

National Implementation Task Force on Accreditation in Health Education
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Frequently Asked Questions about SABPAC and the
Proposed Coordinated Accreditation System for Health Education
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1. *What has been proposed for undergraduate accreditation by the National Task Force on Accreditation in Health Education?*

In an effort to further strengthen professional preparation in health education, the Society for Public Health Education (SOPHE) and the American Association for Health Education (AAHE) in 2001 established the National Task Force on Accreditation in Health Education. The Task Force was charged with developing a detailed plan for a coordinated accreditation system for undergraduate and graduate programs in health education. After three years of study and input from the profession, the Task Force issued a series of recommendations that were endorsed by the AAHE and SOPHE boards, including: 1) that accreditation be the quality assurance mechanism for health education professional preparation institutions, and should replace existing approval processes (i.e. SABPAC) in an orderly transition; 2) that the Council on Education for Public Health (CEPH) is the preferred accrediting entity to provide a single coordinated accreditation mechanism for community/public health education programs at the undergraduate and graduate levels; and 3) that the National Council for Accreditation of Teacher Education (NCATE) is the preferred accrediting entity for school health education programs at the undergraduate and graduate levels.

The National Transition Task Force on Accreditation in Health Education (convened in September 2004) was charged with informing and preparing the profession to move toward an accreditation system. The National Implementation Task Force on Accreditation in Health Education (convened in 2006) was charged with moving the profession from recommendations to a unified accreditation system. You can learn more about the recommendations of the National Task Force or the current activities of the Transition Task Force at our website: www.healthedaccred.org.

2. *What progress has been made on the proposal to replace SABPAC with CEPH to accredit undergraduate community health programs?*

Over the last decade, there has been careful but steady progress toward achieving the goal of CEPH accrediting undergraduate community health programs, acknowledging, however, that any such decision is the sole province of CEPH and outside of the Task Force's control.

Following a formal request from the Accreditation Task Force, the CEPH Board in 2003 responded positively to the prospect of potentially accrediting undergraduate community health education programs, but laid out some important qualifications (see http://www.healthedaccred.org/docs/3_data/CEPH_response%201.doc . In 2005, the Council published criteria allowing CEPH-accredited graduate programs that also house an undergraduate

program in the same organizational unit, to include it in their unit of accreditation. CEPH provided guidance on how to include an undergraduate program in a self-study in a technical assistance paper (see http://www.ceph.org/files/public/Undergraduate_TA_v_10.pdf). In 2007, the U.S. Department of Education approved the expansion of CEPH's scope to include accreditation of undergraduate programs (see http://www.ed.gov/admins/finaid/accred/accreditation_pg8.html). In 2009, CEPH is expected to propose a plan for developing an accreditation system for free-standing, undergraduate community health education (UGCHE) programs. This proposal will have multiple opportunities for constituent review and comment.

3. *What will happen to current SABPAC-approved community health education programs if a CEPH accreditation process is in place?*

The SABPAC approval process for undergraduate community health education programs eventually will be phased out by its parent association boards (SOPHE and AAHE). This will occur as soon as an accreditation process for UGCHE programs is in place and CEPH accepts its first applicants. All programs holding SABPAC approval at that time will retain their approval status until the end of their designated term. At that point, or at any point at which CEPH accreditation begins, programs holding SABPAC approval could apply for CEPH accreditation.

4. *What are the benefits to having been SABPAC approved when the new accreditation system begins?*

SABPAC-approved programs can anticipate the following benefits during the accreditation phase-in period: 1) Familiarity with the processes of self-study and site visits, which will be beneficial when applying for accreditation, and 2) Continued SABPAC approval for the duration of the designated term, thus continuing to provide an external sign of program excellence and quality assurance.

5. *If an institution has already applied for SABPAC approval, should it continue to move ahead?*

Yes. At the present time, SABPAC continues to be the only quality assurance system for UGCHE programs. SOPHE and AAHE continue to promote SABPAC to faculty, administrators, and prospective students. Although survey research conducted by the Task Force shows that program administrators strongly favor "accreditation" over "approval," it will be several years until an accreditation program can be established. In the interim, SABPAC approval holds many benefits for UGCHE programs, including the opportunity to align resources and activities with professional standards, enhanced credibility within the university, outside leverage for resource allocation, and greater visibility for the program and the profession.

6. *Is there a deadline to apply for SABPAC program approval?*

SABPAC program approval is expected to continue for the next several years to provide an orderly transition. UGCHE programs that are not currently SABPAC approved are encouraged to apply. If a program is currently SABPAC approved and its approval designation expires in either 2010 or 2011, it may apply for re-approval as long as its self-study and program review are completed by the end of its current approval term. As more details about the move toward accreditation become available, the deadlines for SABPAC application will be updated.

7. Do the existing approval criteria from SABPAC differ greatly from CEPH's accreditation criteria?

A comparison between SABPAC and CEPH criteria conducted in 2003, revealed many similarities (See www.healthedaccred.org for a chart of SABPAC and CEPH comparisons dated 2006.) For example, both require self-studies, written self-study reports, external review and on-site visits, and CEPH programs that include a Social and Behavioral Sciences emphasis are based on health education competencies and responsibilities. However, CEPH would need to develop its own UGCHE program criteria, policies, and procedures, which will be published for public review and comment and will address all five (5) core areas of public health.

8. Will undergraduate community health education programs need to revise their curriculum to address core knowledge areas basic to public health?

The five (5) core knowledge areas of public health include social and behavioral sciences, health services administration, environmental health sciences, epidemiology, and biostatistics. Because these five areas are considered basic to public health and must be addressed by CEPH accredited programs, all UGCHE programs will need to assure that these topics are addressed within the curriculum. Some programs may already cover these knowledge areas. For other programs, some modifications to existing courses may be required or new courses may need to be developed. CEPH is expected to provide guidelines on acceptable levels of content in these core knowledge areas.

9. Will CEPH accredit health education teacher preparation (i.e., school health education) programs?

No. The National Task Force on Accreditation in Health Education recommended the National Commission for Accreditation in Teacher Education (NCATE) is the preferred accrediting body for school health education programs at both the undergraduate and graduate levels. Recently, NCATE has been working with the Teacher Education and Accreditation Council (TEAC) to create a single set of standards. For additional information, see <http://www.ncate.org/standard/programstds.htm>.

10. What costs are associated with obtaining SABPAC approval and CEPH accreditation?

There are three primary costs associated with SABPAC approval: 1) the application fee (\$1,000), 2) the site visit expenses (~\$2,500), and 3) a five-year renewal of approval fee (\$1,500). The expenses of CEPH accreditation can be found at the CEPH website (www.ceph.org). It is anticipated that the costs associated with CEPH accreditation will be higher than those associated with SABPAC program approval, given the level of full-time staff involvement and necessary infrastructure that accompanies accrediting bodies.

11. What will happen to small UGCHE programs once the profession moves to accreditation?

Small programs will not necessarily be at a disadvantage when accreditation becomes the quality assurance mechanism for professional preparation. Programs that are able to align their resources and activities with profession-wide standards and accrediting guidelines will be strong

candidates for accreditation, whether they are large or small, urban or rural, associated with MPH programs or not. Similarly, programs that do not embrace profession-wide standards in their instructional programs, do not show evidence of established program outcome measures and assessment methods, and do not engage in ongoing planning and evaluation will have difficulty earning accreditation. The Transition Task Force is sensitive to the concerns of small programs and very aware of their long history of quality preparation of community health educators. The Task Force's aim is to support that tradition through the added credibility and influence of accreditation.

12. How can I find out more about national developments in accreditation in health education?

To keep updated on the continued progress and developments related to implementing the new system for health education accreditation, see www.healthedaccred.org. The site provides news, background documents, and announcements of upcoming meetings and other presentations where you can learn more. It also provides a mechanism to ask questions, make comments, and see what others are saying about this historic and important step in the profession of health education.

13. Is this movement in health education to strengthen quality assurance consistent with other trends in higher education?

In general, there is increasing public demand for accountability and quality assurance in higher education. Accreditation is a means of conducting non-governmental, peer evaluation of educational institutions and programs to ensure a basic level of quality. According to the U.S. Department of Education, accreditation benefits the institution, current and prospective students, and the public by providing the following functions: a) verifying that an institution or program meets established standards; b) assisting prospective students in identifying acceptable institutions; c) assisting institutions in determining the acceptability of transfer credits; d) helping to identify institutions and programs for the investment of public and private funds; e) protecting an institution against harmful internal and external pressure; f) creating goals for self-improvement of weaker programs and stimulating a general raising of standards among educational institutions; g) involving the faculty and staff comprehensively in institutional evaluation and planning; h) establishing criteria for professional certification and licensure and for upgrading courses offering such preparation; and i) providing one of several considerations used as a basis for determining eligibility for Federal assistance.