epidemiology courses. These programs can be accessed from the computing facilities at the main library and other lab locations during either scheduled class times or as needed.
The majority of classrooms on the UIUC campus are "smart classrooms", or classes with Integrated Teaching Systems (ITS) and therefore allow faculty, students and staff to make presentations utilizing personal laptops or the PC computer provided in each room by connecting to the overhead projector (also provided). This is useful not only for lecturing purposes but also allows students to practice professional presentation skills, a skill essential to both career academics and working professionals.

1.6j. A concise statement of library/information resources available for program use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.

The University of Illinois at Urbana-Champaign boasts the 6th largest library in the United States by number of volumes held, and is recognized worldwide as a top-quality library. Holding in excess of twelve millions volumes and 22 million items in a variety of formats, students at UIUC have access to an abundance of resources. Many of the University's colleges have a library specific to their focus, such as the Applied Health Sciences library and the Agricultural, Consumer and Environmental Sciences library, both of which are of particular relevance to the MPH program. This means that students can not only utilize the broad range of resources provided by the main library, but can also seek out more specialized resources and assistance. The often-interdisciplinary nature of public health is well suited to this system, and students are not left wanting for a lack of resources.

In instances where a resource is not available on campus, the university also participates in the I-Share program, or the statewide library online catalogue. By participating in this consortium, students can access books from the other 76 libraries participating in this program free of charge. In collaboration with other members of I-share, the University has been purchasing back-files of journals so that students and faculty alike can easily access them. This allows access to complete or nearly complete journal collections in an electronic format, letting students and faculty retrieve these resources from both on and off campus locations. Interlibrary loan services are not limited to the I-Share program, and UIUC librarians readily request materials from libraries all over the world.

The Applied Health Sciences library holds approximately 20-30,000 volumes at any given time. Given space constraints, these volumes are constantly rotated to ensure that the readily available works provide the most current, up-to-date information and resources for students in the college. This wing of the larger main library offers study stations and computers for students to complete their research. The building is located a few blocks from Huff Hall (location of the MPH Program).

The Applied Health Science library is scheduled to be renovated and merged with the Social Sciences and Education libraries to create the Social Sciences, Health and Education library. Through this collaboration of resources the university hopes to provide students and faculty with better research support for the many topics bridged by these disciplines. Knowledgeable librarians and informative workshops further enhance the research and library experiences of UIUC students and faculty. Librarians provide guidance in using library resources.

1.6k. A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.

As the largest university in Illinois, UIUC has a generous number of resources available for both our students and faculty regarding instruction, research and service. There are currently no formal agreements with community resources led by the MPH program. However, the MPH program has clearly benefited from community resources that support its mission. Some of these are:

Local Public Health Departments
The MPH program has collaborated with the Champaign-Urbana Public Health District on several projects. In most cases, the collaborations have involved MPH students. MPH students have done practicums at other local health departments as well.

**Medical Care Systems**
There are two major local medical care systems. The Carle Foundation Hospital has provided several practicum and Capstone opportunities for MPH students. Senior management were involved in teaching a MPH course in 2009-2011. The MPH program has also had some contact with the Provena Covenant Medical Center, partly through its relationship with the College of Medicine.

**Community Non-Profits**
Besides medical care systems, there are also non-profit organizations in the community missions involving public health, including Planned Parenthood, Campaign for Better Healthcare, the Greater Community AIDS Project of East Central Illinois, and community clinics which provide health care to people without health insurance.

**Center for Prevention Research and Development (part of the Institute for Government and Public Affairs)**
The Center for Prevention Research and Development is technically part of the University of Illinois, but has features similar to a community resource because of its focus and partnerships in community health. It is located only several blocks from Huff Hall. A sampling of current projects illustrate its relevance to the MPH program mission: A project on how local health department structure affects health outcomes; the Illinois Youth Survey which collects local-level health data for adolescents (including alcohol, tobacco and drug usage); and a project involving prevention of fetal alcohol spectrum disorder.

**Illinois Public Health Association (IPHA)**
IPHA provides state-wide conferences that relate to the educational mission of the MPH program, and also can facilitate advocacy opportunities for MPH students. The MPH program has an institutional membership in IPHA.

In addition to these organizations, one facility in particular provides infrastructure support for instruction:

**I-Hotel**
This relatively new conference facility and hotel at the edge of campus provides a resource for conferences that has been used for educational programs sponsored by AHS. For example, the next conference sponsored by the I-TOPP grant will use this facility.

Formal contractual agreements exist for all of the above community agencies for all MPH student practicum experiences.

1.6l.  *A concise statement of the amount and source of “in-kind” academic contributions available for instruction, research and service, indicating where formal agreements exist.*

Informal in-kind academic partnerships for instruction in the MPH program include MPH courses with open seats that are available to students outside of the MPH program or KCH department. Similarly, other departments and programs make room for MPH students to fulfill elective requirements in relevant cross-disciplinary courses. Decisions are made on a case by case basis and no written agreement exists. Such informal partnerships extend to faculty research and service, where MPH students can work with faculty outside of the MPH program and KCH department, and students from other departments or programs have the opportunity to work with MPH faculty.
1.6m. Identification of outcome measures by which the program may judge the adequacy of its resources, along with data regarding the program’s performance against those measures for each of the last three years. At a minimum, the program must provide data on institutional expenditures per full-time-equivalent student, research dollars per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.

The indicators requested for this section are shown in the table in section 1.6b, though these indicators are less useful for this relatively new MPH program that was implemented with budget model of a self-supporting program. Expenditures per full-time equivalent student are relatively high in some years due to small enrollments. The MPH program is supported by student tuition and fees, but not research grants or other extramural funding. In the context of MPH program support, the research dollars per FTE faculty is 0 (as indicated Table 1.6b) and extramural funding is similarly 0% of the budget. Note that the I-TOPP training grant does not provide direct support to the MPH program, but essentially provides a scholarship to I-TOPP graduate students that these students use used to pay MPH tuition. (The University does not allow self-supporting programs to have tuition waivers).

Growth in tuition revenues over time is a possible indicator of adequacy of resources. Clearly tuition revenues have grown. Another indicator would be whether the resources are adequate for two concentrations. The MPH program was originally planned to have two concentrations: the current concentration and also a second concentration on health policy and management. The second concentration area has not yet been launched. Another possible indicator is stability in enrollment. It is too early to operationalize these last two indicators.

At this point in the MPH program’s development, it can be argued that the key measures for judging adequacy of resources relate to the financial health of AHS and of the KCH Department. A financially sound college can promote the continued development of the MPH program and assure high quality of the operations of the program, if it turns out enrollment fluctuates over time and tuition revenues vary from year to year.

Tables below provide a synopsis of the AHS and KCH state budgets for the past three academic years are provided below (Table 1.6m.i and Table 1.6m.ii). Both the College of AHS and the Department of KCH are financially sound with revenues that exceed expenditures and no debt. The major sources of revenue from the State of Illinois include subsidy based on the number of majors in a program, the instructional units taught by the faculty, tuition revenue generated by majors, and supplemental General Revenue funding provided by the state legislature.

The 2011-12 State budget allocation to KCH was $3,374,372. These funds are utilized for salary support for faculty, staff, and graduate assistants, as well as to support the operating expenses for the department. The department has endowments and scholarship funds totally $1,501,273 which provides annual revenue of $60,051. These funds are utilized for the support of KCH student awards and scholarships. In April 2011 the first MPH student received a student award from the department.
### Table 1.6.m.i AHS College: Sources of Funds and Expenditures by Major Category, Fiscal Years 2009 to 2011

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$12,978,000</td>
<td>$13,400,000</td>
<td>$14,600,000</td>
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<tr>
<td>State Appropriation</td>
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<td></td>
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</tr>
<tr>
<td>University Funds</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Grants/Contracts</td>
<td>$3,377,800</td>
<td>$3,900,000</td>
<td>$3,500,000</td>
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<tr>
<td>Indirect Cost Recovery</td>
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<td>$703,000</td>
<td>$650,000</td>
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<tr>
<td>Endowment &amp; Gifts</td>
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<td>$1,067,500</td>
<td>$1,500,000</td>
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<td></td>
</tr>
<tr>
<td>Faculty Salaries &amp; Benefits</td>
<td>$12,411,400</td>
<td>$12,601,000</td>
<td>$13,796,000</td>
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<tr>
<td>Staff Salaries &amp; Benefits</td>
<td>$1,025,300</td>
<td>$1,045,400</td>
<td>$1,168,000</td>
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<tr>
<td>Operations</td>
<td>$3,000,000</td>
<td>$3,200,000</td>
<td>$3,400,000</td>
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<tr>
<td>Travel</td>
<td>$170,000</td>
<td>$170,000</td>
<td>$200,000</td>
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<tr>
<td>Student Support</td>
<td>$200,000</td>
<td>$220,000</td>
<td>$250,000</td>
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</tbody>
</table>

### Table 1.6.m.ii KCH Department - Sources of Funds and Expenditures by Major Category, Fiscal Years 2009 to 2011

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$3,815,000</td>
<td>$3,557,000</td>
<td>$3,374,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Appropriation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University Funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants/Contracts</td>
<td>$1,352,000</td>
<td>$1,621,000</td>
<td>$3,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect Cost Recovery</td>
<td>$505,000</td>
<td>$643,000</td>
<td>$1,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endowment &amp; Gifts</td>
<td>$365,000</td>
<td>$225,000</td>
<td>$265,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty Salaries &amp; Benefits</td>
<td>$5,145,000</td>
<td>$5,503,700</td>
<td>$6,035,400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Salaries &amp; Benefits</td>
<td>$258,500</td>
<td>$236,000</td>
<td>$263,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operations</td>
<td>$710,500</td>
<td>$946,800</td>
<td>$880,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$52,000</td>
<td>$42,100</td>
<td>$36,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Support</td>
<td>$60,000</td>
<td>$62,000</td>
<td>$65,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1.6n. **Assessment of the extent to which this criterion is met.**

Summary: This criterion is met. The resources of the program are adequate to fulfill its mission, goals, and objectives. These resources include space, faculty, and funding. As the MPH program grows, it is understood that resources to support the program should also increase. AHS has the resources to sustain the program, should MPH program resources fluctuate over time.

Strengths and successes:
- The University of Illinois provides excellent facilities and resources that facilitate teaching and learning, research and service, including computer labs and a world-class library. The Khan Annex provides high quality, new space for the MPH program.
- The financial health of AHS and of KCH is sound; AHS and KCH have no debt and have met budget targets.
- Though the MPH program is relatively young, USDA competitively awarded a large training grant to the University of Illinois (I-TOPP) that includes a prominent role of the MPH program in training future scholars with expertise in childhood obesity.
- MPH students have access to courses in other departments on a space available basis.
- The MPH program has good student to faculty ratios.
- The budget of the MPH program is not directly dependent on funding from research grants, which is an advantage when research funding fluctuates over time.

Weakness and limitations:
- Endowments and other sources of funds for scholarships have yet to be established.
- The MPH program is relatively new, and has not yet reached the point where funds from tuition revenues are clearly sufficient to cover all expenditures, after taking into account some variation in enrollment from year to year.
- Though KCH sought to increase the number of Public Health faculty by conducting three searches in the past year (tenure track epidemiologist or biostatistician, non-tenure track biostatistician, and tenure track faculty with expertise in health disparities and disability), the searches were not successful.

Recommendations for the MPH program:
- The MPH program director will participate in the budget planning and resource allocation process annually. This participation includes meetings with the KCH Department Head and administrative staff.
2.0 Instructional Programs

2.1 Master of Public Health Degree. The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master degree.

2.1a. Instructional Matrix.

The MPH degree within the Department of Kinesiology and Community Health (KCH) is presented for accreditation. Besides the MPH degree program, Table 2.1.a. shows there are eight approved joint degrees involving the MPH degree. The Department of Urban and Regional Planning has a Master of Urban Planning (MUP) joint degree program that allows most graduate degree programs on campus to participate in a joint degree program. The MPH program is now a participant in this joint degree program, so it is possible to earn a joint MUP-MPH degree at UIUC. The requirements for the MPH part of all the joint degree programs are the same as for the regular MPH degree.

KCH is authorized to grant the MSPH degree. The MSPH is not included in the instructional matrix because enrollment for this degree was suspended in 2009 indefinitely. A Program of Study for this degree is posted by the Graduate College, as all approved degrees are listed on this site. The MPH program consulted with CEPH in 2009 as to whether accreditation of the MPH degree required officially removing the MSPH degree as an approved degree. CEPH indicated it was only necessary to suspend enrollment, and advised delaying a decision about the MSPH degree until the MPH program was well-established. Hence, at some point in the future AHS will revisit the decision of whether to eliminate or to re-activate the MSPH degree.

<table>
<thead>
<tr>
<th>Table 2.1.a. Instructional Matrix – Degree/Specialization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Bachelor Degrees</td>
</tr>
<tr>
<td>Degree Conferred – Specialization</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Master Degrees</td>
</tr>
<tr>
<td>Master of Public Health (MPH) – Health Behavior &amp; Promotion Concentration</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>Doctoral Degrees</td>
</tr>
<tr>
<td>Degree Conferred – Specialization</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Joint Degrees *</td>
</tr>
<tr>
<td>Bachelor of Science -- Master of Public Health (BS–MPH)**</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>MPH – PhD in Community Health</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>MPH – PhD in Kinesiology</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>MPH – PhD in Social Work</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>MPH – PhD in Human &amp; Community Development</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>MPH – PhD in Division of Nutritional Sciences</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>MPH – PhD in Food Sciences &amp; Human Nutrition</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>X</td>
</tr>
<tr>
<td>MPH– MUP (Master of Urban Planning)</td>
</tr>
<tr>
<td>X</td>
</tr>
</tbody>
</table>

* The BS and PhD degrees are academic degrees; the MPH and MUP degrees are a professional degrees.
**Enrollment in the BS-MPH degree program is restricted to BS candidates in Kinesiology, Community Health, and I-Health (Interdisciplinary Health).
2.1b. **Official Curriculum, including a list of required courses and their course descriptions.**

There are two official publications that describe the curriculum of the MPH program: the Program of Study posted on the website of the Graduate College, and the Graduate Student Handbook maintained by KCH. As of fall term 2012, the AY 2012-13 MPH Graduate Student Handbook contains all the requirements for the MPH degree and BS-MPH degree. The Graduate College website contains a synopsis of these requirements called Program of Study. These official publications are updated yearly as necessary. The Program of Study for AY 2012-13 from the Graduate College is shown below. The plans for study for the BS, MUP, and PhD joint degrees are in the appendix (Appendix H), as is the MPH Graduate Student Handbook (Appendix F).

The MPH Graduate Student Handbook differentiates among the core courses, concentration courses, and other courses. The MPH Program of Study below does not. In brief, the six core courses are CHLH 410 (Public Health Practice), CHLH 469 (Environmental Health), CHLH 540 (Health Behavior Theory), CHLH 550 (Health Policy: United States), CHLH 594 (Prin of Epidemiology in Pub Health), and CHLH 594 (Biostatistics in Pub Health). The three required concentration courses are: CHLH 575 (Chronic Disease Prevention), CHLH 577 (Health Program Evaluation), and CHLH 594 (Cultural Competence & Health Promotion). The MPH degree also requires CHLH 594 (MPH Practicum) and CHLH 589 (Public Health Capstone Experience).

For the MPH program, the same core curriculum is used for all joint degrees, as for the MPH by itself. However, in certain situations, a student may substitute a more advanced course for a core course. The policy for substitution is in the MPH Graduate Student Handbook, and is discussed at the end of this section. The MPH requirements include a 4th concentration course from an approved list. The MPH program will allow appropriate courses from the MUP and PhD programs involved in joint degrees to be on this list each year. Hence, the Programs of Study for the Joint Degrees (Appendix H) indicate the requirement for a 4th concentration course may be met e.g. by a PhD course.

The University of Illinois follows a system for numbering courses. Course numbers are preceded by a Department Code (e.g. CHLH = Community Health). Courses at the 400 level are intended for both graduate students, and for undergraduate students who have taken appropriate prerequisite courses. Generally, 400 level courses are most appropriate for senior undergraduate students. Courses at the 500 level are graduate student only. As can be seen from the Program of Study, the MPH curriculum is primarily taught at the 500 level. The exceptions are: (a) CHLH 410 and CHLH 469 core courses; (b) CHLH 465 may be taken as a 4th concentration course; and (c) the elective course may be a 400 level course.
Master of Public Health

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Required Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLH 410, 469, 540, 550, 575 and 577</td>
<td>24</td>
</tr>
<tr>
<td>CHLH 594 Cultural Competence and Health Promotion</td>
<td>4</td>
</tr>
<tr>
<td>CHLH 594 Prin of Epidemiology in Pub Health</td>
<td>4</td>
</tr>
<tr>
<td>CHLH 594 Biostatistics in Pub Health</td>
<td>4</td>
</tr>
<tr>
<td>CHLH 594 MPH Practicum</td>
<td>4</td>
</tr>
<tr>
<td>CHLH 589 Public Health Capstone Experience</td>
<td>2</td>
</tr>
<tr>
<td>Area of concentration coursework from approved list</td>
<td>min 3</td>
</tr>
<tr>
<td>Electives and seminars</td>
<td>min 3</td>
</tr>
<tr>
<td>Total Hours</td>
<td>48</td>
</tr>
<tr>
<td>Minimum 500-level Hours Required Overall:</td>
<td>12 (8 within the unit)</td>
</tr>
<tr>
<td>Other Requirements:*</td>
<td></td>
</tr>
<tr>
<td>Minimum GPA:</td>
<td>3.0</td>
</tr>
</tbody>
</table>

The MPH degree program requires a minimum of 48 hours. The program includes: (1) six required core courses in basic content areas of public health; (2) three required courses in the Health Behavior and Promotion concentration, as well as one additional concentration course from an approved list; (3) a practicum; (4) a capstone project; and (5) seminars and electives. MPH students must complete all core coursework before enrolling in the MPH practicum. It is highly preferable for the practicum to occur during summer term. The capstone project must be completed in the last term of study. There is no thesis requirement. A pre-requisite for applying to the MPH program is a college level course in mathematics, statistics, biostatistics, or epidemiology. The MPH program has rolling admissions, with applications accepted until April 15. The program generally takes 1.5 to 2 years to complete. University of Illinois undergraduate students who major in Kinesiology, Community Health, or I-Health are eligible to apply for a 5 year joint BS MPH degree program after their 3rd (junior) year of undergraduate study. Students in the BS MPH program begin some MPH coursework in their 4th (senior) year of undergraduate study, and take MPH coursework in a 5th year of study in fall, spring, and summer terms.

([http://provost.illinois.edu/ProgramsOfStudy/2012/fall/programs/graduate/community_health.html](http://provost.illinois.edu/ProgramsOfStudy/2012/fall/programs/graduate/community_health.html))
The official course descriptions are shown below. For course with permanent course numbers, the descriptions are available from the “Resources for: Current Students” link on the University of Illinois home page (www.illinois.edu). If courses listed as CHLH 594 have applied for a permanent course number, the pending course number, the pending course title, and the course description is provided from the application.

**Required Core Courses for MPH degree:**

**CHLH 410 Public Health Practice** (credit: 4 hours). “Theory and practice of public health promotion as they relate to educational approaches in solving community health problems.”

**CHLH 469 Environmental Health** (credit: 4 hours). “Appreciation of the concepts and mechanisms used to prevent or control environmental conditions that may lead to infectious or other environmentally induced diseases. Presents topics from a public health perspective that include air pollution, water supply management, waste management, radiation protection, food hygiene, occupational health and disaster management.”

**CHLH 540 Health Behavior: Theory** (credit: 4 hours). “Analysis of social science theories and perspectives that comprise the foundation of health education theory and practice. Includes development of a conceptual frame of reference for understanding, predicting, and facilitating change in health behaviors.”

**CHLH 550 Health Policy: United States** (credit: 4 hours). “Comprehensive analysis of the policy process in health care in the United States; systematic and critical review of health policy development, implementation, and evaluation; impact of government at all levels and the role of providers, industry, labor, and consumer in health policy.”

**CHLH 594 (pending as CHLH 572) Principles of Epidemiology** (credit: 4 hours). “The primary objective of this course is to provide an introduction to the fundamental concepts and principles of epidemiology and demonstrate their applicability in the field of public health. In addition, students will have an opportunity to learn the basic skills needed to critically interpret the epidemiologic literature relevant to public health practice. Lectures and case studies will involve discussions of measures (e.g., incidence, prevalence) used in epidemiology, epidemiologic study design and analysis. The goal is to enhance scientific, analytic, and critical thinking competencies for students with an interest in epidemiology and public health.”

**CHLH 594 (pending as CHLH 573) Biostatistics** (credit: 4 hours). “Introduction to fundamental topics in biostatistics in public health, covering univariate and bivariate statistics as well as basic topics in multivariate analysis. Includes practice in analyzing health data through computer laboratory sessions.”

**Required Concentration Courses for MPH degree:**

**CHLH 575 Chronic Disease Prevention** (credit: 4 hours). “Advanced course in population-based approaches to chronic disease prevention, with emphasis on policy and environmental strategies affecting lifestyle risk factors. Provides an understanding of common diseases, screening tests, community assessment, systematic evidence reviews, and evidence-based community interventions.”

**CHLH 577 Health Program Evaluation** (credit: 4 hours). “Use of research methods and theory for evaluation of initiatives and programs in public health and medical care. Emphasis on acquiring skills in evaluation and conducting evaluations whose results have impact on public health practice. Covers different theories and perspectives on health evaluation. Review of published evaluations used to illustrate research methods and practical issues in program evaluation.”
**CHLH 594 Cultural Competence** (credit: 4 hours). “Using a mindful practitioner model, students will learn the skills and self-awareness needed to engage and connect with culturally diverse individuals and communities.”

**Required MPH Practicum and MPH Capstone Experience:**

**CHLH 594 (pending as CHLH 587) MPH Practicum** (credit: 4 hours). “Provides MPH students with planned, supervised and evaluated field experience in a public health practice setting where student will synthesize knowledge and skills acquired through the course of MPH study.”

**CHLH 589 Public Health Capstone Experience** (credit: 2 hours). “Provides MPH students an opportunity to synthesize, integrate, and apply knowledge and skills acquired in MPH coursework, through work on a project relevant to public health practice. Generally offered for MPH students in their last semester of study in the MPH program.”

**One Course is required from the following optional concentration course list:**

(Abbreviations used below: LA = Landscape Architecture; CMN = Communication)

**CHLH 501 Issues in Health Education** (credit: 4 hours). “Analyzes current developments, trends, and controversies in health education with emphasis on developing student competencies for intervention planning, implementation and analyses; and examines issues affecting the health educator in various work settings, including patient care, public health, school health, and higher.”

**CHLH 510 Public Health Development** (credit: 4 hours). “Advanced study of the principles, practice and current issues of public health at the local, state, national and international levels, including the relationships between public health departments, voluntary health agencies, and other community organizations.”

**CHLH 594 Cancer Characteristics and Epidemiology** (credit: 4 hours). “Emphasizes cancer epidemiology that includes: Information on the development the development of malignancy and characteristics of tumor cells; the relationship between various risk and protective factors and the development of cancer in an epidemiologic context; treatment and preventative cancer trials and survival rates; relevant basic epidemiology concepts that are related to this course.”

**CHLH 594 Health Disparities** (credit: 4 hours). “Provides students with an understanding of how institutional, sociocultural, and individual factors contribute to ethnic/racial, socioeconomic, and gender disparities in healthcare access and outcomes.”

**CMN/CHLH 465 Social Marketing Health & Behavior** (credits: 3 or 4 hours). “Applies marketing concepts and practices to bring about behavior change for a social good. Social marketing is an approach to planning and implementing projects and programs that emphasizes a customer-centered mindset to learn what people want and need to change their behavior. Designed to give students a thorough orientation to the discipline of social marketing and its application to a range of problems with an emphasis on issues in health contexts. Topics will include audience research, segmentation strategies, communication channels, marketing mix, and the application of behavioral theory. Students will acquire practical skills in the design, implementation, and evaluation of health intervention initiatives that use social marketing.”
LA 590 (pending as LA 570 and will be cross-listed as CHLH 580) Built Environment and Human Health (credits: 4 hours): “In the *Built Environment and Human Health* we explore the challenge of, and science behind, creating healthy, sustainable places. We engage this topic by learning about four mechanisms through which places impact health. We also examine the empirical evidence in support of each of these mechanisms. Learning in this course grows from a series of readings, active participation in class discussion, and the development of a review paper or a research proposal.”

**Elective Courses**

MPH students are advised to select an elective course that is appropriate for their career objectives. A few courses are listed below to illustrate existing options for electives at the Urbana-Champaign campus. Some courses are possible electives for all MPH students; e.g., PATH 528 Multivariate Biostatistics is appropriate for MPH students who have completed the core biostatistics course. Other electives have prerequisites that only some MPH students will meet; e.g., ECON 482 Health Economics is suitable for MPH students with an economics background.

(Abbreviations used below: KIN = Kinesiology; PATH = Pathobiology; FSHN = Food Sciences Human Nutrition; GEOG = Geography; UP = Urban and Regional Planning; HIST = History; ECON = Economics; BADM = Business Administration; LAW = College of Law)

**KIN 448 Exercise and Health Psychology** (credits: 3 or 4 hours). “Examines the psychological determinants and consequences of exercise as a health promoting behavioral process.”

**UP 474 Neighborhood Revitalization** (credits: 4 hours). “Examines rationale and techniques for planning at the neighborhood level; the major social, political, and economic issues that confound public and private sector efforts to revitalize distressed neighborhoods.”

**PATH 528 Multivariate Biostatistics** (credits: 4 hours). “The application of multivariate data analysis to biology, agriculture, and medicine. Includes principal components and factor analysis, multivariate analysis of variance, discriminate analysis, cluster analysis, and multidimensional scaling. Specific applications include clinical diagnosis, nutritional and physiological profile analysis, ecological niche analysis, and patterns of genetic relatedness using molecular genotyping. Computer exercises using standard statistical software are used throughout. Students will also have individual projects and report their analysis in class presentations.”

**CHLH 578 Applied Epidemiology** (credit: 4 hours). “Advanced epidemiologic analysis of disease problems. Covers research designs including cohort, case-control, and intervention trials; methods of analysis including multivariate adjustment for confounding and description of effect modification; and application of statistical computer software with emphasis on chronic diseases.”

**FSHN 428 Community Nutrition** (credit: 3 hours). “Application and integration of the principles of nutrition and their delivery in the context of social, political, and economic environments in local, national, and international settings.”

**GEOG 438 Geography of Health Care** (credit: 3 or 4 hours). “Methods and perspectives of health care. Emphasizing the spatial analysis of health and health care. The organization, provision and competition of health care will be highlighted.”

**HIST 475 U.S. Public Health & Health Policy** (credit: 3 or 4 hours). “American public health and health policy since the late-nineteenth century. Emergence of modern public-health institutions in America; relation of public health to conceptions of disease, social order, and the role of government; emergence and
development of public policy issues in public health and medical care, of the environment for the formulation of policy, and the relation of policy to broader issues of social development, incidence of disease, and assumptions about the proper distribution of public and private responsibility.”

**CHLH 415 International Health** (credits: 3 or 4 hours). “Explores the various factors that impact the health of populations around the world. Political, cultural, social, environmental and other domains will be examined in relation to how they affect the health of residents of various countries.”

**ECON 482 Health Economics** (credits: 3 or 4 hours). “Economic analysis of the health care industry to explain the demand for and supply of medical care. Includes analysis of behavior of consumers, producers, and insurers; and public policies to regulate the industry and to provide services for the poor and elderly.”

**BADM 508 Leadership and Teams** (credits: 2 or 4 hours). “Develops and integrates fundamental behavioral concepts and theory having administrative applications; initially focuses on the individual decision maker and ultimately includes interpersonal, organizational, and social structures and influences; and develops strategies and methods of research on behavioral applications in business.”

**LAW 620 Health Law Policy** (credits: 3 or 4 hours). “This course focuses on the profound legal and policy issues raised by changes in health law and the U.S. health care delivery system including: access to health law and the U.S. health care delivery system including: access to health services; the financing and organization of the health care system; development of legal standards to ensure quality of care; and issues of long-term care. In addition, we will focus on the process of making laws and policies; what entities, institutions, and individuals control decisions about the quality and cost of health care. We will also explore the need and basis for reform.”

Though *not available to MPH students for course credit*, the College of Business offers a **Certificate in Business for Non-Business Graduate Students** (see [http://business.illinois.edu/cib/](http://business.illinois.edu/cib/)). This ten-session curriculum involves 30 contact hours, and emphasizes business innovation, strategy, leadership, and structure. Out-of-pocket registration fee is $495. This Certificate program may be used by MPH students to enhance their background in management and administration, complementing the management content in CHLH 410 (Public Health Practice), CHLH 550 (Health Policy), CHLH 577 (Health Program Evaluation), and elective coursework.

**The role of 400-level courses in the MPH curriculum**

The curriculum structure ensures that MPH students in 400-level courses do work at the graduate student level. Currently only two required courses in the MPH curriculum are taught at the 400 level (CHLH 410 Public Health Practice and CHLH 469 Environmental Health). In CHLH 469, MPH students and undergraduate students do attend the same lectures. However, MPH students enroll in a separate 4 credit hour graduate student section of the course, and do additional assignments in the course beyond those of undergraduates in the 3 credit hour section. For CHLH 410, MPH students enroll in a separate section intended only for MPH students; MPH students do not attend the same lectures as undergraduates. All MPH students do the same assignments and take the course for 4 credit hours.

If an elective course or 4th concentration course is a 400 level course, MPH students with graduate status must enroll in a graduate-level section of the course. This policy ensures the student must do work appropriate for a graduate student to pass the course. The MPH program works with BS-MPH students in their 4th year to admit them to graduate sections of elective 400 level courses.
Policy for substitution or waiving required courses

The MPH student handbook explains the policy for substituting a different course for a required course. Substitutions are allowed only for core MPH course, and only when the MPH student has already taken a similar course in a previous degree program. The student may petition to take a more advance course in the same area, e.g. substitute a more advanced biostatistics course for the core biostatistics course. A maximum of three core courses may have substitutions. No substitutions or waivers are allowed for the required concentration courses, the practicum course, and the capstone course.

There is one situation in which a substitute course is always necessary. A student at the University of Illinois cannot be required to take the same course twice (e.g. once in an undergraduate degree program and once in a graduate degree program). For example, if a student took CHLH 410 as an undergraduate, the student must take a substitute course if they are in the 2 year MPH program. Hence, if a student is admitted to the MPH who has already taken CHLH 410 and/or CHLH 469 as an undergraduate, they would be asked to substitute a more advanced course.

Two specific elements of coordination among MPH course work.

1. Common conceptual model of health disparities. Information about reducing health disparities is included in most MPH coursework. To promote a more coordinated approach to teaching health disparities, the MPH program established Objective #2:

Indicator: Most courses in the MPH curriculum will use a common conceptual model of health disparities. (MPH Objective #2).

In spring, 2012, the MPH program chose the model of Warnecke et al to guide teaching of health disparities. In 2012-13, MPH faculty will include some content on this model as appropriate. The plan is for MPH faculty to compare notes about use of this model in coursework, including which parts of the model get the most emphasis in the course. The intent is to have similarity among courses in teaching concepts and content related to reducing health disparities. For example, the model should foster more consistent use of terms such as “upstream,” “midstream”, and “downstream.”

2. Support of student e-portfolios. The MPH program seeks to assist MPH students in locating employment by supporting the development of portfolios of their work. It is anticipated these will be electronic, or e-portfolios. Certain class assignments (such as final papers) can be appropriate to include in the portfolios, so as to demonstrate the student’s content knowledge and ability to write.

Indicator: By Spring term of 2014, the majority of MPH courses include assignments or activities that support students in developing portfolios of their work in the MPH program. (MPH Objective #4).

The MPH program has established a small committee to provide guidance on how to proceed to meet MPH objective #4 by spring of 2014.

Formal MPH activities designed to complement coursework

Academic degree programs enrich their environment by inviting outside speakers to address faculty and students. Research presentations are useful and common. The MPH program set Objective #3 to ensure that students are also exposed to practitioner-oriented presentations related to health policy or advocacy. The speakers are now suggested by the Public Health Faculty group and by the MPH student organization.
**Indicator:** Each year, coordinate at least one presentation from an outside speaker addressing health policy or community advocacy for public health initiatives. (MPH Objective #3)

In AY 2011-12, the faculty invited Ross Brownson (Washington University) to speak on physical activity policy. He also met with MPH students at lunch provided information about careers in public health.

In AY 2010-11, Prof Huhman from UIUC spoke on the CDC VERB campaign to promote physical activity in children, from the standpoint of a public health practitioner evaluating the campaign.

### 2.1c. **Assessment to the extent to which this criterion is met.**

**Summary:** This criterion is met. A complete MPH curriculum with one area of concentration has been implemented. The curriculum is designed to prepare practitioners for public health practice by providing opportunities to develop skills and to master competencies necessary for practice.

**Strengths and Successes:**
- All but two required courses are taught at the 500-level (graduate student only).
- There are a large number of courses offered in other departments that available to MPH students as electives.
- To promote an interdisciplinary approach, in two instances courses in other departments meet the requirement for a 4th concentration course.
- In support of the interdisciplinary approach of the MPH program, several joint degree programs have been set up since 2009.
- The decision in 2011 to require all MPH students to take a section of CHLH 410 (Public Health Practice) taught by a PhD level practitioner (Remmert) has had success. Dr. Remmert is on the list of “teachers ranked as excellent” based upon the student evaluations of the course in spring 2012.

**Weaknesses and Limitations:**
- Permanent course numbers are not yet available for some MPH courses.
- As a result of the commitment to developing 500-level courses and improving the curriculum, the specific course requirements for the MPH degree have differed each year.

**Recommendations to the MPH program:**
- Complete the process of obtaining permanent course numbers for all MPH courses in AY2012-13.
- Add information on the newly approved MUP-MPH degree to the MPH student handbook.
- For AY2013-14, consult with the Graduate College on revising the wording in the Program of Study for the requirements for the 4th concentration course and electives. The intention of the current requirements is for students to earn at least 6 credit hours from an elective course plus a 4th concentration course. Feedback suggests the requirement would be clearer if the wording were revised to: “One additional concentration course from an approved list, plus either (a) a second concentration course from the approved list; (b) an elective course; or (c) 500-level seminars.” The list of approved concentration courses will only have 3 or 4 credit courses on it. The total credits for this requirement will be listed as “6 min.” This notation means that coursework for this requirement must be a minimum of six credits. Also determine if the program of study still needs a requirement for minimum credits hours from Community Health courses.
2.2 **Program Length.** An MPH degree program or equivalent professional master degree must be at least 42 semester credit units in length.

2.2a. **Definition of a credit with regard to classroom/contact hours.**

The Graduate College has a specific policy that governs approval of the credit hours and content of graduate level courses (see [http://www.grad.illinois.edu/policies/courseproposal](http://www.grad.illinois.edu/policies/courseproposal)). The policy does not establish rigid ratios between course credit hours and class contact hours. However, the policy states: “It is customary for graduate courses that carry either 3 or 4 hours of credit to meet in organized instruction for 43 to 58 contact hours per term (3 to 4 contact hours per week in fall or spring) including examinations.” A contact hour is defined as one 50-minute session. This guideline explicitly does not apply to laboratory, independent study, special problems, thesis research, or practicum coursework. This guideline is followed by lecture/discussion courses of the MPH program. Indeed, the recent approval of permanent course numbers for several MPH courses (e.g. CHLH 575, CHLH 577) indicates they met the guideline. Approval of new permanent courses requires review at the Department, College, and University level.

2.2b. **Information about the minimum degree requirements for all professional degree curricula shown in the instruction matrix.**

A minimum of 48 credit hours is required for the MPH degree. The minimum degree requirements are contained in the Graduate College Program of Study above. In summary, the minimum requirements are:

- 6 required core courses
- 3 required concentration courses
- 1 required concentration course from a list updated annually (currently six courses)
- 1 elective course (possibly a second course on the list of optional concentration courses)
- MPH Practicum
- MPH Capstone course.

In the joint degree programs, *the requirements for the BS, MPH, and PhD degrees are the same as for students not in the joint degree programs*. Establishing a new joint degree programs requires review and approved by all levels of governance, including the department, college, and university levels, as well as approval by the University of Illinois Board of Trustees and by the Illinois Board of Higher Education. The BS-MPH joint degree was approved in 2011, and the six MPH-PhD joint degrees were approved in September, 2012.

A student in a joint degree program must meet the MPH requirements (described above and in MPH Handbook in Appendix F), and also separately meet the requirements for the BS or PhD ( Appendix H). However, students in joint degree programs may count up to 12 credit hours toward both degrees, as long as the courses selected meet requirements for both degrees. For example, the core MPH biostatistics course may also count as a research methods course in a PhD program.

2.2c. **Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last three years.**

There have been no MPH degrees awarded to MPH students who earned less than 48 credit hours in the past three years.
2.2d. *Assessment of the extent to which this criterion is met.*

Summary: This criterion is met. The MPH degree requires a minimum of 48 credit hours, which exceeds the accreditation requirement of 42 credit hours.

Strengths and Successes:
- All MPH graduates to date have met the 48 credit hour requirement.
- The University recently reviewed and approved new course numbers for several MPH courses. This review confirmed that the level of difficulty of the material and the amount of student effort required by the course was (1) appropriate for graduate students and (2) fit the University’s guidelines for credit hours.

Weaknesses and Limitations:
- The MPH program did not identify any weaknesses or limitations related to the minimum credit hour requirement.

Recommendations for the MPH program:
- Make it clearer on the MPH website and in the MPH student handbook that the 48 credit hours can (and have been) earned by students in 1.5 years, by attending fall, spring, summer, and fall terms.
2.3 Public Health Core Knowledge. All professional degree students must demonstrate an understanding of the public health core knowledge.

2.3a. Identification of the means by which the program assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health.

The MPH program assures that its graduates have sufficient understanding of public health core knowledge primarily through curriculum requirements:

1. The MPH program requires 5 core courses (biostatistics, epidemiology, healthy policy, environmental health, and health behavior) that address the topics commonly identified as core topics in public health.

2. The MPH program has a 6th core required course in public health practice. This course introduces MPH students to a wide range of public health topics, including: the structure and function of the public health system; legal basis of public health practice; public health advocacy; and management and administration.

3. All the core courses are graded, full semester courses for 4 credit hours. Courses include examinations as objective tests of student knowledge.

4. A system of competencies guides the content of the core courses, as discussed in section 2.6.

5. Starting in 2012-13, all MPH students admitted to the MPH program must maintain a 3.0 (A=4.0) cumulative grade point average (GPA), and all MPH students must pass the six core courses with at least a 2.7 (B-) in each course.

6. All students are expected to complete the six core courses before they enroll in the MPH Practicum course. That is, the practicum experience is positioned to increase core knowledge beyond what is learned in the basic courses.

7. Experiences related to core knowledge and competencies are assessed in the capstone presentation and in the MPH Practicum course.

8. The students mastery of core competencies are assessed in several ways (see section 2.7), including as self-assessment, grades, and other faculty assessments.

9. KCH requires that faculty obtain student evaluation of teaching. At Illinois, the evaluation occurs as part of ICES (Instructional and Course Evaluation System). Student comments provide some qualitative information about the courses strengths and weaknesses in covering core knowledge.

10. The Concentration courses integrate core knowledge of public health covered in the six core courses. For example, CHLH 577 Health Program Evaluation deals with issues in epidemiology and study design, biostatistics, and health behavior. CHLH 575 Chronic Disease Prevention deals with epidemiology, biostatistics, public health surveillance, community assessment, and health policy.

11. The same core curriculum is used for all joint degrees.
2.3b. **Assessment of the extent to which this criterion is met.**

Summary: This criterion is met. The MPH curriculum contains six core courses commonly recognized as the appropriate core coursework. Evaluation procedures are in place to assure MPH students attain a broad understanding of the core knowledge of public health.

Strengths and Successes:
- The MPH program assesses student achievement of the core knowledge of public health in several ways, and has set minimum GPA requirements.
- The MPH Practicum course cannot be attempted until students have completed the six core courses.

Weaknesses and Limitations:
- The sequence of coursework can vary by student and degree program, so that coursework is not always taken in the most logical order.

Recommendations for the MPH program:
- Consider adding questions to the ICES evaluation forms that seek student input on how well the course addressed the MPH competencies.
2.4 Practical Skills. All professional degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to the students’ areas of specialization.

2.4a. Description of the program’s policies and procedures regarding practice placements, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites, preceptor qualifications and criteria for waiving the experience.

The MPH program’s policies and procedures regarding practicum placements for academic years 2011-12 and 2012-13 are described in the MPH Practicum Handbook (Appendix G).

Students receive 4 hours of course credit for the practicum. The practicum requires at least 200 hours of work at a community site. Unless otherwise approved, students are expected to be at the site over a minimum 6 week period. A prerequisite for the practicum is completion of all MPH core coursework. MPH students are strongly encouraged to have an intensive practicum experience during the summer term.

The MPH Practicum Coordinator is a non-tenure track faculty member (Hann). To prepare for the practicum, MPH students attend pre-practicum seminars led by the Practicum Coordinator. The seminars start about 7 months (in the fall term) before the planned summer term practicum. While guidance is provided by the Practicum Coordinator and by faculty, students are ultimately responsible for locating a suitable practicum site and experience. The criteria for a practicum site (from the MPH Practicum Handbook) are:

- The practicum site is an organization, agency, or community that provides planning or services relevant to public health.
- The practicum site enables students to further develop and apply specific skills or competencies learned in the MPH academic program.
- The practicum site provides a Practicum Site Supervisor who is willing and able to schedule time with students and provide guidance and feedback.
- The practicum site should help students foster regular contact with public health practitioners.
- The practicum site exhibits a willingness to provide support, ranging from a workspace, to stipends or salary if available and appropriate.
- The practicum site is a good match with students’ needs and interests.

The MPH practicum handbook also delineates the criteria for a practicum preceptors. The preceptor must have extensive experience within their agency, and experience in public health practice.

When a student has selected a site, they prepare a scope of work for the practicum in consultation with the preceptor and the Practicum Coordinator. The MPH students are guided in the process by a Practicum Planning Form, and by a Practicum Scope of Work Form.

The plan and the preceptor must be approved by the MPH Practicum Coordinator. Before the practicum can start, a legal agreement must be signed between the University of Illinois and the practicum site. This agreement process is facilitated by the AHS College Contracts Office.

During the practicum, the MPH student is supervised by the on-site Practicum Supervisor, with performance monitored by the MPH Coordinator. Students submit weekly reports to the Practicum
Coordinator, which document student activities and supervision received, and provides the opportunity for the student to express concern about any aspect of the practicum experience.

For a final assessment, students write a paper about the practicum experience and create a poster that describes the experience. The MPH program sponsors a practicum poster session each semester for the MPH faculty and students.

The MPH practicum is evaluated using four separate methods. (1) As a course in the Community Health curriculum, it is evaluated using the UIUC course evaluation system (ICES or Instructor and Course Evaluation System). (2) The preceptor completes a final evaluation of the MPH student performance during the practicum, using a standard form provided in the MPH Practicum Handbook. (3) The MPH students provide weekly reports to the MPH practicum supervisor, using a form provided in the MPH Practicum Handbook. This form allows the practicum coordinator to monitor the progress of the student, as well as identify any issues or concerns regarding the practicum experience. (4) The MPH students prepare a poster summarizing the practicum. The poster presentation occurs at the end of the term in which the practicum is completed. Faculty members of the Public Health Faculty concentration are invited to attend the practicum poster presentation. Faculty members who attend the poster session discuss the practicum with students and provide a rating of the poster presentation using a standard form. This form is now included in the MPH Practicum Handbook (Appendix G).

The MPH program does not have criteria for waiving the practicum experience, as the practicum is required. If a student has a regular job that provides public health work experience, the student would be expected to arrange a separate experience for the practicum.
2.4b. Identification of agencies and preceptors used for the practice experiences for students, by specialty area, for the last two academic years.

All practicum experiences occurred in the MPH program’s one concentration area: Health Behavior and Promotion. The table below includes data through the end of Summer Term, 2012. A table including practicum projects and preceptors is included in Appendix I.

UIUC MPH Practicum Sites and Locations: Summer 2010-Summer 2012

<table>
<thead>
<tr>
<th>Practicum Term</th>
<th>Practicum Site</th>
<th>City, State</th>
<th>Number of MPH Students per Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 2010</td>
<td>Carle Foundation Hospital (Charles Van Vorst Internship)</td>
<td>Urbana, IL</td>
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</tr>
<tr>
<td></td>
<td>Champaign-Urbana Public Health District (CUPHD)</td>
<td>Champaign, IL</td>
<td>2</td>
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<tr>
<td></td>
<td>CHC Wellness</td>
<td>Chicago, IL</td>
<td>1</td>
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<tr>
<td></td>
<td>DuPage County Health Department</td>
<td>Wheaton, IL</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Water Missions International</td>
<td>Chicago, IL</td>
<td>1</td>
</tr>
<tr>
<td>Summer 2011</td>
<td>Carle Foundation Hospital (Charles Van Vorst Internship)</td>
<td>Urbana, IL</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>CUPHD</td>
<td>Champaign, IL</td>
<td>1</td>
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<tr>
<td></td>
<td>Greater Community AIDS Project</td>
<td>Champaign, IL</td>
<td>1</td>
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<tr>
<td></td>
<td>Illinois Public Health Institute</td>
<td>Chicago, IL</td>
<td>1</td>
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<td></td>
<td>State Senator Frerichs Office</td>
<td>Champaign, IL</td>
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<tr>
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<td>UIUC Wellness Center</td>
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<tr>
<td></td>
<td>Whiteside County Health Department</td>
<td>Dixon, IL</td>
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<td>Spring 2012</td>
<td>Campaign for Better Health Care</td>
<td>Champaign, IL</td>
<td>1</td>
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<tr>
<td></td>
<td>Carle Hospital</td>
<td>Urbana, IL</td>
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<tr>
<td></td>
<td>CUPHD</td>
<td>Champaign, IL</td>
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<tr>
<td></td>
<td>Parkland College Wellness Center</td>
<td>Champaign, IL</td>
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<tr>
<td>Summer 2012</td>
<td>Alliance of Chicago Community Health Centers</td>
<td>Evanston, IL</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Campaign for Better Health Care</td>
<td>Champaign, IL</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Center on Obesity Management and Prevention, Children’s Memorial Research Center</td>
<td>Chicago, IL</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>CUPHD</td>
<td>Champaign, IL</td>
<td>4</td>
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<tr>
<td></td>
<td>Health Resources and Services Administration (HRSA)</td>
<td>Rockville, MD</td>
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<tr>
<td></td>
<td>Illinois Association of Free and Charitable Clinics (IAFCC)</td>
<td>Chicago, IL</td>
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<tr>
<td></td>
<td>Katherine Shaw Bethea Hospital</td>
<td>Dixon, IL</td>
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<tr>
<td></td>
<td>Provena Covenant Medical Center</td>
<td>Urbana, IL</td>
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<tr>
<td></td>
<td>Restaurant Opportunities Centers United</td>
<td>New York, NY</td>
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<tr>
<td></td>
<td>Richland Memorial Hospital</td>
<td>Olney, IL</td>
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<tr>
<td></td>
<td>Rutherford County Health Department</td>
<td>Murfreesboro, TN</td>
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<tr>
<td></td>
<td>St. Mary’s Hospital, Good Samaritan Regional Health Center</td>
<td>Centralia, IL</td>
<td>1</td>
</tr>
</tbody>
</table>

2.4c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.

No MPH student has received waiver of the requirement for a MPH Practicum during the past three years.
2.4d. *Data on the number of medical residents completing the academic program for each of the last three years.*

During the past three years, none of the MPH students were physicians. None were involved in residencies such as preventive medicine or occupational medicine.

2.4e. *Assessment of the extent to which this criterion is met.*

Summary: This criterion is met. All the practicum experiences for MPH students thus far have been successful, and the practicum requirement has not been waived. The MPH program has developed a practicum handbook and a method of monitoring and evaluating practicum experiences.

Strengths and Successes:
- Carle Foundation Hospital created a paid practicum experience for MPH students completed by two MPH students thus far.
- The vast majority of MPH Practicum experiences have occurred in the summer in a concentrated block of time of 200+ hours. The program has also been sensitive to needs of students, and allowed practicums during the fall or spring term to accommodate work schedules or other constraints.
- Public health agencies are a common practicum site.
- The MPH program responded to student feedback by scheduling the practicum orientation early in MPH training (first semester of graduate study).
- The MPH Practicum Poster session has been well attended by faculty members and students, and provides an example of successful practicums to students who are still planning their practicum.

Weaknesses and Limitations:
- A few local practicum sites report that summer does not always offer the best opportunities for MPH students at the site. The MPH program is considering a “hybrid” practicum where most of the time is concentrated in the summer, but some time is spent at the practicum site in the previous spring term or subsequent fall term.

Recommendations for the MPH program:
- Continue to seek and develop new practicum sites and opportunities, both in the local community and in locations (e.g., Chicago) likely to meet the needs of MPH students. Provide students yearly updated lists of previous practicum sites.
- Provide any administrative support necessary to allow students to do practicums in a continuous block of time that spans more than one semester.
2.5 Culminating Experience. All professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

2.5a. Identification of the culminating experience required for each degree program.

The culminating experience of the MPH program is called the “Capstone” experience. The experience occurs within a required two-credit hour course, CHLH 589: Public Health Capstone Experience. The culminating experience (CHLH 589 Public Health Capstone Experience) is the same experience for all MPH students. This course is completed in the student’s final term in the MPH program. And so far, all MPH students have completed the Capstone experience course in their final term of study. For students in the BS-MPH joint degree program, this is the final term in the joint degree program. For students in a MPH-PhD joint degree program, the Capstone experience occurs in the term when the student completes all the MPH requirements for the joint degree. MPH-PhD joint degree students are generally advised to complete the MPH requirements within the first two years of the joint degree program, and end the joint degree program with work on the PhD dissertation.

The Capstone experience is intended to integrate knowledge and skills obtained in several MPH courses, and to pertain to an aspect of public health practice. It is recommended to MPH students that they select a Capstone experience which builds upon some aspect of their practicum experience. However, the Capstone must be distinct from the practicum, and the same work cannot be submitted for credit in both the MPH Practicum and MPH Capstone courses. Another distinction between practicum and Capstone is relates to supervision. In the practicum, the preceptor formally directs the activities of the student during the practicum. In the Capstone, the student directs the activities of the Capstone project using advisors they select for the project (e.g. faculty, public health practitioners in the community). MPH students may choose to do a Capstone unrelated to the practicum. Projects dealing with research or evaluation may be approved by the Capstone Course Coordinator, if the project is relevant to public health practice.

The MPH Capstone course requires both a paper and a formal oral presentation. The formal presentation is given near the end of the term to an audience including MPH students and MPH faculty. Advisors for the project and members of the MPH Advisory Committee are also invited to attend (at the last Capstone presentation, one Advisory Committee member attended).

Students are evaluated by faculty using a written form on the extent the Capstone project addresses competencies used by the MPH curriculum. They are also evaluated on their ability to answer questions related to public health practice in the area of the project. Faculty members of the Public Health Faculty concentration who attend the presentations provide input in the grade on the presentation using a standard form. This form is included in Appendix L. The competencies addressed by the Capstone Experience are identified periodically throughout the project. The planning form for the Capstone asks the student to identify competencies to be addressed. Student progress reports identify the competencies, as does the final paper. Faculty assessments of the presentation also identify which competencies were addressed by the culminating experience. Students are required to discuss how the project contributed to development of skill in at least 7 competency areas.

The situation with the capstone course for joint MUP-MPH students is more complicated. Both are professional degrees and both require a Capstone course. However the MUP Capstone course is more extensive. Since the idea of the capstone is to integrate and synthesize knowledge, the plan is that the MPH program will deem that the MUP capstone course meets the MPH requirement, as long as the capstone project integrates both public health and urban planning. That is, the MPH program must approve the Capstone project. Also, the student in the joint MUP-MPH program must do a capstone presentation at the
MPH event. The MPH program will require that the Capstone project include an advisor competent in the public health issues of the project.

To illustrate the nature of the Capstone experience in the MPH program, the Capstone projects of several of the first eight MPH graduates are described below:

**Capstone projects that built upon MPH Practicum:**
- An MPH student drafted sections of the I-PLAN for a local health department, after doing a practicum at the health department.
- An MPH student evaluated a worksite health promotion program (the worksite program had been implemented by a different MPH student during a practicum).
- An MPH student did a survey of stakeholders (part of a “needs assessment”) related to work done in a practicum on active transportation.

**Capstone projects unrelated to the MPH Practicum:**
- An MPH student helped develop a social marketing campaign to encourage consumption of locally grown foods.
- Two MPH students analyzed a data set from a funded study of the relationship of the structure of health departments to activities of the health department.

2.5b. **Assessment of the extent to which this criterion is met.**

Summary: This criterion is met. A culminating experience is required of all MPH students. Students complete the experience by participation in a 2 credit course, CHLH 589 Public Health Capstone Experience. Both when planning a project and after completion of the project, each student indicates the competencies involved and how the experience integrates knowledge learned in the MPH program.

**Strengths and Successes:**
- All MPH graduates so far completed the Capstone course in the final term of MPH study.
- In most Capstone projects thus far, a public health practitioner in the community has had a major role in advising the project.
- Capstone oral presentations have been well attended by faculty members and students.
- The MPH program responded to student feedback by including some information on the Capstone as part of the practicum orientation early in MPH training.

**Weaknesses and Limitations:**
- Some students have not easily grasped the purpose and nature of the MPH Capstone course. The MPH program is seeking to improve its communication about the Capstone course and its requirements.
- The level of involvement of Public Health Faculty in Capstone projects has varied. Even though all projects thus far have been successful, the MPH program is seeking to better standardize the level of faculty oversight of the Capstone course.

**Recommendations for the MPH program:**
- Establish a process that ensures a minimum of three faculty who participate in capstone projects each semester, and in the review of these projects at the capstone oral presentation session.
2.6 **Required Competencies.** For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.

2.6a. *Identification of core public health competencies that all MPH or equivalent professional master degree students are expected to achieve through their courses of study.*

The competencies for the MPH program are below. The MPH program competencies are the same for all MPH students. The competencies do not differ for joint degree programs.

**Core Competencies:**
1. Perform and use statistical analyses of health data to inform community assessments and evaluations.
2. Use epidemiologic data and research to describe the pattern of diseases in communities and identify risk factors for diseases and for health disparities.
3. Apply systems thinking to identifying policy approaches to improve health of populations.
4. Apply participatory strategic planning models to the development of public health plans for the prevention and control of disease.
5. Select, critique, and apply appropriate health behavior theories to plan health promotion strategies.
6. Identify the major environmental and occupational hazards that pose a risk to individuals’ health through their interaction with the environment.

**Concentration Competencies:**
1. Apply frameworks for social determinants of health to public health practice.
2. Critically appraise the evidence basis for public health interventions in a community.
3. Apply evidence-based frameworks to public health practice and problem solving.
4. Design and implement community-level interventions to promote health, prevent chronic illness, and reduce disparities.
5. Design and conduct evaluations of the acceptability and effectiveness of public health interventions.
6. Demonstrate effective written and oral communication with professional and diverse public audiences.
7. Exhibit the teamwork, leadership, social, and interpersonal skills necessary to collaborate effectively with agencies, coalitions, and networks in communities in defining and addressing public health issues.
8. Demonstrate sensitivity to diversity and cultural differences when working in community partnerships.

Many MPH programs use the core competency model developed by the Association of Schools of Public Health (ASPH) (Calhoun JG, Ramiah K, Weist EM, Shortell SM. Development of a Core Competency Model for the Master of Public Health. *Am J Public Health* 2008;98:1598-1607.) The model involves 48 Core Competencies in the 5 core MPH courses of biostatistics, environmental health, epidemiology, health policy, and social & behavioral sciences. Based upon consultation with CEPH, the MPH program chose to specify fewer core competencies. Each core course addresses most if not all of the ASPH competencies. However, the syllabus may refer to these as “objectives” so that they are not confused with this MPH program’s competencies listed above.
2.6b. *A matrix that identifies the learning experiences by which the core public health competencies are met.*

XX = address this competency
XXXX = emphasizes this competency

**Core Competencies:**

<table>
<thead>
<tr>
<th>Course</th>
<th>Statistical analyses of health data</th>
<th>Use epidemiologic data &amp; research</th>
<th>Systems thinking &amp; policy approaches</th>
<th>Strategic planning models</th>
<th>Select, critique &amp; apply health behavior theory</th>
<th>Identify major environmental hazards</th>
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</thead>
<tbody>
<tr>
<td><strong>Core Courses (Required)</strong></td>
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<td>CHLH 410 Public Health Practice</td>
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<td>CHLH 540 Health Behavior Theory</td>
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<td>CHLH 577: Health Program Evaluation</td>
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<td>CHLH 594: Cultural Competence</td>
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</tr>
<tr>
<td><strong>Concentration Courses (One Course Required from the list)</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CHLH 465 Social Marketing &amp; Health Behavior</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>CHLH 501 Issues in Health Education</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>CHLH 510 Public Health Development</td>
<td></td>
<td>XX</td>
<td>XXXX</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLH 594 Cancer Characteristics &amp; Epidemiology</td>
<td></td>
<td>XXXX</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLH 594 Health Disparities</td>
<td></td>
<td>XX</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA 570 Built Environment &amp; Human Health</td>
<td></td>
<td>XXXX</td>
<td>XX</td>
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<td></td>
</tr>
</tbody>
</table>

**MPH Practicum and Capstone** – Competencies addressed by Practicum and Capstone courses vary, and are identified by faculty and student assessments.
### 2.6c. Identification of a set of competencies for each specialty area identified in the instructional matrix, including professional and academic degree curricula.

XX = address this competency
XXXX = emphasizes this competency

**Concentration Competencies:**

<table>
<thead>
<tr>
<th>Course</th>
<th>Apply frameworks for social determinants of health</th>
<th>Critically appraise evidence for public health interventions</th>
<th>Apply evidence-based frameworks to public health practice</th>
<th>Design and implement community-level interventions</th>
<th>Design and conduct evaluations</th>
<th>Demonstrate effective written and oral communication</th>
<th>Exhibit the teamwork, leadership, social, and interpersonal skills</th>
<th>Demonstrate sensitivity to diversity and cultural differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLH 410 Public Health Practice</td>
<td>XX</td>
<td>XXXX</td>
<td></td>
<td></td>
<td>XX</td>
<td>XX</td>
<td></td>
<td></td>
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<tr>
<td>CHLH 469 Environmental Health</td>
<td></td>
<td>XX</td>
<td></td>
<td></td>
<td>XX</td>
<td></td>
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<td></td>
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<tr>
<td>CHLH 540 Health Behavior: Theory</td>
<td>XX</td>
<td>XX</td>
<td></td>
<td>XXXX</td>
<td>XX</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLH 550 Health Policy: United States</td>
<td></td>
<td>XX</td>
<td>XXXX</td>
<td>XXXX</td>
<td>XX</td>
<td>XX</td>
<td></td>
<td></td>
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<tr>
<td>CHLH 572 Principles of Epidemiology</td>
<td>XX</td>
<td></td>
<td>XX</td>
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<td></td>
<td></td>
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<tr>
<td>CHLH 573 Biostatistics</td>
<td></td>
<td></td>
<td>XX</td>
<td>XX</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Core Courses (Required)**

| CHLH 410 Public Health Practice | XX | XXXX | XX | XX |
| CHLH 469 Environmental Health | XX | | XX | |
| CHLH 540 Health Behavior: Theory | XX | XX | XXXX | XX | XX |
| CHLH 550 Health Policy: United States | | XX | XXXX | XXXX | XX | XX |
| CHLH 572 Principles of Epidemiology | | | XX | XX | |

**Concentration Courses (Required)**

| CHLH 575 Chronic Disease Prevention | XXXX | XXXX | XXXX | XX |
| CHLH 577: Health Program Evaluation | XX | XX | XXXX | XXXX | XXXX |
| CHLH 594: Cultural Competence | XXXX | | XXXX | XXXX | XXXX |

**Concentration Courses (One Course Required from the list)**

| CHLH 465 Social Marketing & Health Behavior | | XXXX | XXXX | XX | XXXX | XX | XX |
| CHLH 501 Issues in Health Education | | | | | XXXX | XX |
| CHLH 510 Public Health Development | XX | | | | | | |
Table 2.6.c  
(Continued)

<table>
<thead>
<tr>
<th>Course</th>
<th>Apply frameworks for social determinants of health</th>
<th>Critically appraise evidence for public health interventions</th>
<th>Apply evidence-based frameworks to public health practice</th>
<th>Design and implement community-level interventions</th>
<th>Design and conduct evaluations</th>
<th>Demonstrate effective written and oral communication</th>
<th>Exhibit the teamwork, leadership, social, and interpersonal skills</th>
<th>Demonstrate sensitivity to diversity and cultural differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLH 594 Health Disparities</td>
<td>XXXX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA 570 Built Environment &amp; Human Health</td>
<td>XX</td>
<td>XXXX</td>
<td>XX</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHLH 594 Cancer Characteristics &amp; Epidemiology</td>
<td>XXXX</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

MPH Practicum & Capstone – Competencies addressed by Practicum and Capstone courses vary, and are identified by faculty and student assessments.

2.6d.  
*A description of the manner in which competencies are developed, used and made available to students.*

The development of MPH competencies began in AY 2010-11. Competencies were finalized in January of 2012. During the development process, the background materials for developing core competencies were: course syllabi for MPH coursework; the CEPH technical assistance document related to competencies; the ASPH project on MPH competencies including the report and the publication in the *American Journal of Public Health*; and a review of competencies shown in self-study documents from 10-15 other MPH programs with concentrations related to health behavior and promotion. Groups of MPH faculty met several times between Spring 2010 and Spring 2011 to work on drafts of MPH competencies. By Spring 2011, the first matrix of competencies versus learning experiences was drafted.

In Fall 2011, a CEPH site visitor provided feedback on the draft competencies. Revised competencies based upon this feedback were provided to a working group of five faculty and one MPH student. This group did several iterative revisions in the competencies over a four month period based upon input from: MPH faculty, the Department Head, the Associate Dean for Academic affairs, I-TOPP faculty involved in joint MPH-PhD programs, a liaison to the University of Illinois Extension, one additional MPH student, and the MPH advisory committee. MPH students were apprised of the progress on competencies on two occasions at lunches sponsored by the MPH program.

In January of 2012, final competencies were shared with all that had provided input and feedback during development. The competencies were posted on the MPH website and shared with MPH students by email. In the March 2012 survey, MPH students were asked do self-ratings on competencies. Competencies were added to MPH handouts and slide presentations at open houses to recruit applicants to the MPH program. The process for adding competencies to MPH course syllabi should be complete by Fall term, 2012.
2.6e. **A description of the manner in which the program periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.**

As the competencies were finalized recently (January, 2012), the MPH program has not yet begun a periodic assessment of the need to revise them. The plan is for annual review of the competencies for the next 1-3 years. The Public Health faculty group will take the lead on updating competencies, with input from students and the MPH advisory committee.

2.6f. **Assessment of the extent to which this criterion is met.**

Summary: This criterion is met. The MPH program has a set of core competencies and a set of concentration competencies that are widely available to students, including in course syllabi and in MPH materials. The matrix of courses and competencies indicate that, in most cases, competencies are addressed by more than on core or concentration course.

Strengths and Successes:
- The MPH competencies were developed by an inclusive process involving faculty, students, and constituents.
- While it is possible to generate a large number of possible competencies, the MPH program successfully focused on a manageable list of competencies.
- While the competencies were not in finalized at the time the first class of MPH students graduated, the results of the alumni survey suggest that the MPH program did an acceptable job of helping the first class of MPH students attain the competencies. (See section 2.7f below).
- The MPH program has made good progress in ensuring the competencies are understood by students, and that course syllabuses identify the main competencies addressed by the course.
- Both MPH students and Public Health faculty members rate the extent that the MPH Practicum and MPH Capstone contributed to attainment of each competency.

Weaknesses and Limitations:
- Though draft competencies were available in 2010-11 to guide implementation of the MPH curriculum, the MPH competencies were not finalized until January, 2012.

Recommendations for the MPH program:
- The MPH program should review the competencies annually for the next two years: in spring 2013, and as part of the strategic planning scheduled for the middle of AY 2013-14. After that, competencies will be reviewed every 2-4 years, unless there are changes in CEPH requirements or new/updated competencies released by public health organizations.
2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

2.7a. Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.

Information about student progress on competencies is provided from the following sources:
1. Grades attained by students in required coursework.
2. An evaluation provided by the MPH Practicum Supervisor.
3. Student documentation of the competencies addressed in the MPH Practicum.
4. Student documentation of the competencies addressed in the MPH Capstone.
5. Faculty ratings at Practicum Poster presentation.
6. Faculty ratings at Capstone oral presentation.
7. Student self-ratings of competency obtained by anonymous survey at graduation from MPH program.
8. Student self-ratings of competency obtained by anonymous survey of MPH alumni at about 1 year after graduation.

In a curriculum where students learn competencies during coursework, the course instructor is responsible for ensuring students perform adequately on assignments that are used to develop skills in a competency. As the MPH program finalized its competencies in January 2012, it would not be until Spring 2013 that all courses have had a chance to see how well the competencies worked in that course. The plan is for the Public Health Faculty to monitor the competencies initially at a frequency of once per year starting in spring, 2013. The plan is for the public health faculty to collect and digest the information on competencies collected from the various sources in section 27.a, and propose revisions to the curriculum. It is anticipated the course structure of the MPH program will not change substantially, but that individual courses may be modified so as to better prepare students on certain competencies.

2.7b. Identification of outcomes that serve as measures by which the MPH program will evaluate student achievement in each degree program, and presentation of data assessing the program’s performance against those measures for each of the past three years.

As indicated in Section 1.2, the program tracks the following outcomes that serve as indicators of student achievement, and sets the following targets for each indicator.

Indicator: No more than 10% of students overall will be placed on academic probation in a given year after grades for a term are released (fall, spring, summer).

The target for this indicator is met in 2009 (0% on probation), 2010 (0% on probation), and 2011 (0% on probation).

Indicator: Final ratings by the Practicum Preceptor will indicate that at least 95% of MPH students performed acceptably on their MPH Practicum.

The target for this indicator is met. As of May 2012, 100% of MPH students had acceptable ratings from the preceptor.
**Indicator:** Final ratings by the Practicum Preceptor ratings will indicate that at least 95% of MPH students demonstrated acceptable levels of professionalism on their MPH Practicum.

This indicator was implemented in spring 2012 based upon a discussion of the MPH advisory committee. Of the 16 practicums in summer 2012, 100% were rated as having acceptable levels of professionalism by the MPH student.

**Indicator:** Based upon the Capstone presentation, anonymous ratings by faculty will indicate that presentation skills are acceptable or higher in 90% of MPH students.

The target for this indicator is met. The ratings began in spring, 2012, and all student Capstone presentations in spring and summer terms of 2012 were judged as acceptable.

**Indicator:** Anonymous ratings by faculty will indicate that at least 90% of students demonstrate acceptable levels of professionalism at the Capstone presentation.

This indicator was implemented in spring 2012 based upon a discussion of the MPH advisory committee. In spring 2012 and summer 2012, 100% of students were judged to have acceptable levels of professionalism.

**Indicator:** Self-ratings by recent MPH graduates of how well the MPH program prepared them on competencies will average at least 3.5, where 1=little preparation and 5=complete preparation.

This target for this indicator is met. The data are show in Section 2.7d below from the one alumni survey so far.

**Indicator:** At least 50% of MPH students attend a professional meeting or conference per academic year in MPH program.

The MPH program is seeking to institute a policy to promote professional development. The plan is to subsidize professional development activities, such as attending a meeting of public health professionals. The MPH program is working on locating some funding (e.g. $500 per student per year) that could be used e.g. to defray costs of attending a national public health meeting. This indicator was established to track the effects of efforts to promote professional development. This indicator will be tracked using the annual MPH student survey.

2.7c. **If the outcome measures selected by the program do not include degree completion rates and job placement rates, then data from these two additional indicates must be provided, including experiential data for each of the past three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.**

The MPH program includes degree completion rates and job placement rates as evaluation indicators.

**Indicator:** At least 80% of MPH students will complete the degree within the normal time period for degree completion.

The target for this indicator is met. In the first class of 6 MPH students, 100% graduated in two years. Of the second class of 8 full-time MPH students, 100% graduated in two years. Of the first class of 16 BS-MPH students, 14 (88%) graduated by the end of the 5th year of study.
In evaluating this indicator, the normal period of time for (full-time) MPH students is 2 years (fall, spring, summer, fall, and spring terms). For BS-MPH students, the normal period of time period is 3 semesters (fall, spring, summer) of a 5th year of study. For PhD-MPH students, the student has 6.5 years to complete both degrees—5 for PhD and 1.5 for MPH.

**Indicator:** At least 80% of MPH graduates will obtain employment or enroll in another degree program within 1 year of graduation.

The target for this indicator is met. Of the 8 MPH students who graduated prior to May, 2012, 7 (88%) have obtained employment or enrolled in another degree program within a year of graduation.

### 2.7d. A table showing the destination of graduates for each of the last three years.

The six MPH students in the first class all graduated in May 2011, and 5 of 6 (83%) were employed within a year after graduation. Of the second class of full-time MPH students, two graduated in December 2011 and both located employment within a few months (the other six graduated in May 2012 and four located employment within a few months). Hence, the 1 year job placement rate is 88% for the first 8 graduates.

**Table 2.7d. Destination of Graduates for Each of the Last Two Years for the Health Behavior Concentration.**

<table>
<thead>
<tr>
<th>Graduation Date</th>
<th>Government</th>
<th>Nonprofit</th>
<th>Health Care</th>
<th>Private Practice</th>
<th>University/Research</th>
<th>Proprietary</th>
<th>Further Education</th>
<th>Non-Health Related</th>
<th>Not Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2011</td>
<td>1</td>
<td>17</td>
<td>1</td>
<td>17</td>
<td>1/17</td>
<td>2/33</td>
<td></td>
<td></td>
<td>1/17</td>
</tr>
<tr>
<td>Fall 2011</td>
<td>1</td>
<td>50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1/50</td>
</tr>
<tr>
<td>Spring 2012</td>
<td>1</td>
<td>17</td>
<td>1</td>
<td>17</td>
<td>1/17</td>
<td>1/17</td>
<td></td>
<td></td>
<td>2/33</td>
</tr>
</tbody>
</table>

### 2.7e. In public health fields where there is certification of professional competence, data on the performance of the program’s graduates on these national examinations for each of the last three years.

Not applicable.
**2.7f. Data describing results from periodic surveys of alumni and employers of graduates regarding the ability of the program's graduates to effectively perform the competencies in a practice setting.**

The eight MPH students who graduated in either May or December 2011 were surveyed in March 2012. As of April 15, 2012, 50% (four alumni) had responded to the anonymous survey. The survey asked about the extent the MPH program helped the student attain the competency with a scale from 1 = “little or no attainment” to 5 = “complete attainment.” The mean score is shown for each competency in the table below.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform and use statistical analyses of health data to inform community assessments and evaluations.</td>
<td>3.5</td>
</tr>
<tr>
<td>Use epidemiologic data and research to describe the pattern of diseases in communities and identify risk factors for diseases and for health disparities.</td>
<td>3.75</td>
</tr>
<tr>
<td>Apply systems thinking to identifying policy approaches to improve health of populations.</td>
<td>4.5</td>
</tr>
<tr>
<td>Apply participatory strategic planning models to the development of public health plans for the prevention and control of disease.</td>
<td>4.25</td>
</tr>
<tr>
<td>Select, critique, and apply appropriate health behavior theories to plan health promotion strategies.</td>
<td>4.5</td>
</tr>
<tr>
<td>Identify the major environmental and occupational hazards that pose a risk to individuals’ health through their interaction with the environment.</td>
<td>4</td>
</tr>
<tr>
<td>Apply frameworks for social determinants of health to public health practice.</td>
<td>4</td>
</tr>
<tr>
<td>Critically appraise the evidence basis for public health interventions in a community.</td>
<td>4</td>
</tr>
<tr>
<td>Apply evidence-based frameworks to public health practice and problem solving.</td>
<td>4.25</td>
</tr>
<tr>
<td>Design and implement community-level interventions to promote health, prevent chronic illness, and reduce disparities.</td>
<td>3.75</td>
</tr>
<tr>
<td>Design and conduct evaluations of the acceptability and effectiveness of public health interventions.</td>
<td>4.25</td>
</tr>
<tr>
<td>Demonstrate effective written and oral communication with professional and diverse public audiences.</td>
<td>3.75</td>
</tr>
<tr>
<td>Exhibit the teamwork, leadership, social, and interpersonal skills necessary to collaborate effectively with agencies, coalitions, and networks in communities in defining and addressing public health issues.</td>
<td>3.75</td>
</tr>
<tr>
<td>Demonstrate sensitivity to diversity and cultural differences when working in community partnerships</td>
<td>3.5</td>
</tr>
</tbody>
</table>

As of May, 2012, the MPH program had informally collected information from two employers of MPH graduates. One MPH graduate took a position at CUPHD and serves on the MPH advisory committee. One MPH graduate worked as a research assistant in KCH, and has since matriculated into the PhD program. The MPH program took a different approach to surveying employers of the other graduates, because of the modest number of MPH graduates, because only four responded to MPH alumni survey, and because the MPH students generally positions quickly after graduation. The MPH program used the MPH advisory committee to provide input on characteristics of successful MPH students which dealt with the competencies. It translated this information into some of the performance measures and is implementing improvements related to career development and career counseling. The MPH program believes an employer survey will be more useful after the program has more graduates.
2.7.g. **Assessment of the extent to which this criterion is met.**

Summary: This criterion is met. The curriculum of the MPH program requires that students master competencies to complete coursework successfully. In particular, the Capstone course asks students to demonstrate ability to synthesize and integrate knowledge, so as to address a public health problem.

Strengths and Successes:
- Several methods of assessment of student performance are implemented.
- As of August 2012, all MPH students have graduated in the normal time period for degree completion.
- As of August 2012, 14 of the 16 students (88%) in the first class of BS-MPH students graduated on schedule.
- As of April 2012, seven of the eight MPH graduates (87.5%) have an acceptable destination, with six students locating employment.
- The MPH program has not yet had any students on academic probation.
- The MPH program is moving toward additional documentation of competency attainment, by assisting students in creating portfolios of their work.

Weaknesses and Limitations:
- The ability of the MPH program to evaluate attainment of competencies varies by competency. For example, most MPH courses observe the student’s skill level for Competency #6: “Demonstrate effective written and oral communication with professional and diverse public audiences.” It is more difficult to observe the student’s skill level for Competency #8: “Demonstrate sensitivity to diversity and cultural differences when working in community partnerships.” The MPH program is still working on its methods of evaluating competencies. For example, the program is considering standard questions on the ICES evaluation forms that have student rate the extent that the course helped them develop skills in competencies.
- As the indicators of student performance have been revised over time, data on some indicators of student performance is not available for the past 3 years.
- The pool of graduates so far is too limited for a meaningful survey of employers, and a survey is planned after the graduation of substantially more MPH students.

Recommendations for the MPH program
- Develop a survey of employers that assess how well-prepared MPH students are for entering the workforce, as well as obtain feedback from employers about how students can be better prepared. To allow a reasonably large sample size for the survey, delay implementation until academic year 2013-14—at which point there should be sufficient numbers of MPH graduates in the workforce.
- Consider adding questions about competency attainment that are specific for each MPH course on questions added to the ICES evaluation.
- Once students routinely have portfolios of their work from the MPH program, consider how these portfolios might be used to help assess competencies.
2.8 Academic Degrees. If the program also offers curricula for academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

2.8a. Identification of all academic degree programs, by degree and area of specialization.

This MPH program per se does not offer academic degree programs. The Department of Kinesiology and Community Health offers the academic degree programs (BS, MS, and PhD).

2.8b. Identification of the means by which the program assures that students in research curricula acquire public health orientation.

This documentation is not applicable.

2.8c. Identification of the culminating experience required for each degree program.

CHLH 589 Public Health Capstone experience is required for all MPH, BS-MPH, and MPH-PhD students.

2.8d. Assessment of the extent to which this criterion is met.

This criterion is not applicable.
2.9  Doctoral Degrees. The program may offer doctoral degree programs, if consistent with its mission and resources.

2.9a. Identification of Doctoral Programs.

The MPH program does not offer a doctoral program.

2.9b. Data on the number of active students in Doctoral Programs.

There are no doctoral students.

2.9c. Assessment of the extent to which this criterion is met.

This criterion is not applicable.
2.10 Joint Degrees. If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

2.10a. Identification of joint degree programs offered by the program and a description of the requirements for each.

The joint degree programs are listed in the instructional matrix in section 2.1: one BS-MPH program involving 3 undergraduate programs, one joint MUP-MPH degree, and six MPH-PhD programs. At the University of Illinois, the term “joint degree program” is used to refer to a University approved program, where a student pursues two degrees concurrently, and the degrees are conferred at the same time. The total time for a joint degree can be decreased (usually by up to 12 credit hours) if a course required for one degree also meets requirement (e.g. can be an elective) for another degree. Students in joint degree programs must be admitted separately to each program.

For the MPH joint degree programs, students must be primarily in the MPH program for at least three terms. During these terms, students pay tuition for the MPH program. For the 5 year BS MPH program, the terms are intended to be the fall, spring, and summer terms of the 5th year of study. If necessary, students may take longer than 5 years to complete all requirements for the BS and MPH degrees. (However, students must comply with policies of the Graduate College regarding maximum time allowed to complete a degree program and leaves of absence from graduate study.)

The requirements for the MPH degree are the same for all MPH students, including BS-MPH students and MPH-PhD students. Depending upon the BS or PhD program, students have some flexibility in choosing which MPH courses count toward the BS and PhD degrees. As indicated above, the requirements for the BS and PhD programs involved in joint degrees are in Appendix H. There are no plans of study for the joint degree programs per se. Rather, students in a joint degree program must meet the requirements for each degree separately, with the above proviso that up to 12 credit hours counting possibly for both degrees.

The MPH program has not developed any dual degree programs. At the University of Illinois, a “dual degree program” is used to refer to a sequence of two graduate degrees which are pursued simultaneously, but students must complete all requirements for each degree without overlap. However, the MPH program will allow students to propose a dual degree program, as dual degree programs require the student to meet all requirements of the MPH degree.
2.10b. **Assessment of the extent to which this criterion is met.**

Summary: This criterion is met. The requirements for the separate MPH degree are the same as those for joint degree programs that include the MPH degree.

Strengths and Successes:
- Policies of the Graduate College ensure that students enrolled in joint degree programs and dual degree programs meet the same requirements for the MPH degree as students enrolled only in the MPH degree program.
- The requirements for the MPH degree are currently set so that the required MPH courses are the same for all MPH students.

Weaknesses and Limitations:
- Prior to 2012-13, there was more than one option for how MPH students could meet the requirement for a core course in public health practice and a core course in health management/policy.

Recommendations for the MPH program:
- Continue to consider new joint degree programs that meet the needs of students, as long as the requirements for the MPH degree do not differ by program.
2.11  Distance Education or Executive Degree Programs.

2.11a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term.

The MPH program only offers a regular, on-site degree program.

2.11b. Description of the distance education or executive degree programs.

There are no alternative format MPH degree programs and no executive MPH degree program. There are no online courses, and there are no distance education components in the MPH program.

2.11c. Assessment of the extent to which this criterion is met.

This criterion is not applicable.
3.0 Creation, Application and Advancement of Knowledge

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

3.1a Description of Program Research Activities, including policies, procedures and practices that support research and scholarly activities.

The MPH program is located within one of the outstanding research institutions in the United States. The University of Illinois at Urbana-Champaign (UIUC), a Research I institution, is noted for the scope of its programs, academic excellence, and innovative approaches to addressing the world’s leading research questions. UIUC is well-recognized for its research in engineering and the basic sciences, with large amounts of external research funding and 22 Nobel Laureates who either earned degrees from UIUC or were faculty members. Yet the UIUC campus also has substantial research in health sciences. While rankings of research dollars need to be interpreted carefully because lists use different methods, one recent list ranks the UIUC campus around 75th in NIH funding (with the UIC health sciences campus ranking around 45th). (http://medcitynews.com/2011/03/top-nih-grant-funding-by-institutions-states-for-2010/). Units within AHS are recognized for research excellence, e.g. with KCH consistently ranked as one the top five Kinesiology programs in the nation by the National Academy of Kinesiology.

The research activities of the MPH program seek to support its mission to reduce health disparities, and its research goal (section 1.1): Advance interdisciplinary research on social, environmental, and individual determinants of health. The MPH program developed an objective (#7) to monitor the extent that research publications focus on reduction of health disparities. In the model of Warnecke et al (see section 1.2) that guides the teaching of health disparities (MPH Objective #2), the MPH program seeks faculty members whose research expertise is focused on distal factors and intermediate factors. To the extent possible in recruiting tenure track faculty, the idea was that some faculty would focus on the distal factors and some on the intermediate factors. There has been success in achieving this mix of faculty and emphasis on reduction of health disparities, as illustrated by recent publications of the core MPH faculty listed in section 3.1d. Of course, individual faculty members develop their own research agenda, and their research projects may be at different levels of the Warnecke et al. model. But the mission, goals, and objectives provide some focus to the MPH program’s research activities, and the MPH core faculty research activities fit with this focus

The MPH degree does not require a research thesis. However, the MPH program offers research opportunities to those MPH students who seek them. The MPH elective can be an independent study focused on research (with faculty in any department whose research deals with public health issues). Capstone projects may involve data analysis along the lines of a research project. MPH students may work with faculty members outside of formal coursework. Most faculty members have research teams that include graduate students. The MPH program is involved with six joint PhD MPH programs, which allow more efficient and coordinated training in both public health practice and research.

The MPH program notes that MPH students commonly are interested in research. If rates of research participation by students are low, there could be barriers to MPH students participating in research opportunities. The MPH set an objective (#5) that sets a minimum target (20%) for the number of MPH students involved in research. It assesses MPH student participation in research in part by a question on the student survey and by polling of faculty members.

Some of the policies, practices, and procedures that support research are cross-cutting (e.g. also support teaching or service), and are described below as well as in other sections.
**Policies**

KCH has a policy that all KCH faculty members are expected to spend 40% of their time on research in their areas of expertise. They are also expected to seek out opportunities for dissemination of the results of their research inquiries. MPH Program Objective #6 creates a performance indicator for dissemination of research findings with community constituents on a regular basis. The form of dissemination can include presentations, consultations, media interview, or writing articles on websites read by the public.

KCH’s policy for annual review of faculty supports research productivity (see section 4.2c). In brief, faculty members are expected to report productivity and relate it to strategic goals of KCH and AHS in terms of: published research manuscripts, abstracts, book chapters, and conference proceedings; invited and attended conference presentations, and grant submissions. The annual meetings between faculty meeting and the Department Head provide an opportunity to discuss research productivity. Of course, faculty may meet with the Department Head at additional times. Further, KCH assistant professors are required to schedule at least three meetings per year with the KCH departments head.

Other policies include that KCH has a policy that all tenure-track faculty have laboratory space (separate from office space) if the faculty member requests it. A recruitment package may include funds for research. Faculty members may put graduate research assistants on externally funded grants. Faculty members are expected to serve on MS and PhD dissertation committees, which commonly involve collaboration of the faculty on research with graduate students.

Other policies related to research are in the KCH Faculty and Staff handbook (http://kch.illinois.edu/Resources/Handbook.aspx). The handbook contains information on policies related to research, including information on: how salaries are set for research assistants; the share of indirect costs that may be distributed to the principal investigator of a research project; sabbatical leave; leave of absence without pay; how to request research equipment and supplies; travel funds; visits from researchers at other Universities; and policies related to support of research computers.

The University has policies related to research support. Faculty members may be eligible for a research sabbatical governed by policies set by the Provost (http://provost.illinois.edu/communication/19/Comm19.pdf). As noted below, written polices also explain support for travel related to research, and availability of seed money for research projects. KCH recovers some of the indirect costs from research grants to use in support of research.

**Procedures**

Faculty develop internal and external grants at the local, state, and federal level to support their research plans. Protocols for data collection are developed and submitted through the University’s Institutional Review Board (IRB). Proposals are also submitted to the Department Head and Dean’s Office for approval. The final level of approval is by the Office of Sponsored Programs and Research Administration (OSPRA) prior to submission to the funding agency. Post-award grant support is provided at the department and college level with all grants being provided with accounting support and assistance from budget and purchasing officers.
**Practices**

Research resources offered within the college and across campus aid in increasing faculty research productivity. Examples of these resources include:

- KCH provides a mentoring program for Assistant Professors, both within the Department and at the University level.
- The Center for Health, Aging, and Disability (CHAD) in AHS provides several types of support for research. CHAD can sometimes provide modest research funding for pilot studies. CHAD coordinates seminars on topics related to procuring research grants (e.g., grant writing, research collaborations, etc.). Health and Social Justice Working Group of CHAD seeks to support interdisciplinary research collaborations between bench scientists, social scientists, and health scientists. CHAD offers conference facilities, a collaborative project development space, and state-of-the-art media equipment.
- Internal funding for research is available from the Campus Research Board (http://crb.research.illinois.edu/). The funding is mainly seed money for pilot studies.
- Support for faculty travel to conferences is provided by the Applied Health Sciences travel fund (up to $1000 in travel funds to support dissemination of results at local, national, and international conferences). KCH supports research travel (up to $500). There is also campus support for research travel for up to one domestic and one international meeting per year.
- Staff are available for support of grant preparation and processing.
- The University Library is an outstanding resource for supporting research, as discussed in section 1.6. AHS has a librarian, and a separate collection emphasizing health sciences.

### 3.1b. A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

The MPH program has a several activities in community-based research. The MPH program regards community-based research activities as research activities that either: (1) take place in a community setting (except if the setting is a site used for data collection only), (2) involve a partnership with a community agency, or are community-participatory research (community members are part of the research team). While the MPH program is involved in epidemiologic studies that collect data in the community, these are not regarded as community-based because they projects do not engage the community to a sufficient extent. Overall, 11 of the 23 research projects listed in Table 3.1c were classified by the investigators as community-based.

A major community-based research project is the STRONG Kids research project in which Dr. Grigsby-Toussaint participates (http://familyresiliency.illinois.edu/research/strong_kids_synergistic.html). This project is interdisciplinary, and directed by the UIUC Family Resiliency Center. The website states: “The purpose of this cross-disciplinary project is to examine how genetic, family, community, child care provider, cultural, and media factors contribute to the development of childhood weight imbalance, obesity, health behaviors, and health beliefs.” The study enrolls preschool age children enrolled in child care programs and their families, primarily in small urban communities of Illinois. This project has a complementary activity involving a community coalition, called C-U Fit Families (http://familyresiliency.illinois.edu/initiatives/initiatives_cufitfamilies.html). The coalition involves campus and community members working to promote physical activity and healthy eating, with a focus on reducing childhood obesity.
Dr. Grigsby-Toussaint has already been involved in family studies in the community. Dr. McAuley is involved in community-based exercise programs for the elderly, as well as those promoting physical activity in women after they are diagnosed with breast cancer. Dr. Buchner is a consultant on a community-based study that implements a comprehensive approach to promoting physical activity in retirement Centers (MIPARC: Multilevel Intervention for Physical Activity in Retirement Communities) At the present time, the MPH program does not have formal research partnerships with community agencies. Nor are MPH faculty members involved in a major funded grant doing community-based participatory research.
3.1c. A list of current research activity of all primary and secondary faculty identified in 4.1a and 4.1b., including amount and source of funds, for each of the last three years.

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Principal Investigator &amp; Dept</th>
<th>Funding Source</th>
<th>Funding Period Start/End</th>
<th>Amount Total Award</th>
<th>Current Year Amount 2011-12</th>
<th>Comm. -Based Y/N</th>
<th>Student Partic. Y/N *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy and healthy life expectancy in Brazil</td>
<td>PI: F. Andrade</td>
<td>Lemann Institute</td>
<td>2010-12</td>
<td>$20,000</td>
<td>$10,000</td>
<td>N</td>
<td>Y</td>
</tr>
<tr>
<td>UP-Amigos: A collaborative investigation of risk-factors associated with the development of obesity and related diseases.</td>
<td>PI: F. Andrade; Co-I: M. Raffaelli, M. Teran-Garcia, A. Wiley</td>
<td>Center on Health, Aging, &amp; Disability Pilot Program, UIUC</td>
<td>2010-11</td>
<td>$15,000</td>
<td>$0</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>From genes to environment: An analysis of the risk factors associated with metabolic disease and insulin resistance among adolescents and young adults in San Luis Potosí, Mexico</td>
<td>PI: F. Andrade; Co-I: M. Raffaelli, M. Teran-Garcia, A. Wiley</td>
<td>UIUC Research Board</td>
<td>2008-10</td>
<td>$17,500</td>
<td>$0</td>
<td>Y</td>
<td>N*</td>
</tr>
<tr>
<td>Gender Norms, Expectations, and Preventive Healthcare Decision-making in African American Women</td>
<td>PI: A. Black</td>
<td>NIH Mentored Research Scientist Develop. Program Award (K12)</td>
<td>2010-12</td>
<td>$125,156</td>
<td>$62,578</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Objective Physical Activity and Cardiovascular Health in Women Aged 80 and Older (OPACH80)</td>
<td>UIUC subaward PI, Grant Co-PI: D. Buchner; Grant PI: A. LaCroix (U of Washington)</td>
<td>NHLBI (Women’s Health Initiative)</td>
<td>2011-14</td>
<td>Total Award (all sites) $5,193,214</td>
<td>$1,761,355</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>BAILA: Being Active, Increasing Latinos healthy Aging</td>
<td>PI: D. Marquez; Co-I: D. Buchner</td>
<td>NIH</td>
<td>2012-16</td>
<td>$1,850,000</td>
<td>$450,000</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Adaptation of the Cancer Literacy Measure for Women in Uruguay</td>
<td>PI: L. Buki</td>
<td>UIUC Center for Latin American Studies</td>
<td>2011</td>
<td>$1,200</td>
<td>$0</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Cultural perspectives on physical activity among older Latina women</td>
<td>PI: A. Schwingel (KCH)</td>
<td>UIUC Center for Health, Aging &amp; Disability</td>
<td>2010-11</td>
<td>$15,000</td>
<td>$0</td>
<td>Y</td>
<td>N*</td>
</tr>
<tr>
<td>Healthy ecosystems and healthy people: Bridging disciplines to understand health impacts of environmental change</td>
<td>PI: K. Bauman; Co-I: D. Grigsby-Toussaint</td>
<td>National Academies Keck Futures Initiative</td>
<td>2012-13</td>
<td>$100,000</td>
<td>$50,000</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Socioeconomic Disparities in the Nutrition Environment and Access to ACS-Recommended Food Items: A pilot study</td>
<td>PI: C. Mushi-Brunt Co-PI: D. Grigsby-Toussaint</td>
<td>Melvin &amp; Bren Simon Cancer Center, U of Indiana</td>
<td>2010-11</td>
<td>$25,000</td>
<td>0</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Obesity and Mealtime Behaviors in a Diverse Sample of Low-Income Families</td>
<td>PI: B. Fiese; Co-PI: D. Grigsby-Toussaint</td>
<td>U of I Cancer Center</td>
<td>2010-11</td>
<td>$50,000</td>
<td>0</td>
<td>Y</td>
<td>N*</td>
</tr>
<tr>
<td>Examining food marketing and promotion to children in the retail food store environment</td>
<td>PI: D. Grigsby-Toussaint</td>
<td>Robert Wood Johnson Foundation</td>
<td>2009-11</td>
<td>$100,000</td>
<td>$5,000</td>
<td>N</td>
<td>N*</td>
</tr>
<tr>
<td>Is there an association between the retail environment and eating behaviors in low income families of Champaign County, Illinois?</td>
<td>Co-PI: D. Grigsby-Toussaint; PI: W. Averhart (graduate student)</td>
<td>Student National Medical Association &amp; Pfizer</td>
<td>2009-10</td>
<td>$5,000</td>
<td>0</td>
<td>N</td>
<td>N*</td>
</tr>
<tr>
<td>Project Name</td>
<td>Principal Investigator &amp; Dept</td>
<td>Funding Source</td>
<td>Funding Period Start/End</td>
<td>Amount Total Award</td>
<td>Current Year Amount 2011-12</td>
<td>Comm.-Based Y/N</td>
<td>Student Partic. Y/N *</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
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<td>-----------------------</td>
</tr>
<tr>
<td>The STRONG Kids Project: Cross-Disciplinary Investigation of Media Effects on Childhood Obesity and Health within Family and Community Contexts</td>
<td>PI: K. Harrison; CO-I: D. Grigsby-Toussaint, J.Kim</td>
<td>Illinois Council on Food and Agriculture Research (C-FAR)</td>
<td>2008-10</td>
<td>$300,000</td>
<td>0</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>How early nutrition affects oral microbiota populations and disease incidence</td>
<td>Co-PI: J. Kim</td>
<td>U of Illinois Dept Nutritional Sciences</td>
<td>2011-12</td>
<td>$17,500</td>
<td>$17,500</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Synergistic Effects of Exercise and Nutrition on Cognition and Brain Health</td>
<td>Co-PI: E. McAuley</td>
<td>Center for Nutrition &amp; Memory</td>
<td>2012-15</td>
<td>$2,495,272</td>
<td>0</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Influence of fitness on brain and cognition</td>
<td>Co-PI: E. McAuley</td>
<td>National Institutes of Health (NIH)</td>
<td>2010-15</td>
<td>$3,420,578</td>
<td>$684,116</td>
<td>Y</td>
<td>N*</td>
</tr>
<tr>
<td>Intradialytic Protein Supplementation and Exercise Training in Dialysis</td>
<td>Pt: K. Wilund (KCH)</td>
<td>National Institutes of Health (NIH)</td>
<td>2010-15</td>
<td>$2,400,000</td>
<td>$600,000</td>
<td>Y</td>
<td>N*</td>
</tr>
<tr>
<td>Activity, Gait, and Efficacy (AGE II): Functional Limitations and Quality of Life Outcomes</td>
<td>PI: E. McAuley</td>
<td>National Institutes of Health (NIH)</td>
<td>2010-14</td>
<td>$2,113,404</td>
<td>$528,351</td>
<td>Y</td>
<td>N*</td>
</tr>
<tr>
<td>Project FARMS Fall Risk Reduction in Multiple Sclerosis</td>
<td>Co-PI: E. McAuley</td>
<td>National Multiple Sclerosis Society</td>
<td>2012-13</td>
<td>$39,760</td>
<td>0</td>
<td>N</td>
<td>N*</td>
</tr>
<tr>
<td>Project METS in MS: Multimodal Exercise Training Stimulus in Multiple Sclerosis</td>
<td>Pt: R. Motl (KCH)</td>
<td>National Multiple Sclerosis Society</td>
<td>2011-13</td>
<td>$286,700</td>
<td>0</td>
<td>N</td>
<td>N*</td>
</tr>
<tr>
<td>Enhancing Physical Activity Adherence After Breast Cancer Diagnosis</td>
<td>Co-PI: E. McAuley</td>
<td>National Institutes of Health (NIH)</td>
<td>2009-13</td>
<td>$1,209,689</td>
<td>$302,422</td>
<td>Y</td>
<td>N*</td>
</tr>
<tr>
<td>Activity, Gait, and Efficacy (AGE II): Functional Limitations and Quality of Life Outcomes</td>
<td>PI: E. McAuley</td>
<td>NIH; R56</td>
<td>2009-10</td>
<td>$499,973</td>
<td>0</td>
<td>N</td>
<td>N*</td>
</tr>
<tr>
<td>Analysis of the health status of the homeless clients utilizing a free clinic</td>
<td>PI: S. Notaro</td>
<td>None</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Analysis of the Demographic Characteristics and Medical Conditions of the Uninsured Utilizing a Free Clinic</td>
<td>PI: S. Notaro</td>
<td>None</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Polybrominated Biphenyls and Cancer Risk</td>
<td>PI: K. Rosenblatt</td>
<td>National Institutes of Health (NIH)</td>
<td>2008-10</td>
<td>$147.50</td>
<td>0</td>
<td>N</td>
<td>N*</td>
</tr>
</tbody>
</table>

* Student participation refers to MPH student participation. A designation of N* indicates participation by undergraduate students or by a non-MPH graduate students.
3.1d. **Identification of measures by which the program may evaluate success of its research activities, along with data regarding the program's performance against those measures for each of the last three years.**

**Indicator:** The average number of research grants active each year shall be at least 2.0 per core MPH faculty member.

This indicator is assessed using data from Table 3.1c. For ease in assessing trends, research indicators were calculated on the same 4 faculty each year: Black, Buchner, Grigsby-Toussaint, and Andrade.

For 2009-10, the average was 1.0, and the indicator was not met. (Four grants involving one of the 4 core faculty were active in 2009-10)

For 2010-11, the average was 2.0, and the indicator was met. (Eight grants involving one of the 4 core faculty were active in 2010-11).

For 2011-12, the average was .75, and the indicator was not met (Three grants involving one of the 4 core faculty were active in 2011-12).

While funding levels were uneven over the past 3 years, the MPH program is making progress toward meeting the target in the future. All core MPH faculty members have some research funding in the past three years. While Dr. Buchner has only one grant currently, he is Co-PI of a large epidemiologic study with total budget in excess of $5 million. Dr. Grigsby-Toussaint has obtained funding from the Robert Wood Johnson Foundation, as well as numerous small grants. Dr. Black was awarded a K-award. Dr. Andrade has been PI on several smaller projects.

**Indicator:** The average number of peer reviewed publications shall be at least 3.0 per year per core MPH faculty member.

The indicator was assessed for calendar years 2009, 2010, and 2011 (because 2012 data is incomplete). The averages for 2009, 2010, and 2011 were respectively: 1.5, 2.75, and 2.0. The target for this indicator is not met.

**Indicator:** Tenure-track MPH faculty members publish an average of at least 1 non-peer reviewed publication per year per faculty.

The indicator was assessed for calendar years 2009, 2010, and 2011 (because 2012 data is incomplete). The averages for 2009, 2010, and 2011 were respectively: 0.75, 2.75, and 0.5. The target for this indicator is met only in 2010.

**Indicator:** Tenure-track MPH faculty present on average at 2 or more conferences per faculty per year.

The indicator was assessed for calendar years 2009, 2010, and 2011 (because 2012 data is incomplete). The averages for 2009, 2010, and 2011 were respectively: 3.75, 6.0, and 2.75. The target for this indicator is met in all years.

**Indicator:** MPH tuition and fees are subsidized for at least two MPH students per year from training grants or scholarships.

This indicator is met for 2011-12, but not in previous years. The I-TOPP grant subsidizes the cost of the MPH degree for the four I-TOPP scholars enrolled in the MPH program in 2011-12. (While this is not
specifically a research indicator, it is convenient to include it here in a section dealing with external funding).

**Indicator:** The majority of MPH core faculty will have an average of at least one publication per year that focuses on reducing health disparities (MPH Objective #7)

This indicator is met. Three of the four core MPH faculty have 3 publications in the past 3 years dealing with disparities, and the fourth MPH core faculty have also published in this area. Some of the publications are listed below:


Evenson KR, **Buchner DM,** Morland KB. Objective measurement of physical activity and sedentary behavior among United States adults 60 years and older. *J Chron Dis 2012;9:110109.* DOI:http://dx.doi.org/10.5888/pcd9.110109. [The study examined ethnic differences in physical activity levels of older adults]


Gomez LF, Parra DC, **Buchner DM,** et al. Built Environment attributes and walking patterns among the elderly population in Bogota’. *Am J Prev Med 2010;38:592-599.*[PMID: 20494235] [The study examined how environmental features that vary with SES affect physical activity]


The MPH program considered an indicator that tracks total research funding of MPH faculty. It was deemed this indicator was not useful due to the relatively small number of faculty involved, and the possibility of outliers influencing the total funding. For example, the total research funding calculation depends heavily on whether Dr. McAuley's research funding is included in the total. Dr. McAuley taught a core course for the MPH Program in 2009, but not in 2010, and then taught the core course in 2011, but will not teach the course in 2012.

3.1e  A description of student involvement in research

The MPH Program has an objective (# 5) related to student involvement in research:

**Indicator:** At least 20% of MPH students participate in a research project during MPH training.

The target for this objective cannot be assessed until the student graduates, so there are two cohorts of MPH students where this was assessed:

**First MPH class (2009-2011):** The target was met. Three of the six enrolled students (50%) engaged in research or program evaluation involving data analysis. Two MPH students analyzed data collected by the Center for Prevention Research and Development as their Capstone Project. These students analyzed data on how the structure and funding sources of a health department affect the activities that the health department engages in. One MPH student analyzed data on the evaluation of a worksite health promotion program.

**Second MPH class (2010-2012):** The target was met. Four of the 8 MPH graduating MPH students (50%) engaged in research or program evaluation involving data analysis. One MPH student worked with Dr. Andrade on the analysis of a large data set as the Capstone project. One MPH student worked with Dr. Buchner on a program evaluation of a health education program for undergraduates on campus. Two collected and analyzed survey data related to a needs assessment for a campus worksite health promotion project as their Capstone project.

Of the 14 BS-MPH students who graduated in August, 2012, three students did a focus group project for CHLH 465 (Social Marketing) that involved IRB approval for research, and resulted in a poster that was presented at a professional meeting. Two BS-MPH students began working as undergraduates (with Dr. Notaro) on a project describing characteristics of medically uninsured people using a free clinic. The results of this project were published in the *Journal of Community Health* in 2012.

3.1f  Assessment of the extent to which this criterion is met

Summary: This criterion is met. All KCH tenure-track faculty members in the MPH program are involved in research. Thus far, the MPH program has exceeded its objective of having at least 20% of MPH students involved in research. The research clearly supports the MPH program mission, including its mission of reducing health disparities.

Strengths and successes:

- All MPH core faculty members have secured research funding during the past three years, including one large NIH grant (Buchner), one Robert Wood Johnson grant (Grigbsy), and a K-award (Black).
- The research activities of the faculty fit well with the MPH mission and research goals, as the research focuses primarily on determinants of chronic disease. In particular, MPH faculty members have sufficient focus in their research related to the MPH mission of reducing health disparities.
• MPH students have successfully been involved in research projects or projects involving data collection for the purpose of program evaluation.
• About half of funded research is classified as community-based.

Weaknesses and limitations:
• The MPH program has not met its targets related to research funding, rates of peer-reviewed publications, and rates of non-peer-reviewed publications.
• Research productivity is affected by the fact the MPH program has not recruited as many senior faculty as originally planned.
• It is difficult to track trends in dollar amounts of research activity, because of outliers that affect this trend in a setting of relatively few faculty members.
• There are no major research projects involving community-based participatory research.

Recommendations to the MPH program:
• Continue to support faculty growth and development related to research, by continuing activities such as senior faculty mentorship of junior faculty, continuation of programs that provide seed funding for research projects, and by providing faculty with information about research opportunities.
• Ensure that research opportunities for MPH students are advertised annually at MPH orientations, with support from KCH website materials related to research activities of faculty.
3.2 Service. The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

3.2a. A description of the program’s service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

The MPH program regards service as mutually beneficial—providing benefits for the community as well as for faculty and MPH students. The approach to service is strategic to the extent that the MPH program recognized that collaboration with certain public health organizations in Illinois would be logical, mutually beneficial, and of higher priority. These agencies included:

- the local health department (Champaign-Urbana Public Health District (CUPHD))
- the state health department (Illinois Department of Public Health (IDPH))
- the Illinois state affiliate of APHA (Illinois Public Health Association (IPHA))
- the Illinois Public Health Institute (IPHI)
- the YMCA Pioneering Healthier Communities initiatives related to childhood obesity (a strong fit with the I-TOPP grant)

The approach is also opportunistic. Faculty members may not be aware of opportunities to collaborate with community-based organizations, until they are invited to participate. Finally, the approach of the MPH program to service is flexible. KCH and the MPH program allow faculty and students to choose which services activities they engage in, according to their interests and expertise.

The MPH program director (Dr. Buchner) took the lead in reaching out to the important constituents. In the first semester on campus (2008), he met with CUPHD, IDPH, and IPHA. Later, he made contact with IPHI and the state coordinating team for the YMCA initiatives, and met with leadership at Carle Foundation Hospital. He also met with the Dean of the School of Public Health at the Chicago campus, and worked on two projects involving the Director of the Illinois Department of Public Health.

Policies:

The major policies that support service are listed below. Most are described in more detail in other sections:

1. KCH provides faculty with 20% time to pursue service. This 20% time includes community service and university service, as well as outside consulting and service to professional organizations.

2. The KCH annual review of faculty members includes a review of their service activities (see section 4.2.c)

3. The promotion and tenure requirements for faculty explicitly require that service be evaluated and contribute to the promotion and tenure decisions (see section 4.2.e).

4. KCH has developed a strategic plan, and this plan deals with service activities of faculty (see section 4.2.c, Strategic Priority #5).

Practices:

The Public Health faculty members decide how to allocate their time to community service. At recent strategic planning meetings in KCH, it was decided that the visibility of service activities of faculty could be enhanced. It was also felt that KCH faculty members are not sufficiently aware of each other’s service
activities. This led to ongoing expansion of the KCH website in the area of service (see section 4.2c especially Strategic Priorities #1 and #5). However, the purpose of the website is not to provide a comprehensive list of services activities. Rather, the website will highlight ongoing service activities in KCH, and increase their visibility both within KCH and in the community.

**Procedures:**

The University implements policies and procedures that regulate community service. Ethics training is required of faculty and staff annually by state law. For example, the ethics training provides information about use University resources to support community service. Some service may be deemed to be part of University activities. For non-university service activities, faculty must submit a report describing the activities, which is reviewed internally by the University. This report is submitted at least annually, and updated as necessary. The report allows the University to identify potential conflicts of interest between outside activities and university activities.

The MPH program does not have formal contracts or agreements with external agencies.

**3.2b A list of the program’s current service activities, including identification of the community groups and nature of the activity, over the last 3 years.**

In addressing this criterion, the MPH program believes that the activities of the public health concentration faculty are the most relevant to service related to public health. Hence, the table below shows activities of the public health faculty; it does not include activities of faculty who teach in the MPH program but are not part of the public health faculty group.

As the Department Head (Chodzko-Zajko) has minimal teaching duties, he is not listed as MPH faculty even though he is a member of the Public Health Faculty group. The service activities demonstrate some of his public health credentials and activities. In the past three years, he has worked on projects with both the World Health Organization (WHO), with CDC, and with the Pan-American Health Organization (PAHO). His leadership positions in the American Council on Exercise and in the American Kinesiology Association involve training and certification of large numbers of professionals who promote physical activity.

All tenure-track faculty members in KCH are expected to participate in peer review, either for manuscripts submitted to journals and/or for abstracts submitted for presentation at scientific meetings. Faculty members also commonly participate in special sessions at scientific meetings, and may help organize these sessions. This service to professional organizations and their journals is not included in the table, in part because it typically more of research activity. Also, this section does not list service as a reviewer of research grants. However, it does list service in review of grants related to public health practice.
<table>
<thead>
<tr>
<th>Faculty</th>
<th>Dates</th>
<th>Description of Service Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Buchner</td>
<td>2010</td>
<td>Community Health Informatics Project (funded by UIUC Office of Public Engagement.) This project enhanced the availability of public health surveillance data to the public served by CU Public Health District. An MPH student was involved in this activity. See <a href="http://www.c-uphd.org/stats/basic.php?catid=06&amp;topid=06.12b">http://www.c-uphd.org/stats/basic.php?catid=06&amp;topid=06.12b</a></td>
</tr>
<tr>
<td>D. Buchner</td>
<td>2012 - present</td>
<td>Consultant to Illinois Department of Public Health on its Community Transformation Grant (funded by CDC)</td>
</tr>
<tr>
<td>D. Buchner</td>
<td>2011-present</td>
<td>Member of the Science Board of the President’s Council on Fitness, Sport, &amp; Nutrition. Provides scientific guidance for the efforts of the Council to promote physical activity and healthy eating in Americans.</td>
</tr>
<tr>
<td>D. Buchner</td>
<td>2010-present</td>
<td>Member of the Illinois State-wide team for YMCA Pioneering Healthier Communities initiative. This initiative promotes system, policy, and environmental changes in communities to reduce childhood obesity. An MPH student (I-TOPP fellow) plans on working with this initiative.</td>
</tr>
<tr>
<td>D. Buchner</td>
<td>2010-present</td>
<td>Member of the Enhanced Physical Education Task Force, Illinois Department of Health in collaboration with Illinois Public Health Institute</td>
</tr>
<tr>
<td>D. Buchner</td>
<td>2010-present</td>
<td>Member, American College of Sports Medicine, Exercise is Medicine Practice subcommittee. This committee is working on promotion of physical activity in primary care settings, in particular by implementation of quality of care measures dealing with exercise</td>
</tr>
<tr>
<td>D. Buchner</td>
<td>2011-present</td>
<td>Member, Physical Activity and Measurement Council, International Society of Physical Activity and Health. This Council is concerned with public health surveillance of physical activity internationally</td>
</tr>
<tr>
<td>D. Buchner</td>
<td>2010-present</td>
<td>Chair, Strategic Health Initiative on Aging, American College of Sports Medicine. This committee’s activities include education of the scientists and the public about physical activity and aging (e.g. ACSM position stands)</td>
</tr>
<tr>
<td>D. Buchner</td>
<td>2010-present</td>
<td>Member, Physical Activity Committee; Nutrition, Physical Activity, and Metabolism Council; American Heart Association. The committee advises AHA on initiatives related to physical activity, and members participate in AHA position stands related to physical activity</td>
</tr>
<tr>
<td>D. Buchner</td>
<td>2008-present</td>
<td>Member, Clinical Trials Advisory Panel, National Institute on Aging. Advises NIA on priorities for large clinical trials in aging research</td>
</tr>
<tr>
<td>D. Buchner</td>
<td>2008-present</td>
<td>Member, Coordinating Committee, National Physical Activity Plan See: <a href="http://www.physicalactivityplan.org/committee.php">http://www.physicalactivityplan.org/committee.php</a></td>
</tr>
<tr>
<td>D. Buchner</td>
<td>2012</td>
<td>Consultant, National Park Service meeting on Healthy People Healthy Parks.</td>
</tr>
<tr>
<td>A. Black</td>
<td>2011</td>
<td>Participation in a the Second Annual Women’s Conference of Canaan Baptist Church, with a presentation on stressors and black women's health</td>
</tr>
<tr>
<td>L. Hann</td>
<td>2008-present</td>
<td>Board of Directors of Champaign County Greater Community AIDS project, and Chair of the Education and Outreach Committee.</td>
</tr>
<tr>
<td>L. Hann</td>
<td>2008-present</td>
<td>Member, Champaign County Campaign for Comprehensive Sexuality Education</td>
</tr>
<tr>
<td>L. Hann</td>
<td>2008-2012</td>
<td>Chair, Teen Awareness Group Advisory Board of Planned Parenthood of Illinois</td>
</tr>
<tr>
<td>L. Hann</td>
<td>2008-2011</td>
<td>Member, Latino Partnership Champaign County. This is a clearinghouse organization that provides information (including health information).</td>
</tr>
<tr>
<td>J. Kim</td>
<td>2009-present</td>
<td>Advisor, the Public Health Institute for Research and Excellence at Champaign-Urbana Public Health District, IL</td>
</tr>
<tr>
<td>J. Kim</td>
<td>2009-present</td>
<td>Member, Early Childhood Oral Health Needs Assessment and Planning at Champaign-Urbana Public Health District, IL,</td>
</tr>
<tr>
<td>Faculty</td>
<td>Dates</td>
<td>Description of Service Activity</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>J. Kim</td>
<td>2009-10</td>
<td>Research Section in the Association of Teachers in Maternal and Child Health, American Public Health Association</td>
</tr>
<tr>
<td>J. Kim</td>
<td>2007-present</td>
<td>Member, Student Committee in the Maternal and Child Health Section, American Public Health Association</td>
</tr>
<tr>
<td>J. Kim</td>
<td>2009</td>
<td>Grant Reviewer, CDC Special Emphasis Panel/Scientific Review Group: Translating Research to Protect Health through Health Promotion, Prevention, and Preparedness.</td>
</tr>
<tr>
<td>D. Grigsby-Toussaint</td>
<td>2008-present</td>
<td>Member, CU-FIT Families, a coalition of campus and community organizations working to promote healthy eating and active living in the home, in school and child care environments and in the community.</td>
</tr>
<tr>
<td>D. Grigsby-Toussaint</td>
<td>2009-present</td>
<td>Member, Consortium to Lower Obesity in Chicago Children (CLOCC)--a nationally recognized childhood obesity prevention program in the Chicago metropolitan area.</td>
</tr>
<tr>
<td>D. Grigsby-Toussaint</td>
<td>2010</td>
<td>Coordinated undergraduate student service to Champaign-Urbana Public Health District. Students in Dr. Grigsby’s undergraduate epidemiology course created educational videos on swine flu, STDs and restaurant safety for possible use by CUPHD</td>
</tr>
<tr>
<td>W. Chodzko-Zajko</td>
<td>2009-11</td>
<td>American Council on Exercise, Chairman of the Board of Directors. Responsible for oversight of the largest not-for-profit organization that accredits health and fitness professionals in the USA.</td>
</tr>
<tr>
<td>W. Chodzko-Zajko</td>
<td>2012-present</td>
<td>President, American Kinesiology Association. Responsible for the organization that represents more than 700 academic Kinesiology programs in the country.</td>
</tr>
<tr>
<td>W. Chodzko-Zajko</td>
<td>2008-2009</td>
<td>President’s Council on Physical Fitness and Sports, Science Board, Washington DC; Provided scientific guidance for the efforts of the Council to promote physical activity in Americans, especially children</td>
</tr>
<tr>
<td>W. Chodzko-Zajko</td>
<td>2008-2009</td>
<td>Chair, Writing Group, American College of Sports Medicine, Position Stand on Exercise and Physical Activity for Older Adults. Responsible for the development and dissemination of the official ACSM statement about physical activity for older adults.</td>
</tr>
<tr>
<td>W. Chodzko-Zajko</td>
<td>2011-present</td>
<td>Member, European Union Commission on Frailty definition. Developed a consensus statement about frailty for use by member states within the European Union.</td>
</tr>
<tr>
<td>W. Chodzko-Zajko</td>
<td>2011-12</td>
<td>Member, Pan American Health Organization taskforce on Healthy Aging for the Americas. Working with WHO/PAHO to develop a healthy aging strategies for the WHO member states in the America’s</td>
</tr>
<tr>
<td>W. Chodzko-Zajko</td>
<td>2010</td>
<td>CDC workshop on chronic disease prevention, Guam. Conducted workshops and consulted with CDC office in Guam regarding physical activity and chronic disease prevention.</td>
</tr>
<tr>
<td>W. Chodzko-Zajko</td>
<td>2008-09</td>
<td>Consultant, National Strategy to Promote Active Aging in Singapore. Developed recommendations for a healthy aging blueprint for use by the government of Singapore</td>
</tr>
<tr>
<td>W. Chodzko-Zajko</td>
<td>2012-present</td>
<td>Consultant, New York City Housing Authority, senior housing redesign for healthy and active aging. Consulted with NYCHA regarding senior center redesign to promote healthy lifestyle choices</td>
</tr>
<tr>
<td>W. Chodzko-Zajko</td>
<td>2008-present</td>
<td>Member, National Institutes on Aging, committee on aging and physical activity. Assisted with the update of the NIA Exercise and Physical Activity Guide and the development of NIA strategy for communicating about physical activity to the general public.</td>
</tr>
<tr>
<td>S. Notaro</td>
<td>2009-10</td>
<td>Advisor to SIDS (Sudden Infant Death Syndrome) of Illinois in strategic planning.</td>
</tr>
<tr>
<td>S. Notaro</td>
<td>2009-10</td>
<td>Advisor to Kankakee County Animal Control, which in part dealt with prevention of injuries and of diseases (e.g. rabies) transmitted by animals to humans.</td>
</tr>
</tbody>
</table>
3.2c. Identification of the measures by which the program may evaluate the success of its service efforts, along with data regarding the program’s performance against those measures for each of the last three years.

The MPH program identified three indicators to assess its service activities. In these indicators, “substantial service” refers to an activity involving at least one day (8 hours) of time. A “local” service activity refers to an activity in the Champaign-Urbana area, whereas “state” service may involve a state-wide agency OR a community outside of Champaign-Urbana. The rationale for the first indicator below is that faculty members have choice in service activities, and some may choose to use the 20% time for service largely for university service and service to professional organizations. However, most public health faculty should choose some service related to public health practice and collaboration with community organizations. The rationale for the second indicator relates to the mission statement, which specifies a mission that includes local, national, and international constituents.

**Indicator:** At least 50% of Public Health Concentration Faculty will have a substantial service activity each year.

The target for this indicator is met. In the table above, five faculty members (Buchner, Grigsby-Toussaint, Chodzko-Zajko, Hann, and Kim) have had substantial service activities in each of the past three years.

**Indicator:** Over a three year period, the MPH program will be able to identify at least three substantial service activities at each of the following levels: the local, the state, the national, and the international level.

The target for this indicator is met for 2009-12. To summarize some of the information in the table:

- At the local level, service has included improving data systems at the local health department, involvement in HIV/AIDS prevention, and involvement in a community coalition to prevent childhood obesity.
- At the state level, service has included collaboration with Illinois Public Health Institute, Illinois Department of Health, and the Chicago community coalition (CLOCC) to prevent childhood obesity.
- At the national level, service has included working with the President’s Council on Fitness, Sport, and Nutrition, with the American College of Sports Medicine, and with CDC.
- At the international level, service has included two projects with WHO, one with PAHO, and projects with countries around the world.

**Indicator:** At least once per year, all MPH faculty share research findings with community constituents (MPH Objective #6).

The target for this indicator is not met. This indicator applies to core MPH faculty. In each year, 2009-10, 2010-11, and 2011-12) 50% of MPH faculty shared research findings with community constituents. However, some dissemination of research findings is occurring. One MPH core faculty (Andrade) has written items that popular websites (e.g. New York Times, Denver Post) about perceptions of body weight. One MPH faculty member (Buchner) includes discussions of his research on fall prevention in talks to the public about physical activity guidelines.
3.2d. **A description of student involvement in service.**

The main approach of the MPH program for student involvement in service is for the MPH student organization to coordinate a service event each year. Faculty liaisons to the student organization (Hann & Notaro) are available for consultation and assistance. This approach is embodied in the MPH program objective #10:

**Indicator:** Each year, the MPH student organization will coordinate at least one community project that involves service, outreach, and/or advocacy (MPH Objective #10).

The target for this objective was met. In the first year of the MPH student organization (2011-12), there were two service projects. Students volunteered as staff for a fund-raising event for the Greater Community AIDS Project in December 2011. In April, 2012, MPH students served as hosts, greeters, and set up/tear down staff for an event called “Artists Against AIDS.”

The MPH course on cultural competency involves a 15 hour student experience, where the student engages a diverse clientele in a community setting. The student keeps a journal describing the experience. MPH students are encouraged to do a service activity to meet this course requirement.

Some MPH students have been involved in community service independent of course, practicum, capstone, and MPH student organization activities. For example, one MPH student in the first class participated in the development of the CUPHD strategic plan, called the IPLAN. One student in the second class was active in a local organization to promote access to health care, in part by advocacy related to the Patient Protection and Affordable Care Act. A student in the third class is planning on working with the YMCA Pioneering Healthier Communities. Note that the MPH program would not necessarily learn about a student’s service in the community, if done outside the purview of the MPH program.

3.2e. **Assessment of the extent to which this criterion is met.**

Summary: This criterion is met. In the three year period 2009-2012, Public Health Concentration faculty were involved in at least 40 service activities. Activities occurred at the local, state, national, and international levels, and hence support the MPH mission of “service to communities locally, nationally, and internationally.” The MPH student organization does community service projects.

Strengths and Successes:

- The MPH program met its targets for breadth of service and for involvement by MPH faculty in service.
- The type and amount of service activities is evaluated by KCH in its annual review of faculty, and supported by the KCH strategic plan.
- Promotion and tenure criteria explicitly state that university and community service is taken into account in promotion and tenure decisions.
- The public health faculty group is involved in many service activities at local, state, and national levels.
- The MPH student organization has been involved in two community service projects in its first year.
- The MPH program director has engaged in many service activities, and it is important for the director to be involved in community service.
Weaknesses and Limitations:
• In the Public Health Faculty group, there is a great deal of variation in the amount of non-university service that supports the mission of the MPH program, with some faculty members choosing few service projects that support the MPH mission.
• The MPH program did not meet its target that all faculty members would disseminate research results to constituents.

Recommendations to the MPH program:
• Continue to seek opportunities for MPH faculty to disseminate research results to constituents.
3.3 Workforce Development

3.3a. *A description of the program’s continuing education activities, including policies, needs assessments, procedures, practices, and evaluation that support continuing education and workforce development strategies.*

MPH faculty members are involved with several continuing education initiatives.

- **Physical Activity and Public Health Course.** The course is sponsored by the School of Public Health at the University of South Carolina and the Centers for Disease Control and Prevention. Each year about 30 public health practitioners attend a 5 day practitioner training course, and about 30 junior investigators in academic careers attend a 7 day research course. Dr. Buchner is a member of the Steering Committee for this annual course, and speaks at sessions in the course.

- **Illinois Transdisciplinary Obesity Prevention Program.** Two MPH faculty (Dr Buchner, Dr. Grigsby) are faculty members on this 5 year, USDA funded training grant to the University of Illinois. The grant provides funding for conferences that encompass continuing education.

- **Mid-American Public Health Training Center & Rural Public Health Institute.** The Mid-American Public Health Training Center is located in the School of Public Health at the University of Illinois Chicago. Dr. Notaro chairs a committee in this Center that evaluates the training needs of public health professionals in Illinois. This Center also coordinates an annual Rural Public Health Institute. In the past several years, Dr. Notaro, Dr. Farner, and Dr. Buchner spoke at various sessions at the institute.

- **The Russel D. Acton Professional Practice Series.** This continuing education series is sponsored by the Carle Development Foundation and focuses on nursing education. Dr. Farner gave four presentations on health literacy and health communication.

In addition, MPH faculty members have been involved in other continuing education events. For example,

- Dr. Buchner has presented educational talks at the Illinois Public Health Association, Eastern Illinois Dietetics Association, the Community Medical School. He has also helped develop the National Institute on Aging Exercise Guide, which is a resource for both practitioners and for the public.

- In 2011, Dr. Huhman was invited to present to a French public health agency (INPES) on evaluation of social marketing campaigns.

- Ms. Hann serves on the Greater Community AIDS Project Board of Directors.

- As director of Health Department, Dr. Remmert participates in education of the public health workforce.

A plan for the MPH program’s involvement in continuing education activities was formulated during the development of the MPH program objectives. The plan was to increase the number of activities over time, with the growth in activities commensurate with growth in MPH core faculty members over time. During the first 3 years of the MPH program, faculty would begin to participate in continuing education activities sponsored by others. Part of the rationale for this is approach was that collaboration with others would increase the visibility of the MPH program and begin building relationship with community constituents. Starting in 2012-13, the MPH program would begin to sponsor one public health training event or initiative annually. MPH program objectives #8 and #9 were created to track this growth.
**Indicator:** The majority of public health concentration faculty participates in at least two initiatives each year that train and educate the public health workforce. (MPH Program Objective #8)

This indicator is not met. While several faculty members have been involved with workforce development, the majority have not been involved in at least two initiatives each year.

**Indicator:** By the year 2012-2013, the MPH program supports one public health training event or initiative annually. (MPH Program Objective #9) (This indicator is not yet operationalized)

The program is just beginning to develop the public health training event for AY 2012-13. As an MPH program located outside of a large metropolitan area, the MPH program will prefer continuing education activities that meet the needs of constituents in the smaller cities of Illinois and in country health departments or health districts. Local health departments in Illinois are required to prepare strategic plan every five years, called the IPLAN (Illinois Project for Local Assessment of Needs). The process of developing an IPLAN includes an assessment of community needs, involvement by community constituents, and leads to priority issues for the health departments to address. The needs assessment for continuing education activities will be based upon the IPLAN, on the assumption it makes the most sense to do continuing education related to a health issue that is a priority for the community. The needs assessment can be supplemented by discussions with constituents. The approach of the MPH program is to consider whatever formats are appropriate for the content and constituents. While an obvious option is a one day meeting with formal presentations, the MPH program is also considering a sequence of interactive seminars and the role of online websites in continuing education.

As it expands its activities in workforce development, the MPH program will do a more formal assessment of needs as part of the training event. So far, the program has not conducted an official needs assessment relating to area workforce development needs. Instead, the MPH utilizes the MPH Advisory Committee, comprised of local and regional public health professionals. During the MPH Advisory Committee meetings, the members provide input regarding desired qualifications for students completing public health degrees. This information has been utilized in formulate our MPH competencies, curriculum, and career advising for students. Additionally, the Practicum Preceptor Final Evaluation Form asks the Preceptor to provide input regarding:

1. Areas of the MPH student’s educational background that fit well with the organization and the student’s Practicum project;
2. Areas of the student’s professional and educational background that could be improved as s/he develops public health practice skills

This is to continuously help guide the program’s preparation of MPH students for the public health work force.

**3.3b. Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.**

The MPH program does not offer certificate programs or non-degree programs.

**3.3c. A list of continuing education programs offered by the program, including number of students served, for each of the last three years. Those that are offered in a distance learning format should be identified.**

The MPH program has not offered any formal continuing education programs in the past three years.
3.3d. *A list of other education institutions or public health practice organizations, if an, with which the program collaborates to offer continuing education.*

The MPH program has no formal collaborations with public health practice organizations to offer continuing education.

3.3e. *Assessment of the extent to which this criterion is met.*

Summary: This criterion is met. Public health faculty members have engaged in several activities that support professional development of the public health workforce. The program has an objective to increase the number of these activities over time.

Strengths and Successes:
- MPH program faculty members have participated in substantial workforce development activities, such as the annual Physical Activity and Public Health course and the Rural Health Institute. One faculty member is involved with planning activities at the Mid-American Public Health Training Center.
- MPH program faculty members have provided educational presentations to local groups of health practitioners.
- The MPH program has developed a plan to gradually increase continuing education activities over time.

Weaknesses and Limitations:
- The MPH program lacked the capacity for increasing participation in workforce development in its first three years of operation, and prioritized other activities involved in developing a new MPH program.
- The MPH program has not yet met its objective for having most MPH faculty regularly involved in workforce development activities.

Recommendations for the MPH program:
- Implement a continuing education activity in AY 2012-13, as specified in MPH objective #9.
4.0 Faculty, Staff and Students

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

4.1a A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit.

The MPH program has been supported by four core faculty members each year. Information about the current four core faculty members (AY 2011-12) is presented in Table 4.1.a. All core faculty members: (1) are tenure-track faculty; (2) belong to the Public Health Concentration; (3) teach one or two required courses in the MPH curriculum; (4) are available for supervision of Capstone projects; and (5) have at least 50% of their time in support of the MPH program. Note that Lena Hann (MPH Coordinator) is not listed as core faculty because she is not a tenure-track faculty member. Faculty members are not listed as core faculty if they only teach an elective MPH course or only teach a course that meets the MPH requirement for a 4th concentration course from a list of approved courses. In 2012-13, the four core faculty members will teach 24 credit hours of the 48 credit hours of coursework required for the MPH degree.

The information on current and past public health practice activities for core MPH faculty did not fit easily in the table. This information is provided below the table.

<table>
<thead>
<tr>
<th>Depart. Specialty Area</th>
<th>Name</th>
<th>Title/Academic Rank</th>
<th>Tenure Status</th>
<th>FTE or % Time</th>
<th>Gender</th>
<th>Race or Ethnic.</th>
<th>Grad Degrees Earned</th>
<th>Institution where degrees were earned</th>
<th>Discipline in which degrees were earned</th>
<th>Teaching Area</th>
<th>Research Interest</th>
<th>Current/ Past PH Activities**</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH: Health Behavior and Promotion</td>
<td>Andrade, Flavia</td>
<td>Assistant Professor</td>
<td>Tenure track</td>
<td>63%</td>
<td>Female</td>
<td>Hispanic</td>
<td>PhD, MS, MA</td>
<td>Univ. Wisconsin; Universidade Federal de Minas Gerais (UFMG)</td>
<td>Sociology, Population Health, Demography</td>
<td>Biostatistics</td>
<td>Population health, socio-economic disparities in health</td>
<td>Please see notes to table</td>
</tr>
<tr>
<td></td>
<td>Black, Angela</td>
<td>Assistant Professor</td>
<td>Tenure track</td>
<td>95%</td>
<td>Female</td>
<td>African American</td>
<td>PhD, MS</td>
<td>Univ. Georgia</td>
<td>Child and Family Development</td>
<td>Health Behavior &amp; Cultural Competency</td>
<td>Racial disparities in women’s health</td>
<td>Please see notes to table</td>
</tr>
<tr>
<td></td>
<td>Buchner, David</td>
<td>Professor</td>
<td>Tenured</td>
<td>95%</td>
<td>Male</td>
<td>White</td>
<td>MD, MPH</td>
<td>Univ. Kansas, Univ. Washington</td>
<td>Medicine; Health Services</td>
<td>Chronic Disease Prevention &amp; Health Program Evaluation</td>
<td>Physical activity and aging</td>
<td>Please see notes to table</td>
</tr>
<tr>
<td></td>
<td>Grigsby-Toussaint, Diana</td>
<td>Assistant Professor</td>
<td>Tenure track</td>
<td>63%</td>
<td>Female</td>
<td>African American</td>
<td>PhD, MPH</td>
<td>Univ. Illinois-Chicago, Boston Univ.</td>
<td>Maternal Child Health, Epidemiology, International Health</td>
<td>Epidemiology</td>
<td>Environmental influences on diet and physical activity</td>
<td>Please see notes to table</td>
</tr>
</tbody>
</table>
Notes: FTE (% time) is calculated as percent of the faculty members full-time appointment in support of the MPH program, taking into account research, teaching, and service activities. A description of public health practice activities of MPH core faculty is below:

David Buchner, MD, MPH. Dr. Buchner was director of the Physical Activity and Health Branch at the Centers for Disease Control and Prevention between 1999 and 2008. In this capacity, he commonly worked on national and international initiatives in physical activity and public health. He also worked with state health departments, particularly Washington State and Hawaii. Between 1984 and 1999, he was on the faculty at School of Public Health at the University of Washington, and participated in numerous initiatives with the Washington State Health Department. Dr. Buchner practiced medicine as a geriatrician until 1999.

Angela Black, PhD. Dr. Black worked as the program coordinator for the Violence Intervention Program at Louisiana State University from 1998-2000. While a student at the University of Georgia, she worked with a family programs sponsored by the UGA Extension which were launched in six counties in southern Georgia.

Flavia Andrade, PhD. Dr Andrade has experience in public health practice in Brazil, where she was an environmental inspector in the city of Belo Horizonte. Dr. Andrade has taught at several universities in Brazil and worked as a consultant for many organizations, including foundations, research and governmental institutions in Brazil and the United Nations Population Fund.

Diana Grigsby-Toussaint, PhD, MPH. Dr. Grigsby-Toussaint worked at the Boston Public Health Commission as a program manager in Cardiovascular health from 2002-2003. This work involved serving on community coalitions, such as the New England Coalition for Cardiovascular health and the New England Coalition for Health Promotion and Disease Prevention. She also worked as graduate research assistant in the Center for Population Health and Health Disparities at UIC from 2006-2007.
4.1b If the program uses other faculty in its teaching programs (adjunct, part-time, secondary appointments, etc.), summary data on their qualifications should be provided in Table format.

The MPH program is also supported by non-core faculty members, as described in Table 4.1.b. There are seven full-time KCH faculty members and two full-time faculty members in another department. One faculty member (Remmert) is the director of a local public health department, and has been hired to teach the MPH section of CHLH 410 Public Health Practice.

### Table 4.1.b Current Other Faculty Used to Support Teaching Program (Adjunct, Part-Time, Secondary, etc)

<table>
<thead>
<tr>
<th>Department/ Specialty Area</th>
<th>Name</th>
<th>Title/Academic Rank</th>
<th>Title &amp; Current Employer</th>
<th>Teaching FTE or % time in 2011-12</th>
<th>Gender</th>
<th>Race or Ethnicity</th>
<th>Graduate Degrees Earned</th>
<th>Discipline for earned graduate degrees</th>
<th>Teaching Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>KCH</td>
<td>Buki, Lydia</td>
<td>Associate Professor</td>
<td>UIUC</td>
<td>6%</td>
<td>Female</td>
<td>Latina</td>
<td>PhD, MA</td>
<td>Psychology</td>
<td>Health disparities</td>
</tr>
<tr>
<td>KCH</td>
<td>Farner, Susan</td>
<td>Lecturer</td>
<td>UIUC</td>
<td>13%</td>
<td>Female</td>
<td>White</td>
<td>PhD, MS</td>
<td>Community Health Policy; Health Education</td>
<td>Environmental health</td>
</tr>
<tr>
<td>KCH</td>
<td>Hann, Lena</td>
<td>Clinical Instructor</td>
<td>UIUC</td>
<td>73%</td>
<td>Female</td>
<td>White</td>
<td>MPH</td>
<td>Community and Behavioral Health</td>
<td>MPH Practicum and Capstone</td>
</tr>
<tr>
<td>Communication</td>
<td>Huhman, Marian</td>
<td>Assistant Professor</td>
<td>UIUC</td>
<td>6%</td>
<td>Female</td>
<td>White</td>
<td>PhD, MA</td>
<td>Communications; Psychosocial nursing</td>
<td>Social marketing and health communication</td>
</tr>
<tr>
<td>KCH</td>
<td>Notaro, Stephen</td>
<td>Lecturer</td>
<td>UIUC</td>
<td>13%</td>
<td>Male</td>
<td>White</td>
<td>PhD, MA</td>
<td>Health Policy &amp; Management</td>
<td>Health policy</td>
</tr>
<tr>
<td>KCH</td>
<td>Remmert, David</td>
<td>Visiting Lecturer</td>
<td>Director, De Witt/ Piatt Bi-County Health Dept.</td>
<td>13%</td>
<td>Male</td>
<td>White</td>
<td>PhD, MPH</td>
<td>Community Health</td>
<td>Public health practice</td>
</tr>
<tr>
<td>KCH</td>
<td>Rosenblatt, Karen</td>
<td>Associate Professor</td>
<td>UIUC</td>
<td>13%</td>
<td>Female</td>
<td>White</td>
<td>PhD, MPH</td>
<td>Epidemiology</td>
<td>Cancer epidemiology</td>
</tr>
<tr>
<td>Landscape Architecture</td>
<td>Sullivan, William</td>
<td>Professor</td>
<td>UIUC</td>
<td>6%</td>
<td>Male</td>
<td>White</td>
<td>PhD, MS, MLA</td>
<td>Natural Resources; Horticulture; Landscape Architecture</td>
<td>Built environment and human health</td>
</tr>
</tbody>
</table>

### Other Faculty Involved in Teaching Program in AY2011-12*

<table>
<thead>
<tr>
<th>Department/ Specialty Area</th>
<th>Name</th>
<th>Title/Academic Rank</th>
<th>Title &amp; Current Employer</th>
<th>Teaching FTE or % time in 2011-12</th>
<th>Gender</th>
<th>Race or Ethnicity</th>
<th>Graduate Degrees Earned</th>
<th>Discipline for earned graduate degrees</th>
<th>Teaching Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>KCH</td>
<td>Kim, Juhee</td>
<td>Assistant Professor</td>
<td>UIUC</td>
<td>27%</td>
<td>Female</td>
<td>Asian</td>
<td>ScD, MS, MS</td>
<td>Society &amp; Human Development and Health; Nutritional/Food Science</td>
<td>Public health practice; Public health education</td>
</tr>
<tr>
<td>KCH</td>
<td>McAuley, Edward</td>
<td>Professor</td>
<td>UIUC</td>
<td>13%</td>
<td>Male</td>
<td>White</td>
<td>PhD,</td>
<td>Exercise and Health Psychology</td>
<td>Health behavior</td>
</tr>
</tbody>
</table>

*This information provided as these faculty are referred to in several parts of the self-study.

Note: The contribution of Dr. Huhman and Dr. Sullivan is in kind, as explain in section 1.6.l. For non-core MPH faculty, only the percent time spent in support of the MPH program only includes time spent teaching MPH courses or in administrative support of the program.

A brief comment on the credentials of the two non-KCH full-time faculty members illustrates their ability to contribute to the MPH program, including in the area of public health practice.
Marian Huhman, PhD, RN. Dr. Huhman was lead of an evaluation team at the Centers for Disease Control and Prevention between 2001 and 2008, and worked mainly in the Division of Adolescent and School Health. She led the evaluation of a large social marketing campaign to promote physical activity in children, called VERB. Having a background in nursing and obtaining her PhD in Communication in 2001, she recently won an APHA Early Career Award for her work in health communication. She is Chair of the Health Communication Working Group at APHA for 2012.

William Sullivan, PhD. Dr. Sullivan recently contributed to the Roundtable on Environmental health Sciences, Research and Medicine, sponsored by the Board on Population Health and Public Health Practice, at the Institute of Medicine. He is a contributor to the recent book, Making Healthy Places, edited by Dannenberg, Frumkin, and Jackson (Dr. Frumkin is currently Dean, University of Washington School of Public Health).

4.1c Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program.

The MPH program has mainly used three approaches to ensure that faculty integrates perspectives from the field of practice. The first is to assemble an appropriate, interdisciplinary group of faculty. The Public Health Faculty group was created in 2010. The program has public health practice as one criterion for hiring faculty. For example, Lena Hann was hired in 2011 having spent three years working in the non-profit community health agency concerned with reproductive health. The job description for the Epidemiologist/Biostatistician position included public health practice as a criterion.

Second, program structure was implemented to support integration of perspectives from public health practice. The requirements for the MPH degree evolved to include a 4 credit course in public health practice. The Capstone project is an opportunity to integrate perspectives from the field of practice, as MPH students have selected practitioners as advisors on their project. Public health practitioners were recruited to serve on the MPH Advisory Committee. The MPH program set service objectives that promote interaction of MPH faculty with the public health workforce. The I-TOPP grant is de facto an effort to integrate perspectives of public health practice into PhD training in obesity prevention, as the program requires a joint PhD—MPH degree. (Note that other USDA training grants on childhood obesity do not integrate an MPH program into the training).

Third, faculty members integrate perspectives from the field of practice in the courses they teach. It is the course instructor’s responsibility for ensuring that the perspective of public health practitioners is present in a course, to the extent necessary and appropriate for that course. Guest speakers often are invited to present in classes, so as to provide a practitioner perspective. For example, the Director of the Illinois Medicaid Program has been involved in a project in CHLH 550 (Health Policy: United States). The instructor for CHLH 469 (Environmental Health) invites a member of environment health department from the local health district to discuss public health issues, and invites an expert from the University of Illinois Extension to discuss the proper handling of pesticides. Course assignments also provide a practitioner perspective. For example, course content and assignments in the CHLH 575 (Chronic Disease Prevention) involve reviewing the state public health plans for the prevention of chronic diseases. CHLH 577 (Health Program Evaluation) uses case studies of evaluations of community-based programs to facilitate the students’ understanding and development of public health programs. The course on Cultural Competency includes reading assignments that provide various perspectives on promoting health in a community. As noted above, the MPH section of CHLH 410 (Public Health Practice) has been developed and taught by a public health practitioner.
4.1 d *Identification of outcome measures by which the program may judge the qualification of its faculty complement, along with data regarding the performance of the program against the measures of each of the last three years.*

Outcome measures were developed to judge the qualifications of the MPH faculty members as a group. The MPH program decided to rely primarily upon well-established procedures of the University of Illinois to judge the qualifications of faculty. The program added indicators to ensure the faculty have appropriate expertise in public health.

**Indicator:** The MPH core faculty members are qualified to be appointed as tenure-track faculty at the University of Illinois Champaign-Urbana campus.

This indicator is met. All core MPH faculty members are tenure-track faculty.

**Indicator:** All MPH core faculty members have either:
1. Formal public health practitioner training (MPH, DrPH).
2. PhD from a school of public health or a university-based public health unit.
3. Work experience in public health practice setting of 1+ year full time (or work part-time equivalent to 1 year full time).
4. Doctoral research degree in a discipline that supports mission of MPH program.

This indicator is met. All core MPH faculty members meet at least one of these criteria.

**Indicator:** All non-core MPH faculty members have University faculty-level appointments.

This indicator is met. All non-core MPH faculty members have appointments.

**Indicator:** At least 50% of non-core MPH faculty members are tenure-track faculty.

For 2011-12, 60% of the non-core faculty members (see Table 4.1b) are tenure-track faculty. For 2010-12, 50% were tenure-track faculty. (The indicator is not applicable for 2009 as only part of the MPH curriculum was taught in the first year).

**Indicator:** At least 50% of required MPH courses have a primary instructor with public health practice credentials, OR have substantial involvement by secondary instructors with public health practice credentials, OR involve a practicum or experience working with an organization whose mission include public health.

Currently, 7 of the 11 required MPH courses (64%) meet this indicator. The required courses taught by a faculty member with MPH degree are: Chronic Disease Prevention, Health Program Evaluation, Public Health Practice, and Principles of Epidemiology. Environmental Health is taught by Dr. Farner who has extensive work experience in clinical laboratories. The MPH Practicum and MPH Capstone Experience are two courses that involve a practicum or experience working with a public health organization.

While the MPH program did not set an indicator related to public health expertise on non-core faculty, it is worth noting that 6 of the 10 non-core meet at least one of the first 3 criteria used to judge public health expertise of core faculty: Farner (work experience in clinical laboratory), Hann (MPH degree from University of Iowa College of Public Health and work experience in health non-profit organizations),
Huhman (work experience at CDC), Kim (ScD from Harvard School of Public Health and work experience at a city health department), Remmert (work experience at county public health department and MPH and PhD degrees), and Rosenblatt (MPH degree from University of Michigan and PhD degree from the Bloomberg School of Public Health at The Johns Hopkins University).

4.1e. Assessment of the extent to which this criterion is met.

Summary: This criterion is met. The program has clearly-defined and qualified core faculty. The non-core faculty are also qualified, and enhance the ability of the MPH program to integrate perspectives from public health practice.

Strengths and successes:
- The MPH program is supported by well-qualified faculty members whose interests and expertise fit with the program's mission.
- The MPH program core faculty members have all been recruited in the past five years to the University of Illinois, reflecting the institutional commitment to building the new MPH program. The commitment is further demonstrated by the three searches in the past year for faculty with expertise in public health.
- Full time faculty members teach all courses in the MPH curriculum, with one appropriate exception: The course Public Health Practice is taught by a part-time, PhD-level practitioner.
- The MPH faculty as a group is multidisciplinary
- Non-core faculty members have ample public health expertise and experience.
- The University maintains a public list of teachers ranked as excellent by ICES evaluations of students (http://cte.illinois.edu/teacheval/ices/pdf/Fall2011List.pdf). Overall, 7 of the 14 faculty members in Tables 4.1a and 4.1b are on the Fall 2011 list, and 6 are on the Spring 2012 list. In particular, the non-tenure track full-time faculty members who teach in the MPH program (Hann, Notaro, and Farner) are on both the Fall 2011 and Spring 2012 lists of teachers ranked as excellent.

Weakness and limitations:
- The MPH program was originally envisioned as having more senior faculty at the rank of Professor and Associate Professor. The MPH core faculty has one senior faculty member (Buchner), and as of AY 2012-13, the non-core MPH faculty will have 3 senior faculty members out of 10 faculty members.
- The MPH program has sought to increase the expertise of the faculty in the area of biostatistics, but has not been successful thus far.
- While the breadth of expertise among MPH faculty is good, there are only a few areas of depth of expertise (such as epidemiology and expertise in obesity prevention.)

Recommendations to the MPH program:
- Continue to recruit additional faculty to the MPH program, as illustrated by the faculty searches active in 2012-13 for an epidemiologist and a biostatistician.
4.2 Faculty Policies and Procedures. The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

4.2a. A faculty handbook or other written document that outlines faculty rules and regulations.

The university maintains an Academic Staff Handbook, available on the web at: http://wwwahr.illinois.edu/ahrhandbook/default.html. As indicated earlier, it summarizes and explains rules and policies, but generally refers to other documents that are the official statement of university policies (See Appendix D).

The KCH department provides all faculty members with the “Faculty and Staff Handbook.” This document is reviewed periodically and discussed at faculty meetings. The document was most recently updated in March 2012 (See Appendix E) and is located online (http://kch.illinois.edu/Resources/Handbook.aspx).

4.2b. Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

AHS and KCH strive to support faculty development at all levels. One of the ways the college supports faculty is through the Teaching Academy. This Academy provides monthly seminars each semester to all faculty to enhance their teaching and research activities. Speakers from across the University are invited to provide their expertise in a discussion with faculty on various topics. All instructors, including Visiting Instructors and Teaching Assistants (TAs) are invited to AHS Teaching Academy Programs. A variety of faculty, including visiting, tenure-track, and TAs attend these monthly programs. Attendance varies by topic, with usually around 20-30 total attendees from the College for each teaching academy program. Faculty are invited to provide topic suggests in areas they feel would be beneficial to them. During the 2011-12 AY the AHS Teaching Academy provided the following programs:

- Hosted an all-day retreat for new faculty in August 2010 with a focus on (a) lesson planning and active learning, (b) tips for success, (c) teaching expectations and assumptions, (d) teaching resources at UIUC, (e) syllabus development, and (f) advising services.
- Assembled a notebook of teaching resources for new faculty.
- Hosted a lunch session titled “Obtaining Early Feedback.” This workshop introduced instructional faculty to the importance of obtaining student feedback early in the semester and ways to improve instruction based on early feedback.
- Organized a lunch workshop titled “Surviving Academic Integrity Issues.” This session focused on reviewing campus and college policies surrounding academic infractions and how to respond appropriately. Brian Farber, Associate Dean of Students, was the featured speaker.
- Hosted a lunch session titled “Mentoring TAs for Mutually Beneficial Results.” Andrea Golato, Associate Dean of the Graduate College, provided faculty with information about how to interact appropriately and effectively with TAs who are assigned to either assist in lectures or teach discussion sections of courses.
- Organized a panel of campus award-winning faculty to discuss best practices during a lunch event titled “Profiles of Excellence: Wisdom from Campus Award Winners.” Brooke Elliott (Business), Walt Hurley (Animal Sciences), and Mats Selen (Physics) spoke about effective teaching practices that they perceived made them successful instructors in a university classroom.
Organized a concurrent session at the Annual Faculty Retreat that was sponsored by AHS. Two distinguished faculty members from the college spoke about their teaching practices and involving students in class.

All AHS faculty are also members of the Center for Health, Aging and Disability (CHAD). The Center on Health, Aging, and Disability is an interdisciplinary research center that supports research, education, and outreach addressing health, wellness, and quality of life. The center serves as a catalyst by identifying innovative research themes, developing research teams and fostering interdisciplinary research. CHAD is an endowed Center founded in 2008 as a part of AHS. CHAD provides support for faculty by organizing research teams, and assists those teams by helping to identify funding, and by providing support services. CHAD supplies seed money for pilot research projects through the CHAD Incentive Grant Program. Educational opportunities sponsored by CHAD include an annual research symposium, the CHAD Lunch Seminar Series, and guest presentations. Additional information is available on the CHAD website (http://chad.illinois.edu).

The KCH Department supports faculty in several ways. New faculty members are matched with a senior faculty member as a mentor to help adjust to the new environment. There is support for teaching and research assistants to support faculty in their work in these areas.

Both AHS and KCH provide financial support of conference travel for both faculty and graduate students. There are also internal grants to support faculty travel. The University provides several grant programs that support faculty research and service, including grants in the areas of sustainability and public engagement.

4.2c. Description of formal procedures for evaluating faculty competence and performance.

AHS and KCH have established policies and procedures that require that faculty be evaluated at least annually. Each May, faculty members submit a summary report on their scholarship/research, teaching/education and professional service and outreach. The Department Head and the Departmental Advisory Committee then review the submissions and rate each faculty member separately on teaching, research, and service activities. An annual performance review letter is prepared. The faculty member and department head discuss the evaluation. A copy of the review letter is forwarded to the Dean of AHS, with a copy placed in the personnel file. If the faculty member disagrees with the review letter, he/she may write a rebuttal letter which is also placed in the personnel file. Department Heads, Associate Deans, and Assistant Deans are evaluated by the Dean of AHS using similar procedures. Annual merit increases to salary are based this annual review.

In addition to the annual review, non-tenured, tenure-track faculty members are formally evaluated by the KCH Promotion and Tenure Committee during the third year of their appointment. The Promotion and Tenure Committee sends a written report to the department head which is forwarded to the Dean and placed in the faculty member’s personnel file. The third year review process is designed to provide the department and faculty member with information regarding progress being made and still needed for tenure and promotion.

Since effective teaching is an important goal of the College and Department, evaluation of instruction is an important part of faculty evaluation process. Evaluation of teaching includes not only classroom instruction but student supervision, mentoring, and development of innovative teaching methods. A variety of assessment tools are used including: review of course syllabi including topics covered during the semester, specific course objectives, types of activities for the course, student evaluation procedures, and required reading assignments; peer observation of classroom performance; portfolio assessment by departmental review committee; assessment of the integration of new technology into teaching; quality of instructional
outcomes assessment by current and former students. Documentation is maintained in the Department Head’s office to maintain confidentiality.

In addition to evaluating individual faculty performance, programmatic performance is also evaluated on an annual basis. Each Department and College at the University of Illinois is required to develop a specific strategic plan that is guided and informed by both the UIUC Campus Strategic Plan and the University of Illinois System-wide strategic plan. KCH has developed a strategic plan that serves as the major planning and evaluation blueprint for the department. The KCH Strategic Plan is intended to be a living document that is regularly re-evaluated and adjusted to ensure that it continues to serve the department and its students optimally.

KCH has developed specific departmental priorities in the areas of research, learning, engagement and service, and economic development. By selectively investing in these strategic priorities, KCH is committed to maintaining its position at the forefront of academic kinesiology and community health.

**Strategic Priority One:**
To develop a shared vision that governs resource allocation, drives curriculum decisions, and leads to a healthy and positive work environment. Administrators, faculty, staff, students, alumni, and others perceive that the Department holds the shared vision of positively impacting health in its many shapes and forms as demonstrated through research, teaching, and service.

**Action Step:**
To establish a web-based clearinghouse which showcases KCH research and community outreach and through which interested persons can learn about KCH programs and projects.

**Strategic Priority Two:**
To ensure that KCH students enjoy state-of-the-art curricula and instruction with faculty who are distinguished by their teaching excellence, engaged in multiple aspects of instruction, who educate a dynamic and diverse student body, and who implement a world-class curriculum that addresses critical societal issues and helps shape future leaders.

**Action Step:**
To seek input from KCH faculty and students regarding curriculum review and revision. To determine what knowledge, skills and abilities KCH students should have acquired upon graduation.

**Strategic Priority Three:**
Continued focus on research excellence. KCH will continue to be known for research programs that are focused on health, scientific, and philosophical issues of great importance; are well-resourced with shared facilities and formal research centers that promote synergistic partnerships; and that have a positive impact on local, national, and global communities.

**Action Step:**
To explore improvements to the advertising of the graduate program through upgrades to current Departmental website and other modalities.

**Action Step:**
To reduce the length of time before admittance/funding decisions are made and transmitted to the applicants.

**Strategic Priority Four:**
KCH is characterized by an effective administration, with the capacity to manage the curriculum, research, and service roles of the Department. Resources are available for administrative oversight, staffing, and training in order to provide support for and facilitate communication between and among faculty, staff, students, alumni, and the community.
**Action Step:**
To develop a plan for securing biostatistical support for faculty grant applications and data analysis.

**Strategic Priority Five:**
KCH programs have a profound impact on the community with educational and research programs that include services for and partnerships with communities, which contribute to the health and well-being of diverse populations—locally, nationally, and internationally.

**Action Step:**
To develop a declaration of public engagement for faculty endorsement. To publish the declaration along with examples of public engagement activities on the KCH departmental website.

Each year KCH is required to submit a departmental annual report to the Dean of AHS. The report provides a detailed and systematic assessment of progress made for each of the research, education, outreach, and economic development goals outlined above. Performance is tracked using benchmarks identified for each goal. The Dean discusses departmental progress with the Department Head, who in turn discusses departmental progress with faculty in a retreat that is held in August. Necessary adjustments to the plan are discussed at the retreat and implemented in the following year.

**4.2d. Description of the processes used for student course evaluation and evaluation of teaching effectiveness.**

Each faculty member is required to have students complete ICES forms (Instructor and Course Evaluation System forms) provided by the University at the end of each course. The student ratings are forwarded to the Department Head, and the anonymous forms are returned to the faculty member for review of student comments. The faculty member includes the ICES results in their annual report.

As discussed in 4.2.c immediately above, evaluation of teaching also includes assessment of student supervision, mentoring, and development of innovative teaching methods.

The assessments of teaching effectiveness (including peer observation of the faculty member’s classroom teaching) are submitted as part of review for promotion and tenure according to University procedures ([http://www.provost.illinois.edu/communication/09/index.html](http://www.provost.illinois.edu/communication/09/index.html)).

**4.2e. Description of the emphasis given to community service activities in the promotion and tenure process.**

The University of Illinois policy for awarding tenure is explicit about the main criterion: ([http://www.provost.illinois.edu/communication/09/Communication_No.9.pdf](http://www.provost.illinois.edu/communication/09/Communication_No.9.pdf))

“Because tenure has consequences of long life and great magnitude, it should be awarded only when the best interest of the University of Illinois is clearly served by doing so. This is the overriding criterion.” [Italics used in source of quotation].

However, service and public engagement must be taken into account in review for promotion and tenure. The use of the term “service and public engagement” below indicates service outside the university is expected:

“The three primary missions of the University are teaching, research, and service and public engagement. In any promotion review, consideration should be given to the performance of the individual in all three of these areas. However, the three need not be treated equally. Their interpretation and weight should reflect
the definition of the position to which the individual has been appointed and to which he or she might be promoted.”

As noted earlier, tenure-track faculty members in KCH are expected to devote 20% of their time to service for university, the local community, and the profession. With 80% of time devoted to teaching and research, the University policy indicates is it appropriate to place more emphasis on teaching and research in decisions about promotion and tenure:

“For most faculty members, the primary basis for promotion and tenure will be evidence of the high quality of both teaching and research, with consideration also being given to evidence of valuable public engagement or service to the University and professional communities.” And also: “It will be unusual and exceptional to award promotion and tenure merely on the basis of strong performance in only one of these areas.”

That is, the policy states that strong performance in the area of community service (which may include public health practice activities) can be a major reason for a favorable promotion and tenure decision.

The importance of service and public engagement is reflected in the KCH service and engagement goals, which faculty are expected to be involved with:

1. Increase opportunities for local community engagement with KCH through community health programming, physical activity, sports and fitness programs, and complementary and alternative medicine programs.
2. Develop collaborations/partnerships with various campus and community constituencies, including; UIUC Child Development Center, extension programs, local & suburban schools, and state and national planning commissions to research, test, and demonstrate best practices.
3. Extend KCH engagement with older adults beyond research to support the departmental teaching and outreach mission.
4. Expand community partnerships in health, aging, disability, and quality of life.
5. Encourage increased collaboration with UI Extension involving the development of healthy communities in rural and urban environments.

KCH faculty members are required to list and describe service activities completed in both their Annual Report and the Promotion and Tenure process. The Department Head and the Departmental Advisory Committee review the submissions and rate each faculty members contribution related to community service.
4.2f **Assessment of the extent to which this criterion is met.**

Summary: This criterion is met. The program abides by well-defined policies of the University of Illinois to recruit and promote faculty. The competence and performance of faculty are evaluated annually. The MPH requires student course evaluations of all courses, using the ICES system of the University of Illinois. Service activities (including community service) are not optional, but are required for promotion and tenure of a faculty member.

Strengths and successes:
- The University of Illinois has an Academic Staff Handbook that serves as a general resource. KCH has a faculty handbook that addresses additional policies and procedures at the department level.
- There are clear and well-established written policies for the recruitment and appointment of faculty members.
- KCH has a well-described process for annual review of the performance of all faculty and staff members.
- Policies that govern the promotion and tenure of faculty members are written, well-established, and closely followed. Excellence in service influences promotion and tenure decisions.
- Non-tenured, tenure-track faculty members are mentored by a senior faculty member.
- The University of Illinois has substantial resources for supporting and improving the teaching performance of faculty members.
- All KCH faculty members must obtain student evaluations of teaching using the ICES system. Some information about ICES scores is publically available.

Weakness and limitations:
- Externally funded research centers facilitate the development and advancement of faculty, but the competition for such research center funding is intense. The Urbana-Champaign campus is less well positioned to compete for research centers related to public health, and does not have a major research center in which public health faculty participate.
- The faculty searches in 2011-12 for a senior public health faculty member and for a biostatistician would have provided additional capacity to mentor junior faculty and support research, but these searches were not successful.

Recommendations for the MPH program:
- Continue to abide by KCH, AHS, and UIUC policies and procedures for appointment of new faculty, and for evaluating the performance of existing faculty.
4.3 Faculty and Staff Diversity. The program shall recruit, retain and promote a diverse faculty and staff, and shall offer equitable opportunities to qualified individuals regardless of age, gender, race, disability, sexual orientation, religion or national origin.

4.3a. Summary demographic data on the program’s staff faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table in 4.1.a.

| Table 4.3.a. Summary Demographic Data for Current Core and Other Faculty for 2011-12 |
|---------------------------------|-----------------|-----------------|-----------------|
|                                 | Core Faculty    | Other Faculty   | TOTAL           |
|                                 | #               | %               | #               | %               |
| # % Male                        | 1              | 25%             | 4              | 40%             | 5              | 36%             |
| # % African American Male       |                |                 |                |                 |                |                 |
| # % Caucasian Male              | 1              | 25%             | 4              | 40%             | 5              | 36%             |
| # % Hispanic/Latino Male        | 1              | 25%             | 4              | 40%             | 5              | 36%             |
| # % Asian/Pac. Isl. male        |                |                 |                |                 |                |                 |
| # % Nat. Amer/Alaska Native Male|                |                 |                |                 |                |                 |
| # % Unknown/Other Male          |                |                 |                |                 |                |                 |
| # % International Male          |                |                 |                |                 |                |                 |
| # % Female                      | 3              | 75%             | 6              | 60%             | 9              | 64%             |
| # % African Amer. Female         | 2              | 50%             | 4              | 40%             | 4              | 29%             |
| # % Caucasian Female            |                |                 |                |                 |                |                 |
| # % Hispanic/Latino Female      | 1              | 25%             | 1              | 10%             | 2              | 14%             |
| # % Asian/Pac. Isl. Female      | 1              | 10%             | 1              | 10%             | 1              | 7%              |
| # % Nat. Amer/Alaska Native Female|              |                 |                |                 |                |                 |
| # % Unknown/Other Fem.          |                |                 |                |                 |                |                 |
| # % International Female        |                |                 |                |                 |                |                 |
| TOTAL                           | 4              |                 | 10             |                 | 14             |                 |

4.3b. Summary demographic data on the program’s staff, showing at least gender and ethnicity.

| Table 4.3.b. Summary Demographic Data for Staff for 2011-12* |
|---------------------------------|-----------------|-----------------|-----------------|
|                                 | KCH Staff       | Other Staff     | TOTAL           |
|                                 | #               | %               | #               | %               |
| # % Male                        |                |                 |                |                 |                |                 |
| # % African American Male       |                |                 |                |                 |                |                 |
| # % Caucasian Male              |                |                 |                |                 |                |                 |
| # % Hispanic/Latino Male        |                |                 |                |                 |                |                 |
| # % Asian/Pac. Isl. male        |                |                 |                |                 |                |                 |
| # % Nat. Amer/Alaska Native Male|                |                 |                |                 |                |                 |
| # % Unknown/Other Male          |                |                 |                |                 |                |                 |
| # % International Male          |                |                 |                |                 |                |                 |
| # % Female                      | 6              | 100%            | 6              | 100%            |
| # % African Amer. Female         | 1              | 16%             | 1              | 16%             |
| # % Caucasian Female            | 4              | 66%             | 4              | 66%             |
| # % Hispanic/Latino Female      |                |                 |                |                 |                |                 |
| # % Asian/Pac. Isl. Female      | 1              | 16%             | 1              | 16%             |
| # % Nat. Amer/Alaska Native Female|              |                 |                |                 |                |                 |
| # % Unknown/Other Fem.          |                |                 |                |                 |                |                 |
| # % International Female        |                |                 |                |                 |                |                 |
| TOTAL                           | 6              | 100%            | 6              | 100%            |
4.3c. **Description of policies and procedures regarding the program’s commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation religion or national origin.**

The MPH program’s commitment to providing equitable opportunities is embodied in policies of the University of Illinois. The University has a non-discrimination statement that states in part:

“The University of Illinois will not engage in discrimination or harassment against any person because of race, color, religion, sex, national origin, ancestry, age, order of protection status, genetic information, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran and will comply with all federal and state nondiscrimination, equal opportunity and affirmative action laws, orders and regulations. This nondiscrimination policy applies to admissions, employment, access to and treatment in the University programs and activities.”

http://www.hr.uillinois.edu/cms/One.aspx?portalId=964839&pageId=1026767

There is a special entity (the University Council on Equal Opportunity) that advises the President of the University on matters pertaining to equal opportunity.

http://www.hr.uillinois.edu/university_equal_opportunity/uceo

As noted earlier, there is a grievance process that provides students and employees of the University with the means to address and resolve incidents that may involve discrimination.

In particular, all faculty searches are governed by the University Human Resource Office which provides Equal Employment Opportunities services to the departments on campus. The information regarding these services and regulations can be found at:

http://www.hr.uillinois.edu/cms/One.aspx?portalId=964839&pageId=1021104

Also, hiring of staff at the University follows civil services rules and procedures. This information is available at:

http://www.hr.uillinois.edu/cms/one.aspx?portalId=964839&pageId=1026050

4.3d. **Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.**

The Equal Employment Opportunities policies of the University require that faculty searches make an effort to attract a diverse pool of applicants. The strategy to advertise the faculty position must include a plan for reaching a diverse audience that includes minority applicants. The University provides advice as to how to reach diverse audiences. KCH may seek assistance in disseminating job descriptions from Afro-American Studies and Research, La Casa and Gender and Women Studies. For example, positions are posted at the University Human Resources website: https://hrnet.uihr.uillinois.edu/panda-cf/application/SearchForm.cfm.

Search committees post job announcements in journals, newspapers and other publications as necessary for the position posted. Representative publications would include The Nation’s Health, and the Chronicle of Higher Education.
Equal Employment Opportunity (EEO) Officers in colleges and academic units provide oversight of faculty searches related to policies of the University on affirmative action, equal employment opportunity, and fairness and consistency. The diversity of the proposed search committee is reviewed by the University. After the application deadline, the diversity of the applicant pool is also reviewed. These and other policies are documented on the websites in the previous section.

Once a candidate for a position is identified, the University of Illinois has established a Target of Opportunity Hiring Program in which resources are provided to academic departments to assist in the recruitment and hiring of faculty from underrepresented groups. KCH has actively participated in this program. Also, the University can provide support for hiring the spouse of a candidate, and this support can be used for attracting a diverse faculty. KCH has participated in spousal hires. The commitment of the University to hiring diverse faculty and staff includes hiring faculty and staff with disabilities.

In addition, the university maintains an active program to retain highly successful faculty members who are being actively recruited by peer institutions. Funds are available to support retention offers that are deemed to be in the best interest of the department, college and campus. KCH has been an active participant in the program.

The general review of University-wide policies is under the guidance of the University Council on Equal Opportunity mentioned in the section above. At the college and department level, there is review each year of hiring plans, which are informed by previous searches. The KCH department is required to develop an annual hiring request that is submitted to the Dean of AHS. The AHS annual hiring plan is submitted to the Office of the Provost for review and approval. The KCH departmental advisory committee is asked to provide input to the development of the hiring plan.

The KCH department is committed to recruiting and retaining a diverse faculty. Policies and efforts to recruit and retain a diverse faculty were in place at the time the MPH program was being designed and developed. Anticipating the launch of the MPH program in 2009, a diverse faculty was being assembled prior to this date. The result was an increase in the number of female faculty members, and successful hiring of several African-American and Latina/Latino scholars. KCH has also recently recruited a faculty member with a disability.

The KCH department is committed to recruiting and retaining a diverse staff. KCH recently recruited an Asian staff member. KCH adheres to the civil service hiring rules, which can be somewhat complicated: examinations may be required, and there can be preferences based upon military service, seniority, and other factors.

4.3e. **Description of efforts, other than recruitment and retention of core faculty, through which the program seeks to establish and maintain an environment that supports diversity.**

KCH has enthusiastically participated in diversity related initiatives. In conjunction with the other Big Ten Kinesiology programs, several years ago KCH hosted the Second Biennial CIC (Big Ten) Diversity Conference in which KCH faculty and students came together with colleagues and peers from other CIC institutions to address issues related to the recruitment of minority faculty and students. A concerted effort was made to encourage faculty and students from other Big Ten Institutions to consider Illinois as their future academic home.

As part of our leadership role in the CIC Diversity Summit, KCH has worked with student organizations on campus to provide prospective students with information about available social activities and/or clubs and organizations that are welcoming to minority and underrepresented groups.
KCH has developed a strategic plan that has made every effort to be consistent with the UIUC campus plan and AHS strategic plan. In each of these plans addressing issues related to diversity are considered to be a critical component of our research, education, and outreach mission. KCH has established the following goals relative to diversity.

- Continue to sponsor diversity related events such as the CIC diversity summit
- Increase proportion of minority undergraduate and graduate students
- Increase number of minority and underrepresented faculty
- Address accessibility and ADA compliance deficiencies in Freer and Huff Hall
- Build endowment support for minority fellowships

Specific features of the MPH program help create an environment that supports diversity.

- The MPH value statement includes a value of inclusivity and a value of self-awareness.
- The MPH course on cultural competence is required of all MPH students. This course includes exercises that increase self-awareness of attitudes, beliefs, and biases.
- The design of the Khan Annex (location of the MPH program) paid particular attention to the needs of people with disabilities. There is no separate ramp for people with disabilities: everyone enters by the same door.
- The MPH program is located in an academic unit (Community Health) that has a diverse undergraduate student population: about half of undergraduate majors are from minority groups (African American, Hispanic, Asian, and other).
- The MPH program has indicators related to student ethnic diversity.
- The MPH program established has a specific objective (#1) to recruit under-represented applicants to the program.

Again, at the University level, the University Council on Equal Opportunity is broadly charged to create environments that support diversity:

“To stimulate and facilitate University programs, services and procedures in matters affecting equal opportunity, nondiscrimination, affirmative action and inclusiveness, recommending standards which ensure consistent application.”
(http://www.hr.uillinois.edu/university_equal_opportunity/uceo).

4.3. Identification of outcome measures by which the program may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the program against those measures for each of the last three years.

The MPH program has not established quantitative indicators of diversity for faculty and staff, due to the small numbers (four core faculty members and no staff assigned just to the MPH program). It was deemed that the most appropriate indicator of success in achieving a diverse faculty and staff is ensuring a diverse pool of applicants for any position that opens up. While this indicator is de facto met because of University policies, the MPH program regards policy approaches to assuring a diverse applicant pool as important and effective.
**Indicator:** For all job searches conducted for a faculty or staff position, the pool of the applicants for the search will be reviewed and meet University standards for diversity.

This indicator is met for all searches conducted in past three years.

Of course, the data in Tables 4.3a and 4.3b are useful in judging if this policy indicator is promoting a diverse faculty and staff. Currently 75% of MPH core faculty members and 36% of all MPH faculty members are from minority ethnic groups. Currently 64% of all MPH faculty members are female. With respect to staff, 33% are from minority ethnic groups and all are female.

### 4.3g. **Assessment of the extent to which this criterion is met**

**Summary:** This criterion is met. The MPH program is committed to recruiting, retaining, and promoting a diverse faculty, in accord with policies and procedures of the University of Illinois. A diverse group of faculty implement the research, teaching, and service activities of the MPH program. The MPH purposefully has characteristics and activities that help create an environment that supports diversity.

**Strengths and successes:**
- The MPH program, the KCH Department, and the University of Illinois are committed to providing equitable opportunities to everyone, and to recruiting and retaining a diverse faculty and staff.
- Specific procedures are in place to recruit minority faculty and staff, and to ensure diverse applicant pools for searches.
- Though it does not have specific targets, the MPH program regards the diversity of its faculty as acceptable.

**Weakness and limitations:**
- The gender diversity of the staff is not as great as the gender diversity of the faculty.

**Recommendations for the MPH program:**
- Continue the commitment to efforts to promote a diverse faculty. Provide travel and other support for MPH faculty member participation in workshops related to diversity.
4.4 **Student Recruitment and Admissions.** The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.

4.4a. **Description of the program's recruitment policies and procedures.**

As a program located in a public university in the state of Illinois, the MPH program seeks primarily to recruit MPH students who are state residents or already attending a college in the state. The MPH program uses several methods to recruit diverse and qualified students.

1. The MPH program maintains a separate website ([http://mph.illinois.edu](http://mph.illinois.edu)) that promotes the visibility of the program and provides information to prospective students. The website contains information on how to apply for the MPH program, and how to contact the program for more information.

2. The MPH program works with undergraduate advisors to ensure they understand how to advise students about the 5 year BS-MPH program. Materials were created to support this advising (See Appendix K).

3. All contact with applicants is coordinated by the MPH Coordinator (Hann). The MPH Coordinator handles all questions about the MPH program and the application process.

4. Open houses are held during the course of the academic year to introduce potential students to the MPH program. These events are publicized through direct emails to students, flyers and emails to advisors in the AHS College and other colleges on campus. One event in 2012 was publicized through direct email to regional colleges and universities.

5. Students who have been admitted to the program are invited to a "Welcome" event. At this event the students meet current students and faculty to further explore the program.

6. Each year a campus wide health fair is held on the University of Illinois campus promoted by the student health service. In 2012 the MPH students staffed a booth promoting public health and the MPH program.

7. The MPH student group brings speakers to campus and invites undergraduates and other graduate students to the programs. This helps to introduce undergraduate students to the field of public health and the MPH program.

8. The program accepts requests of potential students to visit campus. If requested, the MPH program will meet with applicants, allow applicants to meet with current MPH students, and allows students to visit a MPH class.

9. The MPH program's efforts to recruit a diverse group of applicants are described in section 4.5b.

4.4b. **Statement of admissions policies and procedures**

The MPH program accepts applications from state residents, non-residents, and international students. All applicants are evaluated using the same criteria and processes.

The MPH program follows the policies of the University of Illinois for admissions of graduate students. All applicants must apply using the online application system controlled by the Graduate College. The MPH program uses the standard application. That is, the MPH program has not added any additional components to the application process beyond what is required by the Graduate College or by KCH. The required parts of the application are:
1. An application form 
2. An official college transcript or transcripts from undergraduate and any graduate programs. 
3. A personal statement 
4. A resume 
5. Three letters of recommendation 
6. GRE (Graduate Record Examination) scores (except for BS-MPH applicants) 
7. International applicants may be required to submit tests of English proficiency (e.g. TOEFL) and documentation of financial ability to pay the costs of graduate education

The Graduate College enforces two requirements for admission:

1. All applicants must have a GPA of 3.0 on a 4.0 scale to be admitted (unless the MPH program petitions to have this requirement waived). The GPA is calculated using the last 60 credit hours of college coursework. 
2. All international applicants must demonstrate proficiency in English, and obtain certain minimum scores on the various tests of English: [http://www.grad.illinois.edu/admissions/instructions/04c](http://www.grad.illinois.edu/admissions/instructions/04c)

The application is reviewed by faculty members in the graduate program offering the degree. For the MPH program, the Public Health faculty members constitute the MPH admissions committee. In the past year academic year, the admissions committee met monthly between December and April in any month where there were complete applications to review. The current application deadline is April 15, though it possible for graduate programs to accept and review late applications. Each member of the admissions committee ranks applicants on a 5 point scale prior to a meeting. At the meeting, average scores are computed and applicants are discussed. The faculty members are instructed to consider ALL parts of the application in making a rating. GRE scores are taken into consideration, but there are no minimum score requirements. Based upon the scores and discussion, the faculty reach consensus on admission decisions. However, an exception to this process was required for I-TOPP applicants (applicants for both MPH and PhD programs). As a condition of support from the I-TOPP grant, all I-TOPP applicants were reviewed by members of the 10 interdisciplinary faculty members on the grant. The application process this year included in-person interviews. Drs. Buchner and Grigsby-Toussaint of the Public Health Concentration faculty participated, and if they concurred with the I-TOPP decision to admit an applicant to the I-TOPP program, the applicant was admitted to the MPH program.

The MPH program is allowed to send informal email to admitted applicants, informing them of the action of the MPH Admissions Committee, but indicating the email is NOT the official offer of admission. The Department prepares a formal letter informing the applicant of the admission decision. For admitted applicants, the letter explains that the official offer of admission is made by the Graduate College after review of the application. The Department prepares the applicant file for submission to the graduate college.

The admissions process for the BS-MPH program is the same, with the following exceptions:

1. The application deadlines are different (currently two deadlines per year – one week prior to fall term and one week prior to spring term).
2. The BS-MPH program does not required GRE scores.
3. The BS-MPH program can only accept applicants who are undergraduate students in Community Health, Kinesiology, and I-Health.
4. If accepted to the BS-MPH program, applicants have undergraduate status until they complete requirements for the BS degree. The applicant is admitted to graduate status in the MPH program at the end of their senior year.

4.4c. Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

The course of study is presented on the Programs of Study website (http://provost.illinois.edu/ProgramsOfStudy/2012/fall/programs/graduate/community_health.html). This website includes a description of the program, requirements for admission and the program of study for completion of the program.

KCH maintains a website (http://kch.illinois.edu/) also which links to the MPH program website (http://mph.illinois.edu/). The MPH website provides information about the program and the application process. Recruitment materials distributed during MPH Open Houses are located in Appendix J, while public resources like MPH brochures, posters, and web materials are in Appendix A. Information provided to applicants of the BS-MPH program is included in Appendix K.

4.4d. Quantitative information on the number of applicants, acceptances and enrollment, by specialty area, for each of the last three years. Data must be presented in table format. See CEPH Data Template J.

The quantitative information for the students who have applied, been accepted or denied and have matriculated into the MPH program is available in Table 4.4.d.

<table>
<thead>
<tr>
<th>Specialty Area #1</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied</td>
<td>17</td>
<td>20</td>
<td>56</td>
</tr>
<tr>
<td>Accepted</td>
<td>11</td>
<td>18</td>
<td>40</td>
</tr>
<tr>
<td>Enrolled</td>
<td>6</td>
<td>9</td>
<td>23</td>
</tr>
</tbody>
</table>

4.4e. Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any program or specialization. Data must be presented in table format. See CEPH Data Template K.

The number of students enrolled each year in the one specialty area of the MPH program is shown in Table 4.4.e. For example, in year 2010-11, there were 6 full-time 2nd year MPH students, 8 full-time 1st year MPH students, and 1 part-time (80% time) 1st year MPH student. So in 2010-11, the data were: 14 full-time students, 1 part-time student, and 14.8 FTE. (The one part-time MPH student was admitted in 2010, and is scheduled to complete the MPH degree in 2.5 years.)
4.4e. Students Enrolled in the MPH Program, 2009 to 2011 (MPH program has only one Specialty Area)

<table>
<thead>
<tr>
<th>Year</th>
<th>Health Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>HC FT</td>
</tr>
<tr>
<td>2010-11</td>
<td>HC FT</td>
</tr>
<tr>
<td>2011-12</td>
<td>HC FT</td>
</tr>
</tbody>
</table>

NOTE: 
HC = Head Count
FT = Full-time students (9 credit units or more per semester)
PT = Part-time students
FTE = Full-time equivalent students
Students enrolled in fall and/or spring term of the academic year as a full-time student are included in the head count.

4.4f. Identification of the outcomes measures by which the program may evaluate its success in enrolling a qualified study body, along with data regarding the performance of the program against those measures for each of the last three years.

The MPH program has the following indicators and targets for evaluating its success in enrolling a qualified study body.

Indicator: The average undergraduate GPA for students who matriculate into the MPH program shall be at least 3.4 (on a scale where 4.0=A).

The table below shows the average undergraduate GPA’s for all applicants admitted to the program. The MPH program met the target for the GPA indicator in years 2 and 3, but not in year 1.

4.4f.i Average GPA for Applicants to the MPH program by year

<table>
<thead>
<tr>
<th>Year</th>
<th>GPA of Applicants who Matriculated</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>3.30</td>
</tr>
<tr>
<td>2010</td>
<td>3.60</td>
</tr>
<tr>
<td>2011</td>
<td>3.54</td>
</tr>
</tbody>
</table>

Indicator: For students who matriculate in the MPH program and who are required to take the GRE, the average percentile for quantitative score shall be at least 50th percentile.

Indicator: For students who matriculate in the MPH program and who are required to take the GRE, the average percentile for verbal score shall be at least 50th percentile.

Indicator: For students who matriculate in the MPH program and who are required to take the GRE, the average writing score shall be at least 4.

The MPH program met the targets for the verbal indicator each year, for the quantitative indicator in 2 of 3 years, and for the writing indicator in 2 of 3 years.

4.4f.ii. Average GRE Scores for applicants who matriculated by year

<table>
<thead>
<tr>
<th>Year</th>
<th>Average GRE Verbal Percentile</th>
<th>Average GRE Quantitative Percentile</th>
<th>Average GRE Writing Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>56 %tile</td>
<td>60 %tile</td>
<td>4.0</td>
</tr>
<tr>
<td>2010</td>
<td>58 %tile</td>
<td>46 %tile</td>
<td>4.2</td>
</tr>
<tr>
<td>2011</td>
<td>56 %tile</td>
<td>62 %tile</td>
<td>3.8</td>
</tr>
</tbody>
</table>
**Indicator:** At least 50% of students who matriculate into the MPH program will have an undergraduate internship experience and/or work experience in a community health agency or organization.

Data for this indicator are not available in 2009 and 2010. In 2011, the MPH program met this indicator with 17 of 23 matriculated students (74%) having an undergraduate internship, other internship, or work experience. In large part, the indicator was met because of the BS degree in Community Health requires a major 320 hour internship, and 15 of the 23 students admitted were undergraduate majors in Community Health.

**Indicator:** Prerequisites for admission to the MPH program will include at least one college-level course in math, statistics, biostatistics, or epidemiology.

The target for the indicator is now met. Starting in 2012-13, the program of study for the MPH program includes a prerequisite for at least one college level course in math, statistics, biostatistics, or epidemiology.

**4.4g. Assessment of the extent to which this criterion is met.**

Summary: This criterion is met. The MPH program has successfully recruited a qualified study body, as indicated by indicators of academic ability at the time of matriculation, and by high rates of graduation among the matriculated studies.

Strengths and successes:
- The MPH program has successfully recruited a qualified study body, with average GRE scores and an average undergraduate GPA that meets program target in most years.
- Because almost all students admitted to the BS-MPH program are undergraduates in Community Health, these undergraduates have not only a strong educational background for MPH coursework, but also a major internship (320 hours) at a community health agency.
- The MPH methods for recruiting students place emphasis on recruiting a diverse student body.
- The MPH admissions procedures are well-developed in accord with University policies.

Weakness and limitations:
- The MPH program added a prerequisite of a college-level course in math or statistics, but this prerequisite did not take effect until 2012-13.
- Students in the first cohort of BS-MPH students were confused sometimes about MPH requirements and the sequence for taking MPH courses, prompting the program to develop additional recruitment materials just for the BS-MPH students.

Recommendations for the MPH program:
- Continue efforts to make progress in balancing the number of students enrolled in the MPH degree program and the BS-MPH degree program. In 2011 only two students matriculated into the 2-year MPH program, while in 2012 nine students matriculated.
4.5  **Student Diversity.** Stated application, admission, and degree granting requirements and regulations shall be applied equitably to individual applicants and students regardless of age, gender, race, disability, sexual orientation, religion or national origin.

4.5a.  **Description of policies, procedures and plans to achieve a diverse student population.**

The MPH program has implemented the following policies, procedures and plans to achieve a diverse student population:

- The MPH program set as an objective (objective #1) to have at least one recruitment event each year that targets underrepresented students. This objective has been met.

- Other aspects of the MPH program’s procedures for recruiting students assist in recruiting a diverse student population, such as efforts to recruit from diverse student groups on campus (see section 4.4.a.). The decision to offer a joint BS-MPH degree allowed effective recruitment from one diverse group on campus – undergraduate majors in Community Health

- The MPH program recruited and hired an MPH Coordinator in part to provide MPH students more access to counseling and support for their academic work.

- There are several features of the MPH program that help create an environment that supports diversity, such as a required course on cultural competence (see section 4.3.f).

- The MPH program has indicators related to student ethnic diversity.

- The MPH program is working on locating scholarship funds that may be used to assist under-represented students, though no source of scholarship funds as yet been located.

- While some self-supporting degree programs have tuitions substantially above the regular graduate student tuition, the MPH tuition is only marginally above the minimum tuition set by the University. This aids in attracting a diverse student population from the MPH’s primary target group of Illinois residents.

- The MPH program is seeking accreditation, in part because CEPH accreditation should improve the ability of the program to recruit diverse, qualified students.

4.5b.  **Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.**

MPH Objective #1 requires the program to have at least one recruitment event each year that attracts underrepresented applicants.

**Indicator:** Implement at least one recruitment effort each year to attract under-represented applicants to the MPH program (MPH Objective #1).

The target for this indicator is met. The MPH program currently regards non-white applicants, applicants from low income families, and rural applicants as under-represented. The following events have occurred in the past three years. So far, after adding a new recruiting strategy, the MPH program has continued to use the strategy (all 5 strategies below were used in 2011-12).

1. The University of Illinois sponsors two summer programs exclusively for minority undergraduate students, called McNair and Summer Research Opportunities Program. The purpose of the programs is to mentor students in preparation for graduate school. Three MPH faculty (Andrade, Farner, and Notaro) have participated over the period 2009-2011 and have specifically mentored Community Health undergraduates. Some of these undergraduates have subsequently applied to MS and MPH programs in Community Health.
2. In 2010-11, the MPH program has sponsored regular open houses attended primarily by undergraduates in Community Health (one of the most diverse group of undergraduate majors on campus).

3. In 2011-12, the MPH program began involving a diverse panel of MPH students in recruiting events.

4. In 2011-12, the MPH program mailed recruitment materials to regional schools in states touching Illinois, with an emphasis on smaller colleges and including colleges that tend to attract minority, low income, and rural students.

5. The MPH program created recruitment materials that portray a diverse group of MPH students.

The process for evaluation of recruitment has not been complicated so far, given the level of enrollment. Despite extensive advertising in student newspapers on many campuses in the Midwest in 2009, all six students in the first class (2009) were undergraduates at UIUC. Thus in 2010 the focus shifted to improving the MPH website as a means of attracting students. This was somewhat successful in terms of reaching a broader applicant pool, as most students in the second class were not recent UIUC undergraduates. In 2011, the BS-MPH was implemented and the I-TOPP program began. The MPH program naturally recruited from the pool of Community Health undergraduates and from its participation in I-TOPP, but saw a decline in enrollment in the 2 year MPH program. The MPH program seeks more balanced enrollment among BS-MPH, MPH, and PhD-MPH students, and has adjusted recruitment plans and efforts accordingly.

The efforts of KCH to recruit a diverse group of students are also relevant. These efforts can sometimes overlap with efforts to recruit MPH students. With joint PhD-MPH degrees in Kinesiology and in Community Health, efforts to recruit diverse PhD students may result in students who choose a joint PhD MPH program.

At both the undergraduate and graduate level, KCH is committed to recruiting minority students to campus. The Department has a significant number of minority and international students at both the undergraduate and graduate level. About half of the undergraduate students in the Community Health Program are minorities. KCH faculty are active in mentoring of African-American, Latina/Latino and Native American Students. KCH has had success in attracting students under the Graduate College Minority Fellowship Program as well as the Minority Academic Partnership Program (MAPP). One of the most successful KCH graduate students was recruited to campus under this program. All faculty are strongly encouraged to assist their students apply for these minority scholarships. In the recent past, KCH has had a number of African-American and Latina/Latino graduate students who have been supported on NIH Minority Fellowships. KCH hopes to increase this type of support. The participation of KCH in the Second Biennial CIC (Big Ten) Diversity Conference was described above in section 4.3.e.

AHS is home to the Mannie L. Jackson Illinois Academic Enrichment and Leadership Program (I-LEAP). (http://advising.ahs.illinois.edu/ILeap/). The program is open to AHS undergraduate students from underrepresented groups. At no cost to students, the program provides one-on-one mentoring and provides students access to educational resources, with the aim to increase the success of these students in courses and in other activities on campus. This program enlarges the pool of undergraduates in AHS who are appropriate candidates for graduate studies.

Minority undergraduate students in AHS are encouraged to pursue the opportunities available for research in the department. Students can receive up to 6 hours of academic credit per semester to satisfy undergraduate honors theses, supervised research experience courses, or independent study courses. Each semester, the department has about 20 undergraduate students enrolled in research. In addition, each summer the department recruits several students through the Minority Student Summer Research Opportunities Program described above.
4.5c. **Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years. Data must be presented in table format. See CEPH Data Template L.**

The quantitative information on demographic characteristics of the student body is included in Table 4.5c. The diversity of the student body has increased from the inception of the program. The MPH program seeks to continue to recruit from underrepresented student groups.

| Table 4.5.c. Demographic Characteristics of Student Body from 2009 to 2011 |
|---------------------------------|---------------------|-----------------|-----------------|------------------|------------------|
|                                 | 2009-10 | 2010-11 | 2011-12 |
|                                 | M | F | M | F | M | F |
| **African American**            |       |       |       |       |       |       |
| Applied                         | 3 | 3 | 1 | 1 | 2 | 3 |
| Accepted                        | 1 |   |   |   | 1 | 2 |
| Enrolled                        |   |   |   |   | 1 | 1 |
| **Caucasian**                   |       |       |       |       |       |       |
| Applied                         | 6 | 5 | 1 | 10 | 8 | 18 |
| Accepted                        | 6 | 4 | 1 | 9  | 4 | 12 |
| Enrolled                        | 4 | 2 | 1 | 5  | 2 | 6  |
| **Hispanic/Latino**             |       |       |       |       |       |       |
| Applied                         |   | 1 |   | 3  | 1 |   |
| Accepted                        |   | 1 |   | 3  |   |   |
| Enrolled                        |   |   |   | 2  |   |   |
| **Asian Pacific Islander**      |       |       |       |       |       |       |
| Applied                         |   | 4 |   | 6  | 10 |   |
| Accepted                        | 4 | 5 | 9 |   |   |   |
| Enrolled                        | 1 | 3 | 7 |   |   |   |
| **Native American/Alaska Native**|       |       |       |       |       |       |
| Applied                         |   |   |   |   |   |   |
| Accepted                        |   |   |   |   |   |   |
| Enrolled                        |   |   |   |   |   |   |
| **Unknown/Other**               |       |       |       |       |       |       |
| Applied                         |   | 1 | 2 | 5 |   |   |
| Accepted                        | 1 | 2 | 4 |   |   |   |
| Enrolled                        | 1 | 1 | 1 |   |   |   |
| **TOTAL**                       |       |       |       |       |       |       |
| Applied                         | 9 | 8 | 3 | 17 | 19 | 37 |
| Accepted                        | 6 | 5 | 2 | 16 | 13 | 27 |
| Enrolled                        | 4 | 2 | 2 | 7  | 8  | 15 |

4.5d. **Identification of measures by which the program may evaluate its success in achieving a demographically diverse study body, along with data regarding the program’s performance against these measures for each of the last three years.**

The MPH program has set one indicator for the ethnic diversity of the student population. There is a second indicator that will be implemented when the enrollment exceeds 150 students, and it is possible to get more stable estimates of the percent MPH students in each ethnic group.

**Indicator:** The percent non-white U.S. MPH students will equal to or higher than the percent non-white U.S. students at the Urbana-Champaign campus.

The target for this indicator was not met in 2009 (all six students were U.S. Caucasian). The target was not met in 2010 (1 of 7 U.S. students (14%) was from a minority group). The target was met in 2011, with 59%
minority U.S. students (9% African American, 4% Hispanic/Latino, and 46% Asian). Campus wide in 2011, there were about 30% U.S. minority students. (This indicator is not meant to imply that international students do not contribute to the diversity of the MPH program. It focuses on U.S. students because the category “international student” does not necessarily indicate a student is from an under-represented group).

**Indicator:** When total enrollment in MPH program exceeds 150 students, the percent Asian MPH students, the percent African American MPH students, and the percent Hispanic MPH students will be equal to or exceed the comparable percent for the Urbana-Champaign campus.

This indicator is not yet operationalized.

**Gender and Ethnicity of students enrolled at the University of Illinois in 2011-12**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent of All Students</th>
<th>Percent of U.S. students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>54.2</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>45.7</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>55.1</td>
<td>69.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>12.0</td>
<td>14.3%</td>
</tr>
<tr>
<td>African-American</td>
<td>5.1</td>
<td>6.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.3</td>
<td>7.5%</td>
</tr>
<tr>
<td>Native American</td>
<td>0.1</td>
<td>.1%</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>0.1</td>
<td>.1%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>1.9</td>
<td>2.3%</td>
</tr>
<tr>
<td>International</td>
<td>19.3</td>
<td>--</td>
</tr>
</tbody>
</table>

**4.5e. Assessment of the extent to which this criterion is met.**

Summary: This criterion is met. The application, admission, and degree requirements are applied equitably to students. The program has an objective to recruit MPH students from under-represented groups. The diversity of the MPH program has increased each year over the first 3 years of the program.

Strengths and successes:
- The number of students recruited to the MPH program has increased each year.
- The diversity of the MPH students has increased each year, and currently the MPH student population is more diverse than the campus student population.
- Procedures are in place to recruit a diverse body of students.
- KCH and AHS support programs and events that encourage diversity among undergraduate students, and promote the success of underrepresented student groups (e.g., the CIC (Big Ten) Diversity summit and the I-LEAP program).

Weakness and limitations:
- The program is working on increasing enrollment in the 2 year MPH program, so as to achieve more balance in enrollment between BS-MPH and 2 year MPH students.
- It is difficult to assess the success of the MPH program in recruiting student in a specific ethnic group, given the relatively small numbers of students enrolled thus far.

Recommendations for the MPH program:
- Continue to meet MPH program Objective #1 that requires annual recruitment events that attract under-represented applicants.
4.6 Advising and Career Counseling. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

4.6a. Description of the advising and career counseling services, including sample orientation materials such as student handbooks.

All graduate students are encouraged to make use of the Graduate College Career Services Office (http://www.grad.illinois.edu/careerservices). The mission of this office is to providing career planning resources and job search support to graduate students and postdocs. The office provides assistance in the following areas:

- Assisting with the development of career options for advanced degree holders
- Developing a career plan
- Navigate the job search process

The counseling and advising provided by the MPH program has evolved over time. For the first class of MPH program, Dr. Buchner and Dr. Black served as advisors and provided career counseling. Dr. Buchner taught the students each semester for 2 years. Dr. Black dealt providing substantial advising during a seminar course which prepared the MPH students for the summer practicum course. From the start, MPH students had have access to MPH faculty during office hours. The students may choose to discuss career issues at meetings with faculty, as clearly MPH courses touch on possible careers in public health. Students may also discuss career issues with practicum supervisors.

In the second year of the MPH program, this advising continued, and the program improved the MPH website to include an MPH career webpage: http://mph.illinois.edu/Students/Careers.aspx.

In the third year of the MPH program, the program hired the MPH Coordinator (Hann) to assist with career counseling and advising. Also, the program facilitated the development of the MPH student organization and outside speakers (e.g. Jim Nelson, Director of the Illinois Public Health Association) have spoken to the group about public health careers. http://mph.illinois.edu/Students/StudentOrganization.aspx. The MPH program also developed a separate MPH Graduate Student handbook, though this handbook does not deal with career choices.

So in summary, MPH students have access to advising and career services counseling from:

- MPH Director and MPH Coordinator, particularly as preparation for the MPH practicum
- MPH faculty
- Invited speakers
- The Graduate College Career Services Office
- The MPH website

The MPH students have formed a student organization, that in part is intended to support advising and career counseling opportunities. The MPH student organization is called the Public Health Professionals. This group is open to all MPH students, and is self-governed by the students. Two faculty members co-advising the group; Instructor Lena Hann and Dr. Steve Notaro. The PHP was formed in Fall 2011, comprised of a core group of about 10 students. The PHP participated in 2 service events in AY11-12, and coordinated 2 guest speaker events in the MPH program. The group also hosted informal off-campus social events, including a welcome for new and prospective students in Spring 2012. Group members regularly serve as
spokespeople for the MPH program, as panelists during recruitment events, and through staffing tables at program-related fairs. The PHP is currently considering applying to be a Registered Student Organization (RSO) through the University of Illinois Office of Registered Organizations. As of September 2012, the PHP has already hosted a guest speaker event and has about 22 active members.

4.6b. **Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.**

There are two procedures by which students may communicate concerns to the program which have already been discussed and were in place when the MPH began. First the student has informal opportunities to provide input to faculty in courses and in MPH student events (section 1.2). Several examples were provided on how student feedback influenced program development. Second, the University of Illinois has a formal grievance process that begins with an attempt at informal resolution of the problem (section 1.4). On several occasions in class and at MPH events, the MPH director emphasized that the program was relatively new and developing, and feedback and input from students was encouraged. The grievance process is discussed in graduate student handbooks, and available on the University's website.

In 2011-12, the MPH program developed two additional ways for students to express concern. The MPH student survey was implemented, which allowed anonymous input and comments (see section 1.2). The MPH student organization was formed, which allowed an opportunity not only to discuss concerns in a more organized manner, but also to propose solutions to their concerns as a group (see section 1.2 for examples of input from the student organization). Both these methods were well-publicized.

The MPH program tracks complaints by tracking grievances. As noted earlier, there has been one informal grievance so far.

4.6c. **Information about student satisfaction with advising and career counseling services.**

At first, it was difficult to judge student satisfaction with advising and career counseling by informal feedback. The impression was that early students in the program did not seek or receive much career counseling. Five of the first six graduates found employment relatively quickly. The next two MPH graduates also found employment relatively quickly.

So when the student survey was implemented, the survey purposefully obtained information about satisfaction with career counseling and advising. The survey purposefully included two questions about advising and counseling, e.g.: “I was satisfied with career development and counseling opportunities (workshops, guest speakers, conferences, counseling with advisor, etc.).” Compared to other ratings on MPH program activities, MPH students and alumni were less satisfied with advising and career counseling. (The Student and alumni surveys were delivered via secure online surveys through the University of Illinois web system. Surveys for current students are ID protected, meaning those taking the survey need to provide a NetID (student ID) to access the survey. Survey results did not save information of which students accessed the survey.)

The interpretation of the data is that the MPH students do not perceive the existing resources as focused enough on career counseling per se (e.g. the availability of faculty during office hours is not a career counseling resource). The responses of the students about advising presumably reflect that some BS-MPH students were confused about how the BS-MPH program operates in terms of requirements and course sequencing (this concern was discussed earlier).
These data led the MPH program to take steps to improve advising and career counseling in Spring, 2012, with some efforts beginning before the survey results and some after. Students and the MPH Coordinator began posting job opportunities in the MPH student lounge. The MPH Coordinator’s weekly email to students began to include information about job opportunities. The program was in the process of improving the written materials available on the MPH program, including (as mentioned above) a separate MPH Graduate Student Handbook, and separate materials for the BS MPH program. The next steps are for the MPH program to be more proactive about career counseling, e.g. possibly by holding a specific event each term related to career counseling. The MPH program intends to seek more feedback from student organization on how it can improve career counseling and advising.

4.6d. **Assessment of the extent to which this criterion is met.**

Summary: The criterion is met. All students are assigned to academic advisor. The advising system has varied each year, and the MPH program is using feedback from student evaluations to continue to improve the system. The MPH program has improved the materials that support academic advising, such as improving coordination of advising between graduate and undergraduate advisors. The MPH program is continuing to expand career counseling activities.

Strengths and successes:
- A variety of formal and informal career counseling options are available to students.
- A student organization has been established which invited current public health professionals to speak with students about future careers.
- A career webpage was been developed on the MPH website.
- MPH students have access to the Graduate College Career Services Office.

Weakness and limitations:
- Student satisfaction with career counseling and advising is not as high as with most other experiences in the MPH program.

Recommendations for the MPH program:
- Assign students to faculty advisors and ask students to meet with advisors at least once per semester (this recommendation was implemented in Fall, 2012).
- Provide faculty with information and materials that support advising.
- Support the travel of outside speakers who can discuss career options with MPH students.
- As the MPH student organization is interested in peer-mentoring, support the mentoring activities of the student organization.
- Increase the awareness of MPH students about career counseling resources on campus.
- Adjust office hours of the MPH coordinator as necessary to ensure office hours do not overlap with required courses.