

Criterion 3

Creation, Application and Advancement of Knowledge

3.2 Service

CEPH Criterion

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

CEPH Required Documentation

- a. A description of the school's service activities, including policies, procedures and practices that support service. If the school has formal contracts or agreements with external agencies, these should be noted.
- b. A list of the school's current service activities, including identification of the community groups and nature of the activity, over the last three years.
- c. Identification of the measures by which the school may evaluate the success of its service program, along with data regarding the school's performance against those measures for each of the last three years.
- d. A description of student involvement in service.
- e. Assessment of the extent to which this criterion is met.

3.2.a. Service Policies, Procedures, and Practices

Required Documentation: *A description of the school's service activities, including policies, procedures and practices that support service. If the school has formal contracts or agreements with external agencies, these should be noted.*

Historical Roots of Service

As a unique constituent component of a preeminent public university, the School of Public Health has long understood its obligations to the people of North Carolina. Since its inception in 1936, the school has placed a fundamental emphasis on service, especially to the state, as reflected over time by its mission statements and activities it has pursued to fulfill its mission. The school is responsive to both the North Carolina General Assembly and to the state's taxpayers and considers its ongoing efforts to improve the health of North Carolina's citizens a core responsibility.

Originally, service was primarily the responsibility of departments and faculty, who remain key players to the present day. However, almost 40 years ago, the school recognized the need for an administrative entity to coordinate faculty and student service and practice activities. The school initially situated these functions in the Division of Community Health Service, later reorganizing them into a Center for Public Health Practice and, finally, in 1999, creating the nationally recognized North Carolina Institute for Public Health (NCIPH), described in 3.2.b.

Call for Engagement

The Chapel Hill campus is the flagship of the 16-campus University of North Carolina system. In September 2005, in recognition of the university's central role, then-Chancellor James Moeser announced the creation of a university-wide *Task Force on Engagement*. The specific assignment of the task force was to identify North Carolina needs in three crucial fields (education, economy, and health), and to recommend strategies to effectively mobilize the university's resources to address those needs. The task force released its report in October 2006.

The task force's broadest tier of health recommendations focused primarily on expanding, improving, and diversifying the health and public health workforce in North Carolina. The task force assigned primary leadership roles to the deans of the university's health affairs schools (including the School of Public Health) and the Area Health Education Centers (AHEC) system (<http://www.med.unc.edu/ahec/>). The next tier of recommendations called for increased emphasis on community-based training, community-based research, and translation of research into practice, activities in which the SPH has played a longstanding and pioneering role.

Moving in the direction suggested by the task force report, in January 2006, the school became one of 12 US schools and graduate programs of public health selected by the Community Campus Partnership for Health to participate in the WK Kellogg Foundation-funded *Engaged*

Institutions Initiative, which focuses on eliminating health disparities. The strategic plan developed by the school for the initiative (*Becoming an Engaged Institution for Eliminating Racial and Ethnic Health Disparities*, available in the Resource File and at http://www.sph.unc.edu/images/stories/communications/about_the_school/documents/eii_strategic_plan_july_2007.pdf), acknowledges the subtle difference between traditional models of public service (typically unidirectional) and community engagement (a two-way interaction involving the development, exchange, and application of knowledge, information, and expertise for mutual benefit). Some departments, centers, and institutes of the school (especially those with a strong social and behavioral science focus or a customer-driven mission) already embraced the philosophy of engagement in their participatory and community-based research and projects. Moreover, departments seeking to translate their research findings into practice increasingly understand how engagement with practitioners and clients is essential to their success.

Also in 2006, the university applied for and received the new elective Community Engagement Classification of the Carnegie Foundation for the Advancement of Teaching. The classification includes three categories: (1) *curricular engagement* (“teaching, learning, and scholarship that engage faculty, students, and community in mutually beneficial and respectful collaboration”); (2) *outreach and partnerships* (“application and provision of institutional resources for community use with benefits to both campus and community” and “collaborative interactions with community and related scholarship for the mutually beneficial exchange, application of knowledge, information, and resources”); and (3) a third category for institutions with substantial commitments in both curricular engagement and outreach and partnerships (<http://tinyurl.com/carnegiefat>). The Carnegie Foundation accorded the university its classification as a *community-engaged university* in December of 2006, one of 62 institutions in the country that met the requirements for the third, combined category.

Definition of “Service”

The school has revised its service policies and procedures since the last accreditation review, and a number of years ago, our tenure guidelines were revised to more accurately reflect engaged service. The *Appointments, Promotions, and Tenure* manual, adopted in December 2004 and most recently revised in March 2009, differentiates professional from public service (<http://tinyurl.com/sphaptmanual>, available in the Resource File [pp. 18-19]). *Professional service* includes but is not limited to service on department, school, and university committees; leadership in professional organizations; and editorial and personnel review endeavors. *Public service* involves the faculty member in broader community service at the local, state, national, and international levels. The spring 2009 issue of our magazine, *Carolina Public Health*, focuses on public service and engaged scholarship and provides many examples of our activities in these areas (<http://www.sph.unc.edu/cph/spring2009>).

Nearly all departments have completed a process of articulating expectations for service at different faculty ranks. Each department has specified its expectations about the nature of services and what qualifies as service.

Policies on External Professional Activities

Both General Administration (of the UNC system) and the university have developed policies governing external professional activities of faculty and professional staff that are conducted for payment and result in time away from university duties. Policies describe the limits of such activities, and include protocols for reporting activities and assuring disclosure of potential conflicts of interest and/or commitment. Both system and university policy statements are provided in the Resource File (“Conflicts of Interest and Commitment Affecting Faculty and Non-Faculty EPA [Exempt from the State Personnel Act] Employees”).

Schoolwide Service Database

Since 1986, the school has employed a centralized mechanism for recording both professional and public service performed by individual faculty and staff. The school’s service database is maintained by the NCIPH, which provides a database manager who prompts submissions, checks and validates data, and prepares reports. (A three-year compendium of all service activities reported through the Schoolwide Service Database is available in the Resource File.) The school compiles service information for several purposes. First, the database publicizes contributions of the school, its departments, and faculty to the university, the state, and the nation. The school also uses service data to generate support for grant and other funding proposals, for legislative action, and for accreditation and other reporting purposes. Finally, documentation of faculty involvement in service is considered in promotion and tenure decisions.

A web-based tool is available to faculty and staff who perform service, to assist them in providing client and service data about their activities. Published guidelines specify the activities that qualify as service and can help faculty and staff categorize the type(s) of service they perform. Copies of the form and guidelines can be accessed at <http://tinyurl.com/servicerept>. Because data entry is a *voluntary* activity and compliance is less than 100%, the data underestimate the true extent of the community engagement and service efforts of the school’s faculty and staff. Incentives for compliance customarily have been stronger in the departments that emphasize service contributions in promotion and tenure decisions. Since the weight put on service contributions varies among departments, depending on the department’s mission and goals, faculty service activity commensurately varies.

Formal Contracts and Agreements

Departments within the school may independently develop agreements to provide service, research, and training to outside agencies. These formal understandings, many of which take the form of contracts, include agreements around issues such as field placements for students (Criterion 2.4), field studies, demonstration projects and other applied research (Criterion 3.1), consultation and technical assistance services, and training (Criterion 3.3).

3.2.b. Current Community Engagement and Service Activities

Required Documentation: A list of the school’s current service activities, including identification of the community groups and nature of the activity, over the last three years.

Faculty and Staff Service Activities

Because individual service activities annually number in the hundreds, they are not all noted here. Lists describing *all* reported service activities for the past three fiscal years are available in the Resource File. Tables 3.2.b.1., 3.2.b.2., and 3.2.b.3. summarize the school’s service activities over the last three fiscal years by type of client organization, geographic scope of client organization, and nature of the service activity, respectively. The three tables include individual service reported by the school’s faculty and staff *exclusive* of the formal activities of the NCIPH; most activities of the latter are considered service or have a service component and will be discussed separately.

In each of the past three fiscal years, the majority of service activities and hours reported involved client organizations in the government/municipal, educational/research, and professional categories (table 3.2.b.1.).

Table 3.2.b.1. Schoolwide Summary of Service Activities, by Type of Client Organization, FY 2006-2007 to FY 2008-2009

Type of Client Organization	FY 2006-07		FY 2007-08		FY 2008-09	
	# Activities	# Hours*	# Activities	# Hours*	# Activities	# Hours*
Business/Commercial	15	716	29	1,301	14	582
Community/Consumer/Advocacy/Philanthropic	32	1,356	18	916	50	1,032
Educational/Research	142	2,773	137	3,749	125	2,408
Governmental/Municipal	174	3,105	59	1,368	113	3,034
Hospital/Medical	6	135	1	3	8	59
Professional	117	1,937	83	1,130	116	1,650
<i>Total</i>	<i>486</i>	<i>10,022</i>	<i>327</i>	<i>8,467</i>	<i>426</i>	<i>8,765</i>

* Rounded to nearest whole number

In each of the past three fiscal years, the geographic scope of faculty and staff service was primarily national or international, with the largest number of service activities and hours targeted to organizations at those levels (table 3.2.b.2.). A number of activities also focused on state-level organizations, as well as organizations within the state—multi-county, single county, and community organizations.

Scope of Client Organization	FY 2006-07		FY 2007-08		FY 2008-09	
	# Activities	# Hours*	# Activities	# Hours*	# Activities	# Hours*
International	127	3,620	133	3,548	142	2,678
National	133	3,598	101	2,946	136	3,303
Multi-state	14	482	9	163	9	187
Single State (incl. NC)	71	1,221	42	1,462	69	1,309
Multi-county	42	259	16	198	34	602
Single County	20	102	4	29	3	49
Local Community	79	740	22	121	33	637
<i>Total</i>	<i>486</i>	<i>10,022</i>	<i>327</i>	<i>8,467</i>	<i>426</i>	<i>8,765</i>

* Rounded to nearest whole number

The nature of services provided by the school's faculty and staff varies considerably from year to year. For the three fiscal years covered in this report, the largest number of faculty/staff service activities and hours was devoted either to planning, reviewing, or evaluating policies or programs, or to manuscript review or editing (table 3.2.b.3.).

In recent years, the school has witnessed a drop in the number of activities *reported* by individual faculty and staff in the schoolwide service database. The data, however, may reflect a problem of submission compliance rather than being an indicator of declining effort. In part, utilizing the voluntary mechanism for reporting service activity can be time-consuming, as well as redundant in terms of other required reporting.

Nature of Service Activity	FY 2006-07		FY 2007-08		FY 2008-09	
	# Activities	# Hours*	# Activities	# Hours*	# Activities	# Hours*
Advocacy/Testimony	0	0	3	26	7	155
Consultation	73	2,225	34	1,020	25	981
Educational Presentation	46	1,068	48	1,269	35	1,033
Grant Proposal Review	23	561	15	259	30	586
Manuscript Review/Editing	90	791	72	1,820	109	1,063
Organization Leadership	49	1,303	26	1,043	29	591
Policy/Program Planning, Review or Evaluation	140	2,335	53	1,157	135	3,020
Research Presentation	32	996	20	519	16	394
Evaluation or Review of Peer Performance	20	259	20	125	13	68
Other	13	484	36	1,229	27	874
<i>Total</i>	<i>486</i>	<i>10,022</i>	<i>327</i>	<i>8,467</i>	<i>426</i>	<i>8,765</i>

* Rounded to nearest whole number

The decline in service reporting has triggered schoolwide discussions and committee work aimed at improving the data collection mechanism and enhancing voluntary compliance (see Criterion 3.2.c., Service Objective #2).

The North Carolina Institute for Public Health (NCIPH)

In addition to *individual* service activities, a significant portion of the school’s service efforts fall under the *institutional* umbrella of the North Carolina Institute for Public Health. The school created NCIPH, its official service and outreach arm, in August 1999 to *bring public health scholarship and practice together to improve the public’s health*. NCIPH is, first and foremost, an educational resource for public health professionals, offering hundreds of courses and workshops each year in basic competencies as well as emerging issues. (This aspect of the institute’s work is described in Criterion 3.3.) NCIPH also is a key resource for disseminating timely, practical knowledge and information about current and emerging public health issues, policies, and practices.

NCIPH addresses the public health needs of North Carolina and beyond through program emphases that include organizational development, preparedness, active living, evaluation services, and general consultation and technical assistance. NCIPH Annual Reports for the past three years, including descriptions of additional major community engagement and service initiatives, are provided in the Resource File. The institute website gateway can be found at <http://www.sph.unc.edu/nciph/>.

NCIPH Partners and Clients

Funders and collaborators from both within and outside the university are key partners in the institute’s outreach work. Table 3.2.b.4 is a partial list of NCIPH outreach partners and funders from the past three fiscal years.

Table 3.2.b.4. Examples of NCIPH Partners in Outreach (including major funders), FY 2007 to FY 2009 (alphabetically by partner)	
Partner	Project
Alfred P. Sloan Foundation	Public-Private Legal Preparedness Initiative
Association of Schools of Public Health (ASPH)	Rapid Needs Assessment for Women of Reproductive Age After Disaster
Association of State and Territorial Health Officers (ASTHO)	Management Academy for Public Health
Center for Creative Leadership (CCL)	National Public Health Leadership Institute; Caribbean Health Leadership Institute
Centers for Disease Control and Prevention (CDC)	National Public Health Leadership Institute; NC Center for Public Health Preparedness; NC Public Health Preparedness Systems Research Center; Public Health Grand Rounds; Southeast Public Health Leadership Institute; Strengthening Field Epidemiology Practice in Central America; Accreditation Incentives Project
deBeaumont Foundation	Workforce Development to Improve Public Health
Table 3.2.b.4. continued	

Table 3.2.b.4. Examples of NCIPH Partners in Outreach (including major funders), FY 2007 to FY 2009 (alphabetically by partner), continued

Partner	Project
Health Resources and Services Administration	Southeast Public Health Training Center
National Association of County and City Health Officials (NACCHO)	Evaluating Quality Improvement Training Programs initiative
National Network of Public Health Institutes (NNPHI)	Multi-state Learning Collaborative I, II, III
NC Area Health Education Centers (AHEC)	NC Public Health Academy; Grantwriting Workshops; Strategic Planning Workshops; other training events for practitioners
NC State University College of Engineering	NC Public Health Preparedness Systems Research Center
North Carolina Public Health Association	Grant writing workshop for public health workers
Piedmont Triad Partnership	Public Health Leadership Institute
Robert Wood Johnson Foundation (RWJF)	Multi-state Learning Collaborative I, II and III; Active Living by Design; Healthy Kids/Healthy Communities; applied evaluation research for accreditation programs and quality improvement programs
The Duke Endowment	Public Health Academy
UNC Kenan-Flagler Business School	Management Academy for Public Health
UNC School of Journalism	Public Health Grand Rounds; NC Public Health Collaboratives initiative
UNC School of Medicine	NC Public Health Preparedness Systems Research Center
University of Arkansas for Medical Sciences	NC Public Health Preparedness Systems Research Center; Practice-Based Research Network
W.K. Kellogg Foundation (WKKF)	Food and Fitness initiative; Emerging Leaders in Public Health

Table 3.2.b.5. lists some of the major clients with which NCIPH has had contracts or other formal agreements in the past three years.

Table 3.2.b.5. Examples of Major NCIPH Clients, FY 2007 to 2009 (alphabetically by partner)

Client	Topic of Contract or Service Agreement
Association of Schools of Public Health (ASPH)	Development and implementation of a program to strengthen field epidemiology practice in Central America
Association of State and Territorial Health Officers (ASTHO)	Health Officials Leadership Program; consulting and technical assistance on state-level accreditation programs
Blue Cross Blue Shield of Minnesota	Community Assessment and Engagement; Active Living Minnesota
Blue Cross Blue Shield of NC	Fit Together initiative;
Council of State and Territorial Epidemiologists (CSTE)	Avian Influenza training
John Rex Foundation	Program evaluation
McKing Consulting	Establish legal competencies and improve emergency response for forensic epidemiology and public health emergency law
Table 3.2.b.5. continued	

Client	Topic of Contract or Service Agreement
National Association of City and County Health Officers (NACCHO)	Training for Advanced Practice Centers
NC county and district health departments	Training on a various topics; consultation and technical assistance for community assessment, program and organizational development, strategic planning, pandemic influenza planning, and policy and resource analysis
NC Department of Agriculture and Consumer Services (NCDA)	Annual <i>One Medicine</i> Conference
NC Department of Health and Human Services (NCDHHS)	Administration of NC Local Health Department Accreditation Program (see below); administration of NC Public Health Incubators Collaboratives initiative (see below)
NC Division of Environmental Health	Numerous workforce training programs for environmental health specialists and other public health workers; Lead Poisoning Prevention Social Marketing initiative,
NC Division of Public Health (several constituent units)	Annual CE training contracts in nursing, nutrition, immunization and epidemiology; pandemic influenza planning and training; evaluation services; technical assistance for strategic planning; NC Public Health Workforce Development System
NC Health and Wellness Trust Fund	Fit Community Initiative
NC Local Public Health Department Accreditation Program	Research support services; program management and coordination
NC Office of Healthy Carolinians (and local affiliates)	Training for Healthy Carolinians coalition members; Watauga County Healthy Carolinians organizational assessment; technical assistance for community health assessment/environmental assessment
NC Public Health Incubator Collaborative Initiative	Program management; consultation and technical assistance for strategic planning, program development and resource development; grant writing
Novant Health	Customized training in leadership and management
Oak Ridge Associated Universities	ORAL Radiation Training
Randolph Hospital	Technical assistance for childhood obesity program development
UNC Gillings School of Public Health	Program evaluation
UNC School of Medicine	Program evaluation

NCIPH Statewide Initiatives

In recent years, the NC General Assembly has specifically funded NCIPH for two noteworthy statewide initiatives: the Local Public Health Accreditation Program and the North Carolina Public Health Incubator Collaboratives. In 2002, the North Carolina Division of Public Health and the North Carolina Association of Local Health Directors undertook an initiative to develop a mandatory, standards-based system for accrediting local public health departments throughout the state. NCIPH has provided staff and research support for this initiative. In 2005, the NC General Assembly mandated that the Department of Health and Human Services/Division of Public Health (DHHS/DPH) contract with the institute to administer the *North Carolina Local Health Department Accreditation Program* (<http://tinyurl.com/localhd>).

In 2004, the NC General Assembly allocated \$1.1 million in recurring funds to the DHHS for *Public Health Incubator Collaboratives*, regional partnerships between local health departments and public health stakeholders that are focused on finding innovative solutions to locally identified public health problems. NCIPH coordinates and supports development, funding, and planning of the collaborative. As of 2008, the institute had coordinated six collaboratives that focus on regionally important issues and collectively represent 81 of North Carolina's 100 counties. Complete descriptions of the Incubator Collaboratives initiative and the work of individual collaboratives are accessible at: <http://nciph.sph.unc.edu/incubator/>.

Active Living by Design

NCIPH provides business management services to Active Living By Design (ALBD), which was established in 2001 as a national program of the Robert Wood Johnson Foundation and is administratively "housed" in NCIPH. Today, ALBD is supported by grants and contracts from multiple foundations. It provides technical assistance and strategic consultation to communities, practitioners, professionals, nonprofit agencies, philanthropic organizations, and other local and national partners across the United States to help build a culture of active living and healthy eating.

As of spring 2009, ALBD was assisting over 60 community partnerships across the nation. This is expected to increase significantly with the launch of its new Healthy Kids, Healthy Communities program (www.healthykidshealthycommunities.org). ALBD is fully described at <http://www.activelivingbydesign.org/>.

Other Community Engagement and Service Projects

The Exchange Project

The Exchange Project, developed from a five-year NIEHS educational grant, unites faculty and staff at the school with researchers, government officials, community-based organizations, and attorneys to promote environmental health. Project staff works to increase dialogue among different groups by documenting community stories in short, dramatic skits, and developing discussion questions to accompany the skits and film clips. Teachers, students, community organizers, political activists, researchers, government officials, and attorneys working on environmental health issues can access project tools and resources from the project website, accessible at <http://www.exchangeproject.unc.edu/>.

Walking and Bicycling Sustainability Assessment Project

With support from AARP, the NC Division of Public Health, and regional nonprofits, HBHE faculty have provided tools and training for communities to audit their locally built environments for walking and bicycling. More information is available at <http://www.unc.edu/~jemery/WABSA/>.

Survey Research Unit (SRU)

Founded in 1990 as part of BIOS, SRU provides expertise to the research community in the areas of survey and questionnaire design and data collection. It has conducted hundreds of collaborative studies at the national, state, regional, and local levels across a broad spectrum of issues. More information is available at <http://www2.sph.unc.edu/sru/home.html>.

Service through Research

Many research projects have a component that either incidentally or purposely provides a service in the subject population or community. This is consistent with the school's emphasis on community engagement and research translation. The North Carolina Translational and Clinical Sciences (TraCS) Institute is an excellent example of this marriage of goals. For example, currently, at the request of TraCS, Alice Ammerman (NUTR and director, UNC Center for Health Promotion and Disease Prevention [HPDP]), and colleagues are working with a low income primarily African American community to help them transition from tobacco to other crops. In fact, during the last three fiscal years, researchers from the school working at HPDP have been awarded more than \$15 million for community-based research. Other examples of applied, participatory, and community-based research and research translation initiatives include the MEASURE Evaluation Project, the Be Active Kids Evaluation, and the Indian Health Service Area Injury Prevention Program Evaluation Project. Public service projects are conducted across every department in the school, from water quality analysis conducted by ESE for the NC Department of Environment and Natural Resources, to workforce analyses performed by HPM, to child care workers training provided by MCH, to a variety of health behavior projects done by HBHE faculty and students.

MEASURE Evaluation Project

Although technically a project of the independent and interdisciplinary Carolina Population Center at the university, MEASURE (Monitoring and Evaluation to Assess and Use Results) is directed by two faculty members in Maternal and Child Health. With a presence in nearly 50 countries in Africa, Asia, Europe, and Latin America, MEASURE recently received continuation funding of \$181 million from USAID to monitor and evaluate programs around the world in family planning, maternal and child health, nutrition, HIV/AIDS, malaria, tuberculosis, and avian influenza. MEASURE Evaluation, building on the previous two phases of the project and the earlier EVALUATION project which began in 1991, also will be expanding to include programs addressing poverty and gender equity.

Be Active KidsSM (BAK) Evaluation

BAK was an early intervention program to educate four- and five-year-old children on nutrition, physical activity, and food safety. The evaluation project, based in Health Promotion and Disease Prevention and led by a NUTR faculty member, assessed the effectiveness of the program for trainers, child care providers, and the intervention audience of children and their

parents in the 36 North Carolina counties where the program was being implemented. The two-year evaluation (7/01/05 – 6/30/07) was funded by the Blue Cross Blue Shield Foundation.

Indian Health Service Area Injury Prevention Program Evaluation Project

The Indian Health Service (IHS) Area Injury Prevention Project has been ongoing since 1997, spearheaded by a HBHE faculty member through the UNC Injury Prevention Research Center; the project began as a mission of service to prevent injuries to Native Americans and Alaska Natives. It has completed evaluations of 12 IHS Areas (Aberdeen, Alaska, Albuquerque, Bemidji, Billings, California, Nashville, Navajo, Oklahoma City, Phoenix, Portland, and Tucson). Program evaluation summaries and recommendations across the 12 Areas are provided to IHS Injury Prevention personnel at IHS headquarters and at the area, district, and tribal levels.

Service through Teaching and Learning

Students and faculty involved in many of the school's curricular offerings provide direct community service through class or laboratory projects. A typical course is *Action Oriented Community Diagnosis* (Health Behavior and Health Education). In the course, teams of first-year master's students' work under field preceptors in real world contexts to acquire the analytic and empowerment education skills needed to engage communities and service providers in examining social determinants of health. In 2006, this service learning course won the university's Office of the Provost's "Engaged Scholarship Award" in honor of its exemplary application of university expertise to address community needs. The field practica required of students in several departments also constitute service. During the last 25 years, 1,060 students have worked with 262 communities. The field placement sites and preceptors for the past two years, identified in Appendix 2.4.b., reflect the wide range of service activities in which SPH students are involved.

3.2.c. Measures of Success

Required Documentation: *Identification of the measures by which the school may evaluate the success of its service program, along with data regarding the school's performance against those measures for each of the last three years.*

The school has four service objectives focusing on faculty and staff service, engagement with health professionals and communities, and workforce development. Table 3.2.c. reviews the school's success, over the past three years, in achieving the following objectives:

Service Objective #1: Maintain or increase the overall service outreach effort of faculty and staff, with a focus on reducing health threats and problems.

- Metric: Number of activities, and number of hours, of consulting (paid and unpaid), technical assistance, and other service activities.

The success of the school's service to North Carolina communities and beyond can be measured, in part, by an assessment of the data maintained in the schoolwide service

database. Examination of reports from the database since 1986 reveals that service reporting fluctuates from year to year. However, the data show that the school's service efforts to North Carolina and other communities in the past three years have been both broad and deep (see tables 3.2.b.1. through 3.2.b.3., above). Recent data demonstrate that service *reporting* appears to have declined compared to the last CEPH report. Examination of service reports since 1986 reveals that while service reporting can fluctuate significantly from year to year, the recent decreases in the number of activities reported are outside the usual range of variation.

Service Objective #2: Improve measurement and documentation of the school's service outreach efforts in applying solutions to health threats and problems.

- Metric: Number and percentage of faculty who provide information about service outreach efforts

As reported earlier, the school has historically maintained a system for documenting the community engagement and service activities of its faculty and staff. Originally a paper-and-pencil system, with regular reminders to report, it has evolved over the years into an electronic system relying on faculty initiative to report. The system still is not optimal, however, and the school is working on a pilot effort with the university to include these activities in its VITAE system for maintaining web-based faculty CVs. This should facilitate faculty participation.

In addition, however, reporting by faculty varies widely from department to department, depending to a large extent on the emphasis the department applies to service in making promotion and tenure decisions. Generally speaking, departments that use data from the schoolwide service database in annual productivity evaluations and in promotion and tenure decisions demonstrate a far higher percentage of faculty reporting service. In ESE—the heaviest user of data from the schoolwide service database—more than 65% of faculty customarily report service (80% of tenured faculty in AY 2008-09).

Service Objective #3: Increase opportunities for health professionals and citizens to contribute to the school's work and service.

- Metric: State of Practice Committees; description of service agreements initiated with the school by NC Division of Public Health and others (e.g., Local Public Health Department Accreditation Program)

The school continues to develop mechanisms and opportunities for increasing its engagement with communities to jointly address issues of public health. For example, the NC Division of Public Health (North Carolina's state health department), local health departments, and community organizations have traditionally looked to the school for a range of services in support of their practice of public health. Many of these activities are captured in the schoolwide service database. Since the creation of the North Carolina Institute for Public Health as the service and outreach arm of the school, it has been the focus for many formal service agreements. These formal agreements and contracts include the institute's legislated roles as administrator of the NC Local Health Department Accreditation Program, and of the NC Public Health Incubators Collaborative initiative. In addition, several of the institute's programs have

their own agreements with a range of clients. These include the Institute's NC Center for Public Preparedness, which has carried out several service contracts with branches and sections of the NC Division of Public Health; and Active Living by Design, which provides program development and technical assistance services under contract to the Robert Wood Johnson Foundation, the NC Health and Wellness Trust Fund Commission, and the BlueCross/Blue Shield of NC Foundation.

Service Objective #4: Offer an outstanding program of lifelong learning that enhances the knowledge, skills, and practices of public health workers and their capacity to apply solutions to health threats and problems

- Metric: Number (and variety) of participants in continuing education courses; repeat participants; participants who are "public health workers"

Lifelong learning programs are detailed in Criterion 3.3.

Outcome Measure and Metric	Target	2006-2007	2007-2008	2008-2009
<p>Service Objective #1: Maintain or increase the overall service outreach effort of faculty and staff, with a focus on reducing health threats and problems</p> <ul style="list-style-type: none"> Metric: Number of service activities reported 	500	486	327	426
<ul style="list-style-type: none"> Metric: Number of service hours reported 	10,000	10,022	8,467	8,765
<p>Service Objective #2: Improve measurement and documentation of the school's service outreach efforts in applying solutions to health threats and problems</p> <ul style="list-style-type: none"> Metric: Number and percentage of faculty who provide information about service outreach efforts 	N = 100 % = 50	35 (17%)	37 (18%)	38 (18%)
<p>Service Objective #3: Increase opportunities for health professionals and citizens to contribute to the school's work and service</p> <ul style="list-style-type: none"> Metric: State of Practice Committees; Description of service agreements initiated with the school by NC Division of Public Health and others (e.g., Local Public Health Department Accreditation Program) 	Maintain State of Practice Committees; maintain current diversity of service agreement partners despite difficult economic climate	See Criterion 3.2.c. text	See Criterion 3.2.c. text	See Criterion 3.2.c. text
<p>Service Objective #4: Offer an outstanding program of lifelong learning that enhances the knowledge, skills, and practices of public health workers and their capacity to apply solutions to health threats and problems (Lifelong learning programs are detailed in Criterion 3.3.)</p> <p>Metric:</p> <ul style="list-style-type: none"> Enrollment in continuing education courses (= attendance count) Repeat participant (≥2 courses) Enrollment among "public health workers" 	Minimize reductions in CE programs and enrollments relative to budget cuts and training contract reductions and cancellations	<u>6,800</u> <u>24%</u> <u>3,969</u>	<u>8,277</u> <u>27%</u> <u>4,686</u>	<u>6,703</u> <u>23%</u> <u>3,992</u>

3.2.d. Student Involvement in Service

Required Documentation: *A description of student involvement in service.*

Schoolwide Student Service

Students are active in a variety of service endeavors. Student organizations and volunteer groups coordinate these activities.

Nutrition Coalition

The Nutrition Coalition is a student organization at UNC-Chapel Hill that was founded for the purpose of promoting healthy lifestyles in the community, UNC campus, and the School of Public Health through volunteer, social, and educational activities. The Coalition brings about an exchange of knowledge, thereby uniting the students and the surrounding community. The Nutrition Coalition performs healthy cooking demonstrations for community organizations, publicizes National Nutrition Month, and advocates for healthier food options on campus.

Team EpiAid

Team EpiAid is an award-winning volunteer student group coordinated by the North Carolina Center for Public Health Preparedness within NCIPH. Students in the Schools of Public Health and Medicine gain applied public health experience by assisting with outbreak investigations and other public health emergencies, while North Carolina's local and state health departments benefit from needed surge capacity. More than 130 students are currently members of Team EpiAid, which has contributed over 3,500 volunteer hours since 2003.

Team EpiAid members have participated in a wide variety of activities. Outbreak investigations and disease surveillance activities have included: HIV cluster investigation; SARS investigation and response; smallpox vaccination adverse events reporting; outbreak investigation of hepatitis B in a nursing home; arboviral surveillance; foodborne disease surveillance evaluation and data analysis; and investigation of a multistate hepatitis outbreak in Buncombe County. Involvement in the response to public health emergencies has included assistance in North Carolina's Public Health Emergency Command Center, and assistance with the public health response to Hurricanes Isabel and Charley.

UNC Student Health Action Coalition

The Student Health Action Coalition (SHAC) is a student-run organization that provides free health and social services to local residents and their communities (see <http://www.med.unc.edu/shac/>). Founded in 1967, SHAC is run entirely by student volunteers from the Schools of Public Health, Medicine, Nursing, Dentistry, Pharmacy, and Social Work. Under the supervision of university physicians, nurses, and professors, students combine their skills to hold weekly dental and health clinics, care for home-bound elderly citizens, and create

sustainable community health promotion programs. SHAC members also build an annual Habitat for Humanity house and partner in activities with local health and social service organizations.

The newest program within SHAC, called SHAC Outreach, was created in 2003 by students from the Schools of Public Health and Social Work. The purpose of SHAC Outreach is to address health disparities in Orange County, the university's home county. The 2003 pilot program featured a diabetes foot clinic in Hurdle Mills and a youth camp in Chapel Hill's South Estes neighborhood that focused on nutrition and physical activity. In July 2004, the U.S. Department of Health and Human Services honored SHAC Outreach with third place among interdisciplinary entries for the Secretary's Award for Innovations in Health Promotion, an award that recognizes innovative health promotion programs designed by students.

Student Global Health Committee

Created in 1996 by a group of the school's graduate students, the Student Global Health Committee (SGHC) creates awareness of international health issues through education, advocacy, and service. SGHC fosters an interdisciplinary environment that helps students apply their acquired knowledge and skills to engage in health promotion at a global level. SGHC organized a number of activities in 2007-08: a multimedia series of speakers, films, and workshops related to the topics of "Health and Human Rights" and "Narratives of HIV"; a brownbag lunch series featuring film reviews and discussions of global health research and methodology; and global health educational sessions with North Carolina middle and high school students, covering topics such as migration and health, HIV/AIDS, and water and sanitation; see <http://tinyurl.com/sphsghc>.

Engineers without Borders

In fall 2004, students in Environmental Sciences and Engineering created the Dan Okun Chapter of Engineers without Borders (EWB) to help disadvantaged communities improve their quality of life through implementation of environmentally and economically sustainable engineering projects (see <http://www.unc.edu/ewb-usa/>). The group also develops internationally responsible engineering students. EWB participants select projects on the basis of need and a majority vote, including water and sanitation projects, construction projects, design work, consulting, and other tasks. Students also raise funds to support projects, host speakers and seminars relevant to the engineer's role in development work, and facilitate collaboration on development projects among student groups, local engineers, and other universities.

Schweitzer Community Service Fellowships

The US Schweitzer Fellows Programs provide community service fellowships in health-related professional fields for graduate students dedicated to addressing unmet health needs in their local areas. In 2003-2004, a HBHE MPH student shared a Schweitzer Fellowship to design and

implement a free, church-based diabetes foot clinic in Hurdle Mills, NC through collaboration with SHAC Outreach. Approximately 75 patients were seen at the clinic during that pilot year, and SHAC Outreach continued to work with the community to run the clinic. Their project won UNC's Office of the Provost Public Service Award (see also, UNC Student Health Action Committee, above). That same year, an MS ESE student (later to receive a PhD in EPID), received a Schweitzer Fellowship to work with the West End Revitalization Association (WERA) to address health disparities related to failing septic systems and contaminated well water supplies in West End, White Level, and Buckhorn/Perry Hill, NC. With his help, WERA received a \$10,000 grant from the Carolina-Shaw Partnership for the Elimination of Health Disparities-Project EXPORT to continue their efforts, and a \$100,000 grant from the US Environmental Protection Agency to continue their work to create partnerships to address and solve environmental issues. In 2002-2003, two MPH students in Maternal and Child Health received Schweitzer Fellowships to develop a formalized mentoring curriculum to better train and support doulas at UNC Hospitals and increase their volunteer activity, and a dual degree MPH/MCH student received a Schweitzer Fellowship to identify barriers to health care and improve client services at the Piedmont Health Services clinics.

Student Service Activities Summary

The school's Office of Student Affairs (OSA) regularly conducts exit interviews and end-of-semester surveys among all currently enrolled students. In May 2008, OSA for the first time included several questions designed to capture the extent of students' participation in service during the spring semester. OSA again included service questions in its next end-of-semester survey, conducted in spring 2009. Tables 3.2.d.1 and 3.2.d.2 summarize student service activities by department and recipient organization, using students' self-reported data in the spring 2008 and 2009 surveys.

Although responses to the OSA surveys represent only a minority of the school's student body, they nevertheless demonstrate extensive student commitment to service. Approximately two-thirds of the students who responded to the May 2008 survey reported that their service activity was ongoing in nature, with the remainder reporting one-time service events. In FY 2008, students provided service to a number of university student and department organizations, including those mentioned previously (i.e., the Nutrition Coalition, Team EpiAid, SHAC, the Student Global Health Committee), as well as the Campus Y, departmental student associations, the Minority Student Caucus, and local planning committee for the annual Minority Health Conference. Students also engaged in service activities with many nonuniversity organizations, including the Ronald McDonald House, Habitat for Humanity, Big Brothers/Big Sisters, local community and free clinics, homeless shelters and food kitchens, domestic violence shelters, animal shelters, youth organizations, local schools, area hospitals, and service organizations sponsored by communities of faith.

Department	# May 2008*	# May 2009**
Biostatistics	10	9
Environmental Sciences and Engineering	14	33
Epidemiology	23	29
Health Behavior/Health Education	28	33
Health Policy and Management	38	54
Maternal and Child Health	12	31
Nutrition	29	37
Public Health Leadership	22	19
<i>Total respondents reporting service</i>	<i>176 (41%)</i>	<i>245 (43%)</i>
<i>Total respondents reporting no service</i>	<i>254 (59%)</i>	<i>319 (57%)</i>

* Total responses = 430; response rate = 33%; ** Total responses = 564; response rate = 41%

Type of Recipient Organization	May 2008*	May 2009**
	#	#
University Student Organization	75	180
University Department/Institute/Center	22	62
University Hospital/Medical/Health Care Organization	21	56
Non-University Educational or Academic Entity	11	29
Non-University Hospital/Medical/Health Care Organization	9	20
Non-University Community-Based Organization	43	67
Government Agency (at any level)	8	12
Religious or Faith-based Entity	31	39
Other	8	9

* Total responses = 186; response rate = 14%; ** Total responses = 245; response rate = 18%

3.2.e. Assessment of Service

<i>Required Documentation: Assessment of the extent to which this criterion is met.</i>

Strengths

- A long tradition of public service and engagement that dates to the very beginning of the school
- Broad and extensive community engagement and service outreach
- Integration of academics and service through students' practica and other activities
- Organizational structure and focus, through the NCIPH, for the school's service outreach efforts
- Institutional commitments from the school and the university to strengthen community engagement
- Large pool of participating faculty, staff, and students with diversity of skills, experience, and interests

Challenges

- Improving timeliness, collection, maintenance, and utility of community engagement and service reporting
- Achieving broad participation in the voluntary service reporting system
- Engaging students more systematically in service activities
- Maintaining public service and engagement during a time when resources are constrained

Future Directions

- Redesign service data collection system to encourage prompt submission and accurate recording of faculty, staff, and student service activities
- Continue process of institutionalizing engaged community service as a more prominent factor in all faculty promotion and tenure decisions.
- Find more financial support for students' public service activities.

This Criterion is met.
