



# Current Status and Future Plans for Undergraduate Public/Community Health Education Program Accreditation

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## ABSTRACT

**Background:** Quality assurance in health education professional preparation has long been a goal of the profession. A comprehensive coordinated accreditation process for graduate and undergraduate health education has been recommended. **Purpose:** The purpose of this study was to determine the current status of, and future plans for, accreditation/approval of professional preparation programs in community health education. **Methods:** A web-based survey was sent to 93 programs chairs or coordinators listed in American Association for Health Education (AAHE) Program Directory of Institutes offering Undergraduate and Graduate Degree Programs in Health Education. **Results:** Fifty-eight programs responded yielding a 62% response rate. Sixty-two percent ( $n=33$ ) of programs noted they would seek accreditation when CEPH accreditation of free-standing undergraduate programs becomes available. Seventy-nine percent ( $n=45$ ) reported their administration was highly supportive or somewhat supportive of accreditation. **Discussion:** Results indicate that universities surveyed were supportive of accreditation and that professional preparation programs will move to obtain accreditation at the undergraduate level when available. **Translation to Health Education Practice:** Accessible education and technical assistance programs should be implemented to facilitate accreditation initiatives.

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## BACKGROUND

The profession of health education has a long history of addressing issues related to quality assurance in public/community health education professional preparation. Several conferences addressing both undergraduate and graduate professional preparation were held in the 1940s and 1950s.<sup>1</sup> Program reviews of masters-level community health education programs began in the 1940s when the American Public Health Association initiated accreditation of schools of public health. In 1974, this accreditation process became the responsibility of the Council for Education in Public Health (CEPH).<sup>2</sup>

While CEPH accreditation addressed master's programs in public/community health education, no quality assurance process addressed undergraduate community health education programs. To address this gap, in 1987 the Society for Public Health Education (SOPHE) and the American Association for Health Education (AAHE) initiated the SOPHE/AAHE Baccalaureate Program Approval Committee (SABPAC). The purpose of SABPAC was to provide an approval-based quality assurance mechanism for undergraduate community health education programs.<sup>3</sup> It is important to note that SABPAC serves as an approval body sanctioned by SOPHE and AAHE rather

than an accrediting body recognized by the United States Department of Education.

In January, 2000, a meeting of key leaders

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in health education was convened by SOPHE and AAHE to explore issues related to quality assurance. One recommendation from this meeting was that, "A comprehensive coordinated accreditation system for undergraduate and graduate health education should be put into place, which builds on the strengths of the current mechanisms."<sup>4</sup>

In response to that recommendation, SOPHE and AAHE formed the National Task Force on Accreditation in Health Education. One charge of the task force was to "develop a detailed plan for a comprehensive, coordinated quality assurance system for undergraduate and graduate programs in health education." The task force met for the first time in January, 2001. Members represented large and small professional preparation programs; college and universities with professional preparation programs in school, community, and public health education; public and private institutions in higher education; current credentialing agencies in health education; and representatives of government agencies and other groups.<sup>5</sup>

In early 2004, the Task Force released four key principles and seven recommendations that represented the result of its work.<sup>4</sup> Two recommendations set the stage for an important transformation in quality assurance for undergraduate public/community health education programs and have direct implications for this work.

CEPH is the preferred accrediting entity to provide a single mechanism for community/public health education programs at the undergraduate and graduate levels.

Persons who successfully complete the certification processes should be designated as Certified Health Education Specialists (CHES) (undergraduate level) or Master's-level Certified Health Education Specialist (MCHES) (both master's and doctorate graduate level). Only students from accredited programs/schools should be eligible for CHES and MCHES certification.<sup>4</sup>

In practice, this meant that CEPH accreditation would become the quality assurance mechanism for undergraduate community health education programs (thus eventually

phasing out SABPAC approval), and that only graduates from accredited programs could sit for the existing CHES exam and be eligible for the proposed MCHES certification. Prior to the development of the recommendations, CEPH, in communication with the task force leadership, indicated a willingness to consider the recommendation related to their involvement in undergraduate accreditation.<sup>5</sup> In June, 2005, CEPH expanded their accreditation efforts to undergraduate public/community health education programs that are outside schools of public health as long as they are co-located with a master's program in public/community health education.<sup>6</sup> Further progress occurred in February, 2009, when CEPH expanded its undergraduate accreditation efforts by deciding to move forward with the development of an accreditation system for undergraduate community health education programs that are not affiliated with a master's-level program.<sup>7</sup> These programs are referred to as "free-standing".

In 2004, following the release of the principles and recommendations from the initial National Task Force on Accreditation in Health, SOPHE and AAHE created a new task force, the National Transition Task Force on Accreditation in Health Education (Transition Task Force). The primary purpose of the Transition Task Force was to gather feedback from various stakeholders on the recommendations of the original task force in order to move them forward toward eventual implementation. The work of the Transition Task Force culminated with the Third National Congress for Institutions Preparing Health Educators held in Dallas, TX, February 23-25, 2006. Over 250 faculty members and administrators from approximately 150 health education professional preparation programs attended the conference. Participants identified several issues that related directly to accreditation of undergraduate public/community health education programs including core course content, CEPH's role as the accrediting body, and the capacity of small programs to meet accreditation requirements. Participants also emphasized the importance of contin-

ued communication with members of the health education profession.<sup>5</sup> In response to the evaluation of the Dallas Congress, in 2007 SOPHE and AAHE formed a third task force, the National Implementation Task Force for Accreditation in Health Education. The charge of this task force is "to help shape the processes and to continue to prepare the field for accreditation as a quality assurance mechanism for the profession."<sup>6</sup> Numerous quality assurance accomplishments and developments have occurred since the formation of this task force. These have been presented elsewhere in the professional literature.<sup>5</sup>

## PURPOSE

Based on the feedback from the Dallas Congress, and the charge of the National Implementation Task Force, ongoing communication with the stakeholders is essential. The purpose of this study was to determine the current status of, and possible future plans for, accreditation/approval of professional preparation programs in community health education. In addition, the study focused on curriculum and student issues linked to program accreditation/approval.

## METHODS

### *Development*

This research employed a cross-sectional survey design. The data from this survey will be used to inform the National Implementation Task Force on Accreditation in Health Education and CEPH about the range of undergraduate health education programs, and trends and issues related to accreditation and quality assurance. Approval to conduct the study was received through the East Carolina University Institutional Review Board.

The instrument developed was a 27-item web-based survey. Face and content validity were established through review by the Steering Committee of the National Implementation Task Force which included two professors with professional preparation experience, the Executive Directors of two National Health Education organizations which serve community/public health pro-



professionals and a fifth individual with both public health and professional preparation experience. Their input was incorporated into the final instrument. The questionnaire consisted of closed and open-ended items that addressed current program status and future plans related to program accreditation and approval, level of support of the university administration for accreditation, curriculum content, program concentrations, enrollment trends, percentage of graduates who take CHES exam, gain/loss of faculty members and thoughts on the profession's movement toward a coordinated system of accreditation.

All departments listed in the AAHE *Program Directory of Institutions Offering Undergraduate and Graduate Degree Programs in Health Education* as offering undergraduate degrees in public/community health education were invited to participate in this study ( $N = 93$ ). E-mail addresses of program chairs or coordinators were obtained through personal correspondence with Becky Smith, Executive Director of AAHE. After obtaining these addresses, an e-mail message outlining the purpose of the study was sent to the chairs. The chairs were requested to either complete the survey or forward the email to the most appropriate person. The email message included a link that led the prospective participant to a consent document. After reviewing the consent document, the participant was instructed to click the "next" tab to proceed to a SurveyMonkey™ online questionnaire. Two reminder emails were sent to all chairs 10 and 20 days following the initial email. The survey was available online at the SurveyMonkey™ site for one month.

#### Data Analysis

SurveyMonkey™ was used to gather descriptive statistics and SPSS 15.0 was used to determine frequencies, percentages and cross tabulations. Cross tabulations were performed to determine if differences existed in programs based on current approval status and willingness to seek accreditation when it becomes available. Because the expected frequencies in at least one cell were not greater than five in each of the

cross tabulation analyses, the assumption for the chi square analysis was not met and did not provide meaningful results.<sup>8</sup> In addition to quantitative analyses, responses to open-ended questions were analyzed for common themes.

#### RESULTS

Fifty-eight programs responded to the survey yielding a 62% response rate. Undergraduate program size ranged from 5 to 640 students (mean = 104, median = 90). Fifty-eight percent ( $N = 22$ ) of the programs reported an increased number of health education majors over the last five years, with 13.2% ( $N = 5$ ) reporting a decrease. Furthermore, 55% of programs ( $N = 22$ ) stated that they plan to increase the number of health education majors in the next three years compared to 2.5% ( $N = 1$ ) who indicated they would decrease the number of majors. The reasons reported for the increase in number of majors were more job opportunities, increase in overall university enrollment, more students switching from nursing and other allied health fields, and a general increase among students in concern for community issues.

Of the 55 programs who responded to the question indicating current approval status, 72.7% ( $N = 40$ ) had no external professional accreditation or approval for their undergraduate program, 23.6% ( $N = 13$ ) had SABPAC approval and 3.7% ( $N = 2$ ) had CEPH approval. Forty-five of 49 programs (92%) offered an undergraduate major in community or public health education. Nine programs did not respond to the question. In terms of graduate programs, 29.3% ( $N = 17$ ) had CEPH accreditation, while 28% ( $N = 16$ ) had no professional accreditation for their Master of Science graduate program, 8.8% ( $N = 5$ ) had no CEPH accreditation for their Master of Public Health program, and 38.6% ( $N = 22$ ) had no graduate program. Three programs were in the process of seeking CEPH accreditation for their master's program.

In terms of initiating, modifying or eliminating an undergraduate health education program in the last three years, 72.3%

( $N = 34$ ) of respondents reported modifications to their existing undergraduate health education program or concentration to take on a more public/community health focus. In addition, 28.6% ( $N = 6$ ) are currently considering seeking CEPH approval for their undergraduate program, and 17.1% are considering initiating SABPAC approval. No programs reported eliminating an undergraduate community/public health education program.

When asked how supportive the college or university administration was toward program accreditation, 79% ( $N = 45$ ) reported that their administration was either highly supportive or somewhat supportive, 12.3% ( $N = 7$ ) stated that their administration was ambivalent or neutral toward accreditation and 8.8% ( $N = 5$ ) expressed that their administration discouraged accreditation unless mandated for student licensure or certification. No program reported that their university was "not at all supportive" of accreditation.

If CEPH accreditation of free-standing undergraduate programs becomes available, 18.9% ( $N = 10$ ) of programs noted that they would seek accreditation immediately, 20.4% ( $N = 11$ ) would seek accreditation within 2 years, 14.8% ( $N = 8$ ) would seek accreditation in 3-4 years, and 9.3% ( $N = 5$ ) in 5-6 years. Whereas 19% ( $N = 10$ ) reported that they would not seek accreditation, 18.9% ( $N = 10$ ) responded "other." Qualitative responses to "other" included comments indicating that programs were unsure how they would proceed because they would have to look at the CEPH guidelines, examine full-time faculty requirements, consult with department faculty, and evaluate costs and available resources. Other responses indicated that there was a desire to understand the future relationship between SABPAC and CEPH since decision-making for programs with current SABPAC approval would be based on this relationship. Some programs that had CEPH accreditation for their MPH program indicated that they would wait until their next program renewal to complete the graduate and undergraduate programs concurrently.



Requirements for future CEPH accreditation of undergraduate programs will likely include the Competencies/Sub-competencies related to the NCHEC Areas of Responsibilities and coverage of the core knowledge areas in public health. Table 1 outlines the coverage of the NCHEC Areas of Responsibility for Health Educators in the various undergraduate public/community

health programs that participated in this study. Table 2 profiles the extent of coverage of the CEPH core public health areas in this sample of undergraduate public/community health programs. Most programs currently include the core public health areas within their curriculum, but the biostatistics and health policy and management areas were the least covered areas. Eleven programs

(28.2%) did not include biostatistics and 4 programs (10.3%) did not cover health policy and management.

Ninety-three percent ( $N = 38$ ) of programs stated their undergraduate community/public health program required an internship or practicum. The number of hours required ranged from 150–600 hours ( $M = 396$ ,  $mode = 360$ ). In addition, 73.2%

**Table 1. 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 individual and community needs for health education	0.0%	0.0%	37.5% (15)	62.5% (25)
Plan health education strategies, interventions & programs	0.0%	0.0%	22.5% (9)	77.5% (31)
Implement health education strategies and programs	0.0% <sup>a</sup>	0.0% <sup>a</sup>	41.0% (16) <sup>a</sup>	59% (23) <sup>a</sup>
Conduct evaluation and research related to health education	0.0%	0.0%	52.5% (21)	47.5% (19)
Administer health education strategies interventions and programs	0.0%	7.5% (3)	47.5% (19)	45% (18)
Serve as a health education resource person	0.0%	7.5% (3)	35% (14)	57.5% (23)
Communicate and advocate for health and health education	0.0%	7.5% (3)	40% (16)	52.5% (21)

Note. Total response count = 40.  
<sup>a</sup> = response count of 39.

**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) <sup>a</sup>	30% (12) <sup>a</sup>	62.5% (25) <sup>a</sup>
Environmental health science	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) <sup>a</sup>	17.5% (7) <sup>a</sup>	80% (32) <sup>a</sup>
Health policy & management	10.3% (4)	53.8% (21)	35.9% (14)

Note. Response count = 39  
<sup>a</sup> = response count of 40



( $N = 30$ ) reported they required a culminating experience for their undergraduate community/public health program. CEPH defines a culminating experience as “an experience that requires a student to synthesize and integrate knowledge acquired in coursework and other learning experiences and to apply theory and principles in a situation that approximates some aspect of professional practice.”<sup>6</sup> Seventeen of the 30 responses indicated their programs required a portfolio that was based on either the internship or practicum experience, or the competencies related to the seven areas of responsibility of the health educator. Five programs required comprehensive exams and three programs required capstone projects. Several programs required a combination of the various culminating experiences, for example, a portfolio with an internship plus comprehensive exams.

Whereas 22% of the programs ( $N = 9$ ) reported that 50% or more of their community/public health majors took the CHES exam, 63% ( $N = 26$ ) of the programs reported that less than 50% of their majors took the CHES exam. Overall, 15% ( $N = 6$ ) reported that they did not know.

Forty percent of programs ( $N = 16$ ) reported that in the next three years they planned to add new courses to the curriculum. These additional courses included child and adolescent health, disaster preparedness, social marketing, diversity and disparities, wellness (with possible accreditation from National Wellness Association), environmental health, research methods, epidemiology, grant writing, worksite health promotion, international/global health, international internships and management.

Participants were asked to identify the types of support that could be offered by the Accreditation Task Force, professional organizations, and others. These responses are presented in Table 3.

## DISCUSSION

Overall, the results of this survey indicate that the majority of undergraduate community health education programs plan to move forward when accreditation becomes

**Table 3. Types of Support for Accreditation Requested by Programs**

- Clear, specific, standardized guidelines with operationalized objectives/outcomes for each accreditation standard as well as the documentation required.
- Workshops addressing accreditation during national, regional and state professional meetings.
- Online tutorials/how-to manual for the accreditation process; online templates for documentation of curriculum, program and institution; online PDFs with sample self studies and examples of good programs; and online databases that could house institution's data from year to year.
- More visibility to the administration; require program coordinator to attend meetings.
- Consultants/assistance from other programs (particularly small programs who have achieved accreditation).
- 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 including guidelines for preparing undergraduate programs for accreditation process and outlined costs of the accreditation process, feedback from programs undergoing the process and preliminary review of existing curriculum.

available. Most programs ( $N = 39$ , 72%) responding to this survey currently have no external accreditation or approval and most report that they would be applying for CEPH accreditation within 5-6 years of it being made available. Almost 20% of respondents indicated they would apply for CEPH accreditation immediately when it is available.

Only 10 (18.9%) of respondents indicated they would not seek CEPH accreditation. Participants were not directly asked why they would not seek accreditation, but responses to several questions may shed some light on this issue. Four programs indicated they no longer have an undergraduate major or focus in public/community health education. Obviously, these programs would not be seeking CEPH approval. All of the programs reported that they cover all the CHES competencies to some degree with most indicating extensive coverage. Most programs also currently include the core public health areas in their curriculum, but the biostatistics, and health policy and management areas were the least covered. Ex-

amination of the cross tabulations between coverage of core public health areas and accreditation showed that of the 11 programs who reported no coverage of biostatistics, 54.6% ( $N = 6$ ) reported they would seek accreditation, whereas 45.5% ( $N = 5$ ) indicated they would not. In addition, 75% ( $N = 3$ ) of the programs who reported no coverage of health policy and management also reported that they would seek accreditation. From these data it appears that lack of coverage of core public health areas is not hindering programs from seeking accreditation. Some of these programs may consider curriculum revisions in the future to meet the core public health areas; especially as CEPH assumes responsibility for undergraduate community health education programs. Further, most programs currently require some type of pre-practicum/internship field experience, a practicum/internship, and a capstone experience. Analysis of the cross tabulations indicated that 66.7% ( $N = 2$ ) programs who do not require an internship responded they would seek accreditation and 6 of the 11 (54.5%) programs who do



not require a capstone indicated they would seek accreditation. These data indicate that the lack of an internship or capstone is not hindering programs from planning to seek accreditation. Finally, one program reported their university is suffering financially and is losing faculty positions. This program felt they would not be able to afford accreditation.

Most undergraduate community/public health education programs (57.9%) have been growing in size over the past five years with only 13.2% of programs indicating a decline in enrollment. Six programs (12.8%) were new programs initiated in the past three years. Over half of the programs responding predicted continued program growth over the next three years. Forty percent of programs also projected increases in faculty size over the next three years. These findings are consistent with an increased interest and enrollment in public health programs at several universities in the United States.<sup>9</sup> Seventy percent of programs responding to this survey indicated that they have made “significant curriculum changes” in the past three years. Further, 72.3% of respondents indicated that they had “modified an existing undergraduate health education program or concentration to take a more public/community health education focus.” Based on this response, it appears that programs are being proactive and moving toward a public/community health education emphasis prior to the availability of accreditation. It is not clear from these data if this move toward a more public/community health education focus is market driven, due to pending CEPH accreditation, or due to some other reason. Among programs responding to this survey, however, it is clear that there is a movement toward a public/community health education focus.

The results indicate that the universities surveyed were supportive of accreditation. It had been suggested that accreditation may be losing favor with colleges and universities. For some colleges and universities the cost of accreditation in terms of money, time and effort may be greater than the perceived benefits.<sup>10</sup> This notion was not supported by

the respondents to this survey. When asked, “How supportive is your college/university administration toward program accreditation, 63% indicated their administration was highly supportive with another 16% indicating their administration was somewhat supportive. Nine percent indicated their administration discourages accreditation unless it is mandated for student licensure or certification. This indication of wide support is especially important within the context of the National Task Force on Accreditation in Health Education’s recommendation that links eligibility for the CHES exam to graduation from an accredited program. No respondents indicated that their administration was “not at all supportive” of accreditation. The data from this survey clearly indicate that college/university administrations value and support accreditation.

Regarding individual certification, only 21.9% percent of the respondents reported that 50% or more of their undergraduate community/public health education majors take the CHES exam. This low participation could present an issue for the implementation of a comprehensive quality assurance effort since one recommendation of the National Task Force on Accreditation in Health Education is that only graduates of accredited programs would be eligible to sit for the CHES exam.

Responses from survey participants to open ended questions confirm that many are already aligning their programs with the core public health areas and the CHES competencies. Still, when asked what would assist their programs to prepare for accreditation survey respondents mentioned technical assistance, trainings, online workshops, sample self studies and consultants to help in developing their self studies. Several respondents asked for clear, concise templates to be developed by CEPH to help direct their self study efforts. The overall feeling was that the process should be as clear, simple, and streamlined as possible. Costs should be kept to a minimum.

While these survey results are positive and indicate the profession is moving in the direction of quality assurance through

accreditation, this survey was not without limitations. Although the survey response rate was 64%, there were still 36% that did not respond and we do not know if their opinions regarding accreditation differed from those that did respond. This survey used the AAHE list of undergraduate community health education programs. This list was developed by sending a survey to health education program administrators asking for information about the programs they direct. Those administrators who did not respond to that survey are not included in the list and were not part of this survey. Data were not collected on type of institution, age of program, or faculty-student ratio. This information would have allowed for a more thorough analysis and understanding of these findings.

#### TRANSLATION TO HEALTH EDUCATION PRACTICE

The majority of programs responding to this survey reported institutional support for program accreditation. This perception of value offers support to the continuation of efforts of the profession to move toward a coordinated system of quality assurance focused on both undergraduate and graduate program accreditation. Beyond the value of improved quality assurance and institutional support, other possible benefits of a coordinated system include assistance for employers in identifying competent health education professionals, and a distinction among professional preparation programs for prospective student applicants.

To support this movement toward coordinated accreditation, it is recommended that accessible education and technical assistance programs be implemented, and clear accreditation standards and required documentation processes be identified and disseminated by CEPH using vehicles such as print materials, professional websites, and social networks. Future research could identify precise education and technical assistance needs and specific delivery methods. Additional research related to the CHES connection to quality assurance could focus on reasons why graduates take or do not take



the CHES exam, barriers and supporting factors to taking the exam, and the impact on intent to take the exam among graduates of accredited programs.

We would also recommend that stand-alone undergraduate community health programs be proactive and begin aligning their program with approval or accreditation standards. One way to accomplish this would be to apply for SABPAC approval. Based on the results of a competency comparison, it seems that many of the SABPAC requirements are similar to CEPH requirements. A table comparing and contrasting the requirements of SABPAC and CEPH can be found at <http://www.healthedaccred.org/data.html> and then clicking on "Comparison of Accreditation Criteria by the CEPH and SABPAC." Any program that has achieved SABPAC approval will be more likely to attain CEPH accreditation with minimal modifications. It is important to note, however, that CEPH has yet to develop and distribute the guidelines that will actually be utilized to accredit free-standing undergraduate Community Health Education programs. It is anticipated that these guidelines should be ready for distribution and comment in 2010.

Another way to begin aligning an undergraduate community health program with CEPH standards would be to use the CEPH white paper *Including Undergraduate Public*

*Health Degree Programs in your Self Study*<sup>11</sup> as a resource and to begin making program modifications to meet the recommendations in this paper. This paper was developed by CEPH to help undergraduate programs begin to think about future accreditation. Finally, programs could be proactive in making certain that the public health core is included in the curriculum. For further information and updates on accreditation for undergraduate community/public health education programs, see <http://www.healthedaccred.org>.

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