

“Am I qualified? How do I know?” A qualitative study of Minnesota’s sexuality educators’ training



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Background on Collaboration



- Who is the  THE BIRDS & BEES PROJECT
- Inspiration for the research project
- Collaborating with the PRC



Background

- Schools are where we prepare young people for healthy adulthood
- U.S. adolescents have high rates of pregnancy and STIs
- School-based sexuality education can reduce high risk sexual practices

Maximizing teachers' effectiveness to deliver high-quality sexuality education is an important public health goal



Background

- No state requires any type of certification to teach sex ed (Kaiser 2000)
- Little is know about formal training teachers with sexuality education assignments receive
 - One in three colleges offered sex education for ed majors (McKay 1999)



Present study



Qualitative exploration of pre-service training experiences of sexuality educators in Minnesota





Methods: Design and sample

- Seven focus groups with sexuality educators throughout MN
- Recruitment
 - Invitation letter to all health teachers
 - Information provided via local organizations





Methods: Design and sample



- Diverse sample (n=42)
 - Classroom and community-based
 - Urban, suburban and rural
 - Teaching experience
 - Health and other disciplines
 - School size, school type



Methods: Measures



- Two sets of questions re: training
 - What kind of training did you have to prepare you to teach this subject matter?
 - What additional training or support would have been helpful to you?



Methods: Analysis

- Grouped >900 comments by topic
- Organized by themes, sub-themes in an iterative process, with representative quotes
- Two researchers and two participants reviewed coding documents for validity, authenticity





Results: Pre-Service Training



I remember learning a lot but I don't remember feeling prepared to teach when I left.... I can remember standing up there and going, 'Okay....' and thinking, 'I am not qualified to do this. Am I qualified? How do I know?'





Results: Pre-Service Training



- Variety of training experiences
 - No formal training
 - “It was a very Catholic college and it was a very long time ago.”
 - Some sexuality education
 - “I just felt that I wasn’t given tools to be able to use right in the classroom.”
 - Part of other courses
 - “There was a week we worked sex ed stuff. But that was kind of like us wanting to, so we shared lessons on that.”





Results: Pre-Service Training



- Methods and content
 - “I think one of the tricky things about teaching sex ed, or teaching anything, is that you have to have content knowledge and you also have to know how to teach, and they are really two separate skills.”
- Student teaching
 - “I was nervous and it was probably my best week. ... you have the support back at college.”



Results: Additional training needs



Everything I learned I got afterward, actually.

Results: Additional training needs - methods



- Managing controversy
 - “You don’t ever get practice in dealing with parents who don’t agree with what you are teaching, or students that are challenging what you are teaching, or administrators that are.”
- Politics and advocacy
 - “An assignment of advocacy in front of the school board or colleagues or a parent group - you know, that’s part of the job.”





Results: Additional training needs - content



- Community resources
 - “It was huge to have [a local clinic] come in. ... They can’t come in every trimester. So I would basically re-teach, they would literally give me their lessons and I would do it how they did it ...”
- Culturally sensitive and specific materials
 - “We have a strong Asian community and their belief in marriage and children and labor is a lot different than my background”



Summary



- Variety of backgrounds and training experience
- Identified many gaps in training, for work in and out of the classroom
 - Even among those with more pre-service training
 - Especially for those focused on non-health disciplines



Conclusions

- Pre-service training
 - Health teachers: require training in sex ed content and methods
 - Other subjects: offer sex ed classes
 - Expand student teaching opportunities
- Further research



“Am I qualified? How do I know?” A qualitative study of Minnesota’s sexuality educators’ training



Master Certified Health Education Specialist (MCHES): The First Advanced Credential for Health Educators

Lori Elmore, MPH, CHES
**Coordinator, Division Board for Professional
Preparation and Practice**
**Commissioner, National Commission on Health
Education Credentialing, Inc.**

SOPHE/PRC 2010 Joint Conference
April 9, 2010



Presentation Objectives

By the end of the presentation attendees will be able to:

- Discuss the nationwide job analysis of health educators in all practice settings
- Summarize the development of the MCHES, advanced-level certification.
- Explain MCHES exam details, such as eligibility criteria, projected fees, and continuing education contact hours; and

CHES Certification

- Three Components:
 - Meet Academic Eligibility Standards
 - Pass Written Examination
 - Continuing Education Requirements -75 in 5 years
- Voluntary
- National in Scope
- Based on Generic Health Education Responsibilities and Competencies
- Verified through a Job Analysis
- Meets NCCA standards
- Over 8,500 Active CHES



Health Educator Competencies Studies

Role Delineation Study

- 1980-1985
- Volunteer
- Donations & grants

Competencies Update Project

- 1998-2005
- Primarily volunteer
- Donations, grants & NCHEC

Health Educator Job Analysis

- 2008-2009
- Contracted vendor
- Funded by publication profits

Health Educator Job Analysis - HEJA

PURPOSE

To validate the contemporary practice of entry-level and advanced-level health educators.

To re-define core knowledge and competencies for health education practice.

HEJA Outcomes

Verified CUP findings regarding...

Hierarchical Model

- Advanced builds on entry

Differentiation of entry vs. advanced based on 5-year experience

7 Areas of Responsibility

Areas of Responsibility

CUP MODEL 2006	HEJA Model 2010
I. Assess individual and community needs for health education	I. Assess needs, assets, and capacity for health education
II. Plan health education strategies, interventions, and programs	II: Plan health education
III. Implement health education strategies, interventions, and programs	III. Implement health education
IV. Conduct evaluation and research related to health education	IV. Conduct evaluation and research related to health education
V. Administer health education strategies, interventions, and programs	V. Administer and manage health education
VI. Serve as a health education resource person	VI. Serve as a health education resource person
VII. Communicate and advocate for health and health education	VII. Communicate and advocate for health and health education

Why an Advanced Credential?

- **Official recommendations of the National Task Force on Accreditation**
- **Findings of CUP revealed advanced levels among health educators in their practice. This was confirmed by the Job Analysis Project.**
- **2006 Feasibility Study Survey: 2/3 of respondents indicated that an advanced level certification will benefit the profession**
- **Continuing comments from health educators that current CHES credential is “entry-level” and, therefore, not reflective of the scope of practice of many health education specialists.**

Why an Advanced Credential?

**To help advanced - level CHES:
identify
promote
and advance their skills.**

Advanced Certification: History Summary

2005

- **The Competency Update Project (CUP)** results released:
 - **Entry:** Baccalaureate/master's. <5 years' experience
 - **Advanced 1:** Baccalaureate/master's, >5 years' experience
 - **Advanced 2:** Doctorate and >5 years' experience

2006

- 2/06: Pilot Survey at the Dallas Congress

2007

- **The Advanced Credential Feasibility Study** results indicated that an advanced level certification would benefit the profession
- NCHEC BOC voted to proceed with advanced credential

2008

- April: NCHEC Position Statement about Advanced Certification
- August: Call for Comments (67% favorable)

2009

- April: NCHEC Board of Commissioners approved Policy Statement about the Advanced Certification

Reasons to become MCHES

- Validation that you are skilled in advanced-level responsibilities and competencies for a health education specialist
- Provides advanced-level continuing education opportunities, in order for health education specialist to stay abreast of the latest research and practice in the field
- Increases professional confidence because you have validated your knowledge and application of the core MCHES responsibilities
- Recognition of experience and expertise in your chosen field
- Differentiate experienced professionals from entry-level practitioners

Certified Health Education Specialist (CHES) Credential

Establishes professional identity

Exam Eligibility:

Minimum Bachelors degree

Major and/or
degree in
health
education

OR

Academic transcript
reflecting 25 semester hrs
addressing the Seven
Areas of Responsibility of
Health Educators



Master Certified Health Education Specialist (MCHES) Credential



Confirms professional development / career ladder

1st MCHES EXAM: target date October 2011

ELIGIBILITY:

CHES

Minimum of the past 5 continuous yrs active status

Non-CHES

Or CHES <5 yrs active status

Master's degree or higher in Health Ed

OR

Master's degree or higher with transcript reflecting **25** semester hrs addressing the Seven Areas of Responsibility



5 yrs experience as a health educator

- CV/Resume
- 2 letters of recommendation

MCHES

Experience Documentation Opportunity (EDO)

- CHES \geq 5 years continuous active status
- 6 month period (October 2010 to April 2011) only
- If successful, applicants will not have to take the exam



MCHES

Experience Documentation Opportunity (EDO)

Experience Self
Appraisal



Two “Testament
of Practice”
Recommendations



Resume/CV

Deadlines	Fees
12/11/10	\$200
01/15/11	\$210
03/01/11	\$240
04/16/11	\$290

Fees & Recertification

- MCHES application fees : range from \$200-\$390 based on type of application and submission deadline

	1 st deadline	2 nd deadline	3 rd deadline	Final deadline
MCHES Experience (CHES) Documentation Opportunity	\$200	\$210	\$240	\$290
Exam (CHES)	\$250	\$260	\$290	\$340
Exam (Non-CHES)	\$300	\$310	\$340	\$390

Recertification/Renewal

Annual renewal fee (after 1st year): \$55.00

Continuing Education

- 75 CECH in 5 years
- 30 CECH must be linked to advanced-level Competencies

Timeline MCHES Certification

Fall 2009

- Acceptance of Health Educator Job Analysis (HEJA) Task Force Report
- by SOPHE, AAHE & NCHEC

May 2010

- Release of Revised Framework Publication

Oct. 2010
–April
2011

- MCHES Experience Documentation Opportunity (EDO) Period

Oct.
2010

- MCHES Exam Study Materials available

April
2011

- First MCHES credential conferred from EDO
- New CHES Exam administered on updated Competencies

Oct..
2011

- First MCHES exam



- **Marketing**

- Promote CHES & MCHES
- Develop & implement communication plan
- Marketing strategies to employers

- **Policies and Procedures**

- Specifics of CECH opportunities
- Refinement of specific policies

**Next Steps
for NCHEC**

www.nchec.org

**Details and updates can
be found on the NCHEC
news page**

**NCHEC Communication
Director:**

mrehrig@nchec.org

**MORE
INFORMATION**

Frequently Asked Questions

- CHES numbers
- Retired eligible
- Employer recognition
- MCHES back to CHES
- Your questions

CHES Logo

- For Active CHES who have satisfied NCHEC's certification/ recertification requirements
- Available to use on:
 - business cards
 - email signatures
 - letterhead/ stationery
 - resumes
 - marketing materials
- Go to the NCHEC Web site





UNC
CENTER FOR HEALTH
PROMOTION AND
DISEASE PREVENTION

A COMPETENCY BASED TRAINING APPROACH TO SUPPORT WORKFORCE DEVELOPMENT

Center of Excellence for Training and Research Translation

SIP 4-09 Cooperative Agreement Number U48-DP001944
Centers for Disease Control and Prevention
Division of Nutrition, Physical Activity and Obesity



CHARGE OF CENTER TRT

- ③ Advance the skills of public health practitioners working in nutrition, physical activity and obesity prevention
- ③ Identify, package, and disseminate the evidence practitioners need to intervene to prevent and control obesity with an emphasis on , environmental and policy supports for healthy eating and active living

WHERE DO YOU BEGIN....

- ◎ Core Competencies for Public Health Professionals (HRSA)
- ◎ MPH Core Competency Development Project (Association of Schools of Public Health - ASPH)
- ◎ Guidelines for Community Nutrition Supervised Experiences (ADA)





NEEDS ASSESSMENT SECTIONS

1. Analytic Assessment
2. Policy Development and Program Planning
 - ⊙ Engage critical stakeholders in the planning, implementation and evaluation of statewide public health programs, policies and interventions
3. Public Health Science
4. Communication
5. Community Dimensions of Practice
 - ⊙ Conduct a community public health assessment that captures the communities' assets and available resources
6. Diversity and Cultural Proficiency
7. Financial Planning and Management
8. Leadership and Systems Thinking
 - ⊙ Lead efforts to change social systems in support of healthy eating, physical activity and chronic disease prevention

TRAINING NEEDS ASSESSMENT

(IN ORDER TO PERFORM CURRENT JOB RESPONSIBILITIES)

Level of Performance

1. Expert
2. Competent
3. Adequate
4. Novice
5. Inexperienced

Need for Training

- ⊙ High
- ⊙ Medium
- ⊙ Low



HOW DO YOU KNOW WHAT TO
TRAIN ON?



LEVEL OF PERFORMANCE

(IN ORDER TO PERFORM CURRENT JOB RESPONSIBILITIES)

Performance Level	Definition
Expert:	Possesses a high degree of skill and confidence in this area
Competent:	Capable of applying skill area in routine and complex situations
Adequate:	Skill level is sufficient for routine situations
Novice:	Skill is characterized by uncertainty and lack of confidence
Inexperienced:	Skill is inadequate; performance in area requires training or assistance





NEED FOR TRAINING

(IN ORDER TO PERFORM CURRENT JOB RESPONSIBILITIES)



- High:** Advancing skill in this area would be of great benefit
- Medium:** Advancing skill in this area would be of some benefit
- Low:** Advancing skill in this area would be of little benefit



HOW TO MAKE IT ALL FIT

1. Basic science and current recommendations
2. Planning, adapting and evaluating interventions
3. Implementation of specific interventions
4. Leadership development, sustainability and systems thinking



web-based trainings

- Cover the basics to allow more advanced material during in-person trainings
- Extends the reach of Center TRT
- Easily accessed at any time (great staff orientation)
- Interactive and self-paced
- Low cost to participant (time only; no travel, no registration fee)

CENTER TRT WEB-BASED TRAININGS

- ⦿ Nutrition and Health
- ⦿ Physical Activity and Health
- ⦿ Nutrition, PA and Cardiovascular Health
- ⦿ Obesity Prevention in Children
- ⦿ RE-AIM Online (June 2010)
- ⦿ Intervention-specific online
- ⦿ Intervention-specific webinars



COURSE GOALS

The primary course goal is to enhance the capacity of state *Nutrition and Physical Activity Programs to Prevent Obesity* to implement and sustain nutrition and physical activity interventions that:

- ③ **link multiple levels of influence** to reach individuals as well as the broader social context in which they live;
- ③ balance multiple considerations of **potential population impact** and effect on health disparities; and
- ③ foster **community involvement and empowerment.**

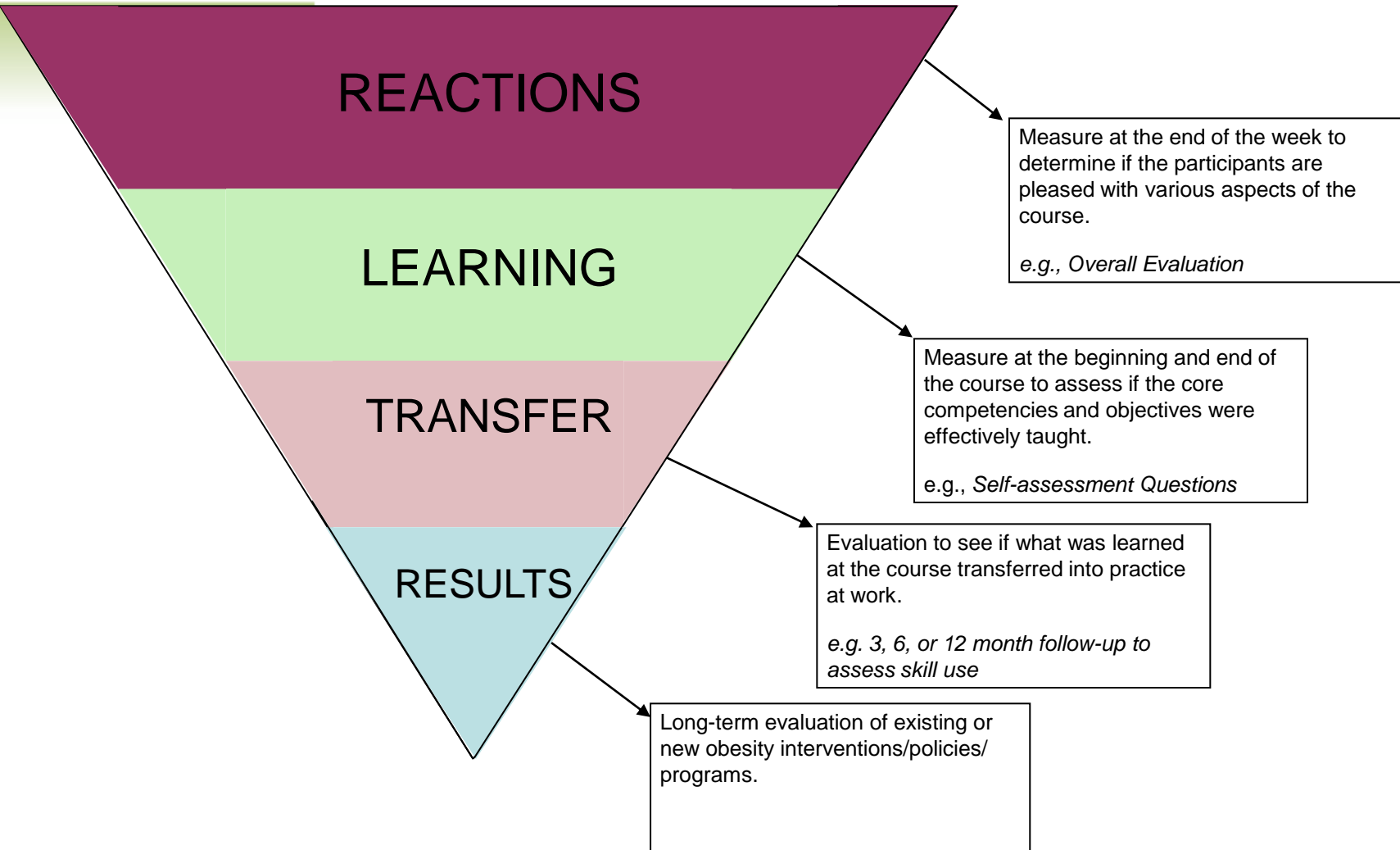
Secondary course goal is to promote **networking and mentoring** relationships.





EVALUATION RESULTS AND TESTIMONIALS

EVALUATION FRAMEWORK





CHANGE IN COMPETENCY

- ③ Positive change in confidence for all course competencies assessed pre and post training
- ③ 92% shared what they learned at the course with co-workers and/or others in their field
- ③ 80% completed one of the three Action Steps on their Take Home Action Plan
- ③ 73% completed two of the three Action Steps on their Take Home Action Plan

SO FAR....



225 Practitioners



651 Participants

TESTIMONIALS...

“Thank you so much for all the work you have done for the Chronic Disease Series online training. I am looking into using this as a web-based in-service for our educators in the EFNEP and FSNE programs. With the large distances we have to travel in Wyoming, good web-based resources like this are invaluable.”

*Public Health Practitioner
University of Wyoming*

“The presentations were very interactive. I found it to be more stimulating than just power-point presentations or reading the material alone.”

Participant completing the Nutrition and Health Module

“While many of us have a strong foundation in policy/environmental change, this course took that understanding to a new and very practical/applied level. I feel I have more tools to promote policy/environmental approaches in a way that community leaders could benefit.”

2008 OP Course Participant

“I loved the fact that these trainings are available on-line. It makes it easier for some of us to be able to fit this learning time into our schedules because you can return to screen if additional information is needed and you can do it without time pressures.”

*Participant completing the PA
and Health Module*

WWW.CENTER-TRT.ORG

The screenshot shows the homepage of the Center of Excellence for Training and Research Translation. The background is a light green with a faint globe graphic. The main heading is "Center of Excellence" in a large, bold, black serif font. Above it, the text "Research Translation" is written in a red, curved font. Below it, "for Training and" is written in a purple, curved font. A purple box on the right contains the text: "Increasing the public health impact of programs to prevent obesity, heart disease, stroke and other chronic diseases." To the right of this box is a vertical banner for "Web-Based Trainings" with a graphic of a laptop and a person, and the text "Promoting Evidence-based Practice in Public Health" and "click here for new additions". Below the banner is the text "Nutrition and Health Physical Activity & Health NAP SACC". On the left side, there is a vertical navigation menu with buttons for "home", "About Us", "Training", "Intervention Resources", "Lifestyle Assessments", "Methods", "Obesity Prevention", and "WISEWOMAN". At the bottom, there is a horizontal navigation menu with links for "home", "about us", "training", "intervention resources", "lifestyle assessments", "methods", and "contact us".

home

About Us

Training

Intervention Resources

Lifestyle Assessments

Methods

Obesity Prevention

WISEWOMAN

home about us training intervention resources lifestyle assessments methods contact us

Research Translation

Center of Excellence

for Training and

Increasing the public health impact of programs to prevent obesity, heart disease, stroke and other chronic diseases.

Web-Based Trainings

Promoting Evidence-based Practice in Public Health

click here for new additions

Nutrition and Health
Physical Activity & Health
NAP SACC

www.center-trt.org

WHAT'S NEXT...



AVIA MAINOR, MPH
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Current Status and Future Plans for Undergraduate Public/Community Health Education Program Accreditation

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East Carolina University

Randall R. Cottrell, D Ed, CHES

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Background

- Quality assurance in professional preparation in community health education has been a goal of the profession.
- The SOPHE/AAHE Baccalaureate Program Approval Committee (SABPAC) provides approval-based quality assurance for undergraduate community health education programs, rather than accreditation.
- CEPH accreditation provides quality assurance for master's programs in public/community health.
- SOPHE/AAHE leaders recommended that a comprehensive coordinated accreditation system for undergraduate and graduate health education should be put in place.

Background

- Recommendations of the National Task Force on Accreditation in Health Education (2004):
 - CEPH is preferred accrediting entity to provide accreditation to both undergraduate and graduate programs (phasing out SABPAC)
 - Only graduates from accredited program would be eligible to sit for CHES and MCHES exams/certification.
- 2004, the Transition Task Force was created to gather feedback from stakeholders on the previous ATF recommendations for accreditation.
 - Culminated in the Third National Congress for Institutions Preparing Health Educators (Dallas Congress), 2006
 - Identified issues directly related to accreditation

Background

- June 2005, CEPH accreditation became available for undergraduate public/community health education programs outside of schools of public health, but co-located with CEPH accredited master's programs.
- 2006, SOPHE/AAHE formed the National Implementation Accreditation Task Force to continue to prepare the field for accreditation and continue dialogue with stakeholders.
- February, 2009 CEPH made decision to move forward toward the development of an accreditation system for free-standing undergraduate community health education programs not affiliated with master's-level program.

Purpose of the study

- To determine the current status of, and future plans for, accreditation/approval of undergraduate programs in public/community health education.

Methods- Participants

- Participants were program chairs or coordinators listed in the AAHE Program Directory of Institutions offering Undergraduate and Graduate Degree Programs in Health Education
- Email addresses were obtained from Becky Smith, Executive Director of AAHE
- Instrument reviewed by Executive Committee of the National Implementation Task force and a member of the task force with expertise in public health education
- An email was sent that included:
 - the purpose of the study
 - link to the web-based consent document and survey
- 10 and 20 day reminder emails were sent to chairs/coordinators
- Survey was available for 1 month on SurveyMonkey™

Methods- Instrument

- 27-item web-based survey hosted on SurveyMonkey™
- Closed and open-ended questions regarding:
 - Current program status regarding accreditation/approval
 - Future plans related to accreditation/approval
 - Level of university support for accreditation
 - Curriculum content
 - Programs concentrations, enrollment trends
 - Percentage of graduates who take the CHES exam
 - Loss/gain of faculty members
 - Thoughts on the profession's movement toward coordinated accreditation

Analysis

- Descriptive statistics
- Chi square on cross tabulations
- Expected cell frequency assumption not met, therefore chi square analysis not reported

Results

- 58 programs responded (62% response rate)
- Undergrad program size range: 5-640 (mean=104, median = 90)
- 55% (n=22) expect an increase in number of health education majors in next three years related to:
 - More job opportunities
 - Increase in overall university enrollment
 - Students switching from nursing and other allied health
 - Increase in student concern for community issues

Results

Accreditation Status

- 72.7% (n=40) no external accreditation or approval
- 23.6% (n=13) SABPAC approval
- 3.7% (n=2) CEPH approval

Results

- 72.3% (n=34) made modifications to the undergraduate program within last 3 years to take on a more public/community health focus.
- 28.6% (n=6) are currently considering seeking CEPH accreditation for their undergraduate program.
- 17.1% are initiating SABPAC approval.

Results

Administration Support for Accreditation

- 79% (n=45) administration was highly or somewhat supportive of accreditation
- 12.3% (n=7) administration was ambivalent or neutral toward accreditation
- 8.7% (n=5) administration discouraged accreditation unless mandated for student licensure or certification

Results

Accreditation Plan

- 18.9% (n=10) would seek accreditation immediately
- 20.4% (n=11) would seek within 2 years
- 14.8% (n=8) would seek within 3-4 years
- 9.3% (n=5) would seek in 5-6 years
- 18.9% (n=10) would not seek accreditation
- 18.9% (n=10) responded “other”
 - Programs would have to look at the guidelines
 - Look at full-time faculty requirements
 - Consult with department faculty
 - Evaluate costs and available resources
 - Wait to see future relationship between SABPAC and CEPH

Results

Coverage of Core Public Health Areas

- Most programs currently include the core public health areas into their curriculum, but biostatistics, and health policy and management were least covered area.
 - 28.2% (n=11) did not include biostatistics
 - 10.3% (n=4) did not cover health policy management
- The table on the following slide outlines the extent of coverage of the CEPH core public health areas by the sample programs.

Table 2

Percent to which Core Public Health Areas are Covered in Undergraduate Community or Public Health Education Program

	Not covered	Some coverage	Extensive coverage
Epidemiology	7.5% (3) ^a	30% (12) ^a	62.5% (25) ^a
Environmental Health	7.7% (3)	48.7% (19)	43.6% (17)
Biostatistics	28.2% (11)	39.5% (14)	35.9% (14)
Social/Behavioral Sciences	2.5% (1) ^a	17.5% (7) ^a	80% (32) ^a
Health Policy & Mgt	10.3% (4)	53.8% (21)	35.9% (14)

Note. Response count = 39

^a = response count of 40

Results

Coverage of Areas of Responsibility

- The table of the following slide outlines the coverage of the NCHEC Areas of Responsibility for Health Educators in the various undergraduate public/community health programs.
 - 100% of programs covered some, most or all of the Areas of Responsibility.

Percent of Coverage of the Areas of Responsibility for Health Educators in Undergraduate Community or Public Health Education Program

	Not covered	Cover some	Cover most	Cover all
Assess needs	0.0%	0.0%	37.5% (15)	62.5% (25)
Plan health education programs	0.0%	0.0%	22.5% (9)	77.5% (31)
Implement programs	0.0% ^a	0.0% ^a	41.0% (16) ^a	59% (23) ^a
Conduct evaluation and research	0.0%	0.0%	52.5% (21)	47.5% (19)
Administer health education programs	0.0%	7.5% (3)	47.5% (19)	45% (18)
Health Resource person	0.0%	7.5% (3)	35% (14)	57.5% (23)
Communicate and advocate	0.0%	7.5% (3)	40% (16)	52.5% (21)

Note. Total response count = 40.

^a = response count of 39.

Results

Internship & Culminating Experience

- 93% (n=38) programs required an internship or practicum
 - Hours required: 150 – 600 hours (M = 396, mode = 360)
- 73.2% (n=30) programs required a culminating experience
- 17 of 30 programs required a portfolio for their internship , practicum related to the skills and competencies of the health educator

Results

Graduates Taking the CHES Exam

- 22% (n=9) reported that 50% or more of their community/public health majors took the CHES exam
- 63% (n=26) reported less than 50% of their community/public health majors took the CHES exam
- 15% (n=6) did not know

Results

Additions to the Curriculum

- 40% (n=16) reported plan for additions to the curriculum in the next three years.
 - Child & adolescent health
 - Disaster preparedness
 - Social marketing
 - Diversity & disparities
 - Wellness (with possible Accreditation from National Wellness Association)
 - Research methods
 - Epidemiology
 - Grant writing
 - Worksite health promotion
 - International/global health
 - Environmental health
 - International internships

Results

Possible Accreditation Support

- Clear, specific, standardized guidelines
 - operationalized objectives & documentation required for each accreditation standard
- Workshops addressing accreditation
- Online tutorials for the accreditation process
 - online templates for documentation of curriculum, program and institution; online PDF's with sample self studies; online databases that could house institution's data from year to year
- Require program coordinator to attend meetings
- Assistance from other programs (particularly small programs who have achieved accreditation)

Results

Possible Accreditation Support

- Equal voice and representation to CEPH for all institutions, not just Schools of Public Health
- Reasonable cost: provide funding and grant opportunities
- Streamlined accreditation procedures avoiding duplication
- Strategies to cover the public health competencies within existing courses rather than having to add courses and delete others
- Website for information/discussions and/or questions
 - Include guidelines for preparing undergraduate programs for accreditation process; outline costs of the accreditation process; preliminary review of existing curriculum for recommendations for improvement

Discussion

- The majority of undergraduate programs surveyed expect to move forward if/when accreditation is available.
- 72% (n=39) of programs responding currently have no external approval or accreditation.
- Most programs report that they will seek accreditation within 5-6 years once it is available.
- Only 10 (18.9%) indicated they would not seek accreditation.
 - Lack of coverage of core public health areas did not appear to hinder programs from seeking accreditation
 - Some of these programs may consider curriculum revisions
 - Lack of internship and capstone requirement are not hindering programs from seeking accreditation

Discussion

- Most undergraduate public/community health programs (57.9%) have been increasing in size over last three years.
- Six new programs initiated in past three years.
- 40% of programs project increases in faculty size over next three years.
- There appears to be movement toward a more public/community health education focus.
- Most university administrations value and support accreditation.
- Low participation in the CHES exam could present a barrier for implementation of comprehensive quality assurance.

Discussion

- Responses to open-ended questions indicate that programs are aligning their programs with the core public health areas.
- Programs requested assistance with moving toward accreditation via:
 - technical assistance
 - trainings
 - online workshops
 - sample self studies
 - consultants.

Limitations

- 36% did not respond to the survey; we do not know if their responses differ from the participants.
- Programs not identified in the AAHE list of undergraduate community health programs did not have the opportunity to receive/respond to this survey.

Translation

- Accessible education and technical assistance in the accreditation process is recommended.
- Future research to identify specific educational and technical assistance needs and delivery channels.
- Additional research on why graduates do or do not take the CHES exam and barriers and supporting factors to taking the exam.
- Programs should begin to align undergraduate programs with approval or accreditation standards.
- Programs should assure that the public health core is included in the curriculum.