

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
NORTHERN ILLINOIS UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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SITE VISIT TEAM:

Susan West Marmagas, MPH, Chair

Larry Ramdin, MPH, MA, REHS, CHO, CP-FS, HHS

SITE VISIT COORDINATOR:

Brittney D. Lilly, MPH

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Northern Illinois University (NIU). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in October 2015 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

NIU, located 65 miles west of Chicago in DeKalb, has more than 21,000 students, of which 5,000 are graduate students and 300 are law students. NIU was founded in 1895 and remains the major public institution of higher learning in the northern Illinois region. In addition to administrative components and offices, the university operates seven colleges, which are subdivided into departments and/or schools. The College of Health and Human Sciences serves as the administrative home to the School of Nursing and Health Studies, which houses the public health program, along with other academic and professional offerings.

At the time of the site visit, the program offered two MPH concentrations: health promotion and health services management. The program's organizational home, which combines public health, health education and nursing (at both graduate and undergraduate levels) presents opportunities for collaboration among the disciplines, particularly in terms of research and service.

The program was first accredited in 1997, and the last accreditation review in 2008 resulted in an accreditation term of seven years, with interim reports due in 2009 and 2010. The Council accepted the interim reports as evidence of compliance in the five areas of concern identified during the accreditation review process.

Characteristics of a Public Health Program

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

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the public health program at NIU. The program is located in a regionally accredited university, and its faculty and students have the same rights, privileges and status as other professional programs. The program supports interdisciplinary communication and collaboration through research partnerships, close interaction with other programs in the school and college and relationships with public health organizations and practitioners that contribute to teaching, research and service activities.

The program defines a mission, goals, objectives and values that clearly support an organizational culture aligned with broader public health values and goals. The program's resources support its degree offerings at the master's level. The program plans and evaluates its educational, research and service offerings on a regular basis. All planning and evaluation activities are structured to allow the program to monitor its ability to meet the needs of students and the northern Illinois public health practice community.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met with commentary. The program has a clear and concise mission statement with supporting goals and objectives. The program revised the mission, goals and objectives in the last two years through review and discussion processes with the primary MPH faculty, students and the Public Health Advisory Committee. The program intends to review its mission again in 2017 to ensure alignment with the mission of the university. The program's mission statement is as follows:

The mission of the Public Health Program at Northern Illinois University (NIU) is to protect and improve the health of diverse individuals and communities in the northern Illinois region and beyond by 1) contributing to the education and development of a strong public health workforce; 2) conducting applied and community-relevant research; and 3) participating in community service, by fostering and promoting collaborative relationships within the public health community.

The mission, goals and objectives are monitored by the program coordinator as part of the requirements by NIU for annual program assessment. It was evident to the site visit team that all constituents including faculty, students, program administrators, alumni and community partners are engaged in the review of the mission. Public Health Advisory Committee members told site visitors that they had participated in discussions about the mission, goals and objectives with program leaders. Faculty, students, staff and administrators spoke of the importance of the mission to the MPH program.

The mission is supported by three goals in the areas of instruction, research and service. Each of these goals contains specific measurable objectives. The mission, goals and objectives are published on the program's website and in the student handbook. The program widely promotes its mission, goals and objectives with faculty, students and the community at large.

The MPH program has adopted and is committed to upholding a broad vision rooted in the mission of NIU and highlights six values: knowledge, community, professionalism, social justice, responsibility/stewardship and preparedness. Each value is accompanied by an explanation of how it is interpreted in the MPH program. The values of the program are posted on the MPH website.

The first commentary relates to a disconnect between university administrators and program representatives regarding the long-term direction of the MPH program. The program is on the cusp of significant change as it moves from a primarily face-to-face delivery mechanism to focus on online delivery. While the program currently offers both on-campus and online options, site visitors learned from university officials that the program may be delivered solely online in the future. The faculty, however, explained that the original plan

for the online addition was to be a supplement to the existing face-to-face program, not necessarily a replacement. These differences in perspective have implications for the program's mission because there does not appear to be a shared vision of the future MPH program. The relatively new Public Health Advisory Committee could offer strategic direction from an external stakeholder perspective.

The second commentary relates to the lack of any formal mechanisms to evaluate whether the shift to online delivery is meeting the program's mission, goals and objectives. The program seeks to serve the northern Illinois region, which may be impacted by a shift to online students who may be located farther away. In addition, faculty must consider how to engage online students in faculty-led research endeavors and community service activities.

1.2 Evaluation and Planning.

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

This criterion is met with commentary. The program has established a relatively new effort to monitor achievement of its mission, goals and objectives. Processes to evaluate the program's efforts include data collection on stated objectives and outcomes and annual assessment reports submitted to the university's Office of Assessment. The program coordinator is responsible for collecting data on comprehensive exam scores, student evaluations by internship preceptors, graduation rates, faculty research and faculty and student service.

The university has an assessment process that requires regular program review at all levels of the institution. The program has historically been required to comply with the university's eight-year program review, including a status report every four years and an assessment report every year. University administration discussed a newly implemented process called "program prioritization," a strategic process that requires programs to document an extensive data-driven evaluation and planning process that will inform resource allocation. All programs across the university, including the MPH program, are currently engaged in this one-year process, which requires data collection and evaluation in eight criteria areas. The process will end in spring 2016 and will inform university-wide resource allocation for fiscal year 2017.

The mission of the program is evaluated, in large part, by the outcome measures identified for each goal in the self-study. Data on outcome measures have identified areas where objectives are achieved and several outcomes for which targets have not yet been met. The responsible parties for data collection, analysis and monitoring of outcomes are primarily the program coordinator, the Internship Committee and the school-wide Personnel Committee. The program coordinator and specific faculty conduct data analyses and communicate the findings to the MPH faculty and the Office of Assessment.

When asked about changes made to the program as a result of evaluation findings, program leaders identified several course changes that were made based on student input including 1) changes to the biostatistics course and 2) the addition of courses in program evaluation, health policy and law and health disparities. The creation of a more robust advising system resulted from the program's analysis of its evaluation data, most notably input from students. The program has also decided to create condensed online course offerings (eight weeks instead of 16 weeks) based on student satisfaction data.

Students are involved in ongoing evaluation through their participation in satisfaction surveys, course evaluations and the alumni survey. The Public Health Advisory Committee comprises external stakeholders primarily but also includes faculty and students. This committee affords the program a formal mechanism to discuss evaluation findings with external partners and seek their involvement in strategic program oversight; however, it has only been in operation for 18 months and is still nascent in its formation and functioning.

The commentary relates to the newness of the program's evaluation plan. While many components of an evaluation framework are in place, or have been connected together through the self-study development process, the framework itself has not yet been articulated. Data collection systems and databases are still being implemented.

1.3 Institutional Environment.

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

This criterion is met with commentary. From its beginnings in the late 1800s as an institution formed solely to prepare college-educated teachers in Illinois, NIU has expanded its student population, educational offerings and geographic scope. NIU continues to retain its commitment to prepare teachers and provide affordable education to Illinois families, while aiming to be a globally-minded, research-focused institution engaged in the creation, transmission, expansion and application of knowledge.

NIU enrolls over 20,000 students, employs over 3,000 faculty and staff and maintains 12 research and training centers and institutes. NIU holds membership with the Universities Research Association, Inc. and the Association of Public and Land-grant Universities. Since 1915, NIU has held accreditation status with its regional accreditor, the Higher Learning Commission. The institution's most recent reaffirmation of accreditation was granted in academic year 2013-2014 for a 10-year term.

Across its seven academic colleges, NIU offers 56 undergraduate majors and 80 graduate programs. The university has more than 25 programs that respond to specialized accrediting bodies such as the Council for the Accreditation of Educator Preparation, the Commission on Collegiate Nursing Education and the Council for Accreditation of Counseling and Related Educational Programs.

The College of Health and Human Sciences is one of NIU's seven academic colleges. It contains three schools (the School of Allied Health and Communicative Disorders, the School of Family, Consumer and Nutrition Sciences and the School of Nursing and Health Studies) and one department (the Department of Military Science). The College of Health and Human Sciences is led by a dean, who reports to the executive vice president and provost, as do all deans. The executive vice president and provost along with 10 other vice presidents report to the university president. Within the College of Health and Human Sciences, each school and department is led by a chair. In total, 17 areas of study are offered through the college. The School of Nursing and Health Studies offers degrees in three of these 17 areas of study: nursing, health education and public health. The school divides its programs into two separate organizational units: the Nursing Programs and the Public Health and Health Education (PHHE) Programs. All nursing degrees are housed in the Nursing Programs. The health education programs, BS in public health and the MPH program are housed in the PHHE.

The MPH program is directly overseen by the program coordinator, though the School of Nursing and Health Studies chair is the program's chief administrative officer. As such, the chair determines the amount of resources to allocate to the MPH program and other programs in the unit. The chair receives input from the MPH program coordinator on the program's budgetary needs. The executive vice president and provost allocate budgets and resources to each college.

Indirect cost recoveries at the institution are in the form of facilities and administrative (F&A) costs. F&A recovery funds from external grants are allocated at 10% to the School of Nursing and Health Studies. The chair then determines how these funds are allocated within the school.

The chair is autonomous in allocating the tuition differential from the online MPH program returned to the program, particularly when it comes to the use of these funds for travel, stipends for guest speakers and equipment. The program also receives student fees but does not benefit from regular tuition funds. The program receives fundraising support from the Division of Outreach, Engagement and Regional Development through this division's advertisement of the online MPH program, which is a revenue generator for the program. The program may also benefit from monetary donations from alumni through the Division of University Advancement's annual telephone campaign.

When the program wishes to recruit and appoint new faculty and staff, the program coordinator makes the request to the school's chair. Final approval of hires is vested with the dean of the college.

Faculty performance evaluations and advancement decisions occur at the school level. The School of Nursing and Health Studies' Personnel Committee oversees this process, and the faculty member is further reviewed by the College of Health and Human Sciences' Personnel Committee. The final decision

on faculty advancement is made by the university's Personnel Committee. Staff recruitment, selection and advancement decisions rest with the chair of the School of Nursing and Health Studies.

The MPH program adheres to the University Council's established academic standards and policies. The program is permitted to initiate curricular changes, academic and admissions standards, graduation requirements and the addition of degrees and specializations. The Graduate Council Curriculum Committee makes the final decision on curricular changes. The University Council makes the final decision on academic and admissions standards and graduation requirements. The addition of degrees and specializations is approved by the Illinois Board of Higher Education.

The commentary relates to the program's limited awareness of and engagement in programmatic matters that are controlled at the college and university levels. Standard across the institution, the public health program is not involved in budget negotiations and allocation; these functions are retained at the college level. However, in this model, the program is not privy to various sources of funds allocated to support programmatic functions, such as the online program. Site visitors learned from institutional leaders that the university's budgeting processes have not traditionally been transparent and that the university is moving to a more transparent budgeting process based on strategic resource allocation. Another example of the disconnect between the institutional administrators' vision and the MPH program's functions relates to assessment. University leaders said that the university assessment requirements for the program will begin to intentionally align with the assessment cycle of specialized accreditors, such as CEPH. The program was not aware of such alignment and viewed university and specialized accreditation assessments as two distinct processes with no opportunities for overlap.

1.4 Organization and Administration.

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

This criterion is met. The program has an organizational setting that is conducive to public health learning, research and service. As described in Criterion 1.3, the PHHE administers undergraduate and graduate programs in both health education and public health. The MPH program is overseen by a coordinator who reports to the chair of the School of Nursing and Health Studies.

This organizational setting also fosters interdisciplinary collaboration and research. For example, the program is involved in interdisciplinary brown bag lunch research presentations with nursing and other PHHE faculty. MPH faculty also partner with other colleges and agencies on collaborative research projects. Examples of partners include the Institute for the Study of the Environment, Sustainability and

Energy, the Department of Geography and the Poverty and Inequality Research to Action Collaborative, as well as collaborations with faculty from nursing, psychology, sociology and social work.

1.5 Governance.

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

This criterion is met. The program has clearly defined rights and responsibilities concerning program governance. The MPH program's standing committees include the Public Health Curriculum and Assessment Committee, the Public Health Program Admissions Committee, the Public Health Program Comprehensive Examination Review Committee and the Public Health Advisory Committee. A variety of ad hoc committees convene as needs arise. For example, one has convened to oversee each new faculty search and another to compose an MPH student handbook. The Ad Hoc Public Health Faculty Search Committee includes the school's chair, the program coordinator and faculty in public health and health education. The Ad Hoc MPH Student Handbook Committee consists of two faculty members charged with developing a more robust MPH student handbook.

The Public Health Advisory Committee is composed of public health professionals, alumni, undergraduate and graduate faculty and students, and the undergraduate practicum coordinator and advisor. This committee is charged with providing strategic direction to the program in regards to its mission, goals and objectives.

The Public Health Curriculum and Assessment Committee includes the program coordinator, the undergraduate practicum coordinator and advisor, public health faculty and MPH students. This committee is charged with reviewing and updating the program's assessment plan. This committee also meets to determine curricular changes that should be proposed to the College of Health and Human Sciences Curriculum Committee. This committee's decisions are vetted with the entire faculty before submission to the college.

The Public Health Program Admissions Committee consists of the program coordinator and public health faculty who review applications from prospective students and make recommendations to the Graduate School, which makes final admissions decisions.

The Public Health Program Comprehensive Examination Review Committee consists of the program coordinator and MPH faculty. These members review and grade students' comprehensive exams. The decision about whether a student passes or fails the comprehensive examination is made by three blind reviewers.

The final program-level governing body for all committee decisions is the faculty-at-large. Decisions are submitted at monthly faculty meetings. With facilitation from the program coordinator, these meetings are the venue for discussing planning and evaluation activities, programmatic changes and developing program-level admissions requirements within the parameters of the Graduate School's guidelines.

Student recruitment is governed by the faculty as a whole, which includes the program coordinator. Decisions regarding budget and resource allocation are made at the college level. Staff recruitment decisions are made at the college level. College administrators also determine whether resources are adequate for a faculty search, with the program coordinator providing input to the school's chair on the specific areas of expertise/specializations needed in new hires. Research and service policies are not set at the program level.

In addition to their involvement on program-level committees, MPH program faculty serve on school-, college- and university-level committees. Nine faculty members serve on committees for the School of Nursing and Health Studies, which include the Faculty Advisory, Personnel Committee, Grade Appeals Committee, Research Committee and the Elections Committee. Two faculty members serve on committees of the College of Health and Human Sciences, which includes the College Council, the College Curriculum Committee and the College Committee on Grants and Awards. Eight faculty serve on university-level committees such as the Library Advisory Committee, the University Assessment Panel and the Admissions Policies and Academic Standards Committee.

Arising out of the Nursing Student Advisory Committee, the newly formed Public Health and Health Education Student Advisory Committee will serve as a platform for students to provide input to faculty and administrators and to explore public health-relevant activities. Given that the committee is just a year old, it is still working to establish its prerogatives and its role as a distinct entity from the Nursing Student Advisory Committee. On site, students expressed to the site visit team that faculty are responsive to student concerns and noted instances where programmatic changes have been made based on student feedback on surveys.

1.6 Fiscal Resources.

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

This criterion is met. The MPH program is funded through tuition and fees, state appropriations, university funds and grants and contracts. The MPH program budget is largely based on a significant state appropriation. Because NIU is a state institution, the program has felt the effects of declines in state funding of public universities in Illinois. University leadership has demonstrated its commitment to the program, as evident in its ongoing funding allocation for the program's future growth and development.

Budgets are set on an annual basis, and each year the budget allocation is determined based on expected student enrollments. Additional university support is provided to make up the difference between tuition funds and expected expenses. Research funds (in the form of administrative cost recovery) are directly returned to the MPH program budget. The associate dean of research and resources manages the program's funds and expenditures. Table 1 shows the sources of funds and expenditures for the past eight years.

The site visit team noted the following trends in the budget. Calculation of tuition and fees changed in 2014 to reflect a significant allocation of over \$80,000 in funds from NIU's Office of Outreach to support the online MPH program. The program also receives tuition differential fees for online students.

The funds allocated by state appropriations and university support offset any fluctuation in tuition to ensure that the MPH program can meet its financial obligations. The resources from grants and contracts declined since 2008 because a number of senior tenured faculty retired and new junior tenure-track faculty have not begun to secure larger external funds, although new grants have been secured since Table 1 was produced.

The program sets outcome measures for adequacy of fiscal resources as total expenditures per FTE student, total expenditures per FTE faculty, CEPH annual support fee and library expenditures. The site visit team learned that university administration views the total expenditures per FTE student as justification for the need to increase student enrollment. This is due to the fact that the program exceeds the target expenditure (\$11,500/student) because it spends almost \$19,000/student. The program has reduced its total expenditure per FTE faculty below the target of \$84,907.

Table 1. Sources of Funds and Expenditures by Major Category, Fiscal Years 2008 to 2015								
	2008	2009	2010	2011	2012	2013	2014	2015
Sources of Funds								
Tuition and Fees	---	---	---	---	\$10,748	\$2,809	\$86,086	\$94,166
State Appropriation	\$472,839	\$625,457	\$705,966	\$707,100	\$600,069	\$650,864	\$604,564	\$634,070
University Funds	---	---	---	---	\$9,730	\$12,101	\$11,745	\$12,724
Grants/Contracts	\$131,070	\$95,280	\$67,431	\$84,868	\$36,033	\$22,472	\$16,001	\$38,536
Gifts	\$290	\$185	\$1,030	\$205	\$25	\$75	\$75	\$395
Total	\$604,199	\$720,922	\$774,427	\$792,173	\$656,605	\$688,321	\$718,471	\$779,891
Expenditures								
Faculty Salaries & Benefits ¹	\$474,887	\$604,325	\$660,030	\$692,918	\$570,088	\$586,068	\$607,255	\$678,648
Staff Salaries & Benefits	\$40,958	\$44,323	\$42,061	\$41,625	\$39,215	\$51,814	\$50,577	\$51,282
Operations	\$17,797	\$13,745	\$13,368	\$14,036	\$25,881	\$25,142	\$29,887	\$24,110
Travel	\$10,728	\$6,437	\$12,291	\$7,872	\$6,100	\$6,751	\$5,768	\$12,193
Student Support	\$59,829	\$52,092	\$46,677	\$35,722	\$15,321	\$18,546	\$24,984	\$13,657
Total	\$604,199	\$720,922	\$774,427	\$792,173	\$656,605	\$688,321	\$718,471	\$779,891

¹ Includes salary expense only (benefits averaging 40% on salaries ranging from \$50,000 - \$75,000 per year are allocated outside of the school budget)

1.7 Faculty and Other Resources.

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

This criterion is met. The program's personnel and physical resource allocations are consistent with that of other units in the institution and are adequate to meet the program's needs. The health services management concentration has five primary faculty who contribute a total of 4.0 FTE. The health promotion concentration has five primary faculty members who contribute a total of 3.86 FTE. The program is also supported by eight secondary faculty who contribute a total of 1.6 FTE.

In 2013-2014, the program had a total student enrollment of 51 students, with an FTE of 37.89. In 2014-2015, 54 students were enrolled, with an FTE of 41.47. In fall 2015, 63 students were enrolled (39 in health services management and 24 in health promotion), with an FTE of 42.46. The health services management concentration has consistently had more students, and it has seen incremental increases in student enrollment over the past three years. The health promotion concentration has grown slightly since 2013-2014.

In addition to faculty, the program is supported by two non-faculty, non-student personnel: a program secretary (0.5 FTE to the MPH program) and an online program recruiter (about 0.08 FTE). The MPH program is further supported by the School of Nursing and Health Studies' office administrator and office manager, as needed.

Offices for the MPH program's administrative staff, faculty and graduate assistants are located in Wirtz Hall. The MPH program has access to the building's computer laboratory, conference rooms, private office space, auditoriums and classrooms. Program classrooms are also located in McMurry Hall. The program has a total of three classrooms that are controlled by the PHHE program. All program faculty, as well as the program coordinator, are provided with computers that come standard with Microsoft Office Suite and statistical software packages, upon request.

The MPH program has access to the university's Founders Memorial Library, with a collection of over two million volumes, publications and periodicals and online access to books, periodicals and databases. Specifically, the library provides access to public health journals including the *American Journal of Public Health*, the *American Journal of Epidemiology* and the *American Journal of Health Behavior*.

The program has identified outcome measures related to the availability of library collections for MPH students, recruitment of secondary faculty, the hiring of graduate assistants, faculty teaching loads and the frequency of course offerings. In 2012-2013, the program met just one of its targets, which was related to faculty teaching load guidelines. In 2013-2014, the program met four of its targets related to

faculty teaching workload, availability of library collections, frequency of course offerings and faculty membership in the Illinois Public Health Association. In 2014-2015, the program met each of its objectives with the exception of recruiting secondary faculty. By fall 2015, the program has met its target for secondary faculty recruitment.

1.8 Diversity.

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

This criterion is partially met. The recently hired university-wide chief diversity officer is developing a diversity plan, and will expect the program to develop a formalized plan in accordance with the new diversity guidelines. While the program adheres to general university diversity policies, it has developed more personalized goals and objectives to increase diversity in the MPH program.

With supporting rationale and statistics, the program has identified males, non-whites and foreign born individuals as its under-represented groups. In fall 2014, 22% of students and 40% of faculty represented foreign born individuals. In fall 2014, male students and faculty constitute 26% and 30%, respectively, of the program's population. Additionally, in fall 2014, non-white students and faculty made up 35% and 40%, respectively, of the program's population. The 40% of the faculty complement that is non-white is Asian.

The program has identified the following goals to achieve a diverse complement of faculty, staff and students: 25% male students, 37% non-white students, 13% foreign born students, 40% male faculty, 37% non-white faculty, 13% foreign born faculty and 50% non-white staff. The program exceeded its target for male students in fall 2014 and came close to meeting its target in fall 2015. The program has met its desired outcomes for foreign born students, foreign born faculty and non-white faculty. The program has not met its desired outcomes for male students, male faculty, non-white students and non-white staff. While the program did not reach its 37% goal for non-white students in fall 2015, it reached 30% in fall 2015 and 35% in fall 2014.

The concern relates to the opportunity to further develop and implement operational plans to meet the program's identified goals. Specifically, a strategy to recruit diverse faculty (non-whites beyond Asians) had not been articulated. The program has access to special tuition rebates and scholarships for underrepresented populations. The minority scholarship is currently marketed on the Graduate School's website, but potentially could be marketed on the MPH program website to increase awareness. As the program expands its online presence, diversity should be part of the recruitment efforts.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met with commentary. The program offers the MPH degree in two concentration areas: health services management and health promotion, as shown in Table 2.

Table 2. Instructional Matrix		
	Format	Professional
Master's Degrees		
Health Services Management	Online & On-campus	MPH
Health Promotion	Online & On-campus	MPH

In addition to the core coursework, internship and culminating experience, students in the health services management concentration take three concentration courses (Health Economics for Health Services Managers, Financial Decision Making for Health Services Managers and Human Resources Management in the Health Care Setting) and six hours of electives. Students in the health promotion concentration are required to take two concentration-specific courses (Theories and Principles in Health Promotion and Community Health Promotion Programs) and nine hours of electives. The program maintains a list of approved elective courses that address topics such as health disparities and health policy. Students may also take elective courses from across the university; examples that have been used include courses on GIS and death and dying.

While on site, students and faculty discussed their involvement in a feedback loop for curricular review. For example, after identifying a weakness in students' evaluation skills, the program began offering a special topics session on public health program evaluation. Students who met with site visitors also confirmed that they want to enhance their evaluation skills, and those who had taken the special topics session expressed satisfaction with the offering.

The commentary relates to the depth of training in the health promotion concentration area, as students are only required to take six credit hours in concentration coursework. While students are required to enroll in elective courses, they have the freedom to explore elective options offered outside of public health. Positively, site visitors noted that students seemed eager to take elective courses that support their public health knowledge, such as courses in evaluation/assessment, GIS and end-of-life issues. All elective courses must be approved by the student's faculty advisor. In an effort to provide students with

the current skills demanded in public health practice, the program has (after a lengthy university approval process) added courses in areas such as health policy and health disparities.

2.2 Program Length.

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

This criterion is met. Each MPH concentration requires 46 semester-credit hours for degree completion, which exceeds CEPH’s minimum requirement. Curricula consist of 22 credit hours in didactic coursework focusing on the core knowledge areas of public health, 15 credit hours of didactic coursework beyond the core and nine credit hours allocated to the capstone and practicum learning experiences. NIU defines one credit hour as 50 minutes per week of in-class time and 120 minutes of out-of-class time per week. A standard semester is 16 weeks in length.

2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students take a common public health core curriculum that addresses the five core knowledge areas. The eight core courses and their corresponding knowledge areas are shown in Table 3.

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	PHHE 605: Biostatistics in Public Health	4
	PHHE 611: Applied Research Methods in Public Health	3
Epidemiology	PHHE 613: Principles and Methods of Epidemiology	3
Environmental Health Sciences	PHHE 609: Problems and Issues in Environmental Health	3
Social & Behavioral Sciences	PHHE 603: Behavioral and Social Aspects of Public Health	3
	PHHE 669: Community Health Planning	3
Health Services Administration	PHHE 601: Introduction to Health Systems in the United States	3
	PHHE 607: Health Services Management	3

In addition, all students must pass a written comprehensive exam that addresses the basic knowledge and skill areas covered in the public health core curriculum. Site visitors reviewed the syllabi for these courses and found an appropriate depth and breadth of content for graduate students.

2.4 Practical Skills.

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

This criterion is met with commentary. All MPH students are required to complete a 300-hour internship (six semester hours for students who matriculated before fall 2015 and five semester hours for those matriculating in fall 2015 or later). This requirement can be reduced to three semester hours (150 contact hours) if the student shows extensive experience and knowledge in public health and is approved by the faculty advisor. The internship is done after completion of the core and concentration courses; waivers are not permitted.

The practicum application and monitoring process is well organized and is guided by a detailed learning plan. Site selection is led by the student. There are minimum qualifications for preceptors and ongoing evaluation/feedback on the experience. The agency in which the internship is conducted evaluates the student at the end of the practicum. The faculty advisor assigns a grade of satisfactory, unsatisfactory or incomplete. Agencies in which the practicum is completed gave site visitors positive feedback about their experiences, and students said that their knowledge was enhanced by the experience.

The self-study provides a list of organizations that have hosted internships over the last two years. Students have been placed in agencies such as the Cook County Department of Public Health, the American Academy of Pediatrics, Building a Healthier Chicago and the Lupus Foundation of America, Illinois Chapter. Students have worked on public health issues related to immunizations, lead poisoning prevention, community health and worksite wellness, to name a few.

The commentary relates to the lack of centralized coordination of the internship experience. The program could offer more comprehensive resources that are publicly available to all students, such as a list of sites previously used. As the program moves toward a greater online presence, there may be a stronger need for such resources to guide students in off-site locations.

2.5 Culminating Experience.

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

This criterion is partially met. The culminating experience consists of the capstone course and the comprehensive exam. In the capstone course, students complete a written report and deliver an oral presentation in which they practice and reinforce the knowledge to be demonstrated in the comprehensive exam.

After students have completed the core courses and the capstone course, they enroll in the one-credit comprehensive exam course, completed over a four-week period. Students can choose to take the comprehensive exam any time after completing all eight core courses. The comprehensive exam requires students to write a detailed report demonstrating the application of their public health skills to an applied

community health intervention and plan for a city or county in Illinois. The exam has eight sections in which students are expected to demonstrate skills such as the application of epidemiologic and statistical techniques, demonstrated ability to carry out a needs assessment, ability to describe and critically evaluate interventions and theories and the ability to develop goals and measurable objectives. The program links each of the eight exam sections to two or more core competencies. Students praised the capstone course for its ability to help them integrate their knowledge from core courses.

The purpose of the comprehensive exam is to allow students to demonstrate their ability to synthesize and apply knowledge gained from MPH core courses. Three public health faculty members are selected to review each student's comprehensive exam paper using a grading checklist to provide an assessment of each of the eight sections. Faculty reviewers give each section one of three findings: 1) pass, 2) fail or 3) needs discussion. The assessments are presented at a specially held comprehensive examination review meeting, which is held once per semester, including the summer. Only those three faculty grading an exam need to come to a consensus on the student's final grade.

The program's goal is to have a 90% pass rate on the exam. Over the last seven years, the program has had a pass rate ranging from 54% to 80% on the first attempt. Students who do not pass after the first attempt receive a formal letter from the program coordinator providing feedback on the specific areas needing improvement. The program coordinator encourages students to contact their faculty advisor for guidance on improving their identified weaknesses. Students retaking the exam are assigned a new topic and city or county of focus. If on this second attempt, the exam as a whole does not rise to a passing grade, then students are given two to three weeks to rewrite sections of the exam that they failed. Over the last seven years, the second attempt pass rate has ranged from 33% to 88%.

The concern relates to the need to demonstrate proficiency of the concentration competencies in addition to the core competencies. Reviewers concluded that the comprehensive exam thoroughly addresses core competencies, but is not sufficient for assessing skills and knowledge from throughout the entire curriculum. Students who met with site visitors said that some concentration-specific concepts such as leadership and budgeting are addressed in the capstone course, but coverage of the concentration must be done more explicitly and consistently.

2.6 Required Competencies.

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

This criterion is partially met. The program historically established its core and concentration competencies based on the Council on Linkages' recommended competencies. Faculty have mapped the selected competencies to the curriculum, but have not identified gaps and refined the core and concentration competencies in recent years. The self-study presents the competencies in a matrix format with identification of the core courses in which the competencies are addressed. Multiple required courses are listed for each competency with indication of the primary source and the reinforcing sources of competency attainment.

The site visit team confirmed that faculty, students and staff use the competencies. All of the core and concentration competencies are linked to course learning objectives and documented in all of the program's course syllabi. The Curriculum Committee has oversight of the competencies, but the program was unable to provide any examples of changes that have been made as a result of their use.

The program posts the competencies on its website. Program faculty report that students are assessed on the competencies during their capstone course, the comprehensive exam and during the internship. Students are not required to choose competencies when developing their internship plan, although they do identify specific learning objectives.

The site visit team noted concern about the limited participation of the primary faculty in the creation and/or updating of the existing competencies. The prior cohort of primary faculty, many of whom have since retired, developed the competencies during an earlier stage of the program. These competencies were not reviewed and revised when the program underwent significant changes in 2013. The program's response to the site visit team's report indicates that in February 2016, the Public Health Curriculum Committee was given responsibility for revising existing competencies. The committee has consulted with core and specialization faculty in the process, which is ongoing.

The first concern relates to the lack of mapping of all concentration competencies to courses in a primary capacity. The competencies that relate to communications and ethics in both concentrations do not have primary coverage in any of the required courses.

The second concern is that competencies do not explicitly articulate skills gained in the core areas of environmental health, biostatistics and epidemiology.

2.7 Assessment Procedures.

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

This criterion is partially met. The program has designed and is implementing a continuum of assessment methods to evaluate student attainment of competencies as demonstrated through the comprehensive exam, the capstone course and the internship. In addition, program leaders and students indicated on site that the program uses other data points (eg, course grades, student GPAs and course evaluations) as forms of assessment.

The first alumni and employer surveys were implemented in spring 2015. The program has summarized the findings and has proposed steps for quality improvement.

The program assesses student achievement by tracking graduation rates and job placement rates. Based on a six-year allowable time to graduate, the program achieved a rate of 66% for the 2009-2010 cohort, 81% for the 2010-2011 cohort and 75% for the 2011-2012 cohort. More recent cohorts are still on track to achieve the 70% threshold required in this criterion. The program attracts a substantial number of part-time students who complete the program at a slower pace than traditional students who attend full-time and generally complete the program in two years.

Of graduates who responded to a job placement survey, the program found that three (100% of respondents) 2011-2012 graduates reported being employed. Ten of 13 respondents from both the 2012-2013 and 2013-2014 graduating classes reported being employed. Some graduates also reported continuing their education; however, the program allowed respondents to select more than one option, so it is possible that these graduates are also employed. One graduate from these three cohorts reported actively seeking employment 12 months after graduation.

The concern relates to the low pass rate for the comprehensive exam. Pass rates have not yet achieved the program's target of 90%. Almost half of the MPH students do not pass the comprehensive exam on the first attempt; almost all pass on the second attempt. While the faculty are working to rectify this pass rate, the program's heavy reliance on this exam to determine competency attainment makes the high failure rate a concern. Site visitors found that evaluation of performance in the capstone course does include a competency assessment, but this evaluation is not listed as a formal program assessment procedure.

2.8 Bachelor's Degrees in Public Health.

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

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

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

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

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

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is not applicable.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is met. The program has embraced distance learning methods in an effort to expand its educational offerings to working professionals and adult learners. The university as a whole has begun to embrace online education and has recently formed the Office of Online Program Development and Support to enhance the quality of NIU online programs and assure that they can pass the Quality Matters Certification.

According to college-level leadership, the online MPH program was formed to replace the program's face-to-face presence at a remote campus in Naperville, Illinois. As of fall 2012, the program offers both its concentrations in completely online formats using the Blackboard platform for course delivery, discussions and testing. Syllabi and learning objectives for online courses correlate directly to those offered on-campus, therefore, online programs are subject to identical quality control processes, and online students are held to the same standards and learning outcomes.

To ensure that the online program is guided by a standard set of articulated learning outcomes, all core courses are taught by faculty who are also participate in grading the comprehensive exam. The online program is subject to a quality control process that involves monitoring the following: the comprehensive exam, the capstone course, practicum agency evaluations, student course evaluations and alumni and employer surveys. As a means of further ensuring program quality, all tenure-track faculty receive a peer teaching evaluation during their third-year review. The self-study states that because only seven students have graduated from the online format, the program has not compared the learning outcomes of students based on delivery method.

Approximately 86% of online students are employed full-time, and about 57% are enrolled in the program part-time. To accommodate the working-student population, online courses are condensed into an eight-week format that is intended to encourage students to take a full load of nine credit hours per semester.

In addition, online courses may offer synchronous discussions and help sessions during the evening hours.

Students enrolled in online courses are provided with unique Blackboard login information. The Division of Information Technology manages this system in addition to providing technical support for Blackboard. The institution offers training and support sessions for faculty on the use of Blackboard. The Faculty Development and Instructional Design Center sponsors workshops to support faculty and teaching assistants in online instructional delivery and course design. The School of Nursing and Health Studies is in the early stages of developing a teaching support group for online instructors.

Students who met with site visitors said that they were impressed with the overall quality of the online courses, especially the opportunities for synchronous interactions with fellow classmates. Students did not find as much value in courses that were totally asynchronous and those that did not contain any interactive components.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

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

This criterion is met with commentary. Faculty are expected to allocate between 25% and 50% of their time to research and scholarly activities. MPH faculty members said that they understand this expectation and know that they must have active research agendas, although they are not required to secure internal or external grants. The MPH program has a successful research portfolio compared with other programs and departments across the college. The tenured and tenure-track faculty clearly articulate and operationalize an interest and engagement in internal and extramural research. Research priorities within the program focus on school physical activity and nutrition, disabilities, long-term care and bereavement, mental health in LGBTQ populations, work stress, evaluation, autism and global environmental health. Many of these efforts are rooted in the communities in the local region.

NIU has made a commitment of internal resources to support faculty research through the Great Journeys Program, the PI Academy, internal research grants and graduate assistants. Program faculty have access to a shared pool of graduate assistants to help with specific projects. A faculty member may have his/her own graduate assistant if either: 1) they have been awarded a grant that pays for the graduate assistantship, 2) they have been awarded a Great Journey's grant, which supplies them with a research assistant for one academic year while preparing a grant for external funding or 3) a teaching assistant is assigned to a specific class. The university's Office of Sponsored Programs has placed a faculty

colleague in the college to assist faculty with all aspects of grants development and submission. Faculty said that they appreciated the access provided by this faculty colleague who is located in the same building as their offices. Dialogue and brainstorming is possible with this faculty expert nearby.

The MPH program has successfully engaged students to some extent in research, though participation in faculty research projects is small and the program has not identified any outcome measures for student involvement. During the site visit, several students discussed their involvement in research activities. One student reported that she will be presenting a paper at the upcoming American Public Health Association annual meeting.

The MPH program has identified three measures by which it assesses its success related to research and scholarly activity. The program seeks to have 60% of faculty publish in peer-reviewed journals each year; 60% of faculty present peer-reviewed abstracts at professional conferences each year; and 40% of faculty either obtain internal or external grant funding or continue with existing funding each year. In the last three years, the program has increased its faculty publication rate and reached its 60% target in 2014-2015. The other two measures have seen declines over the last three years and were most recently at 50% and 40%, respectively.

The first point of commentary relates to the limited formal engagement of students—both classroom-based and online—in research. While students informally seek out faculty to participate in their research efforts, formal engagement in faculty-led research is limited. As the tenure-track faculty in both concentrations build their research portfolios, it will be important to formally design and target student engagement in research.

The second point of commentary relates to the low target (40%) set for faculty to secure internal and external funds. With a university-wide expectation to allocate between 25% and 50% to research, it is reasonable to expect that a higher percentage of faculty will secure internal and external funds.

3.2 Service.

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

This criterion is partially met. The program is committed to service, as indicated in its mission statement. MPH faculty members are involved in several aspects of service, especially in the area of peer review of scientific publications. In addition, some faculty members serve on advisory boards. The self-study provides a list of faculty involvement in service external to the university and includes activities with the Illinois Autism Task Force, the International Journal of Health, Wealth and Society, the Bisexual Research Collaborative on Health Research and the Midwest Fit Fest Conference for Fitness Professionals.

The concern relates to the minimal involvement of students in service outside of the internship. There are future plans to involve local MPH students in the community service activities of the Student Health Organization. However, as the program expands its online presence (and potentially decreases or eliminates its on-campus presence), there is a need to implement and facilitate service activities for the online student body.

3.3 Workforce Development.

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

This criterion is met with commentary. The program has ample opportunities to engage in workforce development external to the university, and individual faculty members have assessed the needs of their specific community partners. For example, a primary faculty member conducted a needs assessment in the long-term care community and developed a bereavement training program, as well as identified the educational needs of long-term care staff who work with the intellectually challenged and developmentally disabled. Another faculty member conducts public health workshops for local practitioners. A third faculty member has done presentations for worksite wellness professionals.

The program consulted the Public Health Advisory Committee in March 2015 about their continuing education needs. This feedback will be used to guide the process of developing a program-level workforce development plan. If approved by the faculty as a whole, this could include a collaborative effort with a local health department in their regularly scheduled on-site seminars.

The program offers a certificate of graduate study in public health, which is designed for individuals with a bachelor's degree who wish to increase their knowledge and understanding of public health but are not ready for or interested in the full MPH degree. The certificate requires four core courses and one elective. In the last three years, 14 individuals have enrolled in the certificate program, and seven have completed it. In addition, the program has joined other university departments to offer a multidisciplinary certificate of graduate study in homeland security. This certificate has a health sciences track that is designed for individuals who wish to increase their ability to prepare for and manage public health emergencies.

The commentary relates to the lack of program-driven efforts to engage the workforce; current activities are based on individual faculty efforts rather than a larger, more comprehensive plan. The program could use its faculty and student resources to more proactively contact members of the public health workforce and deliver continuing education programs that are based on expressed needs/data collected. Providing CEUs for attendance at events such as the Graduate Colloquium, as described in the program's response to the site visit team's report, is a step in the right direction.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program's faculty complement is robust in both quantity and public health expertise. Faculty members are individually well-qualified and collectively offer both breadth and depth in relevant sub-disciplines of public health to support the program's two concentrations. The expertise in quantitative and qualitative methods is evident. An emphasis on applied, interdisciplinary and translational public health research and teaching is also evident in the faculty complement. All have terminal degrees appropriate to the field of public health or relevant core disciplines. The majority have also received graduate degrees from CEPH-accredited public health schools and programs.

In addition to substantial expertise in health promotion and health services management, there is also significant depth in health informatics, children with special needs, environmental health, chronic disease epidemiology, long-term care and work stress, biostatistics, sexual orientation and health, gender and exercise, social epidemiology and health disparities and social ecology. The faculty demonstrate breadth in research through the program's meeting of its targets for publications and presentations, participation in national scholarly organizations and attainment of sponsored research.

The addition of two faculty positions in the last 18 months expands the expertise in health services management. The primary faculty are complemented by the addition of secondary faculty who are actively involved in teaching, research collaborations and community engagement. Students, alumni and community partners all commented extensively on the program's depth of expertise and the ability to train students in the requisite knowledge and skills to practice public health. External stakeholders told site visitors that students are gaining exactly what is needed to engage with the practice community in their practicum and future practice after graduation.

4.2 Faculty Policies and Procedures.

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

This criterion is met. Program faculty are governed by institutional faculty rights and responsibilities at NIU as articulated in the university's constitution and bylaws and the academic policy and procedure manual as well as by school and personnel documents. These documents include policies and procedures pertaining to academic personnel processes, academic freedom, faculty and administrative appointments

and other rules and regulations relevant to the faculty. The materials are provided at the time of employment, with updates provided as applicable.

Faculty are expected to demonstrate a level of performance in teaching, scholarship and service that is judged adequate for their length of service. Major indicators of teaching performance include course evaluations by students, peer teaching evaluations and a variety of teaching and assessment activities including development of new courses, interdisciplinary teaching and use of new teaching strategies. Major indicators of research productivity are published manuscripts in peer-reviewed journals, oral and poster presentations at professional conferences, applications for internal and external funds and securement of those funds. There is an expectation of significant service involvement that includes university and professional service. The self-study notes that service is not as important as performance in the areas of teaching and research in decisions about tenure and promotion. There was no discussion on-site of community service fulfilling the service requirement for tenure and promotion. Service can, however, hold significant weight in the annual merit evaluation of tenured faculty under certain conditions (such as serving as program coordinator, serving on the school's Personnel Committee, taking part in program prioritization or serving on the board of a professional association).

Faculty development is provided in support of teaching, research/scholarship and service. The university provides support for professional development related to teaching through the Faculty Development and Instructional Design Center. Many faculty members commented on the effectiveness of this campus-wide resource for their teaching responsibilities. Other faculty development resources for research are articulated in the self-study, but faculty commented that these resources are not as formally available for research as they are for teaching. Faculty did note the innovative support available through the PI Academy and the Great Journeys programs.

Well-defined policies and procedures are in place to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty and to support their professional development and advancement. Faculty are expected to participate in two types of evaluation: annual merit evaluations and progress toward tenure and promotion. Faculty who met with site visitors were familiar with their promotion and tenure requirements for research, service and teaching. Faculty are reviewed by the Personnel Committee at the school level.

The program has formalized all course evaluations. While the program has used informal student feedback on courses to make curricular changes, course evaluations serve as a formal mechanism to evaluate faculty performance.

4.3 Student Recruitment and Admissions.

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

This criterion is met with commentary. The program coordinator has primary responsibility for student recruitment and the development of recruitment materials. The program coordinator and faculty engage in recruitment activities that include the NIU Graduate School Preparation Seminar for undergraduate students and distributing recruitment materials at NIU's Graduate and Professional School Fair. The program website also serves as a useful tool to provide information to prospective students.

For recruitment to the online program specifically, the program enlists the help of a DeKalb County Health Department employee who responds to and tracks program inquirers. The NIU Division of Outreach Engagement and Regional Development also assists the program with marketing its online offerings.

To assist in the recruitment efforts of well-qualified individuals, the program offers two one-year tuition waivers, one specifically for under-represented minority students. Graduate assistantships, which carry both a tuition waiver and stipend, are also available to both face-to-face and online MPH students who live within commuting distance. Tuition waivers offered by the Graduate School have been granted to face-to-face and online student, regardless of location. The program acknowledged that it could do a better job advertising tuition waivers on its website; they are currently only advertised on the Graduate School's website.

To submit an application for admission, applicants must apply to the Graduate School, and if the standard admissions criteria are met, the application is forwarded to the MPH program. The program coordinator and two MPH faculty members are assigned to review each application and make an admissions decision. The program's recommendation is forwarded to the Graduate School for final approval.

The program seeks prospective students with an undergraduate GPA of 3.0 or higher, GRE scores in the 25th percentile on each section of the exam, a TOEFL score of 90 or better (if applicable), a personal statement of professional goals and interest in public health and two recommendation letters from individuals who can assess the candidate's potential for success in graduate public health education. The program also considers the candidate's professional work experience and community/public health-related volunteer experience.

The program has identified three measures by which it evaluates its success in enrolling a qualified student body. These measures relate to the percentage of accepted student and actual enrollees with

1) a 3.0 GPA or higher; 2) a verbal GRE score in the 25th percentile or higher; and 3) a quantitative and analytical writing score in the 25th percentile or higher on the GRE exam.

Over the last three academic years, more than 75% of the students enrolling in the program had an undergraduate GPA of 3.0 or higher and verbal GRE scores in the 25th percentile or higher (the program's target is 75%). Over this timeframe, the average percentage of enrolled students with a quantitative and analytical writing score in the 25th percentile or higher has ranged from 35% to 75% (the program's target is 50%).

From 2013-2014 to 2014-2015, the program has seen a decrease in the number of applications and enrollments in its on-campus health services management concentration, but enrollments have increased for the online format. During this same two-year period, the program has seen a decrease in the applications and enrollment in its online health promotion concentration. For the on-campus format, the program saw a decrease in the number of applicants but an increase in the number of enrollees. When examining the program holistically over the last three-year period (fall 2013 to fall 2015), the total number of students and enrollees in both online specializations have been increasing. Total enrollment for all specializations, both online and on-campus, has increased from 51 in 2013 to 54 in 2014 and finally to 63 in 2015.

The commentary relates to the variations in the enrollment of its face-to-face program. The program has experienced enrollment fluctuations and has had to cancel some face-to-face course offerings, urging on-site students to complete coursework online when campus-based offerings are canceled. Since the program advertises its face-to-face program as an option for prospective students, the shortage of available on-site courses due to low enrollment does not serve to meet the expectations of students who are expecting a primarily face-to-face program. Site visitors learned that there are two primary barriers to students enrolling in face-to-face courses: 1) NIU's location and 2) many students enrolled in the program are employed full-time and therefore benefit from the flexibility of online courses. While there does not appear to be much institutional support for building the capacity of the face-to-face program, site visitors learned that the program is exploring initiatives such as moving face-to-face courses to evening hours and offering a five-year joint BS-MPH program to create a pipeline of students into the MPH program. Furthermore, a group of program faculty members have, by their own volition, formed a recruitment committee to discuss strategies for recruiting face-to-face and online students. Recruitment activities that these faculty have and will engage in include presence at career fairs and a booth at the 2015 APHA annual meeting.

4.4 Advising and Career Counseling.

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

This criterion is partially met. Advisors are assigned at the time of student matriculation, and are actively involved in the selection and development of internship experiences. Students who met with site visitors praised the faculty for providing valuable insight and guidance related to the selection of an internship site and project as well as the support and feedback received through the course of the experience. The program has developed an extensive program guide and course sequencing documents. Students who completed the 2015 survey about academic advising indicated that the most common source of guidance (54%) was the office support specialist.

The program would benefit from taking a more proactive approach to academic advising. The program has limited outreach to students regarding advising between matriculation and the internship. As the program progresses toward a greater online student population with a wider geographical distribution, advising may become more essential for student success.

The concern relates to the program's low satisfaction levels with advising. The program gathered data from 29 alumni and 35 students on their satisfaction with advising and career counseling. Thirty percent of alumni rated their experience as fair or poor, and 48% of current students rated their experience as fair, poor or not applicable (6% are not applicable). Fifty-one percent of current students and 69% of alumni rated their experience with academic advising as good, very good or outstanding. For career counseling, 24% of alumni and 28% of current students rated their experience as good, very good or outstanding. Seventy six percent of alumni identified career counseling as fair, poor or not applicable (14% were not applicable). Seventy one percent of current students identified career counseling as fair, poor or not applicable (40% selected not applicable).

Employers are in contact with the program and provide available opportunities, and these positions are effectively communicated to students. Similar to academic advising, the program may need to review how it provides career advice and opportunities to students and alumni as these groups become more distance based. Students did note that they are pleased with the career guidance and network opportunities provided by some individual faculty members.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

Northern Illinois University Public Health Program

October 12-13, 2015

Monday, October 12, 2015

- 8:30 am Request for Additional Documents
Arlene Keddie, Ph.D., Program Coordinator and Associate Professor
- 8:45 am Executive Session
- 9:30 am Break
- 9:45 am Meeting with Program and Department Administration
Janice Strom, Ph.D., Chair and Professor
Arlene Keddie, Ph.D., Program Coordinator and Associate Professor
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs
Jinsook Kim, Ph.D., Associate Professor
Jennifer Gray, Ph.D., Associate Professor
Ping Yao, Ph.D., Associate Professor
Lucy Bilaver, Ph.D., Assistant Professor
Lynn Herrmann, Ph.D., Assistant Professor
Lisa Kaye Bergeron, M.P.A., M.I.S., Adjunct Instructor
Regina Whitmore, M.P.H., Adjunct Instructor
- 12:00 pm Break
- 12:15 pm Lunch with Students
Elizabeth Rogers, Health Promotion f2f
Kalthum Abdikeir, Health Promotion f2f
Sarah Hueneke, Health Promotion online
Giovanna Losurdo, Health Promotion online
Dana Alaniz, Health Services Management f2f
Matt Wolf, Health Services Management online
Michelle Hess, Health Services Management online
- 1:15 pm Break
- 1:30 pm Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues
Jennifer Gray, Ph.D., Associate Professor
Wendy Bostwick, Ph.D., Associate Professor
Tomoyuki Shibata, Ph.D., Associate Professor
Sarah Geiger, Ph.D., Assistant Professor
Jaeyong Bae, Ph.D., Assistant Professor
Andrea Buford, Ph.D., Adjunct Instructor
- 2:30 pm Break
- 2:45 pm Executive Session
- 3:45 pm Break
- 4:00 pm Meeting with Alumni, Community Representatives, Preceptors
Barbara Jeffers, MPH, alumna 2011, preceptor, employer, Executive Director of Kane County Health
Department, member of the Public Health Advisory Committee
Dawn Roznowski, MBA, employer, Director, Community Wellness and Employee Health, KishHealth System,
member of the Public Health Advisory Committee

Rae Ann VanGundy, MPH, alumna 2015 of online program, Information Grants Officer, Kendall County Health Department, former member of the Public Health Curriculum and Assessment Committee
Steve Cichy, MPA, MA, preceptor, employer, Executive Director, Oak Crest – DeKalb Area Retirement Center, member of the Public Health Advisory Committee
Steve Curatti, MPA, preceptor, Program Administrator, Kendall County Health department, member of Public Health Advisory Committee

5:00 pm Adjourn

Tuesday, October 13, 2015

8:30 am Meeting with University Leadership
Lisa Freeman, Ph.D., Executive Vice President and Provost
Derryl Block, Ph.D., Dean of the College of Health and Human Sciences
Beverly Henry, Ph.D., Associate Dean of Academic Affairs
James Ciesla, Ph.D., Associate Dean of Research and Resources
Ritu Subramony, Ph.D., Director of Academic Accreditation

9:30 am Executive Session and Report Preparation

12:30 pm Exit Interview