MASTER OF PUBLIC HEALTH PROGRAM
SELF STUDY

To improve population health in North Dakota, the Northern Plains and beyond.

Prepared for the Council on Education for Public Health

April 2021

UND | **SCHOOL OF MEDICINE & HEALTH SCIENCES**
UNIVERSITY OF NORTH DAKOTA

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Abbreviations

APEx	Applied Practice Experience
ASPPH	Association of Schools and Programs of Public Health
BCBSND	Blue Cross Blue Shield of North Dakota
CAB	Community Advisory Board
CDC	Centers for Disease Control and Prevention
CEPH	Council on Education for Public Health
CHES/MCHES	Certified Health Education Specialist/Mastered Certified Health Education Specialist
CLL	Chronic Lymphocytic Leukemia
CoBPA	College of Business and Public Administration
COBRE	Centers for Biomedical Research Excellence
CPH	Certified in Public Health
CPT	Committee on Promotion and Tenure
CRH	Center for Rural Health
CVIC	Community Violence Intervention Center
DaCCoTA	Dakota Cancer Collaborative on Translational Activity
DFCM	Department of Family and Community Medicine
DPH	Department of Population Health
F&A Costs	Facilities and Administration Costs
FQHCs	Federally Qualified Health Centers
GA	Graduate Assistant
GFPHD	Grand Forks Public Health Department
HLC	Higher Learning Commission
HRSA	Health Resources and Services Administration
ILE	Integrative Learning Experience
ILL	Interlibrary Loan
INMED	Indians into Medicine
IR	Information Resources
MIRA	Model for Incentive-based Resource Allocation
MOU	Memorandum of Understanding
MPA	Master of Public Administration
MPH	Master of Public Health
NDMPH	North Dakota Master of Public Health
NDPHA	North Dakota Public Health Association
NDSU	North Dakota State University
NDSCR	North Dakota Statewide Cancer Registry
NDUS	North Dakota University System
PHP	Public Health Program
RCM	Responsibility Centered Management
RIAS	Research Institute for Autonomous Systems

SAS	Statistical Analysis Software
SBHE	North Dakota State Board of Higher Education
SELFI	Student Evaluation of Learning and Feedback for Instructors
SGS	School of Graduate Studies
SIT	Student in Transition
SMHS	School of Medicine and Health Sciences
SOPHAS	Schools of Public Health Application Service
SPSS	Statistical Package for the Social Services
TAB	Tribal Advisory Board
TLAS	Teaching, Learning, and Scholarship
TTaDA	Teaching Transformation and Development Academy
UND	University of North Dakota
UIT	University Information Technology
WICHE	Western Interstate Commission for Higher Education

Introduction

1) **Describe the institutional environment, which includes the following:**

   a. year institution was established and its type (eg, private, public, land-grant, etc.)

   The University of North Dakota (UND), located in Grand Forks, North Dakota, is a public 550-acre institution that was founded in 1883, six years before the state of North Dakota was established. The flagship university is the largest in the state and is one of eleven campuses in the North Dakota University System (NDUS).

   b. number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

   The University houses nine colleges that are comprised of nearly 10,000 undergraduate students, and over 3,300 graduate students. The colleges at UND include: Aerospace, Arts and Sciences, Business and Public Administration, Education and Human Development, Engineering and Mines, Graduate Studies, Law, Medicine and Health Sciences, and Nursing and Professional Disciplines. The institution offers more than 250 academic programs and certificates including 88 bachelor's degrees, 140 graduate degrees and certificate programs, 83 master's degrees, 37 doctoral degrees, and 13 professional preparation degrees. UND is the only institution in the state to offer both law and medical professional degrees.

   c. number of university faculty, staff and students

   As of Fall 2020, UND employed 1,084 faculty members and another 2,483 staff members. As of Fall 2020, 13,615 students are enrolled at the University, specifically 9,796 undergraduate students, 3,304 graduate students, 296 medical students, and 219 law students.

   d. brief statement of distinguishing university facts and characteristics

   As the state's oldest and largest university, UND has a long and remarkable history, which officially began in 1883 when the region was still a part of the Dakota Territory. The territory and state was named after Dakota Indians, one of the tribes that has inhabited this region for thousands of years. The origins of the University demonstrate the long-standing commitment of the immigrants who settled in North Dakota to education, research, and service, a commitment that has persisted through today and has served the state well. Unlike most state institutions of higher education west of the Mississippi, UND did not begin as an agricultural school or only as a teacher's college. Organized initially as a College of Arts and Sciences, with a Normal School for the education of teachers, UND soon evolved into a full-fledged multi-purpose university. Instruction of graduate students (the first master's degree was awarded in 1895) and the conducting of research were under way before the end of the 19th century. Located in Grand Forks, ND, UND consistently ranks among the best for educational quality and affordability, with a 13% lower tuition rate than similar institutions in the 11-state region. As of Fall 2020, the university has seen a 38% increase in 4-year graduation rate over a 3-year span, attributing to the 150,000 plus UND alumni family helping improve the nation.

e. names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds

Since 1913, UND is fully accredited by the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools. In addition, the institution responds to more than 30 accrediting bodies throughout the nine colleges. These accrediting agencies are listed alphabetically in ERF Introduction.

f. brief history and evolution of the public health program (PHP) and related organizational elements, if applicable (eg, date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

By the mid-2000s, North Dakota was one of the few states that did not have a Master of Public Health (MPH) program. North Dakota's public health community, led by Dr. Terry Dwelle, the State Health Officer, and the two research universities - UND and North Dakota State University (NDSU) - realized the need for public health training in the State and began the process of developing support for this initiative. At UND, Dr. Joshua Wynne, Vice President for Health Affairs and Dean of the School of Medicine and Health Sciences (SMHS), championed the effort. At NDSU, Dr. Charles Peterson, Dean of the College of Health Professions, was the initiative's advocate. The goal was to prepare public health professionals who could effectively and inter-professionally meet the needs of the State.

Under the leadership of Dr. Gwen Halaas, former Senior Associate Dean for Education in the SMHS, the MPH Committee hired the Founding Director, Raymond Goldsteen; developed the first core courses to be taught by UND faculty; marketed the Program and admitted the first class of students. Dr. Goldsteen assumed the position of director in April 2012. Initial enrollment into the UND MPH Program began in Fall 2012, with 11 students from various backgrounds including kinesiology, biology, pre-medicine, and sociology.

At the inception of the program there were five proposed UND specializations: Rural Environmental Health, Health Management and Policy, Rural Health and Health Care, Cultural Aspects of Health, and A Healthy Society. These were later finalized to Population Health Research and Evaluation, and Health Management and Policy. Population Health Research and Evaluation was eventually coined Population Health Analytics, and again changed in 2019 to Population Health Research and Analytics. The decision to select Population Health Research and Analytics and Health Management and Policy, and drop Rural Health and Health Care, Cultural Aspects of Health, and A Healthy Society was based on five goals: (1) provide MPH graduates with marketable skills; (2) graduate MPH students who can practice in either rural or non-rural areas of the State and nation; (3) meet the public health workforce needs in the State; (4) develop UND specializations that do not duplicate those of NDSU ; and (5) develop UND specializations that are clearly distinct from each other.

The MPH Program at UND has changed significantly since its inception. In 2016, UND received its first full accreditation by the Council on Education for Public Health (CEPH). In fall 2016, The MPH program moved into the newly constructed UND SMHS building. Additional changes occurred when the current Program Director joined in 2018. Several faculty lines were added, and the curriculum was revised to reflect the 2016 updates to CEPH competencies. In fall 2019,

a third specialization was added in Indigenous Health. As the Program has evolved, it has seen an increase in student enrollment and externally funded research.

2) Organizational charts that clearly depict the following related to the program:

a. the program's internal organization, including the reporting lines to the dean/director

See Figure Intro 1-1 for the MPH Program's internal organization. This organizational chart is also located in ERF Introduction.

Figure Intro 1-1

b. the relationship between program and other academic units within the institution. Ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines

See Figure Intro 1-2 and Figure Intro 1-3 for the relationship between the MPH Program and other academic units within the SMHS and UND. These organizational charts are also located in ERF Introduction.
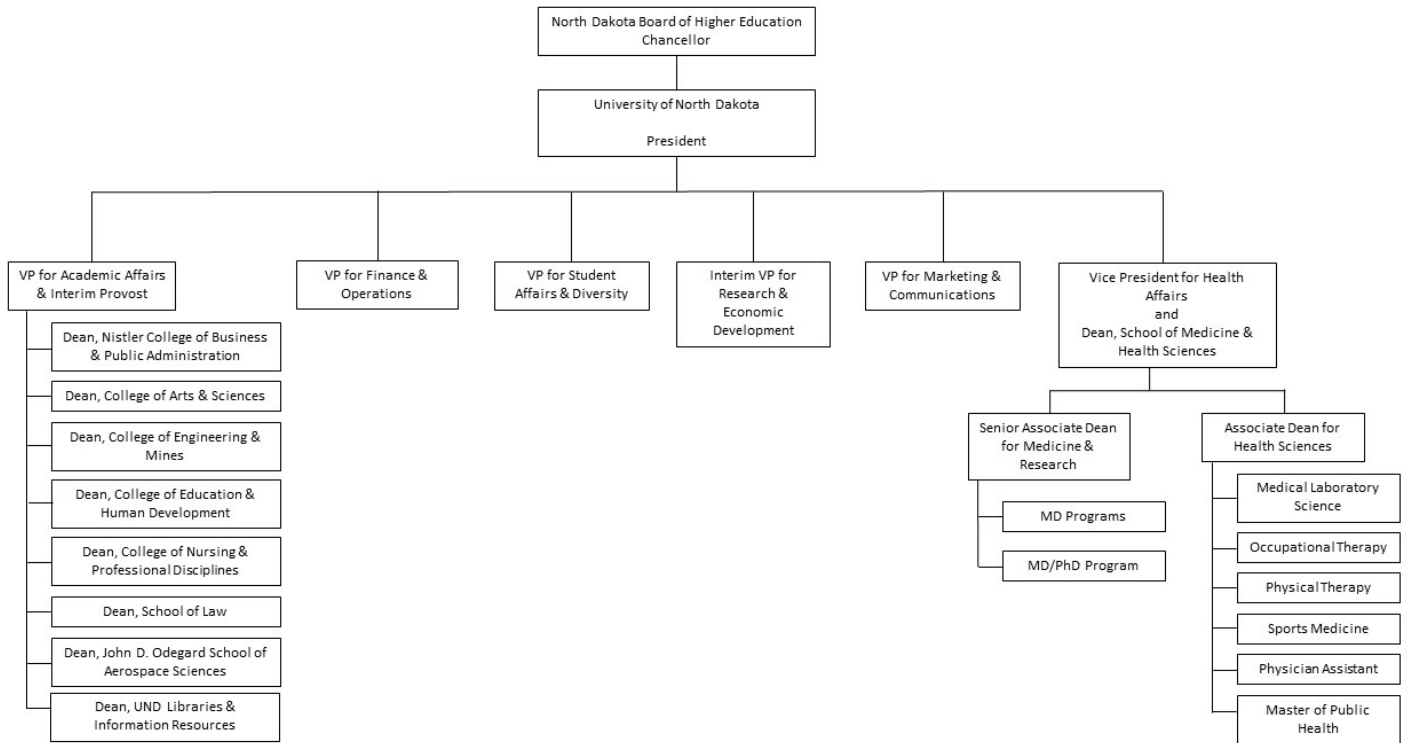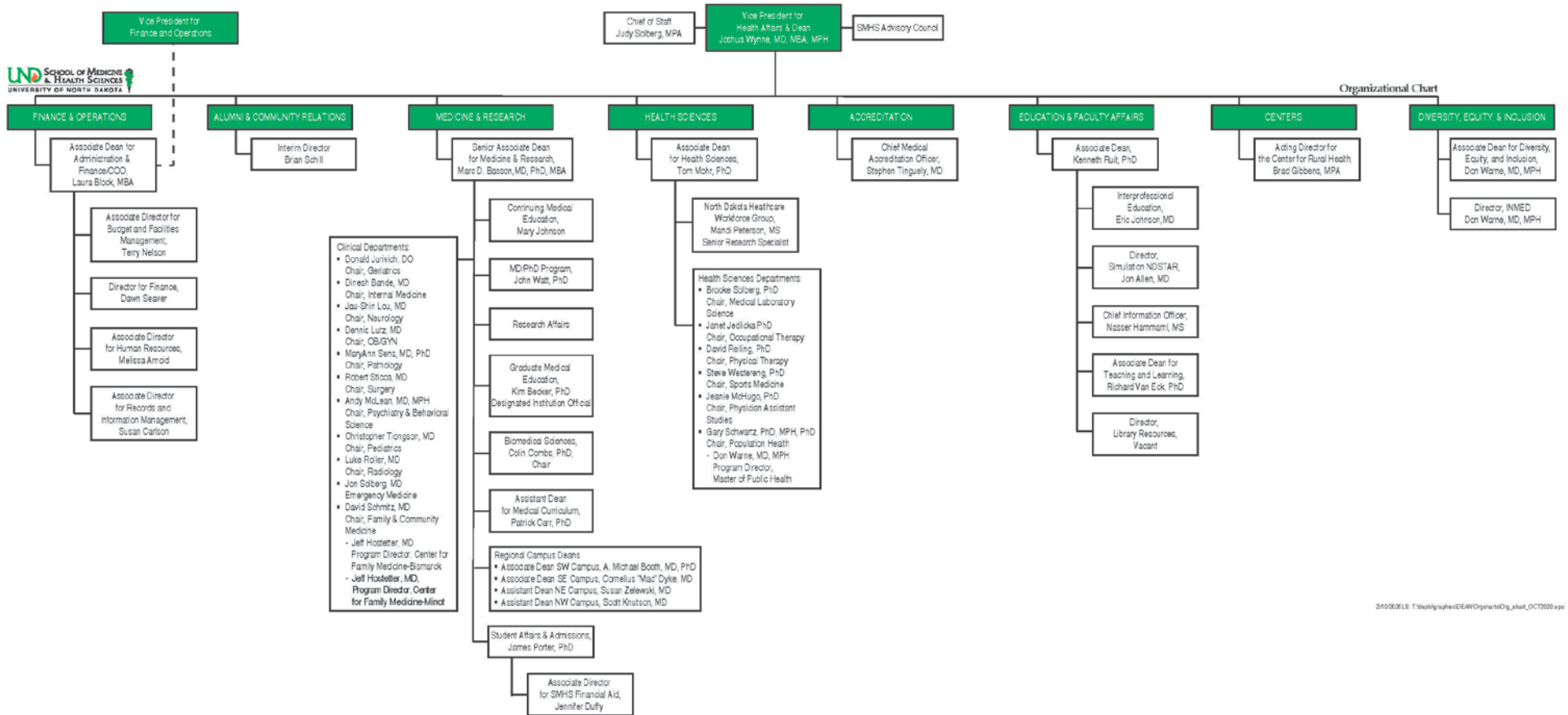
Figure Intro 1-2

Figure Intro 1-3

Organizational Chart

UND School of Medicine & Health Sciences, University of North Dakota

Chief of Staff — Judy Solberg, MPA
Vice President for Health Affairs & Dean — Joshua Wynne, MD, MBA, MPH
SMHS Advisory Council
Vice President for Finance and Operations

FINANCE & OPERATIONS
- Associate Dean for Administration & Finance/COO, Laura Block, MBA
  - Associate Director for Budget and Facilities Management, Terry Nelson
  - Director for Finance, Dawn Searer
  - Associate Director for Human Resources, Melissa Arnold
  - Associate Director for Records and Information Management, Susan Carlson

ALUMNI & COMMUNITY RELATIONS
- Interim Director, Brian Schill

MEDICINE & RESEARCH
- Senior Associate Dean for Medicine & Research, Marc D. Basson, MD, PhD, MBA
  - Clinical Departments:
    - Donald Jurivich, DO — Chair, Geriatrics
    - Dinesh Bande, MD — Chair, Internal Medicine
    - Jau-Shin Lou, MD — Chair, Neurology
    - Dennis Lutz, MD — Chair, OB/GYN
    - MaryAnn Sens, MD, PhD — Chair, Pathology
    - Robert Sticca, MD — Chair, Surgery
    - Andy McLean, MD, MPH — Chair, Psychiatry & Behavioral Science
    - Christopher Tiongson, MD — Chair, Pediatrics
    - Luke Roller, MD — Chair, Radiology
    - Jon Solberg, MD — Emergency Medicine
    - David Schmitz, MD — Chair, Family & Community Medicine
      - Jeff Hostetter, MD — Program Director, Center for Family Medicine-Bismarck
      - Jeff Hostetter, MD, Program Director, Center for Family Medicine-Minot
  - Continuing Medical Education, Mary Johnson
  - MD/PhD Program, John Watt, PhD
  - Research Affairs
  - Graduate Medical Education, Kim Becker, PhD — Designated Institution Official
  - Biomedical Sciences, Colin Combs, PhD, Chair
  - Assistant Dean for Medical Curriculum, Patrick Carr, PhD
  - Regional Campus Deans:
    - Associate Dean SW Campus, A. Michael Booth, MD, PhD
    - Associate Dean SE Campus, Cornelius "Mac" Dyke, MD
    - Assistant Dean NE Campus, Susan Zelewski, MD
    - Assistant Dean NW Campus, Scott Knutson, MD
  - Student Affairs & Admissions, James Porter, PhD
    - Associate Director for SMHS Financial Aid, Jennifer Duffy

HEALTH SCIENCES
- Associate Dean for Health Sciences, Tom Mohr, PhD
  - North Dakota Healthcare Workforce Group, Mandi Peterson, MS — Senior Research Specialist
  - Health Sciences Departments:
    - Brooke Solberg, PhD — Chair, Medical Laboratory Science
    - Janet Jedlicka, PhD — Chair, Occupational Therapy
    - David Relling, PhD — Chair, Physical Therapy
    - Steve Westereng, PhD — Chair, Sports Medicine
    - Jeanie McHugo, PhD — Chair, Physician Assistant Studies
    - Gary Schwartz, PhD, MPH, PhD — Chair, Population Health
      - Don Warne, MD, MPH — Program Director, Master of Public Health

ACCREDITATION
- Chief Medical Accreditation Officer, Stephen Tinguely, MD

EDUCATION & FACULTY AFFAIRS
- Associate Dean, Kenneth Ruit, PhD
  - Interprofessional Education, Eric Johnson, MD
  - Director, Simulation NDSTAR, Jon Allen, MD
  - Chief Information Officer, Nasser Hammami, MS
  - Associate Dean for Teaching and Learning, Richard Van Eck, PhD
  - Director, Library Resources, Vacant

CENTERS
- Acting Director for the Center for Rural Health, Brad Gibbens, MPA

DIVERSITY, EQUITY, & INCLUSION
- Associate Dean for Diversity, Equity, and Inclusion, Don Warne, MD, MPH
  - Director, INMED, Don Warne, MD, MPH

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c. the lines of authority from the program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (eg, reporting to the president through the provost)

See Figure Intro 1-4 for the lines of authority from the MPH Program Director to the University System Chancellor. This organizational chart is also located in ERF Introduction.

Figure Intro 1-4
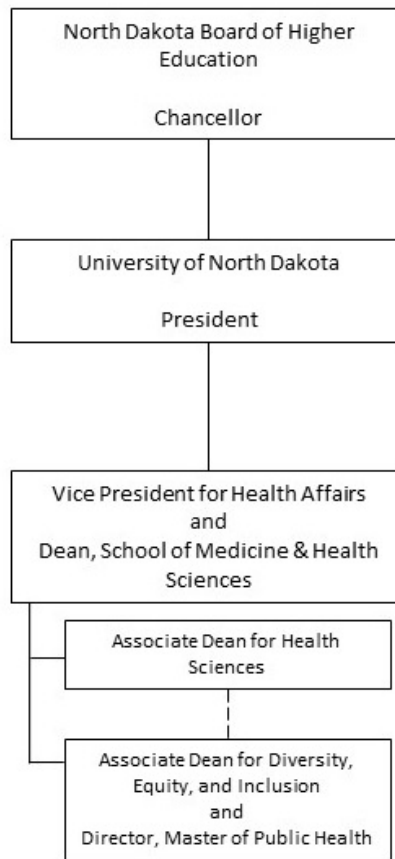
d. for multi-partner programs (as defined in Criterion A2), organizational charts must depict all participating institutions

Not Applicable

3) **An instructional matrix presenting all of the program's degree programs and concentrations including bachelor's, master's and doctoral degrees, as appropriate. Present data in the format of Template Intro-1.**

Template Intro-1

Concentration		Academic	Professional	Categorized as public health*	Campus based	Distance based
Master's Degrees		**Academic**	**Professional**			
Indigenous Health			MPH	X	MPH	MPH
Health Management & Policy			MPH	X	MPH	MPH
Population Health Research & Analytics			MPH	X	MPH	MPH
Accelerated Degree		**Academic**	**Professional**			
2nd Degree Area	**Public Health Concentration**					
4+1 Accelerated	Generalist BS; any MPH Concentration		BS-MPH	X	MPH	MPH

4) **Enrollment data for all of the program's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2.**

Template Intro-2. Master's Enrollment 2020-2021

Degree		Current Enrollment
Master's		
	MPH – Indigenous Health	20
	MPH – Health Management & Policy	24
	MPH – Population Health Research & Analytics	21
	MPH – 4+1 Accelerated	4

A1. Organization and Administrative Processes

The program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The program establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

The program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (eg, participating in instructional workshops, engaging in program specific curriculum development and oversight).

1) List the program's standing and significant ad hoc committees. For each, indicate the formula for membership (eg, two appointed faculty members from each concentration) and list the current members.

Table A1-1

MPH Faculty Council (meets monthly)	
Charge	- To review, discuss, and advise the director on all major policies governing the MPH Program, strategic planning, and resource allocation. - To develop, review, discuss, and approve academic policies and procedures including curriculum, admission, advising, and student performance. - To review and approve MPH Curriculum Committee recommendations. - To create ad hoc committees, as needed. - To develop and implement evaluation procedures that assess Program performance and to develop programmatic remediation responses, if necessary.
Composition	- MPH Director (chair) - All MPH Core Faculty members - MPH Affiliated Faculty members who teach MPH core courses - MPH Program Manager (*ex officio*) - MPH Program Assistant (*ex officio*)
Members	- Donald Warne, MD, MPH (Core Faculty) - Melanie Nadeau, PhD, MPH (Core Faculty) - Cristina Oancea, PhD, MS (Core Faculty) - Laura Hand, PhD, MPP (Core Faculty) - Andrew Williams, PhD, MPH (Core Faculty) - Amber Lyon-Colbert, PhD, MS (Core Faculty) - Siobhan Wescott, MD, MPH (Core Faculty) - Nicole Redvers, ND, MPH (Core Faculty) - Ursula Running Bear, PhD, MA (Core Faculty) - Clint Hosford, PhD (Affiliated Faculty) - Corey Smith, PhD (Affiliated Faculty) - Todd Sabato, PhD, MA (Affiliated Faculty) - Tanis Walch, PhD, MPH (Affiliated Faculty)

| | • Ashley Evenson, MPH (Program Manager) |
| | • Zauna Synnott (Program Assistant) |

MPH Admissions Committee (meets ad-hoc)

Charge	• To review completed applications and recommend for admission applicants with the potential to complete the MPH Program successfully and contribute significantly to the field of public health.
	• To review admission criteria regularly to ensure that they support the Program's mission, values, and goals and make recommendations for revision to the MPH Faculty Council.
	• Recommendations are made to the director.
Composition	• Two members the MPH Core Faculty from each specialization, MPH Program Manager (*ex officio*)
	• MPH Director appoints the Committee's faculty members
	• The chair is elected by the Committee membership.
Members	• Donald Warne, MD, MPH (Core Faculty)
	• Melanie Nadeau, PhD, MPH (Chair, Core Faculty)
	• Andrew Williams, PhD, MPH (Core Faculty)
	• Cristina Oancea, PhD, MS (Core Faculty)
	• Ursula Running Bear, PhD, MA (Core Faculty)
	• Nicole Redvers, ND, MPH (Core Faculty)
	• Amber Lyon-Colbert, PhD, MS (Core Faculty)
	• Laura Hand, PhD, MPP (Core Faculty)
	• Ashley Evenson, MPH (Program Manager)

MPH Evaluation Committee (meets quarterly)

Charge	• To develop, collect, maintain, and analyze the data needed for MPH Program evaluation.
	• To prepare routine Program Evaluation Reports and provide them to the MPH Faculty Council for review and distribution to stakeholders.
	• To prepare ad hoc reports as requested by the MPH Faculty Council.
	• To summarize stakeholders' responses to the Program Evaluation Reports and provide this information to the MPH Faculty Council for review.
Composition	• MPH Director
	• MPH Core Faculty Member (chair)
	• MPH Program Manager
	• MPH Graduate Assistant
	• MPH student (nomination followed by student vote)
	• MPH Director appoints the MPH Core Faculty Member (chair)
Members	• Donald Warne, MD, MPH (Core Faculty)
	• Melanie Nadeau, PhD, MPH (Chair, Core Faculty)
	• Ashley Evenson, MPH (Program Manager)
	• Nicole Benson (MPH Graduate Assistant)
	• Carmelita Shouldis (MPH student)

NDMPH Coordinating Council (meets quarterly)	
Charge	• To coordinate the UND and NDSU MPH Programs for the purpose of ensuring quality public health training in North Dakota. • To ensure non-duplication of specializations, collaboration between the programs, as appropriate, and adherence to the same tuition policies.

Composition	• UND
	  o Vice President for Health Affairs/Dean of the SMHS (co-chair)
	  o Associate Dean of Education and Faculty Affairs at SMHS
	  o Associate Dean of School of Graduate Studies (SGS)
	  o MPH Director
	• NDSU
	  o Dean of the College of Health Sciences (co-chair)
	  o Professor of the Department of Pharmacy Practice
	  o Interim Dean of the College of Graduate & Interdisciplinary Studies
	  o MPH Director

Members	• UND
	  o Joshua Wynne, MD, MBA, MPH (co-chair)
	  o Kenneth Ruit, PhD
	  o Chris Nelson, PhD
	  o Donald Warne, MD, MPH
	• NDSU
	  o Charles Peterson, Pharm D (co-chair)
	  o Donald Miller, Pharm D
	  o Ben Duncan, PhD
	  o Pamela Jo Johnson, PhD, MPH

Faculty Accreditation Committee (Ad hoc)	
Charge	• To develop the MPH Program's mission, vision, and values statements. • To develop the Program's goals, measurable objectives, indicators, and targets. • To develop the Core and Specialization competencies. • To determine diversity measures specific to the MPH Program.
Composition	• MPH Director • All MPH Core Faculty members • MPH Affiliated Faculty members who regularly teach a Core course • MPH Program Assistant (*ex officio*) • MPH Program Manager (*ex officio* and facilitator)
Members	• Donald Warne, MD, MPH (Core Faculty) • Ashley Evenson, MPH (Program Manager and facilitator) • Melanie Nadeau, PhD, MPH (Core Faculty) • Cristina Oancea, PhD, MS (Core Faculty) • Laura Hand, PhD, MPP (Core Faculty) • Andrew Williams, PhD, MPH (Core Faculty) • Amber Lyon-Colbert, PhD, MS (Core Faculty) • Siobhan Wescott, MD, MPH (Core Faculty) • Nicole Redvers, ND, MPH (Core Faculty) • Ursula Running Bear, PhD, MA (Core Faculty)

	• Nicole Benson (MPH Student)
Self-Study Sub-Committee (Ad hoc)	
Charge	• To participate in gathering and organizing required data and information, writing the Self-Study document, and reviewing the Self-Study document. • Recommendations were made to the Faculty Accreditation Committee.
Composition	• MPH Director • MPH Program Manager • Four MPH Core Faculty members • Two MPH Graduate Assistants
Members	• Donald Warne, MD, MPH (Core Faculty) • Ashley Evenson, MPH (Program Manager) • Melanie Nadeau, PhD, MPH (Core Faculty) • Andrew Williams, PhD, MPH (Core Faculty) • Cristina Oancea, PhD, MS (Core Faculty) • Amber Lyon-Colbert, PhD, MS (Core Faculty) • Connor McCarty (MPH Graduate Assistant) • Nicole Benson (MPH Graduate Assistant)
MPH Community Advisory Board (meets biannually)	
Charge	• To promote program accountability. • To assess program effectiveness for communities and future employers. • To promote collaboration with communities and community organizations. • To facilitate business and public partnerships. • To identify population health priorities in North Dakota and the Northern Plains. • To advocate for resources to support our mission and goals. • To support program efforts to increase endowment. • Recommendations are made to the MPH Director.
Composition	• 12-14 community stakeholders representing public health agencies, community health organizations, North Dakota legislature, health care systems, health care payers, UND health activities, and MPH Alumni (two-year terms) • MPH student representative (one-year term, nomination followed by student vote) • MPH Director (*ex officio*) • SMHS Associate Dean for Education & Faculty Affairs (*ex officio*) • MPH Director invites members to serve on the Board • MPH Director appoints the Board's chair from a list of volunteers
Members	• Grace Njau, MPH (Director Division of Special Projects & Health Analytics, North Dakota Department of Health) • Terry Dwelle, MD, MPHTM, CPH (Public Health Community Member) • Judy Lee, BS (Senator, North Dakota Legislature) • Gretchen Dobervich, BSW (Representative, North Dakota Legislature) • Dave Molmen, MPH (Chief Executive Officer, Altru Health System)

	• Pete Seljevold, MS, MM (Program Administrator, Blue Cross Blue Shield of North Dakota Worksite Wellness) • Karina Knutson, MPH (Associate Director, UND Wellness Promotion) • Debbie Swanson, MS, RN (Director, Grand Forks Health Department) • Julie Ferry, RN (Nurse Administrator, Nelson-Griggs District Health Unit) • Allen Anderson, RD, LRD (Family Heath Team Leader, Grand Forks Public Health Department) • Kylie Overson, JD (Community Member) • James Roemmich, PhD (Center Director, Grand Forks Human Nutrition Research Center) • Mara Jiran, MPH (Chief Executive Officer, Spectra Health) • Molly Soeby, MPA (Family & Community Wellness, Grand Forks County Extension Service) • Alison Traynor, BSW, MPH (MPH Alumna) • Zachary Hoggarth, MPH (MPH Alumnus) • Andria Spaeth, MBA (MPH Student) • Donald Warne, MD, MPH (MPH Director, *ex officio*) • Kenneth Ruit, PhD (SMHS Associate Dean for Education & Faculty Affairs, *ex officio*)
Former MPH Curriculum Committee	
Charge	• To review and approve changes to the MPH curriculum, including addition, deletion, and revision of courses and specializations, for the purpose of ensuring that the curriculum is supporting the Program's mission, values, goals, objectives, and competencies. • To ensure that the University curriculum committee process for approval of changes is followed. • Recommendations are made to the MPH Faculty Council.
Composition	• Three members of the MPH Core Faculty members • Two members of the MPH Affiliated Faculty (two year term beginning in AY 2015-16) • One MPH student from each specialization (one year term beginning in AY 2015-16) • MPH Program Assistant (*ex officio*) • MPH Director appoints the Committee's faculty members. • MPH students elect student members of the Committee. • The chair is elected by the Committee membership.
Members	• Arielle Selya, PhD, MS (Chair, former faculty) • Laura Hand, PhD, MPP (Core Faculty) • Cristina Oancea, PhD, MS (Core Faculty) • Kurt Zhang, PhD (Affiliated Faculty) • Ian Watson, MPH, MURP (Affiliated Faculty) • Yvonne Jonk, PhD (former faculty) • Tyler Looysen, MPH (former MPH student, Analytics) • Drake Anshutz, MPH (former MPH student, Management and Policy) • Zauna Synnott (Program Assistant)

2) Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:

a. degree requirements

Development of degree requirements, academic standards and policies for the Program are the responsibility of the MPH Faculty Council. The Faculty Council and Program Director regularly review degree and curriculum requirements to ensure that the Program is meeting University and CEPH degree requirement standards. Any revisions are proposed to the Faculty Council and a decision is made by vote. Once degree requirement changes are approved by the Council, they must be approved through the University's curriculum committee process, which requires approval by the SMHS Curriculum Committee, the SMHS Associate Dean for Education & Faculty Affairs, the SGS Curriculum Committee and Associate Dean, the University Curriculum Committee, and the University Senate. Depending upon the magnitude of standards and policies or degree requirement changes sought, participation and advisement is sought from students and a wide range of stakeholders within the SMHS, the larger University, and external to the University. Table A-2 represents the SMHS Biomedical & Health Science Curriculum Committee, which approves MPH degree requirement changes.

b. curriculum design

Initial curriculum development was the responsibility of the MPH Curriculum Committee, which made recommendations to the MPH Faculty Council. In Spring 2019, the MPH Curriculum Committee was dissolved, and curriculum design discussion was moved to the Faculty Council. The last major curriculum revision was implemented in Fall 2019. Once curriculum changes are approved by the Council, they must be approved through the University's curriculum committee process, which requires approval by the SMHS Curriculum Committee, the SMHS Associate Dean for Education & Faculty Affairs, the SGS Curriculum Committee and Associate Dean, the University Curriculum Committee, and the University Senate. Depending upon the magnitude of standards and policies or curriculum changes sought, participation and advisement is sought from students and a wide range of stakeholders within the SMHS, the larger University, and external to the University. Table A1-2 represents the SMHS Biomedical & Health Science Curriculum Committee, which approves MPH curriculum changes.

Table A1-2

SMHS Biomedical & Health Science Curriculum Committee	
Charge	To review and approve new courses, course deletions, course changes, title of degree changes, changes in program requirements, requests for program suspension or termination, and requests for new academic programs in the Health Sciences.
Composition	Consists of five members of the Health Sciences faculty, two members of the Basic Sciences faculty, and three Health Sciences students
Members	Jamie Foster, Scott Garrett, Amanda Haage, Zachary Lunak, Jeanie McHugo, Sarah Nielsen, Sam Peterson, Cody Boyle (BS Student), Kerry Hoffman (HS Student), Danielle Germundson (Clinical & Translational Sciences Student), Kenneth Ruit (Advisory), Thomas Mohr (Advisory)

c. student assessment policies and processes

Student assessment policies and processes are reviewed and discussed by the MPH Faculty Council. All policies and processes are in compliance with University standards. The Faculty Council is the final approver.

d. admissions policies and/or decisions

The MPH Faculty Council makes decisions on admissions policies. The Faculty Council develops and revises admissions criteria. Any changes are reviewed through the University's curriculum committee process, which requires approval by the SMHS Curriculum Committee, the SMHS Dean for Education & Faculty Affairs, the SGS Curriculum Committee and Associate Dean, the University Curriculum Committee, and the University Senate.

The MPH Admissions Committee makes admissions decisions. The MPH Admissions Committee upholds admissions standards by making recommendations for admission to the MPH Director, based on review of completed applications. If there is a discrepancy in recommendation for admission, the Program Director reviews and makes the final decision. The SGS acts upon the admission decisions of the MPH Program and notifies applicants officially of such. The SGS awards degrees based on records maintained by the School and information submitted by the MPH Program.

e. faculty recruitment and promotion

Faculty recruitment is the responsibility of the Program Director, with participation and advisement from the Faculty Council. When a faculty search is requested by the Director and authorized by the SMHS administration, a search committee is developed by the MPH Director according to University and SMHS policies and procedures. Recruitment follows the prescribed processes including Affirmative Action (See http://und.edu/university-senate/faculty-handbook/). Responsibility for faculty retention is shared by the Program Director, Assistant Director and Faculty Council. Faculty are connected to all research and teaching resources offered at the University and the SMHS. This facilitates a supportive professional environment for all faculty. Faculty promotion and tenure are the responsibility of the Program Director and Assistant Director, in consultation with SMHS Administration, including the Department of Population Health (DPH) Chair. The Director and Assistant Director monitor, counsel, and evaluate faculty on their performance. The criteria for promotion and tenure are developed at the departmental level and must be consistent with the SMHS Guidelines on Evaluation, Promotion, and Tenure (See ERF E3). The process for performance evaluation begins at the program level and proceeds through the departmental Committee on Promotion & Tenure (CPT), the SMHS CPT (for some reviews), and the SMHS Associate Dean for Education & Faculty Affairs.

Table A1-3

SMHS Committee on Promotion and Tenure	
Charge	To develop policy and procedure in the form of CPT Guidelines for conducting periodic performance reviews and recommendations for promotion and tenure of faculty in the SMHS. Policies are based upon guidance from the University Faculty Handbook. To ensure that every department develops promotion and tenure guidelines consistent with the SMHS CPT Guidelines. To ensure that all faculty members have the right to challenge recommendations regarding promotion and/or tenure following the procedure specified in UND's Faculty Handbook. Recommendations are made to the Faculty Academic Council.
Composition	Three members of the Scientist Scholar faculty, three members of the Clinician Scholar faculty, and three members of the Educator Scholar faculty
Members	Roxanne Vaughan, Keith Henry, Catherine Brissette, Eric Johnson, Rick Clarens, Vacant Clinician faculty, Anne Haskins, Sarah Sletten, Mark Romanick, Kenneth Ruit (Advisory)

f.   research and service activities

The broad guidelines for faculty research and service expectations and policies are developed by departmental promotion and tenure committees. The departmental guidelines are refined and made more specific by the Program Director, with participation and advisement from the Faculty Council.

g.   A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the program.

The rights and obligations of administrators and faculty for the MPH Program are those of the SMHS (see the UND SMHS Bylaws at https://med.und.edu/education-faculty-affairs/_files/docs/bylaws.pdf).

h.   Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

Faculty contribute to decision-making activities in the broader institutional setting as active members of school and University committees. Program staff members are also active in University wide roles, including Staff Senate and HLC Accreditation co-lead. Table A1-4 provides a sample listing of MPH faculty involvement on School- and University-level committees.

Table A1-4

School and University Committee Membership by Primary Faculty, 2017 - 2020					
Faculty Member	**Committee**	**Role**	**2017-18**	**2018-19**	**2019-20**
D. Warne	SMHS Executive Council	Member		X	X
D. Warne	UND Diversity, Equity and Inclusion Task Force	Member			X
D. Warne	Undergraduate Medical Education Committee	Member		X	X
D. Warne	SMHS Research Committee	Member		X	X
L. Hand	MPA Steering Committee	Member, Vice-Chair	X	X	X
L. Hand	CoBPA Research Enterprise Strategy Group	Member		X	
L. Hand	UND Senate	Member			X
C. Oancea	UND Senate	Vice-Chair, Chair Elect			X
C. Oancea	UND Senate Budget Committee	Member			X
C. Oancea	UND Senate Library Committee	Member	X	X	X
C. Oancea	SMHS Faculty Academic Council	Member		X	X
M. Nadeau	SMHS Diversity and Inclusion Working Group	Member			X
M. Nadeau	UND Senate Scholarly Activities Committee	Member			X
N. Redvers	SMHS Diversity and Inclusion Working Group	Member			X
N. Redvers	SMHS Research Committee	Member			X
N. Redvers	SMHS Medical Student Academic Performance Committee	Member			X

i. Describe how full-time and part-time faculty regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc.

With a small, but growing, MPH Program, the faculty have many opportunities to interact in a multitude of collaborative ways that facilitate the Program's mission and goals. Nearly all faculty serve on all Program-level committees. During MPH Faculty Council meetings, faculty discuss research and service involvement and opportunities, Promotion & Tenure, evaluation reports, student advisement procedures, Applied Practice Experience (APEx) and Integrative Learning Experience (ILE) procedures, among many other topics.

Documentation of faculty interactions can be found in ERF A1. The documentation includes committee minutes and attendee lists from program events.

j. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program has effective administrative processes that facilitate its ability to fulfill its mission and goals.
- The program has appropriate decision-making structures for all functions and designates committees for decision making and implementation.
- Faculty regularly interact with colleagues and are engaged in ways that benefit the program.

Weaknesses
- With a small faculty, many individuals serve on multiple committees.

Plans for Improvement
- Not applicable

A2. Multi-Partner Programs (applicable ONLY if functioning as a "collaborative unit" as defined in CEPH procedures)

      Not applicable

A3. Student Engagement

Students have formal methods to participate in policy making and decision making within the program, and the program engages students as members on decision-making bodies whenever appropriate.

1) Describe student participation in policy making and decision making at the program level, including identification of all student members of program committees over the last three years, and student organizations involved in program governance.

   Students are members of program-level committees where policy making and decision making occur, including the Community Advisory Board (CAB), Evaluation Committee, former Curriculum Committee, Accreditation Committee, and Student Advisory Board. As appropriate, students attend Faculty Council meetings. In addition, students are always welcome and encouraged to share feedback with the Program Director, Assistant Director, Program Manager and faculty. The Program Director and Manager meet at least once each semester with the Student Advisory Board to discuss concerns, ideas and proposed policy changes. The Student Public Health Association has not formally existed since 2016-2017. Since 2016-2017, the MPH Program has encouraged students to form a student association. In April 2021, the MPH Program surveyed students regarding interest in forming and participating in a Student Public Health Association. Of students that responded (n = 26), 85% (22) indicated interest in joining a Student Public Health Association. Fourteen percent (3) indicated interest in starting a Student Public Health Association. The Program will follow up with students who indicated interest in starting an association to provide support on next steps. MPH faculty and staff encourage new and current students to join committees to deepen their involvement and gain practical experience.

   Students who served on the above-mentioned committees over the last three years are listed below, by academic year. Graduate Assistants are denoted with a GA.

   2017-2018: Drake Anshutz (GA), Ian Watson, Tyler Looysen
   2018-2019: Kshipra Sharma, Anna Ojczyk (GA), Matthew Campion, Ruby Olerud, Andria Spaeth
   2019-2020: Zachary Hoggarth (GA), Andria Spaeth
   Fall 2020:   Amy Hanson, Carmelita Shouldis, Andria Spaeth, Nicole Benson (GA), Connor McCarty (GA)

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

   Strengths
   - The MPH Program has formal methods for student involvement on program committees. Students actively participate and add value to discussions and decision making.
   - The MPH Program has a Student Advisory Board, which allows for regular student participation in development of program policies and procedures.

   Weaknesses
   - Not applicable

Plans for Improvement
- Not applicable

A4. Autonomy for Schools of Public Health

Not applicable

A5. Degree Offerings in Schools of Public Health

Not applicable

B1. Guiding Statements

The program defines a *vision* that describes how the community/world will be different if the program achieves its aims.

The program defines a *mission statement* that identifies what the program will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the program's setting or community and priority population(s).

The program defines *goals* that describe strategies to accomplish the defined mission.

The program defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

1) A one- to three-page document that, at a minimum, presents the program's vision, mission, goals and values.

   The State of North Dakota is a largely rural state with significant health inequities, particularly in American Indian and other underserved populations. Well-trained and community-engaged public health professionals are needed to promote health equity and to improve population health outcomes. Our CAB consists of numerous key stakeholders including elected officials, health system administrators, and community advocates. The CAB provides input into the Program's priorities and ensures that we are addressing community-based public health concerns. The SMHS Dean and the recently hired UND President are avidly supportive of the MPH Program Vision, Mission, and Goals. With specializations in Health Management & Policy, Indigenous Health, and Population Health Research & Analytics, the UND MPH Program strives to enhance population health through the following Vision, Mission, Values, and Goals:

   Vision
   To improve population health in North Dakota, the Northern Plains, and beyond.

   Mission
   To promote health and well-being and develop a culturally aware public health workforce through innovative and collaborative approaches to education, scholarship, and service within local communities, our region and the world.

   Values
   1. Advancing Knowledge: We advance population health knowledge through innovative and collaborative scholarship, education and service.
   2. Social Justice: We foster social responsibility and equity in our students and the communities we serve.
   3. Community Engagement: We develop a cooperative learning and work environment that promotes active participation with the communities we serve.
   4. Professionalism: We promote personal and professional ethics and integrity in all of our endeavors.
   5. Diversity and Inclusion: We create and support environments that are inclusive and rich in diversity.

Goals
1. <u>Student Success</u>: Equip students with professional competencies, broad evidence-based knowledge, and critical thinking skills necessary to excel as public health professionals and leaders.
2. <u>Instruction</u>: Provide high-quality education and promote student-engaged learning through coursework delivered by skilled faculty using interdisciplinary and innovative delivery methods.
3. <u>Scholarship</u>: Evaluate critical public health issues and develop solutions through creative and collaborative local, national, and international research endeavors that reflect our values and those of the communities we serve.
4. <u>Service</u>: Cultivate and support interdisciplinary partnerships that promote health and well-being, and a lifelong passion for learning and leadership through engaged professional and community service.

The Program's Mission, Values, and Goals support our overall Vision to improve population health. As a state university, our top priority is to improve population health in North Dakota. However, our Vision statement transcends the State of North Dakota because we recognize that many of the public health challenges faced in North Dakota are similar to the challenges that other regions encounter, particularly with diverse, rural, underserved, and impoverished communities. We have also assembled a world-class group of faculty members who can serve as public health thought leaders in Indigenous health, rural health policy, and research.

2) If applicable, a program-specific strategic plan or other comparable document.

When the current Program Director was hired in October 2018, there were only three PIF. Although there was not a formal strategic plan, the Program Director worked with the SMHS Dean and existing faculty members to identify potential areas of growth. Based on these discussions, the program moved forward with numerous opportunities to improve and expand programming, including revising the core curriculum to align with CEPH competencies, moving to an online format to engage more students, hiring/replacing faculty lines with well-qualified public health academics, adding a unique and innovative Indigenous Health specialization, creating a "4 + 1" Accelerated Bachelor's to Master's dual degree with the undergraduate Public Health Education program, developing additional dual degrees (e.g., MD/MPH, JD/MPH), joining ASPPH/SOPHAS to expand networking and to engage more potential students, pursuing large-scale research center grants, including NIH-funded Centers for Biomedical Research Excellence (COBRE), etc. See ERF B1 for meeting agendas related to strategic planning.

Through program diversification and expansion, the MPH Program has grown from three PIF in fall 2018 to 10 PIF in fall 2020. Overall student enrollment has more than doubled, and external funding for public health research and programming has grown significantly. The MPH Program is developing a formal strategic plan for the next five-years of programming.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The Program has a clear and defined mission and vision with robust values and goals to enhance the quality of the program. These goals and values have been updated when evaluating the state of the Public Health Program to keep in line with the mission and vision.
- Broad-based input from faculty, staff and CAB in development of vision, mission, values and goals.
- Strong support for our mission and vision from senior administrative leadership, including the SMHS Dean and University President.

Weaknesses
- The MPH Program does not yet have a formal strategic plan.

Plans for Improvement
- In spring 2020, the MPH Program began the process of creating a formal, strategic plan. The Program plans to continue this process in spring 2021, creating a five-year strategic plan (2021-2025).

B2. Graduation Rates

The program collects and analyzes graduation rate data for each degree offered (eg, BS, MPH, MS, PhD, DrPH).

The program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

1) Graduation rate data for each degree in unit of accreditation. See Template B2-1.

Template B2-1

Students in MPH Degree, by Cohorts Entering Between 2013-14 and 2019-20								
*Maximum Time to Graduate: 7 years								
	Cohort of Students	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
2013-14	# Students entered	7						
	# Students withdrew, dropped, etc.	0						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2014-15	# Students continuing at beginning of this school year (or # entering for newest cohort)	7	15					
	# Students withdrew, dropped, etc.	0	1					
	# Students graduated	4	0					
	Cumulative graduation rate	57%	0%					
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	3	14	17				
	# Students withdrew, dropped, etc.	0	0	3				
	# Students graduated	1	8	0				
	Cumulative graduation rate	71%	53%	0%				
2016-17	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	6	14	12			
	# Students withdrew, dropped, etc.	2	0	0	1			
	# Students graduated	0	5	6	0			
	Cumulative graduation rate	71%	87%	35%	0%			
2017-18	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	1	8	11	16		
	# Students withdrew, dropped, etc.	---	0	0	2	2		

Year								
	# Students graduated	---	0	7	4	0		
	Cumulative graduation rate	71%	87%	77%	33%	0%		
2018-19	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	1	1	5	14	15	
	# Students withdrew, dropped, etc.	---	0	0	0	0	1	
	# Students graduated	---	1	1	3	4	0	
	Cumulative graduation rate	71%	93%	82%	58%	25%	0%	
2019-20	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	---	---	2	10	14	29
	# Students withdrew, dropped, etc.	---	---	---	0	1	0	2
	# Students graduated	---	---	---	1	3	7	0
	Cumulative graduation rate	71%	93%	82%	67%	44%	47%	0%

2) Data on doctoral student progression in the format of Template B2-2.

   Not applicable

3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

   The maximum time to graduate in the MPH Program is seven years. The MPH Program has achieved graduation rates of 70% or greater within that timeframe as shown in Template B2-1.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

   Strengths
   - The MPH Program experiences low numbers of students withdrawing.
   - The MPH Program offers flexibility in part- and full-time options and distance/online offerings.

   Weaknesses
   - The MPH Program has limited financial support for students. As a result, students may choose to withdraw or take a leave of absence and never resume enrollment.
   - The MPH Program has limited tutoring support for students in biostatistics or epidemiology. Outside of instructor support, students seek opportunity for one-on-one tutoring.

   Plans for Improvement
   - The MPH Program will continue to seek financial support options for students, including scholarships and graduate assistantship opportunities.

- The MPH Program will evaluate biostatistics and epidemiology tutoring options within and outside the program.
- The MPH Program will explore a student peer mentoring program to enhance and increase retention.
- The MPH Program will explore targeted financial education for prospective and current students, educating on return on investment of cost of MPH degree.
- In coordination with the SGS and all UND graduate programs, the MPH Program will implement annual performance/progress reviews for all students.

B3. Post-Graduation Outcomes

The program collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each degree offered (eg, BS, MPH, MS, PhD, DrPH).

The program achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

1) Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Template B3-1.

Template B3-1

Post-Graduation Outcomes – MPH	2016-2017 Number and percentage	2017-2018 Number and percentage	2018-2019 Number and percentage
Employed	9 (75%)	7 (64%)	7 (78%)
Continuing education/training (not employed)	3 (25%)	4 (36%)	2 (22%)
Not seeking employment or not seeking additional education by choice	0	0	0
Actively seeking employment or enrollment in further education	0	0	0
Unknown	0	0	0
Total graduates (known + unknown)	**12 (100%)**	**11 (100%)**	**9 (100%)**

2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

   The MPH Program has achieved rates of 80% or greater for graduate employment or enrollment in further education for the past three years. To-date, post-graduation outcomes have been collected via informal methods (e.g., direct contact with alumni by staff/faculty, LinkedIn profiles). With a relatively small number of alumni, these methods have worked well for the Program. As the Program continues to grow, it will assess its methods to ensure complete and accurate data.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

   Not applicable

B4. Alumni Perceptions of Curricular Effectiveness

For each degree offered, the program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

1) Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.

   The MPH Program assesses alumni with the purpose of improving the program. Via Alumni Surveys and Alumni Focus Groups, the Program assesses alumni's attainment of the foundational competencies, current employment status, satisfaction with the program, and preparation for entering the workplace, as well as their feedback to improve the program. The last Alumni Survey was conducted in March 2020. The last Alumni Focus Groups were conducted March 25-26, 2020.

   The MPH Program conducted its first assessment in March 2020 of graduates' attainment of the competencies through the Alumni Survey. Results are shown in Table B4-1. Moving forward, the Program plans to conduct the assessment on an annual basis. The full report is located in ERF B5.

Table B4-1

How would you assess your competency to perform the following tasks? 1 = Not at all competent, 5 = Competently			
Competencies	**Distance (N=3)**	**On-Campus (N=9)**	**2020 Survey (N=12)**
	Mean	**Mean**	**Mean**
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	4.7	3.8	4
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	4.3	4.3	4.3
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	4.0	4.2	4.2
4. Interpret results of data analysis for public health research, policy or practice	4.7	4.4	4.5
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	4.7	4.2	4.3
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to	5.0	4.0	4.3

achieving health equity at organizational, community and societal levels			
7. Assess population needs, assets and capacities that affect communities' health	5.0	4.2	4.3
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	5.0	4.1	4.3
9. Design a population-based policy, program, project or intervention	5.0	3.8	4.1
10. Explain basic principles and tools of budget and resource management	5.0	3.1	3.6
11. Select methods to evaluate public health programs	4.7	3.7	3.9
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	4.7	3.6	3.8
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	4.7	3.8	4
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	4.3	3.7	3.8
15. Evaluate policies for their impact on public health and health equity	4.7	4.0	4.2
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	4.3	3.9	4
17. Apply negotiation and mediation skills to address organizational or community challenges	5.0	3.9	4.2
18. Select communication strategies for different audiences and sectors	5.0	4.0	4.3
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	5.0	4.4	4.6
20. Describe the importance of cultural competence in communicating public health content	5.0	3.8	4.1
21. Perform effectively on interprofessional teams	5.0	4.4	4.6
22. Apply systems thinking tools to a public health issue	5.0	4.3	4.5
Grand Mean	**4.8**	**4.0**	**4.2**

Alumni Survey, March 2020

Alumni reported competency attainment during their time in the MPH Program. See ERF B5 for full report.

- The 2020 Alumni Survey results showed that the self-reported average score of the MPH alumni's attainment of the 22 foundational competencies was 4.2 out of 5 on a Likert scale with 5 being "Strongly Agree."
- Distance alumni reported better competency attainment than on-campus with mean scores of 4.8 compared to 4.0, respectively.

- Alumni had the highest self-reported average competency for both "Communicating audience-appropriate public health content, both in writing and through oral presentation" and "Performing effectively on interprofessional teams".
- Alumni had the lowest self-reported average competency for "Explaining basic principles and tools of budget and resource management".

Additional quantitative data:

Table B4-2

Do you feel the Public Health Program prepared you well as a public health professional?			
Response	**Distance**	**On-Campus**	**2020 Alumni Survey**
Yes	3 (100%)	8 (88.9%)	11 (91.7%)
Somewhat	0 (0%)	1 (11.1%)	1 (8.3%)
No	0 (0%)	0 (0%)	0 (0%)
Total	**3 (100%)**	**9 (100%)**	**12 (100%)**

Qualitative comments from Alumni Survey:

1. "The Public Health Program at UND completely changed my thinking habits which makes me way more marketable once I am done with my additional coursework."
2. "I was lucky enough to be already working in public health when I entered the program, but it DID help me to advance quickly. I'm now one tier under the executive director of a health dept. with 50 employees. I graduated only 2 years ago with my MPH. The only other thing I can stress is the quality of this program. As a manager I have hired other people with MPH credentials who were not at all prepared, had little knowledge and experience. These people largely didn't attend accredited MPH programs. There is a clear difference in graduates of programs with extensive course work and programs that are accredited and those that are not. Thanks for preparing me, UND MPH program. I'm a proud alumna!"

Alumni Focus Groups, March 25-26, 2020
Starting in Spring 2020, the MPH Program began to conduct annual Alumni Focus Groups to collect qualitative data regarding their time in the program. Specifically, these data include competency achievement and application, APEx strengths, weaknesses, and suggested changes, and thoughts about the current curriculum. The MPH Program values the feedback given by alumni as it shows the strengths and weaknesses of the complete program through a student lens. Six alumni participated in the focus groups.

Did you feel you successfully achieved the listed competencies throughout the MPH program? [Alumni were presented with a listing of foundational and specialization competencies.]

Foundational
- "There is a need for management/budgeting courses in the core curriculum."
- "Data management in excel could be added to a core course, learning basics and capability of the application."
- "General need for how to APPLY competencies – e.g., MPH 531, how to apply it to career?"

- "Gained a lot of confidence/competence with a good understanding of general public health through the core."

Population Health Research & Analytics
- "All specific competencies for this specialization were achieved during the program, especially in specialization courses."
- "Working with R, variables, and data mining helped with the way to think about problems."
- "Use and practice with modeling in courses provided ability to apply knowledge to current work."

Health Management & Policy
- "Competency HMP5 was achieved through the Health Care Budgeting and Finance course and Health Administration and Organization course."

Do you feel you had the ability to apply these competencies after graduation?

Population Health Analytics
- "Average organizations do not use predictable capability of data, do not use R, and do not use basic methods learned in biostatistics 1. Most organizations are heavily involved with report writing."
- Alumni can write out things and present public health approaches by applying competencies.
- "Learned how to write competently by applying competencies."
- "Every class requiring a big presentation enhanced ability in communicating data."
- "Advanced biostatistics did not cover what an individual needs to know/do in a job."
- Alumni have confidence to say they understand and could interpret core competencies, but they are not necessary to be a leader.
- "It is important for students to be able to take data, synthesize it, and make it actionable."

Health Management & Policy
- "Most of the competencies have been applied throughout alumni careers after graduation."
- "Core competencies have been applied to public health writing, helping leaders make informed decisions, directing people to use evidence-based models and knowledge, and provide a framework learned in grad school."
- "Competencies applied from program development and how to present to different stakeholders."
- "Feel very confident in practical application of policy and administration, data interpretation, asking question, briefs, pinpointing issues, leadership/management, capacity building, and coalition building."
- "Competencies were applied throughout the practicum by communicating with stakeholders."

2) Provide full documentation of the methodology and findings from alumni data collection.

   Documentation of the methodology and findings from alumni data collection are located in ERF B5.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

   Strengths
   - The MPH Program has methods in place to collect information on alumni perceptions of success in achieving defined competencies and ability to apply them post-graduation.

   Weaknesses
   - The MPH Evaluation Committee has not implemented regular data collection methodology.
   - The 2020 Alumni Survey had a low response rate.

   Plans for Improvement
   - The MPH Evaluation Committee will develop a more robust and scheduled alumni data collection methodology.
   - Continue with new schedule for review by MPH Faculty Council of data reports in June of each year.
   - Expand outreach and engagement to increase alumni participation in surveys.

B5. Defining Evaluation Practices

The program defines appropriate evaluation methods and measures that allow the program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

1) Present an evaluation plan that, at a minimum, lists the program's evaluation measures, methods and parties responsible for review. See Template B5-1.

    The MPH Program's defined evaluation practices aim to be ongoing, systematic, and well-documented. Template B5-1 details the Program's current evaluation measures, data sources and persons responsible for review.

Template B5-1

Evaluation measures	Identify data source(s) and describe how raw data are analyzed and presented for decision making	Responsibility for review
Goal Statement 1: Equip students with professional competencies, broad evidence-based knowledge, and critical thinking skills necessary to excel as public health professionals and leaders.		
Students self-assessment of competency attainment	Student competency assessment; collected annually and compiled into report	Faculty Council
APEx preceptor evaluation of student performance	APEx evaluation Form D; collected on a semester basis and compiled into database	Faculty Council
Student APEx evaluation of competency attainment	APEx evaluation Form E; collected on a semester basis and compiled into database	Faculty Council
Graduating student assessment of preparation for public health workforce	Graduate Exit Interview; qualitative results compiled into report	Faculty Council
Employer satisfaction with skills and knowledge of graduates	Employer Survey; Qualtrics survey results compiled into a report	Faculty Council
Goal Statement 2: Provide high-quality education and promote student-engaged learning through coursework delivered by skilled faculty using interdisciplinary and innovative delivery methods.		
Faculty participation in professional development	Count of Alice T. Clark and TTaDA participation; collected informally and via Faculty Promotion & Tenure Portfolios	Program Director, CPT
Hiring, promoting and retaining high-quality faculty	Faculty CVs, Digital Measures; electronically reported and reviewed annually	Program Director, CPT

Student assessment of quality of innovative delivery methods and technology	Student Evaluation of Learning and Feedback for Instructors (SELFI); compiled by UND Analytics & Planning, reports automatically sent to Program Director; faculty include SELFI data reports in CPT documents	Program Director, CPT
Student assessment of instructional quality	SELFI; compiled by UND Analytics & Planning, reports automatically sent to Program Director; faculty include SELFI data reports in CPT documents	Program Director, CPT
Goal Statement 3: Evaluate critical public health issues and develop solutions through creative and collaborative local, national, and international research endeavors that reflect our values and those of the communities we serve.		
Faculty participation in research	Faculty Promotion & Tenure Portfolio; reviewed annually	Program Director, CPT
Number of faculty submitting proposals for external funding	Digital Measures and Faculty Promotion & Tenure Portfolio; reviewed annually	Program Director, CPT
Number of faculty published in peer-reviewed journals	Digital Measures and Faculty Promotion & Tenure Portfolio; reviewed annually	Program Director, CPT
Number of faculty presentations at local, national, and international levels	Digital Measures and Faculty Promotion & Tenure Portfolio; reviewed annually	Program Director, CPT
Goal Statement 4: Cultivate and support interdisciplinary partnerships that promote health and well-being, and a lifelong passion for learning and leadership through engaged professional and community service.		
Number of courses that include guest lectures from external interdisciplinary stakeholders	Course Syllabi; reviewed annually	Faculty Council
Number of faculty and staff serving on a board of or holding membership in a professional organization	Digital Measures and Faculty Promotion & Tenure Portfolio; electronically reported and reviewed annually	Program Director, CPT
Number of faculty involved in interdisciplinary public health research	Digital Measures and Faculty Promotion & Tenure Portfolio; electronically reported and reviewed annually	Program Director, CPT
Number of MPH students participating in public health service-related activities	Annual Student Survey; collected annually and complied into report	Faculty Council
Number of faculty collaborating on community-based health projects	Digital Measures and Faculty Promotion & Tenure Portfolio; electronically reported and reviewed annually	Program Director, CPT

2) Briefly describe how the chosen evaluation methods and measures track the program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success.

Prior to 2020, program evaluation was coordinated by the Program Manager and former faculty. In 2018, the Program experienced significant faculty turnover, including the Program Director. During this timeframe, there were limited resources to support program evaluation. With significant Program evolution and growth, the Assistant Director now chairs the Evaluation Committee, and the MPH Faculty Council reviews evaluation measures and program progress. The Assistant Director is a regionally recognized expert is public health program evaluation. The Program Director meets with each faculty member once per semester to review promotion and tenure progress and SELFI evaluations. If insufficient progress has occurred, a plan is developed to ensure appropriate faculty advancement is being made to promote effective instruction and scholarship.

The MPH Faculty Council meets monthly to discuss program performance and make adjustments as needed throughout the academic year. These discussions include student progress and assessments, faculty participation in research/creative activity and other key components of the Program. The Program vision, mission, values and goals are reviewed annually by the Faculty Council. These were most recently revised and updated in Spring 2019 to ensure the Program is effectively advancing the field of public health and promoting student success.

The measures selected track the program's progress in advancing the field of public health and promoting student success. The measures selected are broad based and diverse and ensure the MPH curriculum and outcomes meet the needs of students and public health employers.

3) Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success.

Documentation of implementation of plan described in Template B5-1 is provided in ERF A1 and B5. These documents include Faculty Council meeting minutes, databases, employer engagement, and other documents.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program now has well-defined evaluation measures that assess progress and impact on both public health as a field and student success.
- Following significant growth and increased number of faculty members, the Program has a more robust evaluation process, including an Evaluation Committee.

Weaknesses
- The Evaluation Committee is new and does not yet have a track record of implementing programmatic changes based on evaluation measures and data reports.

Plans for Improvement

- The Evaluation Committee and Faculty Council will continue to refine evaluation measures, assessment plans, and documentation of implementation.
- Starting Spring 2021, Evaluation Committee reporting will be a standing Faculty Council agenda item.

B6. Use of Evaluation Data

The program engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The program implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

1) Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself.

   With only three PIF in 2018 and limited resources as described, extensive formal evaluation procedures have been limited over the last three years. However, informal evaluation by the Program Director, PIF, and SMHS dean occurred beginning in the fall of 2018, and several key outcomes were obtained, including:

   Example 1: In response to student assessment of instructional quality through SELFI data, in October 2019 the Faculty Council reviewed faculty skill sets to improve alignment with course offerings. As a result, some faculty were reassigned to teach courses that are in better alignment with their skills and experience. Also, these discussions led to the development of a position description for a faculty member hired in 2020. Moving forward, the practice of aligning faculty skill sets with course work will continue as part of the ongoing evaluation process.

   Example 2: Revision of core curriculum to align with CEPH competencies. In 2018 the Program had significant faculty turnover, including the Program Director. The curriculum at that time was very strong in public health analytics and had evolved largely from pre-2016 CEPH competencies. The new Program Director started in October 2018 and conducted informal key informant interviews with existing faculty, staff, former students, and potential students. Based on these interviews, graduate exit interviews (ERF B5), and alumni employer discussions (ERF B5), it was determined that the existing core curriculum could be revised to: 1. Better reflect the new CEPH competencies; and 2. Decrease core curriculum credit hours to provide more courses in the specializations. The curriculum was revised by the existing faculty at that time (3 PIF), and the recommended changes were approved through the SMHS and UND curriculum committees and processes as described in criterion A1. The revised curriculum was also presented to CEPH personnel by the Program Director and Program Manager in June 2019, and substantive change documentation was submitted.

   Example 3: Modification of curriculum delivery to include synchronous and asynchronous online formats. Based on graduate exit interviews (ERF B5), annual student assessments (ERF B5), and increased number of MPH students engaging the program from a distance and on-campus, the Faculty Council decided to strengthen and expand course offerings to include asynchronous online format. In addition, the Program Director is involved in a multitude of regional and national boards and organizations, and he presents at numerous national and international conferences where he recruits potential students, discusses the UND MPH Program, it's goals, and opportunities to promote health equity. Based on informal discussions with potential students and other key stakeholders, it was apparent that enrollment could be significantly

increased if the curriculum was provided in online and asynchronous formats. These topics were discussed with PIF, CAB, current students, and SMHS leadership, and there was consensus to move forward with expanding online offerings. The curriculum revisions submitted in 2018 included offering courses in both in-person/synchronous distance and online/asynchronous formats. These changes were implemented in the fall semester of 2019, and ongoing evaluation by students using SELFI data are being assessed to determine teaching effectiveness, quality of online technologies, and to make adjustments as needed for continuous quality improvement in distance education.

Example 4: The MPH Program added an Indigenous Health specialization in 2019. The need to diversify specialization options was identified in annual student assessments (ERF B5). Also, based on national and international stakeholder engagement, the need was identified for an MPH specialization in Indigenous Health. The Program Director had previously served as an MPH Program Director at another institution, and he had experience in developing the nation's first American Indian Public Health specialization. In assessing curricular needs based on informal discussions with local, national, and international key informants, it was clear that a specialization in Indigenous health that is inclusive of international Indigenous populations was needed. The curriculum revisions submitted in 2018 therefore included adding the Indigenous Health MPH specialization. Specific courses were developed based on input from other Indigenous health academic leaders, including several of whom have since been hired by UND and are now teaching in the Program.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- Linking evaluation outcomes to programmatic improvements is a priority, and the MPH Program now has well-defined evaluation measures that assess progress and impact on both public health as a field and student success.
- The Evaluation Committee chair is the MPH Program Assistant Director, and she has significant experience and expertise in program evaluation.

Weaknesses
- The Evaluation Committee is new and does not yet have a track record of implementing programmatic changes based on formal evaluation measures and data reports.

Plans for Improvement
- The Evaluation Committee and Faculty Council will continue to refine evaluation measures, assessment plans, and documentation of implementation.
- Regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings are being implemented.
- Starting Spring 2021, Evaluation Committee reporting will be a standing Faculty Council agenda item.

C1. Fiscal Resources

The program has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

1) Describe the program's budget processes, including all sources of funding. This description addresses the following, as applicable:

a) Briefly describe how the program pays for faculty salaries. If this varies by individual or appointment type, indicate this and provide examples. If faculty salaries are paid by an entity other than the program (such as a department or college), explain.

The MPH Program pays for faculty salaries through resources generated by and budgeted to the department. The department generates tuition, state appropriations, donations and grant revenues, which have trended upward since 2017.

Faculty salaries are funded from several sources generally based on faculty effort. Faculty are typically expected to contribute some percentage of their academic year effort toward research activities and are encouraged to have that portion of their salary funded by external grants or contracts.

The MPH Program has five possible sources of funding, including the following:
1. State appropriations
2. Tuition and fees
3. Local funding – revenue generated through contract agreements
4. Grants
5. Alumni and other donations

The North Dakota State Board of Higher Education (SBHE) requires all education units, including the UND SMHS, to submit annual payroll and operating budgets and biennial budgets. The UND SMHS biennial budget is presented to the North Dakota Legislature by the SMHS Dean. All budgets are developed consistent with SBHE guidelines.

The UND SMHS budget is reviewed and endorsed by the UND Budget Office and the President of the University. The annual budget is approved by the chancellor acting on behalf of the SBHE. The SBHE has final approval of UND SMHS tuition and fee rates.

b) Briefly describe how the program requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.

The program requests additional faculty or staff by sharing plans and forecasts with the SMHS Dean and Associate Dean of Administration & Finance. UND and the SMHS have an incentive-based budget: Model for Incentive-based Resource Allocation (MIRA). Resources allocated are tied to drivers such as tuition generated, student credit hours and grants awarded.

The SMHS has worked with the MPH Program to utilize increased funding from tuition and fees, state appropriations, grants and contracts and indirect cost recovery to cover costs for obtaining additional faculty and staff. An example of this is the increased faculty added with the expansion of online offerings and other degree programming.

c) Describe how the program funds the following:

a. operational costs (programs define "operational" in their own contexts; definition must be included in response)

Operational costs are funded with tuition and fees, state appropriations and external grant funding. Operational costs are inclusive of all costs not associated with salaries, benefits, and student tuition support. For example, operational costs include office and instructional supplies, computer equipment for student stations, faculty, and staff, marketing, professional development, programmatic fees, and travel.

b. student support, including scholarships, support for student conference travel, support for student activities, etc.

The MPH Program uses tuition and fees, state appropriations, and external grant funding to support student travel and activities.

The MPH Program strives to make graduate education in public health accessible for students by awarding a limited number of graduate assistantships and tuition waivers. Awards are based on need, merit, and experience. Full-time and second-year students are given priority for this type of financial assistance. The MPH Program Manager notifies students via mail or email if they are awarded financial assistance by the MPH Program.

Primarily on-campus students are eligible for MPH graduate assistantships and tuition waivers. Exceptions are made for members of the North Dakota public health workforce who are employed by a local or state health department. These students are eligible for MPH tuition waivers, but generally not for assistantships that require on-campus activities.

Graduate Assistantships

Most MPH graduate assistantships are awarded in the spring semester for use in the following academic year. These positions are 10 or 20 hour/week appointments, and they provide administrative or research support to faculty and staff.

- The MPH Program supports a minimum of three graduate assistants per academic year. One student is hired for 20 hours per week and provides overall support to the MPH Program. Two of the graduate assistants are hired for 10 hours per week. Typically one of the graduate assistants provides Teaching Assistant support and the other graduate assistant provides research support to MPH faculty.

- Research funded graduate assistants vary each academic year based on faculty-generated funding. These vary from hourly positions to 10 or 20 hour/week appointments.

Tuition Waivers

The Program also offers limited partial tuition waivers primarily to on-campus students. Tuition waivers are awarded independent of graduate assistantships. A student receiving an assistantship may not necessarily receive a tuition waiver, and vice versa. Tuition waivers are awarded by the credit hour, and an award may cover between 1 and 6 credits/semester. Mandatory fees are not covered by tuition waivers. These must be paid by the student.

Student Travel and Support

Graduate students are eligible to apply for funding through the UND Division of Research & Economic Development for conference expenses. Rewards are typically $500.00 and require matching funds from the student's college or department. The Program also provides funding independent of other university support. The funding can be used to pay for registration fees, mileage, airfare, lodging, and per diem. In addition, the SMHS provides complimentary poster printing to all MPH students for poster presentations.

c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples

The MPH Program utilizes operational funds and external grant funding to support faculty development expenses and travel support.

- Each full-time faculty member within the MPH Program is allocated up to $2,000 per year from the operational fund to support memberships, conference registration, and travel. Faculty are also able to request additional funding, as available, to present at conferences.
- Faculty who have a shared appointment with another department or program are allocated up to $1,000 per year from the budget to support memberships, conference registration and travel.
- Faculty are encouraged to write professional development funds into their grant applications.

d) In general terms, describe how the program requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

The MPH Program requests resources for additional operational costs during the annual budget process. The Program Director meets with the SMHS Budget Director and Associate Dean for Administration & Finance. The MPH Program generates local funding that remains in department funds for its own prioritization. Throughout the budget process, the SMHS Dean is consulted to ensure the budget is consolidated with the school's needs and

strategies. The MPH Program works closely with administration at the SMHS to determine additional needs of the program.

e) Explain how tuition and fees paid by students are returned to the program. If the program receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the program's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

Tuition and fees paid by students net of a University imposed tax are returned to the program through the budget model. UND utilizes a budget model named MIRA, (Model for Incentive-based Resource Allocation) also called responsibility centered management (RCM) at many institutions. It is a more transparent and decentralized form of financial planning than is UND's traditional, incremental budgeting model.

In an incremental budget model, programs are funded based on the amount they received the previous year adjusted by any budget requests granted and/or any budget cuts made. These changes are incremental, based on the budget from the prior year. They are not based on activity, only historical allocation.

MIRA takes into consideration revenue changes from year to year due to enrollment changes, cost of instruction, demand, and other operational changes. The application of such allocations to both revenue distributions and cost assessment will provide transparency in the budget-setting process.

The model allocates undergraduate tuition dollars based on credit hour production. Graduate tuition goes directly to the college of record. Knowing how the revenue flows in MIRA allows for primary units to analyze the potential financial outcomes of collaboration.

f) Explain how indirect costs associated with grants and contracts are returned to the program and/or individual faculty members. If the program and its faculty do not receive funding through this mechanism, explain.

Facilities and Administration Costs (F&A Costs), known as Indirect Costs, are the real costs associated with the administration of sponsored project activities at UND. Approximately 27% of F&A generated by the program is distributed to the program. The program may choose to distribute to the individual faculty member or principal investigators. The remainder of F&A generated covers resource model "taxes" and funds central research incentives.

If the program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring university to the overall program budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by the public health program faculty appointed at any institution.

Not Applicable

2) A clearly formulated program budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.

Template C1-1

Sources of Funds and Expenditures by Major Category, 2015 to 2020					
	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Source of Funds					
Tuition & Fees	368,226	290,892	307,643	421,454	644,679
State Appropriation	804,850	973,666	889,275	349,368	473,635
University Funds	NA	NA	NA	NA	51,986
Grants/Contracts	8,983	140,586	195,493	49,585	205,385
Indirect Cost Recovery	NA	NA	NA	203	1,135
Endowment	NA	NA	NA	NA	0
Gifts	NA	NA	NA	NA	0
Total	1,173,076	1,405,145	1,392,411	820,610	1,376,820
Expenditures					
Faculty Salaries & Benefits	839,176	1,080,168	1,099,311	376,048	794,728
Staff Salaries & Benefits	148,066	153,154	129,822	176,766	273,021
Operations	50,862	52,226	33,881	36,068	55,608
Travel	22,445	14,966	9,853	26,160	26,335
Student Support	112,526	34,922	41,129	156,824	202,432
University Tax	NA	NA	NA	48,744	24,695
Total	1,173,076	1,335,435	1,313,995	820,610	1,376,820

The source of available funds listed is the revenue/budget that was used to support the expenditures. As the Public Health Program grew with new grants and contracts, it was important to reflect the available funds. After further reflection, the Program determined this was not an accurate representation of the actual use of funds. The Program decided to utilize budget reporting to reflect actual expenditures rather than the revenue/budget available to the Program.

If the program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget.

Not Applicable

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program is expanding its funding streams and financial resources to fulfill and grow its stated mission and goals. Financial support is adequate to sustain all core

functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing growth.
- Funding sources for the MPH Program have diversified in recent years, to include a growing number of grants and contracts for public health research and programming.
- Faculty members include resources for graduate research assistantships in externally-funded grant and contract budgets.

Weaknesses
- The new budget model, MIRA, has been implemented at the university level, and the implications for departmental resource allocation are still being developed.
- As a relatively new program, the MPH Program has limited funding from alumni gifts or endowments.

Plans for Improvement
- The MPH Program will continue to expand funding streams from grants and contracts as well as establishing alumni gift and endowment opportunities.

C2. Faculty Resources

The program has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

Students' access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

1) A table demonstrating the adequacy of the program's instructional faculty resources in the format of Template C2-1.

Template C2-1

Concentration	Master's			Additional Faculty[+]
	PIF 1*	PIF 2*	FACULTY 3^	
Health Management & Policy MPH	Amber Lyon-Colbert (1.0)	Laura Hand (0.5)	Grace Karikari (1.0)	PIF: 0 Non-PIF: 1
Population Health Research & Analytics MPH	Cristina Oancea (1.0)	Andrew Williams (1.0)	Ursula Running Bear (1.0)	PIF: 0 Non-PIF: 2
Indigenous Health MPH	Donald Warne (1.0)	Melanie Nadeau (1.0)	Nicole Redvers (1.0)	PIF: 1 Non-PIF: 0
TOTALS:	Named PIF	9		
	Total PIF	10		
	Non-PIF	3		

2) Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. Programs must present calculation methods for primary instructional and non-primary instructional faculty.

   Primary instructional faculty are on 12-month contracts. The term of appointment divided by 12 months = FTE. Thus, 12/12 = 1.0 FTE.

Primary faculty FTE is determined by agreement between the faculty member, the Program Director, and the Chair of the affiliated department (if the faculty member has a dual appointment). This agreement stipulates the time commitment of the faculty member to the MPH Program. Faculty member time allocation is formally negotiated and reported during the annual faculty review process.

Non-primary instructional faculty FTE: Affiliated Faculty Service* = 0.01, Guest Lecturer = 0.01, Committee Member = 0.01, Course Instructor = 0.1, Course Co-Instructor = 0.05, Elective Course Instructor = 0.05, Independent Study Instructor = 0.1, Grant/Research Support = 0.1

*Affiliated Faculty Service is an annual variable contribution through teaching, mentoring, and service.

3) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

   The MPH Program has appropriate numbers of well-qualified faculty members for all three specializations of the MPH degree.

4) Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.

Template C2-2, Academic Year 2020-2021

General advising & career counseling			
Degree level	**Average**	**Min**	**Max**
Master's (PIF)	4	1	6
Master's (Staff)	40	30	65

Advising in MPH integrative experience		
Average	**Min**	**Max**
2	0	3

Faculty and the Program Manager, who also has an MPH degree, provide academic and career advising. The Program Manager meets with students each semester to address any questions related to academic advising and their individualized plan of study. The Program Manager also has ongoing conversations related to APEx preparation and career counseling. All ten PIF serve a more specialized role in elective selection, APEx selection, ILE selection and advising, and career counseling. A detailed calculation of faculty advising loads is included in ERF C2.

5) Quantitative data on student perceptions of the following for the most recent year:

   a. Class size and its relation to quality of learning (eg, The class size was conducive to my learning)

Table C2-3 MPH Student Perceptions of Class Size, Academic Year 2019-2020

Please evaluate if MPH class size was conducive to your learning					
Student Location	Strongly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Strongly Agree
Distance, n=17	0 (0.0%)	0 (0.0%)	4 (23.5%)	3 (17.6%)	10 (58.8%)
On-Campus, n=14	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (14.3%)	12 (85.7%)

In its annual student survey, the MPH Program asks students to evaluate if MPH class size was conducive to their learning. Of students responding (n=31), 87.10% of students (n=27) somewhat agree or strongly agree that class size is conducive to their learning. See ERF B5 for full report.

   b. Availability of faculty (ie, Likert scale of 1-5, with 5 as very satisfied)

Table C2-4 MPH Student Satisfaction of Faculty Availability, Academic Year 2019-2020

Please evaluate your satisfaction with the following related to faculty						
Faculty	Student Location	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Availability of faculty	Distance, n=17	0 (0%)	0 (0%)	2 (11.8%)	6 (35.3%)	9 (52.9%)
	On-Campus, n=13	0 (0%)	0 (0%)	0 (0%)	4 (30.8%)	9 (69.2%)

In its annual student survey, the MPH program asks students to evaluate their satisfaction with faculty availability. Of students responding (n=30), 93.33% (n=28) reported being satisfied or very satisfied with faculty availability. See ERF B5 for full report.

6) Qualitative data on student perceptions of class size and availability of faculty.

Class Size
In the annual student survey, our students are asked to provide feedback regarding class size. No students, distance or on-campus were unsatisfied with class size. While not many students provided qualitative feedback, most cited that "Class size is small enough to get faculty attention" and that "room size is always large enough for in-person classes."

Availability of Faculty
On-campus students tended to be more satisfied with the availability of faculty than distance students. Students stated that "Faculty abide by office hours, and you can usually walk in for an impromptu meeting if their office doors are open."

Starting in Spring 2021, the MPH Program added additional questions related to class size and faculty availability to the existing Exit Interview Focus Group.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program has small class sizes, increasing faculty availability inside and outside the classroom.

- As the MPH Program has grown, it has added several well-qualified faculty members.
- The MPH faculty have a breadth of skill sets across multiple public health domains.

Weaknesses
- Not applicable

Plans for Improvement
- The MPH Program plans to develop a more strategic approach to gathering qualitative feedback from current students related to overall satisfaction with class size, faculty availability and other faculty capacities.
- As the MPH Program continues to grow, to the Program will hire faculty and staff to provide adequate advising and services.

C3. Staff and Other Personnel Resources

The program has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

1) A table defining the number of the program's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation.

Template C3-1: Staff Support

Role and function	FTE
Program Manager – Ashley Evenson, MPH • Administrative support, including accreditation, recruitment, admissions, advising, community partnerships, workforce development, staff and student supervision	1.0
Program Assistant – Zauna Synnott • Administrative support, including budgets, human resources, accreditation, recruitment, admissions	1.0
Administrative Assistant – Ivy Baird • Administrative support, including budgets, human resources, inventory, and records	0.7[*]
MPH Graduate Assistants – One 0.5 FTE and two 0.25 FTE • Provide faculty and staff support in the form of assistance for Teaching, Research and Service	1.0

[*]The Administrative Assistant is shared with the UND Indians Into Medicine (INMED) Program – 0.7 FTE is devoted to the MPH Program; 0.3 FTE is devoted to the INMED Program.

2) Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel.

Not applicable

3) Provide narrative and/or data that support the assertion that the program's staff and other personnel support is sufficient or not sufficient.

With the hire of an Administrative Assistant planned in early 2021, the MPH Program has sufficient staff and other personnel to support the program. There is a total of 3.7 FTE to support 9.5 faculty. Staff members provide support to faculty and students in a variety of roles and functions to fulfill the Program mission and goals.

Table C3-2: Student satisfaction with program staff, 2020

Please evaluate your satisfaction with the following related to staff						
Faculty	**Student Location**	**Very Unsatisfied**	**Unsatisfied**	**Neutral**	**Satisfied**	**Very Satisfied**
Availability of staff	Distance, n=17	0 (0%)	0 (0%)	1 (5.9%)	5 (29.4%)	11 (64.7%)
	On-Campus, n=14	0 (0%)	0 (0%)	0 (0%)	1 (7.1%)	13 (92.9%)
Helpfulness of staff	Distance, n=17	0 (0%)	0 (0%)	0 (0%)	6 (35.3%)	11 (64.7%)
	On-Campus, n=14	0 (0%)	0 (0%)	0 (0%)	1 (7.1%)	13 (92.9%)

Quantitative data related to student satisfaction with staff:
As shown in Table C3-2, the vast majority of students report either being satisfied or very satisfied with the availability and helpfulness of staff.

Qualitative data related to student satisfaction with staff:
- "Met with Ashley Evenson [MPH Program Manager] every semester about advising."
- "I attribute my decision to transfer to this program to Ashley Evenson. She is an absolute treasure to this program (as is Zauna) [Program Assistant]."
- "Professors and staff are very caring and welcoming."
- "Ashley and Zauna, seriously, you guys are THE BEST. I think the comradery throughout the staff and students is special and a unique aspect of this program."
- "The professors were amazing, and it was a very personal/intimate experience with getting to know the staff and not just being a number."

Full reports from student and alumni assessments can be found in ERF B5.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- Program staff and graduate assistants provide satisfactory support for faculty and students in the Program.

Weaknesses
- Not applicable

Plans for Improvement
- Not applicable

C4. Physical Resources

The program has physical resources adequate to fulfill its stated mission and goals and to support instructional programs. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.

1) Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the program's narrative.)

   Faculty office space
   All MPH Program faculty have their own enclosed office space, consisting of a large 90-degree arm desk for adequate computer and resource space. All offices consist of multiple cabinets for appropriate resource space. All faculty offices are located within the SMHS in a larger shared suite. Dr. Laura Hand's office space is located within the Nistler College of Business and Public Administration (CoBPA).

   Staff office space
   The Program Manager has an enclosed office space. The Program Assistant and Administrative Assistant have workstations. Staff are provided with ample desk space and cabinets for storing resources. Staff office and workstations are located within the MPH shared suite.

   Classrooms
   All classrooms utilized by the MPH Program have a capacity of 15-50 students, more than adequate to meet Program requirements. Classrooms are selected based on enrollment size in each course. Classrooms are equipped with up-to-date technology, including videoconferencing systems to connect distance students. Technology support is readily available within the SMHS. All classrooms are located within the SMHS.

   Shared student space
   Students have access to the MPH Program shared suite, SMHS library and learning communities. Both the library and learning communities provide adequate space for students and include printing access. Students have shared space within the MPH Program suite, which includes desks, computers and filing cabinets. The MPH Program suite also includes two enclosed rooms for student meetings, as needed.

   Laboratories, if applicable to public health degree program offerings
   Not applicable

2) Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.

   Physical space is sufficient for the MPH Program. All faculty are equipped with their own private office, and staff have their own office or a large workstation. On-campus students attend lectures in classrooms suitable to course enrollment. The students also have access to various

shared spaces in the SMHS, including eight different learning communities, library studying areas, and the student workstations in the department.

Quantitative data related to student satisfaction with physical resources:

As shown in Table C4-1, a majority of students report either being satisfied or very satisfied with availability of adequate study space, access to the SMHS and MPH Program suite, and access to SMHS Information Resources (IR).

Table C4-1: Student satisfaction with physical resources

Please evaluate your satisfaction with the following related to physical resources						
Faculty	Student Location	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Availability of adequate study space	Distance, n=4	0 (0%)	0 (0%)	0 (0%)	0 (0%)	4 (100%)
	On-Campus, n=13	0 (0%)	1 (7.7%)	0 (0%)	2 (15.4%)	10 (76.9%)
Access to the SMHS building	Distance, n=5	0 (0%)	0 (0%)	2 (40.0%)	0 (0%)	3 (60.0%)
	On-Campus, n=13	0 (0%)	0 (0%)	0 (0%)	2 (15.4%)	11 (84.6%)
Access to the MPH suite	Distance, n=5	0 (0%)	0 (0%)	2 (40.0%)	0 (0%)	3 (60.0%)
	On-Campus, n=14	0 (0%)	0 (0%)	1 (7.1%)	2 (14.3%)	11 (78.6%)
Access to SMHS IR	Distance, n=10	0 (0%)	1 (10.0%)	1 (%10.0)	2 (20.0%)	6 (60.0%)
	On-Campus, n=10	0 (0%)	0 (0%)	1 (10.0%)	2 (20.0%)	7 (70.0%)

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- There is adequate office space for all faculty and staff members.
- All offices, classrooms and shared spaces are located within the SMHS.
- On-campus students have ample study space/workspace options, including within the MPH Program suite, SMHS library, and other study spots throughout the SMHS.
- Evening classrooms are available to fit any class sizes and have the ability to accommodate distance learners.

Weaknesses
- Not applicable

Plans for Improvement
- Not applicable

C5. Information and Technology Resources

The program has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

1) Briefly describe, with data if applicable, the following:

- **library resources and support available for students and faculty**

  The SMHS Library Resources department is located on the second floor of the SMHS and available via distance technologies. The library's mission is to provide access to health sciences information for faculty, students, and staff of the SMHS as well as other members of the university community. The library has four research and education librarians on staff and one is designated as the liaison to the MPH Program. This liaison librarian sits in the same wing as the MPH Program, making communication easy between the students, faculty and librarian. Librarians provide instruction at the request of the faculty on such topics as utilization of (IR), evaluation of the medical literature, bibliographic management, and systematic reviews. Librarians support active learning for all faculty in the SMHS and will do literature searching for faculty upon request. For students, research consultations are available. A public health-specific resource page is available here: https://libguides.und.edu/public-health.

  The SMHS Library provides access to over 250 online databases. Those most pertinent to the MPH Program include: PubMed, Cinahl, AccessMedicine, Clinical Key, Cochrane Library, PsycArticles, PsycInfo, Psychiatry Online, SCOPUS Social Services Abstracts, Academic Search Premier, and Science Reference Center. In addition, the program has access to over 25,000 journal subscriptions via full text databases, individual library subscriptions and library consortia purchases. If the SMHS Library does not have access to a book or article that a student or faculty needs, they may request through interlibrary loan (ILL). ILL is a free service for students, faculty and staff. The Library's electronic resources are fully available to all public health students and faculty, including those in remote locations who are teaching or taking courses by distance education. Digital interface for access to library resources via smart phones and other mobile devices is available at https://undmedlibrary.org/mobile/.

  The resources of the main UND library, the Chester Fritz Library, which is centrally located on campus, are also openly available to MPH students and faculty. It is the largest academic library in the state of North Dakota and the primary research facility for UND and the Upper Midwest region. The Chester Fritz Library website is at https://library.und.edu/.

- **student access to hardware and software (including access to specific software or other technology required for instructional programs)**

  Computer facilities and resources are available to MPH students through the MPH Program suite, the SMHS, and UND's main campus. All course-required software is available for

access 24 hours a day, 7 days a week via Citrix or on computers within the MPH Program suite. High speed wired networks are available in every building on the UND campus, in addition to campus-wide wireless network coverage. All faculty, staff and students have access to e-mail file storage and web hosting resources and can securely access UND resources through VPN while off-campus.

The MPH suite has five Windows PCs available only to use by MPH students. All five computers are equipped with Windows Software, including Microsoft Windows 10, Microsoft Office, RStudio, Statistical Package for the Social Sciences (SPSS) and Statistical Analysis Software (SAS). Students have access to the MPH suite 24 hours a day. Additional services include free and discounted licensed academic software and multimedia equipment checkout.

The main campus of UND has two general purpose computing labs available for the use of all students. The two general purpose computing labs included Memorial Union Computer Lab located in the lower level of the Memorial Union (which is now under construction, see details below) and Chester Fritz Computer Lab located on the 3rd floor of the Chester Fritz Library. The computers in these labs are equipped with standard Microsoft programs and SPSS. Mac Hardware/Software is available in the Memorial Union lab, including Mac OS, Microsoft Office—Word, Excel, and PowerPoint—Safari, Adobe Creative Suite, iWorks, Fetch, iLife (iMovie, iPhoto, iDVD) and iTunes. Assistive Technology is installed on three computers in the Memorial Union lab and one computer in the Chester Fritz Library lab, including JAWS, ZoomText, adaptive hardware—adjustable table and large monitor—and Read and Write Gold.

The Memorial Union is currently under new construction. The new state of the art union is anticipated to open by the fall 2021 semester. The computer lab equipment formerly located in the Memorial Union lower level was relocated along with UIT staff to the Chester Fritz Library Lower Level after the Memorial Union closed in May 2019.

- **faculty access to hardware and software (including access to specific software or other technology required for instructional programs)**

Faculty have access to the MPH Program suite 24 hours a day, 7 days a week. Faculty and staff members are equipped with Intel-based PCs running Microsoft Windows 10 and Apple workstations running OS X and higher. The MPH Program reviews faculty requests to fully cover the cost of hardware and software for instructional and research activities.

- **technical assistance available for students and faculty**

Students and faculty have access to IR staff at the SMHS throughout the workday. If a problem arises in the evening, there is always at least one IR staff present in the building. All classrooms have a posted phone number for quick and easy access to IR help and resources. Faculty, staff and students have 24-hour a day access to the NDUS helpdesk. The helpdesk can be accessed through chat, email and phone to resolve any issues related to UND system accounts. SMHS IR support faculty, staff, and students by providing support with hardware and software installation, network management, file storage, equipment repair, mobile device setup, video conference management, remote access, email, scheduling rooms and

recording lectures for later viewing. In addition, the SMHS IR offers one-on-one and group training as new educational tools become available. The IR Unit operates the various computer and audio/visual equipment in SMHS classrooms and conference rooms. The unit works closely with University Information Technology (UIT) and the Teaching Transformation and Development Academy (TTaDA) to provide instructional design support and training for faculty, staff, and students. The information technology and services unit maintain and operates a video conferencing bridge and a lecture capture server that are used to deliver contents for distance education.

SMHS IR intends:
- To reduce the impact of distance on faculty, students, and staff through communications
- To improve access to information management implementations
- To contribute to administrative efficiency through web-based applications and process automation
- To improve education through technology support
- To advance the faculty and staff skills in information technology

Their objectives are:
- Deliver reliable, high quality telecommunications
- Implement contemporary information management systems and methods
- Employ online delivery of course materials, instruction, and assessment
- Provide expanding opportunities to try and use information technologies

2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient.

The UND SMHS provides students, faculty, and staff with access to required software at all times of the day. IR staff provide help to students, faculty, and staff throughout the workday, and there is always one IR staff available during evening classes if a problem arises. IR are sufficient for the MPH Program in that they serve the program with state-of-the-art information technologies, contemporary information management methods, committed capable support personnel, and innovative initiatives.

Table C5-1 shows that a majority of MPH students are satisfied or very satisfied with connectivity of distance students with class, availability or scientific journals and access to SMHS IR resources. See ERF B5 for full report.

Table C5-1

Student satisfaction with information and technology resources (2020)						
	Student Location	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Connectivity of distance students with class	Distance, n=17	0 (0%)	0 (0%)	2 (11.8%)	5 (29.4%)	10 (58.8%)
	On-Campus, n=13	0 (0%)	0 (0%)	3 (23.1%)	4 (30.8%)	6 (46.2%)
	Distance, n=17	0 (0%)	1 (5.9%)	2 (11.8%)	8 (47.1%)	6 (35.3%)

Availability of scientific journals	On-Campus, n=13	0 (0%)	0 (0%)	1 (7.7%)	5 (38.5%)	7 (53.8%)
Access to the SMHS Information Resources	Distance, n=10	0 (0%)	1 (10.0%)	1 (%10.0)	2 (20.0%)	6 (60.0%)
	On-Campus, n=10	0 (0%)	0 (0%)	1 (10.0%)	2 (20.0%)	7 (70.0%)

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- Students, faculty and staff have access to technology and required software.
- Information and technology resources are sufficient to meet program needs.
- SMHS IR is available at any time to students, faculty and staff, including during class.
- Library staff are accommodating and provide great support for the program.

Weaknesses
- Minor connectivity and technology issues can arise when multiple individuals use classrooms throughout the day for diverse purposes, potentially causing interruptions with class time.

Plans for Improvement
- The MPH Program faculty will continue to receive training on distance learning tools and technologies in the classroom.

D1. MPH & DrPH Foundational Public Health Knowledge

The program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

The program validates MPH and DrPH students' foundational public health knowledge through appropriate methods.

1) Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the program.

Template D1-1: MPH Foundational Public Health Knowledge

Content Coverage for MPH	
Content	**Course number(s) & name(s) or other educational requirements**
1. Explain public health history, philosophy and values	PH 510: Public Health & Health Care Systems
2. Identify the core functions of public health and the 10 Essential Services	PH 504: Planning & Management to Promote Health; PH 510: Public Health & Health Care Systems
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	PH 531: Biostatistics 1; PH 551: Epidemiology 1
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	PH 551: Epidemiology 1
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.	PH 510: Public Health & Health Care Systems
6. Explain the critical importance of evidence in advancing public health knowledge	PH 531: Biostatistics 1
7. Explain effects of environmental factors on a population's health	PH 520: Environmental Health
8. Explain biological and genetic factors that affect a population's health	PH 520: Environmental Health
9. Explain behavioral and psychological factors that affect a population's health	PH 541: Public Health Communication
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	PH 504: Planning & Management to Promote Health; PH 541: Public Health Communication; POLS 552: Health Policy
11. Explain how globalization affects global burdens of disease	PH 551: Epidemiology 1
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)	PH 520: Environmental Health

2) Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable.

The syllabi for all MPH courses are provided in ERF D2.

3) If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH syllabi template ensures mapping of foundational public health knowledge to the course schedules.

Weaknesses
- Not applicable

Plans for Improvement
- The MPH Faculty Council will complete an annual comprehensive review of course mapping to foundational public health knowledge, ensuring relevancy and necessary updates.
- The MPH Program faculty will continue to individually review their course material and assessment procedures to ensure students are well grounded in the foundational public health knowledge.

D2. MPH Foundational Competencies

The program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the program must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.

1) List the coursework and other learning experiences required for the program's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.

   The tables below list the coursework and other learning experiences required for each MPH specialization. This information can also be found on the MPH website at https://med.und.edu/public-health/masters/coursework.html.

Template D2-1a

Requirements for MPH degree, Health Management & Policy Concentration		
Course number	**Course name**	**Credits**
PH 504	Planning & Management to Promote Health	3
PH 510	Public Health & Health Care Systems	2
PH 520	Environmental Health	2
PH 531	Biostatistics	3
PH 541	Public Health Communication	2
PH 545	Public Health Leadership & Interprofessional Practice	3
PH 551	Epidemiology	3
PH 555	Health Law & Policy Analysis	3
PH 572	Health Care Budgeting & Finance	3
PH 583	American Indian Health Policy	3
PH 590	MPH Seminar	1
PH 594	Applied Practice Experience	3
PH 995	Integrative Learning Experience	2
POLS 551	Health Administration & Organization	3
POLS 552	Policy in Public Health	3
Elective	From pre-approved list or by approval of advisor	3
	TOTAL CREDITS	**42**

Template D2-1b

Requirements for MPH degree, Indigenous Health Concentration		
Course number	**Course name**	**Credits**
PH 504	Planning & Management to Promote Health	3
PH 510	Public Health & Health Care Systems	2
PH 520	Environmental Health	2
PH 531	Biostatistics	3
PH 541	Public Health Communication	2
PH 545	Public Health Leadership & Interprofessional Practice	3
PH 551	Epidemiology	3
PH 581	Principles of Indigenous Health	3
PH 582	Social & Ecological Determinants of Indigenous Health	3
PH 583	American Indian Health Policy	3
PH 584	Public Health Programming in Indigenous Populations	3
PH 590	MPH Seminar	1
PH 594	Applied Practice Experience	3
PH 995	Integrative Learning Experience	2
POLS 552	Policy in Public Health	3
Elective	From pre-approved list or by approval of advisor	3
	TOTAL CREDITS	**42**

Template D2-1c

Requirements for MPH degree, Population Health Research & Analytics Concentration		
Course number	**Course name**	**Credits**
PH 504	Planning & Management to Promote Health	3
PH 505	Introduction to Data Management in SAS	1
PH 510	Public Health & Health Care Systems	2
PH 520	Environmental Health	2
PH 531	Biostatistics	3
PH 532	Biostatistics 2	3
PH 533	Advanced Biostatistics	3
PH 541	Public Health Communication	2
PH 545	Public Health Leadership & Interprofessional Practice	3
PH 550	Population Health Research Methods	3
PH 551	Epidemiology	3
PH 552	Epidemiology 2	3
PH 590	MPH Seminar	1
PH 594	Applied Practice Experience	3
PH 995	Integrative Learning Experience	2
POLS 552	Policy in Public Health	3
Elective	From pre-approved list or by approval of advisor	3
	TOTAL CREDITS	**43**

2) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies. If the program addresses all of the listed foundational competencies in a single, common core curriculum, the program need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the program must present a separate matrix for each combined degree. If the program relies on concentration-specific courses to assess some of the foundational competencies listed above, the program must present a separate matrix for each concentration.

Template D2-2

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings and situations in public health practice	PH 551: Epidemiology	Assignment 3 - An evaluation of measures of disease association used in the longitudinal research study entitled "Body mass index in adolescence in relation to total mortality: 32-year follow-up of 227,000 Norwegian boys and girls.", authored by Engeland et al. Assignment 4 - Cohort study from A to Z: study design, population/sample selection, validated measures, confounder selection, measures of frequency and association, generalizability of findings, strengths, and limitations. (See ERF D2 for further details)
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	PH 551: Epidemiology	Assignment 1 - A critical investigation of qualitative and quantitative methods used by John Snow in the monograph "On the Mode of Communication of Cholera", highlighted on pages 12, 17 and 22 (See ERF D2 for further details)
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	PH 531: Biostatistics	Quantitative - Comparing Independent Means SPSS and Power Assignment Qualitative - Research Assignment (See ERF D2 for further details)

4. Interpret results of data analysis for public health research, policy or practice	PH 531: Biostatistics	Comparing Independent Means Assignment (See ERF D2 for further details)
Public Health & Health Care Systems		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	PH 510: Public Health & Health Care Systems	ReThink Health Project (See syllabus and ERF D2 for further details)
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	PH 510: Public Health & Health Care Systems	ReThink Health Project (See syllabus and ERF D2 for further details)
Planning & Management to Promote Health		
7. Assess population needs, assets and capacities that affect communities' health	PH 504: Planning & Management to Promote Health	Case Study #1 - Students select case topic and assess population needs, assets and capacities; students assess and apply role of cultural values and practices in the design of public health policies or programs to address the case
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	PH 504: Planning & Management to Promote Health	Case Study #1 - Students select case topic and assess population needs, concepts of culture including cultural adaptation, assets, and capacities within the population as it relates to the health topic. Students will assess and apply the role of cultural values and practices in the design of public health policies or programs to address the public health topic defined and described within Case study #1.
9. Design a population-based policy, program, project or intervention	PH 504: Planning & Management to Promote Health	Case study #2 - Building off Case Study #1, students design a population-based policy, program, project or intervention to address the case; provide an explanation of the principles and tools of budget and resource management regarding the case; and select methods to evaluate public health programs to address the case

10. Explain basic principles and tools of budget and resource management	PH 504: Planning & Management to Promote Health	Students prepare a 3-year operating budget. Students will use the knowledge gained in this course to financially structure and evaluate the opening of a private primary care medical practice with one physician provider. Students will prepare an operating budget as well as a narrative summary of at least 1,000 words to show financial findings and recommendations and will provide supporting documentation. (See ERF D2 for further details)
11. Select methods to evaluate public health programs	PH 504: Planning & Management to Promote Health	Case study #2 - Building off Case Study #1, students design a population-based policy, program, project or intervention to address the case; provide an explanation of the principles and tools of budget and resource management regarding the case; and select methods to evaluate public health programs to address the case
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence	POLS 552: Health Policy	Final exam – Questions 2, 3 & 5 (See ERF D2 for further details)
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	POLS 552: Health Policy	Policy paper & presentation – stakeholder analysis section in both the paper & presentation (See ERF D2 for further details)
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	POLS 552: Health Policy	OpEd – students write an OpEd to advocate for a particular policy (See ERF D2 for further details)
15. Evaluate policies for their impact on public health and health equity	POLS 552: Health Policy	Policy paper & presentation – presentation of evidence of efficacy and equity of student policy solution (See ERF D2 for further details)
Leadership		

16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	PH 545: Public Health Leadership & Interprofessional Practice	Assessment 1 - Throughout the semester, students are involved in activities that involve the discussion and application of various concepts. Students conduct critical reviews of diverse case studies on leadership and management in public health and related fields. Students address questions related to those case studies. This assessment will afford students the opportunity to demonstrate their knowledge of and apply principles of leadership, governance, and management.
17. Apply negotiation and mediation skills to address organizational or community challenges	PH 545: Public Health Leadership & Interprofessional Practice	Assessment 1 - Case studies presented will engender an understanding and appreciation of community and organizational challenges. As part of their critical review of these case studies, students will examine how those challenges were addressed, the negotiation and mediation skills that were utilized, and explore alternative solutions. Assessment 3 - The service-learning project will create multiple avenues for students to utilize negotiation and mediation skills to problem-solve to ensure the realization of various goals related to the project they are involved in. This will also enable students to gain insight on the key role communication (specifically, negotiation and mediation) plays in maintaining harmony within organizations and ensuring they perform optimally as well as the implications this may have for communities. (See ERF D2 for examples and further details)
Communication		

18. Select communication strategies for different audiences and sectors	PH 541: Public Health Communication	Assignment 6, within Final Communication Plan - Describe overall communication strategy and identify why approach is most relevant for topic and audience. (See ERF D2 for further details)
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	PH 541: Public Health Communication	Communication plan and presentation. Written one-page brief, fact sheet, webpage or other document, related to intervention plan. Presentation related to communication plan or public health intervention. (See ERF D2 for further details)
20. Describe the importance of cultural competence in communicating public health content	PH 541: Public Health Communication	Cultural Competency Assignment, within Final Communication Plan. Describe disparities that may impact public health problem. Describe cultural factors to be considered for public health communication intervention. (See ERF D2 for further details)
Interprofessional Practice		
21. Perform effectively on interprofessional teams	PH 545: Public Health Leadership & Interprofessional Practice	Assessment 3 - Students are required to participate in a self-identified service-learning opportunity. This opportunity could be new, or one already engaged in. It could be part of their job, a board they sit on, or a volunteer opportunity that they meet with regularly and supports the completion of their service-learning project. The service-learning project will be the creation of a strategic plan. (See ERF D2 for further details)
Systems Thinking		
22. Apply systems thinking tools to a public health issue	PH 520: Environmental Health	Concept maps and causal loop diagrams assignment, applicable to environmental health issues, such as superfund sites and incident chain of command in emergency preparation and response through FEMA ICS online training and demonstration of

		causal loop diagrams. (See ERF D2 for further details)

3) Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus.

   The syllabi for all courses listed in Template D2-1 are located in ERF D2.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

   Not applicable

D3. DrPH Foundational Competencies

   Not applicable

D4. MPH & DrPH Concentration Competencies

The program defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

If the program intends to prepare students for a specific credential (eg, CHES/MCHES) that has defined competencies, the program documents coverage and assessment of those competencies throughout the curriculum.

1) Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the program will present a separate matrix for each concentration.

Template D4-1: Assessment of Competencies

Assessment of Competencies for MPH in Health Management & Policy (HMP) Concentration		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
HMP-1: Design and appraise a health organization's resource management plan	POLS 551: Health Administration & Organization	Student project; Students asked to review 2 competing major capital equipment investments and make a recommendation based on the organization's needs (See ERF D4 for further details)
HMP-2: Compare and contrast leadership strategies in public health	POLS 551: Health Administration & Organization	Midterm and weekly quizzes for weeks 2, 4, 6 and 7. Discuss topics related to governance and leadership styles required at various levels of an HCO
HMP-3: Analyze multiple policy options in order to recommend a course of action to decision makers	PH 555: Health Law & Policy Analysis	Health Policy Analysis Paper; present a problem and provide informed advice related to a public policy decision, including a recommended course of action.
HMP-4: Evaluate and manage diverse stakeholder interests	PH 583: American Indian Health Policy	Final Project; propose strategy for implementing policy change, including the key stakeholders and level of involvement needed
HMP-5: Develop health policies and implementation strategies	PH 583: American Indian Health Policy	Final Project; recommendations for policy changes and strategy for implementing policy change

Assessment of Competencies for MPH in Indigenous Health (IH) Concentration		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
IH-1: Analyze the impact of colonial processes on Indigenous health outcomes	PH 581: Principles of Indigenous Health	Quiz #2 (See ERF D4 for excerpt from quiz)
IH-2: Propose strategies to implement essential public health services in Indigenous communities	PH 583: American Indian Health Policy	Final Project; propose strategy for implementing policy change, including the key stakeholders and level of involvement needed
IH-3: Evaluate evidence-based practices for their impact on Indigenous populations	PH 584: Public Health Programming in Indigenous Populations	Abstract Assignment; students describe how they will transform an evidence-based practice into a program, and describe how the program will have an impact on Indigenous populations.
IH-4: Apply principles of health equity to Indigenous populations	PH 581: Principles of Indigenous Health	Week 7 reflection assignment; written reflection on cultural safety, health equity, and reconciliation in healthcare and public health delivery; application of course content/readings to external settings. (See ERF D4 for further details)
IH-5: Design a health promotion strategy that values and incorporates Indigenous peoples' traditional knowledge	PH 583: American Indian Health Policy	Final Project; propose strategy for implementing policy change, including the key stakeholders and level of involvement needed

Assessment of Competencies for MPH in Population Health Research & Analytics (PHRA) Concentration		
Competency	**Course number(s) and name(s)**	**Describe specific assessment opportunity**
PHRA-1: Develop research questions and hypotheses	PH 550: Population Health Research Methods	Assignment 1 - Students work with faculty advisor to develop ILE project, including research question and hypotheses. Students submit a copy of the proposal.
PHRA-2: Identify or develop data sets pertaining to research questions and hypotheses	PH 550: Population Health Research Methods	Assignment 4 - Students work with faculty advisor to identify or develop data sets for ILE proposal. Students submit a copy of the proposal. (See ERF D4 for further details)
PHRA-3: Apply study designs appropriate for research questions and hypotheses, and	PH 532: Biostatistics 2	Homework assignment 1 (See ERF D4 for further details)

the corresponding analytic methodology		
PHRA-4: Analyze data using appropriate statistical methods and interpret findings	PH 533: Advanced Biostatistics	Homework assignment 2 and final presentation (See ERF D4 for further details)
PHRA-5: Translate and disseminate research results	PH 533: Advanced Biostatistics	Homework assignment 2 and final presentation (See ERF D4 for further details)

2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the program must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

   Not applicable

3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus.

   The syllabi for the courses listed in Template D4-1 are found in ERF D2.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

   Not applicable

D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the program or by individual students) in any physical or electronic form chosen by the program.

1) Briefly describe how the program identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies.

   The MPH APEx is a planned, supervised, and evaluated practice experience. It is an essential component of the MPH curriculum, which accounts for 3 academic credits and requires a minimum of 135 hours and two defined deliverables. The APEx Team assists the student to define, plan and implement the APEx. The team consists of a Preceptor, who works in the APEx organization, the APEx Faculty Advisor and MPH Program Manager. During the APEx proposal stage, in consultation with the APEx Team and with guidance from the APEx manual and APEx orientation, a student selects an experience and identifies at least five competencies. Three of the five must be foundational competencies and one must be a specialization competency (Health Management & Policy, Indigenous Health and Population Health Research & Analytics). The remaining competency may be foundational or specialization.

   At the beginning of the semester prior to enrollment in the APEx, students attend a required APEx orientation with the APEx Faculty Advisor and MPH Program Manager. During this orientation, students are introduced to the APEx manual, and given suggestions for how to identify practice sites. Students have flexibility in choosing their practice sites based on their geographic location, career goals, public health interests, and skills they would like to strengthen. Prior to contacting potential practice sites, students are required to research potential organizations, and identify individuals to contact within those organizations. After meeting with the APEx Faculty Advisor regarding their APEx goals and potential practice site, students move forward with contacting potential preceptors to discuss opportunities within the preceptor's respective organizations. Students may have a previous professional relationship with practice sites, students may be connected to practice sites through public health program faculty and staff, or students may "cold call" a potential site to discuss APEx opportunities. The student then arranges a meeting with the potential preceptor to discuss the requirements of the APEx, the student's career goals, and the needs of the organization. If the student and the preceptor jointly decide on a project the student will focus on for the APEx, the student then moves forward with developing their APEx proposal. During this time, the student informs the

MPH Program Manager and APEx Faculty Advisor of their organization and project. Formal approval is given after the student completes their APEx proposal, and obtains signatures from the preceptor and APEx Faculty Advisor.

Near the end of the APEx, students provide a brief presentation detailing their goals, deliverables and overall experience. This presentation is not graded as part of the APEx product. Rather, it is an opportunity for the students and the Program to provide each other feedback on the APEx process.

Following completion of the APEx, an evaluation form is completed by the student, preceptor and APEx Faculty Advisor. A core component of each evaluation form is competency performance (Poor, Average, Very Good and Outstanding). The Faculty Advisor completes a comprehensive review of the APEx products, with particular focus on competency attainment, and evaluation forms and assigns a grade.

2) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience.

The APEx Manual is located in ERF D5 and found online at https://med.und.edu/public-health/masters/student-resources.html#d29e81-3. A PowerPoint presentation and resources provided during APEx orientation are located in ERF D5. Resources include:

- MPH APEx proposal example
- MPH APEx proposal guide
  - Goals and objectives example
  - Timeline example

3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The program must provide samples of complete sets of materials (ie, Template D5-1 and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the program has not produced five students for which complete samples are available, note this and provide all available samples.

Samples of complete sets of APEx products are provided in ERF D5 – samples from five Health Management & Policy students in the last three years; samples from five Population Health Research & Analytics students in the last three years; sample from one Indigenous Health student, which represents all to-date whom have completed the APEx.

Template D5-1

Practice-based products that demonstrate MPH competency achievement: Health Management & Policy	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4**
Minnesota Department of Health: Health Equity and Tribal Grant Unit; **Product 1:** Onboarding Guide for	D2-7; Assess population needs, assets and capacities that affect communities' health

Tribal Coordinators; disseminate survey, outline of resources, communication with internal partners, **Product 2**: Visual storytelling project; qualitative research and synthesis (**ERF D5, APEx Samples - Management & Policy, Sample 1**)	D2-8; Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	D2-9; Design a population-based policy, program, project or intervention
	D2-19; Communicate audience-appropriate public health content, both in writing and through oral presentation
	HMP-3; Analyze empirical evidence to inform population health decision making
Suicide Prevention for North Dakota and Sources of Strength; **Product 1:** State impact project - North Dakota Zero Suicide Initiative; promotional materials, recruitment from cross-sector health partners, **Product 2**: Sources of Strength training coordination and promotion (**ERF D5, APEx Samples - Management & Policy, Sample 2**)	D2-7; Assess population needs, assets and capacities that affect communities' health
	D2-14; Advocate for political, social or economic policies and programs that will improve health in diverse populations
	D2-19; Communicate audience-appropriate public health content, both in writing and through oral presentation
	D2-22; Apply systems thinking tools to a public health issue
	HMP-5; Develop health policies and implementation strategies
North Dakota Suicide Prevention Capacity Building Project; **Product 1:** Coordinate and facilitate six suicide prevention coalition working groups; increase access to data and distribute evidence-informed programming, **Product 2**: Embed evidence-informed suicide prevention curriculum within Hunter Safety classes (**ERF D5, APEx Samples - Management & Policy, Sample 3**)	D2-7; Assess population needs, assets and capacities that affect communities' health
	D2-8; Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	D2-13; Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	D2-19; Communicate audience-appropriate public health content, both in writing and through oral presentation
	HMP-4; Evaluate and manage diverse stakeholder interests
North Dakota Department of Corrections Victory Garden Project; **Product 1:** Write grant and budget for Victory Garden project; work with penitentiary staff and project lead inmate, **Product 2**: Assess needs and build Victory Garden; coordinate meetings, implement and present on project (**ERF D5, APEx Samples - Management & Policy, Sample 4**)	D2-7; Assess population needs, assets and capacities that affect communities' health
	D2-10; Explain basic principles and tools of budget and resource management
	D2-13; Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	D2-19; Communicate audience-appropriate public health content, both in writing and through oral presentation

	HMP-5; Develop health policies and implementation strategies
Alzheimer's Association - Diversity and Inclusion Outreach and Education; **Product 1:** Develop research summaries to inform on brain health through cognition activities and healthy living, **Product 2**: Conduct outreach activities related to education for minority populations; create internal resources to share information with community organizations, present to Alzheimer's Society (**ERF D5, APEx Samples - Management & Policy, Sample 5**)	D2-7; Assess population needs, assets and capacities that affect communities' health
	D2-8; Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	D2-15; Evaluate policies for their impact on public health and health equity
	D2-19; Communicate audience-appropriate public health content, both in writing and through oral presentation
	HMP-3; Analyze empirical evidence to inform population health decision making

Practice-based products that demonstrate MPH competency achievement: Population Health Research & Analytics	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4**
All Clear Emergency Management Group; **Product 1:** emPOWER data analysis; assess healthcare coalition needs and assets; presentation of findings to healthcare coalitions, **Product 2**: creation of countywide all-natural hazards mitigation plan (**ERF D5, APEx Samples - Research & Analytics, Sample 1**)	D2-2; Select quantitative and qualitative data collection methods appropriate for a given public health context
	D2-7; Assess population needs, assets and capacities that affect communities' health
	D2-13; Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	D2-19; Communicate audience-appropriate public health content, both in writing and through oral presentation
	PHRA-5; Translate and disseminate research results
Pregnancy Risk Assessment Monitoring Systems (PRAMS) Program Evaluations; **Product 1**: identify ways to increase ND PRAMS survey response rates and give presentation to North Dakota Department of Health leadership; **Product 2**: literature review, access and analyze ND PRAMS data and response rates (**ERF D5, APEx Samples - Research & Analytics, Sample 2**)	D2-3; Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
	D2-4; Interpret results of data analysis for public health research, policy or practice
	D2-11; Select methods to evaluate public health programs
	D2-19; Communicate audience-appropriate public health content, both in writing and through oral presentation

	PHRA-2; Identify or develop data sets pertaining to research questions and hypotheses
Minnesota Immunization Information Connection Five County Outreach and Support; **Product 1**: Approaching Vaccine Hesitancy: An Informational Guide for Health Care Providers; **Product 2**: MIIC Five-County Region Assessment Report Analysis; **Product 3**: Immunization summaries for healthcare providers (5 of 74 provided) (**ERF D5, APEx Samples - Research & Analytics, Sample 3**)	D2-3; Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
	D2-4; Interpret results of data analysis for public health research, policy or practice
	D2-13; Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
	D2-19; Communicate audience-appropriate public health content, both in writing and through oral presentation
	PHRA-3; Apply study designs appropriate for research questions and hypotheses
Analysis and reporting of ACHA-NCHA (American College Health Association/National College Health Assessment) data/health behaviors of UND students compared to national trends; **Product 1**: data analysis and reporting of trends that depict barriers to academic success; **Product 2**: presentation of data results and trends to UND stakeholders (**ERF D5, APEx Samples - Research & Analytics, Sample 4**)	D2-2; Select quantitative and qualitative data collection methods appropriate for a given public health context
	D2-3; Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
	D2-4; Interpret results of data analysis for public health research, policy or practice
	D2-8; Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
	PHRA-3; Apply study designs appropriate for research questions and hypotheses
Center for Pediatric & Community Research, Avera Research Institute; **Product 1**: conduct literature review to understand evidence and identify gaps in prenatal care adequacy - present findings to Avera stakeholders; **Product 2**: Write manuscript containing review of literature, methods of analyses, results and conclusion (**ERF D5, APEx Samples - Research & Analytics, Sample 5**)	D2-3; Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
	D2-4; Interpret results of data analysis for public health research, policy or practice
	D2-19; Communicate audience-appropriate public health content, both in writing and through oral presentation
	PHRA-4; Analyze data using appropriate statistical methods and interpret findings
	PHRA-5; Translate and disseminate research results

Practice-based products that demonstrate MPH competency achievement: Indigenous Health	
Specific products in portfolio that demonstrate application or practice	**Competency as defined in Criteria D2 and D4**
American Cancer Society; **Product 1:** literature review, **Product 2**: summary of informational interviews and presentation to National Colorectal Cancer Roundtable (**ERF D5, APEx Sample – Indigenous Health, Sample 1**)	This student did not satisfactorily identify competencies in their APEx proposal. This project and proposal were developed at the onset of the COVID-19 pandemic. As a result, the MPH Program feels it does not accurately represent the quality of a typical APEx.
North Dakota Department of Health, Maternal Health Learning Collaborative; **Product 1:** Summary of qualitative survey and stakeholder interviews, **Product 2**: Quality Improvement Report (APEx is in progress; products are not yet complete)	D2-4; Interpret results of data analysis for public health research, policy or practice
	D2-7; Assess population needs, assets and capacities that affect communities' health
	D2-14; Advocate for political, social or economic policies and programs that will improve health in diverse populations
	D2-16; Apply principles of leadership, governance and management, which include creating vision, empowering others, fostering collaboration and guiding decision making.
	IH-2; Propose strategies to implement essential public health services in Indigenous communities.
Inter-Tribal Council of Arizona, Inc.; **Product 1:** White paper for tribal leadership, **Product 2**: Vaccine communication and marketing materials, **Product 3**: Virtual health literacy training session (APEx will begin May 2021)	D2-3; Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
	D2-4; Interpret results of data analysis for public health research, policy or practice
	D2-18; Select communication strategies for different audiences and sectors
	D2-19; Communicate audience-appropriate public health content, both in writing and through oral presentation
	IH-2; Propose strategies to implement essential public health services in Indigenous communities.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program has developed and secured over 100 high-quality APEx organizations from which student can select, including governmental public health agencies, non-

profit community organizations, school and university wellness programs, academic public health units, among others.

- Students are introduced to the APEx during new student orientation. A more comprehensive orientation is provided in early spring of their first year.
- The MPH Program has appropriate and clearly defined APEx policies and guidelines.
- Evaluation of competency attainment is comprehensive and involves the student, preceptor and APEx Faculty Advisor.

Weaknesses
- The MPH Program does not have clearly defined processes for preceptor orientation across multiple, diverse organizations.

Plans for Improvement
- Develop a clearly defined process for preceptor orientation. Currently, the MPH Program is developing a formal process for preceptor orientation. At this point in time, the MPH Program Manager and/or APEx Faculty Advisor will be meeting one-on-one with preceptors for students completing their APEx in Summer 2021. These meetings will include a review of the APEx manual, the preceptor's role in the success of the APEx project, and the preceptor's role in evaluating the student and APEx project. This meeting will occur prior to the beginning of the APEx work.
- Evaluate the preceptor orientation process for continued quality improvement.

D6. DrPH Applied Practice Experience

Not applicable

D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

Professional certification exams (eg, CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

The program identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (eg, preceptors).

1) List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.

Template D7-1: Integrative Learning Experience

MPH Integrative Learning Experience for Health Management & Policy Concentration	
Integrative learning experience (list all options)	**How competencies are synthesized**
Capstone paper (options include: literature review, descriptive study, evaluation report, policy analysis, program proposal, statistical research report)	In consultation with primary faculty advisor, students identify competencies in the proposal stage; the faculty advisor approves the competencies and proposal; the faculty advisor uses a rubric, populated with the competencies, to assess the student's ability to integrate and synthesize. Students are required to address Foundational Competencies #7 and #19. Students self-identify three additional Foundational and Concentration competencies.

MPH Integrative Learning Experience for Indigenous Health Concentration	
Integrative learning experience (list all options)	**How competencies are synthesized**
Capstone paper (options include: literature review, descriptive study, evaluation report, policy analysis, program proposal, statistical research report)	In consultation with primary faculty advisor, students identify competencies in the proposal stage; the faculty advisor approves the competencies and proposal; the faculty advisor uses a rubric, populated with the competencies, to assess the student's ability to integrate and synthesize. Students are required to address Foundational Competencies #14 and #19. Students self-identify three additional Foundational and Concentration competencies.

MPH Integrative Learning Experience for Population Health Research & Analytics Concentration	
Integrative learning experience (list all options)	**How competencies are synthesized**
Capstone paper (options include: scholarly manuscript or government/organizational report)	In consultation with primary faculty advisor, students identify competencies in the proposal stage; the faculty advisor approves the competencies and proposal; the faculty advisor uses a rubric, populated with the competencies, to assess the student's ability to integrate and synthesize. Students are required to address Foundational Competencies #4 and #19. Students self-identify three additional Foundational and Concentration competencies.

2) Briefly summarize the process, expectations and assessment for each integrative learning experience.

Completion of the ILE requires both written and oral components: (1) a written product that will be formatted for (a) submission of rigor and quality to a peer-reviewed journal (Impact factor >=2.0) or (b) submission and use by an external agency/partner; and (2) an oral presentation, based on the written product, to the MPH community and other stakeholders, including faculty, staff, students, alumni, outside advisors and SMHS administration.

The ILE begins with the development of a Topic Proposal, which is submitted to the SGS. The Topic Proposal is developed during enrollment in either PH 550: Population Health Research Methods (Population Health Research & Analytics specialization) or PH 583: American Indian Health Policy (Health Management & Policy and Indigenous Health specializations). Throughout these courses, students complete assignments that lead to submission of the Topic Proposal and readiness to enroll in PH 995: Integrative Learning Experience. Students may change their Topic Proposal before enrolling in PH 995 with Faculty Advisor permission. It is the student's responsibility to meet deadlines in order to successfully prepare a final product and presentation.

The student's Faculty Advisor is the primary advisor for the ILE. During the semester when the student is registered for PH 550 or PH 583, the Faculty Advisor counsels the student on:
- Selection of a ILE topic, foundational and specialization competencies, and proposal
- Review of the literature on that topic and choice of the research question(s) and specific aims
- IRB need and application process
- Selection of an appropriate dataset and variables to answer the research question(s), if the project requires a quantitative or qualitative analysis
- Identification of external agency/partner or selection of an appropriate journal for publication (if applicable)

The Faculty Advisor also guides the selection of the additional Committee Member required for the ILE. In most cases the additional Committee Member will belong to UND faculty, but

exceptions may be made, with approval of the Faculty Advisor, to select an expert external to UND. This person adds expertise - either content or methodological - that enhances the quality of the ILE.

The Faculty Advisor also discusses authorship of the ILE final manuscript with the student to ensure that proper acknowledgment of contributions is given to the student, the Faculty Advisor, the additional Committee Member, and any other faculty member who has contributed significantly to the ILE, such as another course instructor.

Once the Topic Proposal is completed in PH 550 or PH 583 and approved by the Faculty Advisor, the student registers for their Faculty Advisor's section of PH 995: Integrative Learning Experience. During that course, the Faculty Advisor and the student meet regularly to complete the project. Pages 9-10 of the ILE Manual (ERF D7) contains example assignments and schedule for PH 995: Integrative Learning Experience. These assignments and schedule may vary at the discretion of each Faculty Advisor. The final oral presentation is 20% of the final grade for PH 995: Integrative Learning Experience, and the remaining 80% of the grade is based on the assignments as determined by each Faculty Advisor.

The oral component includes a 20-minute presentation of the ILE. The presentation is given to the MPH community and other stakeholders, including faculty, staff, students, alumni, outside advisors and SMHS administration. Distance students are encouraged to present in person but are able to present via live broadcast. Oral presentations are evaluated on the following criteria:

- The beginning of the presentation sets context for the topic and summarizes what is currently known about the topic or question.
- A clear motivation is presented for the current research question.
- The research question is clearly described and is appropriate for the data set and variables.
- The presentation contains an appropriate level of methodological details.
- Results are presented clearly and concisely.
- Figures and/or tables improve the presentation of the findings.
- Conclusions are appropriate given the research question, the data set, and the findings.
- Appropriate strengths and limitations of the study are identified.
- The material is presented at a level appropriate for an audience who is educated, yet not necessarily familiar with the topic.
- The delivery of the presentation is formal and professional.
- Responses to questions demonstrate a thorough understanding of the project and the relevant scientific literature.

Upon completion of the ILE paper and presentation, the faculty advisor completes a full assessment based on the competency assessment guidelines and rubric (ERF D7).

The ILE Manual, including all guidelines, is provided to students during Program Orientation and again in PH 550 and PH 583. Example topics and products are available to students upon request from the Program Manager.

3) Provide documentation, including syllabi and/or handbooks that communicates integrative learning experience policies and procedures to students.

The PH 995 Integrative Learning Experience manual can be found in ERF D7. It is also available on the MPH website: https://med.und.edu/public-health/masters/student-resources.html#d29e81-3.

4) Provide documentation, including rubrics or guidelines that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies.

The following competency guidelines and rubrics can be found in ERF D7:
   1. PH 995 Integrative Learning Experience rubric for Health Management and Policy and Indigenous Health
   2. PH 995 Integrative Learning Experience rubric for Population Health Research and Analytics
   3. PH 995 Integrative Learning Experience competency assessment guidelines for Health Management and Policy and Indigenous Health
   4. PH 995 Integrative Learning Experience competency assessment guidelines for Population Health Research and Analytics

5) Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.

Five completed, graded samples of deliverables from both Health Management & Policy and Population Health Research & Analytics can be found in ERF D7. The MPH Program expects its first Indigenous Health specialization graduate in May 2021.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- Students receive orientation and materials to the ILE at multiple points in the Program.
- The curriculum is structured to integrate the beginning stages of ILE into PH 550 and PH 583.
- Faculty advisors integrate regular deadlines to ensure adequate progress and on-time completion.

Weaknesses
- Not applicable

Plans for Improvement
- Program faculty will continue to refine the evaluation process, including structured evaluative input from secondary committee member.

D8. DrPH Integrative Learning Experience

Not applicable

D9. Public Health Bachelor's Degree General Curriculum

Not applicable

D10. Public Health Bachelor's Degree Foundational Domains

Not applicable

D11. Public Health Bachelor's Degree Foundational Competencies

Not applicable

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

Not applicable

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

Not applicable

D14. MPH Program Length

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Programs use university definitions for credit hours.

1) Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form.

   UND uses semester hours for credits. All students in the MPH Program must fulfill a set credit-hour requirement based on the chosen specialization. The Population Health Research & Analytics specialization requires 43 credits; the Health Management & Policy and Indigenous Health specializations require 42 credits. Each specialization consists of 21 core credits, 3-credit applied practice experience, 2-credit integrative learning experience, and 1-credit MPH seminar.

2) Define a credit with regard to classroom/contact hours.

   As of September 12, 2018, a credit hour policy was adopted by the UND Academic Policies and Admissions Committee. Academic units are expressed in terms of semester credit hours at UND. For face-to-face courses, one semester credit hours represents one 50-minute class period (lecture or structured student/faculty interaction) and a minimum of two hours of out-of-class student work each week. This information can be found at: https://und.edu/academics/registrar/credit-hour.html.

   For online or distance courses, UND academic units are assigned according to the classification of the distance course, outline below.

   - **Type 1:** Distance course sections taught synchronously with face-to-face sections with equivalent student learning objectives and expectations for student effort – The distance section is assigned the same credit hours as the face-to-face section.

   - **Type 2:** Distance course sections taught asynchronously with face-to-face sections with equivalent student learning objectives and expectations for student effort. The distance section is assigned the same credit hours as the face-to-face section.

   - **Type 3:** Distance courses not classified as Type 1 or 2 that share equivalent student learning objectives and expectations for student effort as face-to-face sections of the course at UND. The distance section is assigned the same credit hours as the face-to-face section.

   - **Type 4:** Distance courses not classified as Type 1 or 2 that do not have corresponding face-to-face sections at UND for comparison. The department or unit providing the course must document the expected level of student effort, expected student/faculty interactions, course assessment plan, and student learning objectives for the course.

This information will be reviewed by the appropriate Department, College/School, and University curriculum committees for assignment of appropriate credit hours.

D15. DrPH Program Length

Not applicable

D16. Bachelor's Degree Program Length

Not applicable

D17. Academic Public Health Master's Degrees

Not applicable

D18. Academic Public Health Doctoral Degrees

Not applicable

D19. All Remaining Degrees

Not applicable

D20. Distance Education

The university provides needed support for the program, including administrative, communication, information technology and student services.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

1) Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro-1 may be referenced for this purpose.

   All Public Health Program MPH degree concentrations referenced in Template Intro-1 can be obtained via distance education. Health Management & Policy and Indigenous Health are offered via asynchronous online, synchronous online, on-campus or hybrid formats. Population Health Research & Analytics is offered via hybrid asynchronous/synchronous online or on-campus formats. The plan of study is the same for distance students as on-campus students.

2) Describe the public health distance education programs, including

   a) an explanation of the model or methods used,

      Asynchronous Online
      Asynchronous online courses are delivered via Blackboard and other technologies. Asynchronous learning does not require real-time interaction; instead, content is available online for students to access when it best suits their schedules. Assignments, exams, and other course materials are completed to deadlines set by the instructors. VoiceThread is available through Blackboard and provides opportunities for students to share video, comments, and have discussions in an asynchronous fashion.

      Distance education delivery methods are continually monitored and evaluated. Distance students are able to provide feedback on models and methods to MPH faculty, the Program Manager and/or SMHS IR. SMHS IR is on-site during all courses delivered at the SMHS and are available to troubleshoot and fix any short-term issues. Substantive feedback and concerns are addressed by the MPH Program through changes to models and methods and/or in collaboration with SMHS IR.

      Synchronous Online
      The synchronous online method is distance education that occurs in real time with set class schedule and required login times. The distance infrastructure is operated by the SMHS IR. Synchronous online courses are delivered through Zoom, a videoconferencing system which allows for simultaneous transmission of the instructor's computer screen content, video, and audio to distance students on their computers, and also allows the students to interact with the instructor. All courses taught at the SMHS are recorded and are available via an automated lecture capturing solution. Corresponding content and materials are delivered via Blackboard.

b) the program's rationale for offering these programs,

The UND MPH Program was established in 2010 as a part of a greater North Dakota Workforce Initiative; the first cohort of students was admitted in 2012. This initiative sought to enhance the health care workforce and provide for better population health across North Dakota. It can be difficult for individuals in rural areas to further their education through conventional on-site means. Therefore, the MPH Program established distance offerings to assist in equipping the workforce of North Dakota and the Northern Plains with the knowledge and personnel to improve population health.

Offering public health distance education programs increases UND's capacity to train students to address the needs of our state, region and world. UND is well-known for online offerings, providing the structure and support for success in the MPH Program.

c) the manner in which it provides necessary administrative, information technology and student support services,

Distance students are incorporated as much as possible into the traditional learning structure. The MPH Program Manager provides administrative oversight for the distance degree offerings. Distance students are assigned a faculty advisor, whom they are strongly recommended to meet with every semester to discuss their learning objectives. Students are able to meet with instructors, advisor and Program Manager via VoIP technology, such as Adobe Connect, or through more traditional means, such as phone call, email or Zoom. Distance students have easy access to required statistical software via Citrix and other online no-cost platforms. Distance students are able to access other academic resources, such as the UND SMHS IR, UND SMHS Library, UND Writing Center, UND Career Services, UND Counseling Center, and UND Student Success Center, via online interface. A full listing of services can be found here: https://und.edu/academics/services/index.html. The MPH Program Assistant is able to assist with coordinating travel for distance students coming to campus. Other student services are offered via communication with the Program Manager.

Distance students attend a mandatory program orientation with on-campus students where they receive information regarding these resources.

d) the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

Asynchronous and synchronous courses have the same competencies, content and syllabi. The only differentiating factor is the delivery platform. Distance students have the same academic requirements for courses as on-campus students. Exams are administered through a proctor or similar method. Other assignments, such as papers, are submitted electronically. Class presentations are given via the interactive course interface. Lastly, distance students are incorporated into group assignments. On-campus students commonly collaborate with distance students for group work utilizing technology such as

Zoom or Google Voice. Course evaluations are routinely reviewed to assess feedback and make any necessary programmatic changes.

Faculty have access to and are routinely encouraged by the Program Director and Assistant Director to utilize campus resources to review and improve their online teaching. The UND TTaDA (https://und.edu/academics/ttada/index.html) regularly interact with faculty and provide trainings. TTaDA is invited to MPH Faculty Council meetings to address specific issues and training opportunities to ensure Program degree delivery formats and methods are suitable and rigorous. Faculty Council meetings with TTaDA included December 7, 2018, February 4, 2019, and March 4, 2019.

Distance students collaborate with the MPH APEx Faculty Advisor and MPH Program Manager to develop a suitable and equivalent practicum experience. The MPH Program has existing practicum agreements with local, state, and national organizations and is able to collaborate with the student to secure practicum opportunities with other organizations. Distance student practicums are guided by the same criteria as on-campus students.

3) Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit.

The MPH Program and UND use multiple methods to ensure that the registered student is the same student that participates in and completes the course. Distance education students are required to sign into Zoom and Blackboard using a unique identifier for class attendance. Distance students are required to have a webcam, which can be used to verify the identity of the individual attending courses on an as needed basis. Distance students are identified by name or face, with other unique student identifiers remaining private. Synchronous course recordings can be referenced to ensure the identity of the student is the same throughout courses.

To provide increased security, UND has implemented a Multi-Factor Authentication (MFA) system to determine and verify that students who register for courses, utilize services, and complete a degree are the same as those who participate.

The MPH Program and UND have procedures in place for exam proctoring, including verification of student.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program distance education/online format is well established and supported with adequate resources.
- Synchronous distance delivery provides for live interaction with the faculty and on-campus students. Classes are held in the late afternoons and evenings to allow for working professionals to enhance their education.

- The curriculum and academic rigor is equal for distance and on-campus students. This allows distance students to be very integrated into the traditional curriculum.
- Distance students are integrated, via Zoom, to all in-person events, such as general orientation and practicum orientation.
- Effective technologies are utilized for both asynchronous and synchronous distance students.

Weaknesses
- Not applicable

Plans for Improvement
- The MPH Program will seek to improve integration and engagement of distance students with those on campus.

E1. Faculty Alignment with Degrees Offered

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

1) Provide a table showing the program's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in Template C2-1.

   As presented below, there are 10 primary instructional faculty; 9 tenured or tenure-track faculty and 1 non-tenure track faculty. Three faculty are designated to Health Management & Policy, four faculty are designated to Indigenous Health and three faculty are designated to Population Health Research & Analytics.

Template E1-1: Primary Instructional Faculty

Primary Instructional Faculty Alignment with Degrees Offered						
Name	Title/ Academic Rank	Tenure Status or Classification	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Hand, Laura	Associate Professor	Tenured	MPP, PhD	Arizona State University (MPP, PhD)	Public Administration and Policy (PhD)	Health Management and Policy
Lyon-Colbert, Amber	Assistant Professor	Tenure-Track	MS, PhD	California State University, East Bay (MS), Oregon State University (PhD)	Biological Sciences (MS), Environmental and Occupational Health (PhD)	Health Management and Policy
Karikari, Grace	Assistant Teaching Professor	Non-tenure-track	MPH, PhD	Indiana University School of Public Health (MPH, PhD)	Public Health, Behavioral Health (MPH, PhD)	Health Management and Policy
Nadeau, Melanie	Assistant Professor	Tenure-Track	MPH, PhD	University of Minnesota (MPH, PhD)	Community Health Education (MPH), Epidemiology (PhD)	Indigenous Health
Oancea, Cristina	Associate Professor	Tenured	MS, MS, PhD	Oklahoma State University (MS, MS), University of Minnesota (PhD)	Theoretical Mathematics (MS), Statistics (MS), Cancer	Population Health Research and Analytics

					Epidemiology (PhD)	
Redvers, Nicole	Assistant Professor	Tenure-Track	ND, MPH	Canadian College of Naturopathic Medicine (ND), Dartmouth College (MPH)	Health Policy and Clinical Practice (MPH)	Indigenous Health
Running Bear, Ursula	Assistant Professor	Tenure-Track	MA, PhD	University of Arizona (MA), University of Colorado (PhD)	Sociology (MA), Clinical Science (PhD)	Population Health Research and Analytics
Warne, Donald	Professor	Tenured	MD, MPH	Stanford University (MD), Harvard University (MPH)	Health Policy and Management (MPH)	Indigenous Health
Wescott, Siobhan	Assistant Professor	Tenure-Track	MD, MPH	Harvard Medical School (MD), University of California (MPH)	Health Education (MPH)	Indigenous Health
Williams, Andrew	Assistant Professor	Tenure-Track	MPH, PhD	New York University (MPH), University of Maryland (PhD)	Community Public Health (MPH), Maternal and Child Health (PhD)	Population Health Research and Analytics

2) Provide summary data on the qualifications of any other faculty with significant involvement in the program's public health instruction in the format of Template E1-2. Programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1.

As presented below, there are three non-primary instructional faculty who are regularly involved in instruction. Two are faculty at SMHS and one works at Altru Health System, the hospital system in Grand Forks, ND. These faculty instruct a combination of core, specialization and elective courses. Each are paid for their services as part of their salary or via contractual agreement. Corey Smith provides academic and ILE advising. Corey Smith and Clint Hosford are members of the MPH Faculty Council.

Template E1-2: Qualification of Other Faculty

Non-Primary Instructional Faculty Regularly Involved in Instruction							
Name*	Academic Rank^	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Hosford, Clint	Assistant Professor	Statistician, SMHS Office of Education Resources	0.25	PhD	UND (PhD)	Statistics (PhD)	Population Health Research and Analytics
Smith, Corey	Assistant Professor	Assistant Professor, SMHS, Department of Pathology	0.15	MA, MHS, PhD	Trinity Evangelical Divinity School (MA), Johns Hopkins University (MHS, PhD)	Counseling Psychology (MA), Mental Health (MHS), Psychiatric Epidemiology (PhD)	Population Health Research and Analytics
Watson, Ian	Lecturer	Division Analyst, Care Management, Altru Health System	0.10	MURP, MPH	Virginia Polytechnic Institute and State University (MURP), UND (MPH)	Health Services Planning (MURP), Population Health Analytics (MPH)	Health Management and Policy

3) Include CVs for all individuals listed in the templates above.

   All faculty CVs are provided in ERF E1.

4) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

   In Template E1-2, FTE is calculated as follows: Affiliated Faculty Service* = 0.01, Guest Lecturer = 0.01, Committee Member = 0.01, Course Instructor = 0.1, Course Co-Instructor = 0.05, Elective Course Instructor = 0.05, Independent Study Instructor = 0.1, Grant/Research Support = 0.1 *Affiliated Faculty Service is an annual variable contribution through teaching, mentoring, and service.

   See additional information presented in Sections 1 and 2 above.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

- The MPH Program has experienced growth in student enrollment and subsequent additions of well-qualified faculty.
- Faculty education and qualifications are satisfactory for teaching within their designated specializations in the MPH Program.
- Several MPH faculty members are nationally and internationally recognized leaders in their disciplines.
- Six of ten PIF have MPH degrees.
- Non-PIF support the program by teaching courses that they are well-advised in.

Weaknesses

- Not applicable

Plans for Improvement

- The MPH Program will broaden opportunities for affiliated faculty to provide support for the MPH Program through student mentorship, guest lectures, and Program committee involvement.

E2. Integration of Faculty with Practice Experience

To assure a broad public health perspective, the program employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Programs encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, programs regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

   The MPH Program employs faculty who have professional experience in settings outside of academic and have demonstrated competence in public health practice. Additionally, the MPH Program encourage faculty to maintain ongoing practice links with local and state public health agencies. The faculty listed below have practice experience in settings outside of academia.

   1. Donald Warne, MD, MPH: Dr. Warne serves as the Senior Policy Advisor to the Great Plains Tribal Chairmen's Health Board in Rapid City, SD. He received his MD from Stanford University School of Medicine and his MPH from Harvard School of Public Health. His work experience includes: several years as a primary care physician with the Gila River Health Care Corporation in Arizona; Staff Clinician with the National Institutes of Health; Indian Legal Program Faculty with the Sandra Day O'Connor College of Law at Arizona State University; Health Policy Research Director for Inter Tribal Council of Arizona; Executive Director of the Great Plains Tribal Chairmen's Health Board; and Chair of the Department of Public Health at NDSU. He is a member on the following Board and committees: National Board of Trustees, March of Dimes; Health Disparities Subcommittee of the Advisory Committee to the Director of the Centers for Disease Control and Prevention (CDC); Board of Directors, Public Health Foundation; Board of Directors, Monument Health (Rapid City, SD); and Board of Directors, Spectra Health (Federally Qualified Health Center in Grand Forks, ND).

   2. Cristina Oancea, PhD, MS: Prior to becoming UND MPH faculty, Dr. Oancea was a post-doctoral research associate in the Department of Epidemiology and Cancer Control at St. Jude Children's Research Hospital in Memphis, TN. A biostatistician at EuroSida, the largest HIV clinical trial in Europe, within the Center of Excellence for Health, Immunity, and Infections (CHIP) in Copenhagen, Denmark. Dr. Oancea currently serves as Lead Epidemiologist for the North Dakota Statewide Cancer Registry. She is a member on the following Boards and committees: North Dakota Cancer Coalition Steering committee, UND Work Well Advisory Board, UND Senate Executive Committee, UND Senate Leadership Committee, UND SMHS Faculty Academic Council, UND SMHS Longitudinal Thread Research Methods Design Team

and many more. She is the Senior Associate Editor of Elsevier's Global Epidemiology Journal.

3. Ursula Running Bear, PhD, MA: Dr Running Bear's professional public health experience includes substance abuse prevention and counseling with a focus on adult alcohol use. Early in her career, she was a social service counselor providing services to distressed, vulnerable, and disadvantaged families and individuals with the goal of improving well-being and promoting self-determination. While employed with the US Bureau of the Census, Dr. Running Bear was responsible for extensive community engagement where she developed and managed numerous promotional and awareness events in collaboration with the communities she served.

4. Andrew Williams, PhD, MPH: Prior to coming to UND, Dr. Williams was a post-doctoral fellow at the Eunice Kennedy Shriver National Institute of Child Health and Human Development and held several positions at the National Center for Health Statistics. Dr. Williams brings his experience working and training within federal agencies and analyzing large national datasets to his mentorship and teaching of students in the Population Health Research and Analytics specialization.

5. Melanie Nadeau, PhD, MPH: Prior to her position at UND, Dr. Nadeau was the Assistant Director of the American Indian Public Health Resource Center at NDSU. Since joining UND, Dr. Nadeau continues to serve as a consultant for various practice based public health projects. Dr. Nadeau brings robust professional health education experience to her teaching and mentoring of students in the Indigenous Health specialization. Additionally, Dr. Nadeau serves on the Turtle Mountain Band of Chippewa Indians Research Review Board, the American Public Health Association American Indian/Alaska Native/Native Hawaiian Board and chairs the North Dakota Public Health Association American Indian section.

6. Grace Karikari, PhD, MPH, CHES: Prior to joining UND, Dr. Grace Karikari was a Global Health and Wellness Educator and the Students Outreach Learning Assessment Coordinator for the Indiana University Health Center, Bloomington Indiana. Dr. Karikari was also an associate instructor for the Indiana University Bloomington School of Public Health. Additionally, she is a certified health education specialist (CHES) committed to promoting health and wellness in the local community. Dr. Karikari integrates her professional health education, and community engagement experiences in her teaching and mentoring of students in the MPH Program.

7. Siobhan Wescott, MD, MPH: Prior to becoming an Assistant Professor at UND, Dr. Wescott was an Assistant Professor at NDSU. Dr. Wescott has a wealth of experience in public health, Indigenous health, and nutrition research. Dr. Wescott is a prominent national figure in health equity, currently representing the Association of American Indian Physicians at the American Medical Association.

8. Nicole Redvers, ND, MPH: Prior to coming to UND, Dr. Redvers directed both clinical and health education outreach to Indigenous communities in the Canadian north for

over ten years. She oversaw health programming implementation in addition to delivery of services to vulnerable members of the community. Dr. Redvers brings this experience to her teaching and mentoring of students in the Indigenous health specialization. Dr. Redvers also serves on the advisory board of the American Association of Public Health Center for Climate, Health and Equity, is board chair of the international charity the Arctic Indigenous Wellness Foundation, in addition to being senior fellow in Indigenous and community health for the international organization in VIVO Planetary health.

The MPH Program regularly involves public health practitioners and other individuals involved in public health work through arrangements including adjunct and part-time faculty appointments, guest lectures, involvement in committee work, and mentoring students.

The following public health practitioners are involved in the UND MPH Program as adjunct faculty, guest lecturers, and student mentoring:

1. Ian Watson, MURP, MPH, is Senior Quality Analyst for Altru Health System in Grand Forks, ND, and is responsible for providing clinical, quality, safety, and regulatory reporting for the entire health system. Prior to this, he spent over 20 years in hospital and physician practice administration serving in senior administrative positions (CEO, COO, VP) with both for-profit and not-for-profit hospital systems in six states. He is an active member of the American College of Healthcare Executives. Mr. Watson is adjunct faculty and teaches POLS 551: Health Administration & Organization in the Health Management & Policy specialization.

2. Corey Smith, PhD: Dr. Smith is the Assistant Director of Pathology at UND. He brings with him knowledge in digital health interventions, innovative approaches to training and education in data literacy and health informatics for rural health, and applications of real-world data, analytics, and health information and communication technologies. Prior to coming to UND, Dr. Smith was the Director of Science and Applied Informatics, Great Plains Tribal Chairmen's Health where he provided scientific leadership and technical expertise as part of the public health mission to reduce healthy disparities and improve the health and well-being of the Tribal nations in the Great Plains region. Dr. Smith currently serves as adjunct faculty and teaches PH 534 Introduction to Health Informatics.

3. Todd Sabato, PhD, CHES: Associate Professor of Public Health Education Director, Bachelor of Science in Public Health Education. Dr. Sabato is responsible for organizing, planning, directing, and managing the Bachelor of Science in Public Health Education degree program, inclusive of curricular development, student recruitment and retention, and facilitating internship opportunities. He has an extensive background in HIV prevention education, having collaborated with the Health Services and Resources Administration (HRSA), the South Carolina Department of Health and Environmental Control, and South Carolina AIDS Training Network. He is the author of numerous prevention-based curricula focusing on risk behaviors of sexual and cultural minority youth. He is also the Director of an application-based immersion project examining the impact of culture, language, and policy on disease transmission. His work has been a featured program of the Pacific

Island Jurisdictions AIDS Action Group. Dr. Sabato currently serves as adjunct faculty and has taught MPH 541: Social and Behavioral Science in Public Health (now PH 541: Public Health Communication).

4. Tanis Walch, PhD, MPH, Associate Professor, Public Health Education at UND. In addition to Dr. Walch's professional responsibilities at UND, she serves as the North Dakota Health Promotion Clinical Director for Special Olympics, is on the Board of Directors for Family Voices of North Dakota, and is an advisory board member for the North Dakota Newborn Screening Program. Dr. Walch is Public Health Program Affiliated Faculty at UND. Dr. Walch currently serves as adjunct faculty and has taught MPH 541: Social and Behavioral Sciences in Public Health (now PH 541: Public Health Communication).

5. Brad Gibbens, MPA: Guest lectures. Acting Director at the CRH at UND SMHS and Assistant Professor at the SMHS. Mr. Gibbens is active in the National Rural Health Association, National Organization of State Offices of Rural Health (former board member) and a member of Planning Committee of the ND Interim Health Reform Review Legislative Committee.

6. Terry Dwelle, MD, MPHTM, CPH: Adjunct faculty and member of the CAB. Dr. Dwelle is the former State Health Officer for the North Dakota Department of Health. He has been engaged in Academic Health Department-type activities for 14 years, as well as organized and participates in Academic Health Department partnerships.

7. Debbie Swanson, MS, RN: Guest lectures and member of the CAB. Mrs. Swanson is Director of the Health Department for the City of Grand Forks. She has a rich history of working in local government, skilled in health promotion, nursing, public health, and policy. Mrs. Swanson has extensive experience on local, state, and national boards and committees.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The Program allows for public health faculty to integrate perspectives from the field of practice.
- Students gain insight into careers in public health and are exposed to various fields in which they can apply their MPH degree via mentoring from faculty and public health professional guest lectures.

Weaknesses
- Not applicable

Plans for Improvement
- Continue to expand integration of public health professionals by way of adjunct faculty, guest lecturers, and student mentorship.

E3. Faculty Instructional Effectiveness

The program ensures that systems, policies and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The program establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The program supports professional development and advancement in instructional effectiveness.

1) Describe the means through which the program ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.

   Faculty competence and performance are formally evaluated through membership in the Graduate Faculty, annual departmental performance reviews, and the promotion and tenure process.

   First, faculty are nominated to Graduate Faculty membership to one of four categories (Full Membership, Adjunct Membership, Emeritus Membership, or Special Appointment). Membership in the Graduate Faculty is required in order to direct creative and scholarly activities and advise graduate students. Faculty are nominated by their department chair or dean for initial election to, and subsequent advancement within, the Graduate Faculty. Membership in each of the four categories of Graduate Faculty membership requires different levels of qualification and corresponding rights and responsibilities. The Graduate Faculty constitution, procedures for election and advancement, and the qualifications, rights, and responsibilities of the four membership categories are described in The Graduate Faculty Constitution.

   Faculty competence and performance are evaluated through regular performance reviews. As stated in UND's Faculty Handbook, the main responsibility for evaluation lies within the department and school. There are two types of evaluations: within-department and university-wide (through the Committee for Promotion & Tenure (CPT)). For probationary/tenure-track faculty, annual evaluations take place at the department level; additionally, the evaluations from years 3, 5, and 6 are reviewed by the CPT. For tenured faculty, department-level evaluations take place every 3 years after tenure; additionally, evaluations by the CPT take place every 6 years after tenure. Additionally, teaching evaluation is performed annually for all instructors, regardless of their academic rank or tenure status.

   Within-department performance evaluations (annual for tenure-track faculty; every 3 years for tenured faculty) are performed by the department committee. Evaluations are based on departmental criteria in place at the time of their initial appointment, in combination with the position description and percent-of-effort form for each year. As relevant for each faculty member, areas of evaluation include 1) teaching, 2) scholarly and/or creative activity, and 3) professional and community service. Each faculty member submits a portfolio that includes documentation for each relevant area of activities, as well as effectiveness in that area. The Department Chair and Program Director provide feedback discussing strengths and areas for

improvement, progress on and future goals for professional development, and the relation to the department's or program's goals. Additional details of the process and standards of evaluation are available in the DPH Guidelines on Evaluation, Promotion and Tenure. Additional details of the process and standards of evaluation are available in the Department of Family & Community Medicine (DFCM) Guidelines on Evaluation, Promotion and Tenure.

Evaluations for promotion and tenure (year 6) are based on three areas: 1) teaching, 2) scholarly and/or creative activity, and 3) professional and community service. Promotion and tenure requires "outstanding accomplishment" in the area with highest percent effort, at least "high accomplishment" in a second area, and at least "good accomplishment" in the third area. Documentation of activities in all three areas and evaluations from prior years are reviewed at multiple levels: 1) the departmental CPT, 2) the departmental chair, 3) the CPT in the Office of Academic Affairs of the SMHS, 4) the SMHS dean, 5) the UND President, and 6) the ND State Board of Higher Education. At each level, summaries and recommendations are added to the file, and the faculty member has the opportunity to review and respond, if desired. The guidelines for SMHS provide details about performance expectations in each of the three areas for different types of faculty appointments, and are available at

The MPH Program also offers opportunities to PIF and Non-PIF to maintain currency in their areas of instructional responsibility. These opportunities include:
- Faculty Fridays
  - The MPH Program hosts monthly faculty talks which cover current topics in public health. Invitation is made to 70+ contacts across the state to join the conversation in hopes of serving/developing the public health workforce.
- Professional Organizations
  - Faculty are encouraged to present their research at national and international professional organization annual meetings (e.g., APHA). Faculty receive up to $2,000 annually for their professional development.

2) Describe the program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable.

Student Course Evaluations
Student course evaluations are completed at the end of the semester for every class offered in the MPH Program. Students complete a voluntary, anonymous Student Evaluation of Learning and Feedback for Instructors (SELFI) form at the end of each course which is available to both on-campus and online students. The SELFI consists of a quantitative evaluative section and a qualitative comments section. The results of the SELFI are compiled by University Analytics & Planning and are distributed to faculty members early in the following semester. The quantitative SELFI results are also reported to Program Director, Department Chair and SMHS Dean. Faculty members are encouraged to use the SELFI data to identify strengths and areas for improvement.

Annual Teaching Evaluations
Annual teaching evaluations are performed at the department level. All instructors are expected to show evidence of five hallmarks of good teaching: 1) respect for students, 2) command of the subject matter, 3) careful preparation, 4) effective communication, and 5) continuing

professional growth. At least three sources of evidence shall be submitted for review: student-provided data are required, and two other sources such as instructor-provided materials/portfolios, documented evidence of student learning/performance, documented data from peers, or documented data from the chair.

3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.

The UND, SMHS and MPH Program provide many support options for continuous improvement in faculty's instructional roles. These programs are available to both primary instructional faculty and non-primary instructional faculty.

Example 1: TTaDA Instructional Design
A team of UND Instructional Designers are available to provide assistance to all UND instructors, administrators and staff. Whether they need to develop a full course or program, review and revise an existing course, or flip all or part of their course, instructional designers are there to help. They provide instructional design assistance for fully online, flipped, hybrid, blended and traditional face-to-face courses. If instructors have any questions or concerns about a course, instructional designers are available in person, over the phone, by email, or through web-conferencing tools. On a regular basis, MPH faculty employ the use of TTaDA Instructional Designers for course design, online teaching methods, assessment design, and other services. (https://und.edu/academics/ttada/instructional-design.html)

Example 2: SMHS Teaching, Learning, and Scholarship
Teaching, Learning, and Scholarship (TLAS) is a unit within SMHS Education Resources whose mission is to promote and support the design, delivery, assessment, and evaluation of effective teaching, curricula, and education scholarship for all faculty and graduate students of the SMHS. TLAS provides a wide range of educational services and resources in collaboration with the Office of Education and Faculty Affairs. They offer workshops, book discussion groups, and virtual learning sessions on effective teaching strategies, curriculum design, assessment, educational scholarship, online learning, and instructional technology. On a regular basis, UND MPH PIF and non-PIF employ the use of TLAS workshops, learning sessions, curriculum design, online learning, and other support services. (https://med.und.edu/education-resources/teaching-learning.html)

Example 3: Alice T. Clark Mentoring Program
Founded in 1992, the Alice T. Clark Scholars Mentoring Program is an orientation and collegial support program for faculty new to UND. Its purposes are to assist faculty in developing professional and personal networks, increase faculty awareness of campus culture and resource, and support the professional development of faculty as teachers and scholars. A second-year program is offered for those who successfully complete the first-year program. Participation in the program is limited to new full-time faculty holding tenure-track or equivalent positions that require teaching, research/creative activity, and service responsibilities. All MPH PIF faculty participate in the Alice T. Clark Mentoring Program upon joining the MPH Program. (https://und.edu/academics/ttada/mentoring.html)

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.

Each tenure-track faculty member undergoes an academic evaluation for the purpose of promotion, tenure, and an evaluation schedule as specified in the SMHS Guidelines. Non-tenure track faculty are evaluated for teaching effectiveness and service contribution. The primary purpose of that evaluation is to help improve faculty performance. Required information for the evaluation process includes documentation of faculty activities in the areas of teaching, patient care (if applicable), scholarly and creative activity, contribution to one's discipline, and professional and community service. Not all faculty members will have similar duties and responsibilities, but each faculty member must have activity in areas detailed in her/his contract and/or position description that is consistent with his/her academic appointment.

The Program Director, Department Chair and each individual faculty member will mutually agree upon the faculty member's relative contributions in each area. Each faculty member will be evaluated relative to his/her individual duties and responsibilities. For example, a faculty member whose efforts are largely devoted to teaching will not be expected to have the same level of accomplishments in research (and vice versa) as faculty members whose efforts are concentrated in other areas. More information can be found in the DPH Guidelines on Evaluation, Promotion and Tenure and the DFCM Guidelines on Evaluation, Promotion and Tenure.

The key evaluation instrument is the faculty portfolio, which documents activities in teaching, scholarly and/or creative activity, contribution to one's discipline or profession, and professional and community service. If applicable, University course ratings are included. The faculty portfolio also contains the faculty position description and percentage of effort in each area. The DPH CPT reviews all faculty portfolios and prepares a summary that is submitted to the DPH Chair.

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the program and relate to instructional quality. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the program may add indicators that are significant to its own mission and context.

Indicator 1: Faculty currency – Annual or other regular reviews of faculty productivity, relation of scholarship to instruction

Approach
Faculty competence and performance are evaluated through regular performance reviews. As stated in UND's Faculty Handbook, the main responsibility for evaluation lies within the department and school. There are two types of evaluations: within-department and university-wide (through the Committee for Promotion & Tenure (CPT)). For probationary/tenure-track faculty, annual evaluations take place at the department level; additionally, the evaluations from years 3, 5, and 6 are reviewed by the SMHS CPT. For tenured faculty, department-level evaluations take place every 3 years after tenure; additionally, evaluations by the CPT take place every 6 years after tenure. Additionally, teaching evaluation is performed annually for all instructors, regardless of their academic rank or tenure status.

Within-department performance evaluations (annual for tenure-track faculty; every 3 years for tenured faculty) are performed by the department committee. Evaluations are based on departmental criteria in place at the time of their initial appointment, in combination with the position description and percent-of-effort form for each year. As relevant for each faculty member, areas of evaluation include 1) teaching, 2) scholarly and/or creative activity, and 3) professional and community service. Each faculty member submits a portfolio that includes documentation for each relevant area of activities, as well as effectiveness in that area. The Department Chair and Program Director provide feedback discussing strengths and areas for improvement, progress on and future goals for professional development, and the relation to the department's or program's goals. Additional details of the process and standards of evaluation are available in the DPH Guidelines on Evaluation, Promotion and Tenure. Additional details of the process and standards of evaluation are available in the DFCM Guidelines on Evaluation, Promotion and Tenure.

Progress
All PIF receive an annual review of productivity, including instructional effectiveness and relation of scholarship to instruction. Two PIFs were newly tenured in 2019, which demonstrates a successful review process and effective outcomes within the MPH Program. The MPH Program hired a new Director in 2018, and he is a tenured full professor. The Director provides mentoring and guidance through the Promotion and Tenure process that includes the relation of scholarship to instruction. With three tenured PIF, we have internal capacity to mentor junior faculty.

Indicator 2: Faculty instructional technique – Participation in professional development related to instruction

Approach
The MPH Program extensively promotes and encourages all PIF and non-PIF to utilize SMHS and UND professional development resources related to instruction. These include TTaDA trainings, SMHS TLAS and Alice T. Clark (as described above). The MPH Program also periodically invites TTaDA and SMHS TLAS to Faculty Council meetings to present on relevant topics and resources.

Progress
All PIF and non-PIF utilize TTaDA trainings and services related to instructional effectiveness. PIF regularly meet individually with TTaDA trainers to improve use of technology and overall instructional effectiveness. All current tenure-track PIF have participated in the Alice T. Clark mentoring program.

Indicator 3: School- or program-level outcomes – Courses that integrate technology in innovative ways to enhance learning

Approach
All MPH courses are offered via distance/online methods, and include the integration of VoiceThread, Yuja, Microsoft Teams, Blackboard, ProctorU, Zoom, and other technologies. Through trainings and resources offered by TTaDA and SMHS TLAS, faculty regularly have access to innovative and new technologies as they are made available to UND and SMHS.

Progress

All MPH courses have transitioned to include online/distance formatting. All PIF and non-PIF utilize TTaDA for technical support and integration of innovative ways to enhance learning. The core curriculum is available in in-person, synchronous distance and asynchronous online formats.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- A variety of methods are used to assess faculty instructional effectiveness.
- The University uses several mechanisms to provide support for continuous quality improvement in faculty's instructional roles, including technology to promote effective teaching in both synchronous and asynchronous formats.

Weaknesses
- Not applicable

Plans for Improvement
- The MPH Program plans to utilize TTaDA to conduct regular reviews of course syllabi and content related to instructional effectiveness and use of technologies.
- The MPH Program has experienced significant growth and plans to expand the number of faculty and support services to ensure ongoing teaching effectiveness.

E4. Faculty Scholarship

The program has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

The types and extent of faculty research align with university and program missions and relate to the types of degrees offered.

Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

1) Describe the program's definition of and expectations regarding faculty research and scholarly activity.

   PIF with clinical doctorates (MD, ND) are placed in the DFCM. PIF with PhD training are placed in the DPH.

   Members of the faculty are scholars in their respective disciplines and are expected to conduct and publish scholarly pursuits in their area of professional expertise. The various dimensions of scholarship include teaching, discovery, integration, and application. Scholarly and creative pursuits encompass the scholarship of discovery (generating new knowledge through basic research), the scholarship of application (building bridges between theory and practice), the scholarship of integration (elucidating connections between different discoveries), and the scholarship of teaching (evaluating the effectiveness of pedagogical approaches in promoting student learning).

   Following the SMHS, both the DPH and DFCM utilize the following criteria to define the essential characteristics of scholarship:
   - The faculty member's efforts result in a tangible product or output (hereafter referred to as "work")
   - The work is made public and is available outside of the institution and the region
   - The work is subjected to external peer review/critique by other scholars in the field
   - The work must be reproducible and form a foundation for the work of other scholars

   In reviewing a candidate proposed for promotion under the DPH Guidelines on Evaluation, Promotion and Tenure, the CPT looks for evidence that an on-going sustained research program exists; research goals are being met; and publication accomplishments have allowed the candidate to meet the departmental criteria that results in associate or full membership on the graduate school faculty. Expectations of faculty research and scholarly activity for assistant to associate and from associate to full professor are described in detail in the CPT Guidelines (https://med.und.edu/education-faculty-affairs/_files/docs/cpt/population-health-cpt-guidelines-2018.pdf).

For a candidate proposed for promotion under the DFCM Guidelines on Evaluation, Promotion and Tenure, evaluations are conducted in accordance with the guidelines established by the DFCM, School, and University. Evaluations should keep in mind the uniqueness of the individual's responsibilities and departmental mission. The evaluation should focus on the DFCM and School criteria and the faculty member's accomplishments as related to his or her title, rank, and percent of effort distributions. Expectations of faculty research and scholarly activity for assistant to associate and from associate to full professor are described in detail in the CPT Guidelines (https://med.und.edu/education-faculty-affairs/_files/docs/cpt/family-community-medicine-cpt-guidelines-august-2018.pdf).

2) Describe available university and program support for research and scholarly activities.

Administrative support for research and scholarly activities is provided both at the University level via the Division of Research & Economic Development and at the program level though coaching and advising offered by the Department Chair and Program Director. Division offices include the following:

- Center for Biomedical Research: State-of-the-art animal research facility and care
- Computational Research Center: Supporting high-performance computing
- Research & Sponsored Programs Development
    - Pre Award: Proposal Review, Proposal Submissions, Award Negotiations, Sub Award Setup and Negotiations, Amendment Requests, MOU's
    - Post Award: PeopleSoft Funding Setup, Invoicing, Financial Reporting, Final Reporting
- Corporate Engagement & Commercialization: Technology transfer for research
- ND EPSCoR: Increase competitiveness and support statewide STEM research
- Research Institute for Autonomous Systems (RIAS): Unmanned systems research and policy
- Research Compliance & Ethics: IRB, IACUC, IBC, COI, and UASREP
- Tech Accelerator: Laboratory, training, and office facility for start-ups and economic development
- Grants & Contracts Administration

The Division of Research & Economic Development has a Certified Research Administrator that assists researchers with finding support. The program also has access to grand challenges seed funding opportunities (https://und.edu/research/grand-challenges/seed-funding.html), which UND dedicated $4 million in seed funding for research. At UND there are additional federal and non-federal funding opportunities through the Office of Research and Sponsored Program Development which include:

- Limited Submissions: Funding opportunities from sponsors that restrict the number of proposals that an institution can submit. In these cases, the university will typically send out a call for white papers and run an internal competition to identify which proposals can be submitted to the sponsors.

- Early Career Opportunities: These awards are funding opportunities that target new scholars, who are sometimes considered to be pre-tenure and other times considered to

be faculty members who have not worked more than 10 years at an institution of higher education.

- External Funding Opportunities: These are solicitations from external entities that include but are not limited to federal agencies, state agencies, and non-profit/for-profit organizations. Many of these external funding opportunities can be found in the grantforward database.

Other support and research functions managed by the Office include:
- Proposal development
- Proposal review
- Proposal submission
- Notice of award receipt
- Negotiation and execution of awards & sub-awards
- Temp requests
- Award modifications

The University also has resources available for external review of large Center grants (e.g., COBRE).

Support is also provided by the University Senate Scholar Activities Committee. One of the responsibilities of the committee is to stimulate and encourage scholarly activities.

A multitude of potential funding opportunities and resources are also available for scholars who are involved in Clinical Translational Research through the Dakota Cancer Collaborative on Translational Activity (DaCCoTA) which is housed in the SMHS.

3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students.

The MPH Program faculty are engaged in a range of basic and applied research and scholarly activities that impact public health, locally and nationally. The MPH faculty regularly integrate their research and scholarly activity experience into their classroom instruction and student mentorship.

Example 1: Donald Warne, MD, MPH: Dr. Warne's research portfolio is extensive and includes health policy research, tobacco control, cancer disparities, diabetes management, Adverse Childhood Experiences, and Indigenous Health Disparities. In the courses he teaches, he integrates concepts related to contemporary public health research and health disparities into topic areas such as health policy, social determinants of health, health equity, and community engagement. Published research outcomes and ongoing research projects are included in course content.

Example 2: Ursula Running Bear, PhD, MA: has professional public health experience including substance abuse prevention and counseling focused on adult alcohol use. She also has extensive experience in community engagement where she planned and organized promotional and awareness events in collaboration with communities. Throughout her public health

communication lectures, she provides examples of her work with communities and their success and challenges. In PH 550 when discussing study designs, Dr. Running Bear incorporates her previous research experience into the lectures as examples of cross-sectional studies, case-control studies, clinical trials, and qualitative work. She also discusses the results of her various studies and gives honest critiques of them. When students conduct a literature review for courses, Dr. Running Bear will use one of her own literature reviews as an example of the steps to take for a literature review.

Example 3: Andrew Williams, PhD, MPH: utilizes his experience working and training within federal agencies for analyzing large national datasets to his mentorship and teaching students. He uses his own data from a longitudinal cohort study of pregnant women as part of a pilot project and is also designing a separate longitudinal cohort study of pregnant women and their infants. For PH 552 – Epidemiology 2, students design various types of research projects including a cohort study. Dr. Williams' experience with designing his own study, as well as utilizing data from a previous study, provide first-hand examples to supplement textbook and articles regarding designing longitudinal cohort studies.

Example 4: Cristina Oancea, PhD, MS: currently serves as the Lead Epidemiologist for the North Dakota State Cancer Registry. One example of how Dr. Oancea utilizes her experience in research activities is finding risk factors for depression among adult US cancer survivors. Dr. Oancea integrates her research results in various examples in her Epidemiology 1 class, as well as Advanced Biostatistics. She uses these experiences to talk about the different facets of study designs, analytical approaches and the complexity of interpreting the study findings when looking at a better understanding of the web of causation for depression among cancer survivors.

Example 5: Melanie Nadeau, PhD, MPH: is a community engaged scholar and has worked more than 17 years on various research projects within the American Indian community. As previous Operational Director at the American Indian Public Health Resource Center housed at NDSU, Dr. Nadeau led a team that successfully engaged a multitude of tribal health stakeholders from across the nation. She has worked with tribal communities conducting community based participatory research, community health assessments, Indigenous evaluation and case-control studies. Dr. Nadeau integrates her research experiences, published research outcomes and current research into her course content.

4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.

As part of training students in the MPH program, opportunities are provided to participate in a variety of faculty research and scholarly activities. Faculty introduce themselves and research opportunities at new student orientation. Faculty also advertise opportunities in class. As other opportunities become available, the program advertises via email listserv. In addition, the program provides opportunities for students to engage in other scholarly activities, for example, in the form of independent study projects or to serve as paid research assistants to faculty members.

Following are examples of student opportunities for involvement in faculty research and scholarly activities:

Example 1: Dr. Nicole Redvers has a student participating with her on a Tribal tobacco control project. The student is gaining experience in doing public health work with tribal communities in North Dakota.

Example 2: In the summer of 2020, Dr. Wescott was part of the Pathway Program for 7th-12th graders, she created an internship for one MPH student and two undergraduate public health major students for the program evaluation. The pandemic forced drastic changes to both the content (switched from basic science to COVID-19) and the delivery method (in-person to remote). There had not been a formal evaluation, allowing the students to build it from scratch. Students will analyze data and seek publication. This experience has allowed for interns to be flexible and think in critical ways.

Example 3: As part of Dr. Andrew Williams' current pilot project, he hired an MPH research assistant for 20 hours per week. The MPH student is responsible for merging and managing the survey data, will be conducting statistical analyses, and will be involved in writing of manuscripts and future grant proposals.

Example 4: Dr. Cristina Oancea has involved multiple students in research projects. One example is research looking for risk factors for depression among cancer survivors in the US, and investigating similar risk factors in cancer survivors residing in Brazil. In addition, she completed one of her publications with the assistance from a MPH alumna. Dias de Oliveira G, Oancea SC, Nucci LB, Vogeltanz-Holm N. The association between obesity and self-reported current depression among adult cancer survivors residing in Brazil. Int Health. 2019;11(6):580-588. doi:10.1093/inthealth/ihz02

5) Describe the role of research and scholarly activity in decisions about faculty advancement.

Faculty considered for promotion under the DPH guidelines are required to demonstrate contributions to scholarship in the areas of teaching, discovery, integration and application which are defined above.

Procedure for Promotion
Promotions in rank are initiated by a written recommendation from the Department Chair to the Dean of their college or school. This recommendation must include a thorough evaluation of the qualifications of the candidate. This evaluation must take into account, and speak with reference to, the tenure plan or plans under which the candidate has served, specifying the candidate's duties and goals, identified by the candidate's contract(s) as required by Board of Higher Education Policy Manual §605.1 Subpart 3 b. (1) and (2). Recommendations are then submitted to Vice President for Health Affairs and Dean. Prior to a final review, the Dean obtains additional evaluation from the SMHS CPT. Recommendations (for probationary and tenured faculty) are then forwarded to the President. In accordance with State Board Policy 305.1.4.d, the President will approve or disapprove the recommendation (Faculty Handbook).

Promotions are regarded as recognition and reward for academic attainment in three areas: teaching, scholarly and/or creative activity and service to one's discipline, profession and school, and, for those in the clinician scholar track, patient care. It is recognized that special contributions to one particular area of his/her job responsibilities may limit the time and talent

commitments that a faculty member might give to other areas. Therefore, it is not necessarily expected that each faculty member should demonstrate outstanding accomplishments in all of the areas. However, it is essential that chairs and faculty understand that promotion to the upper academic ranks of associate professor and professor will occur only if, at a minimum:

1. Outstanding accomplishment is achieved in at least one of the areas, the area in which faculty percent effort is highest;
2. High accomplishment is achieved in at least one other area; and
3. No more than one area receives an evaluation of good.

The areas in which these evaluations must be earned vary by faculty title and by rank and are outlined in Tables 7–14 in the appendices (Promotion guidelines are not provided for those seeking promotion from Instructor to Assistant Professor because the appointment criteria for Assistant Professor provide sufficient guidance for appointment at that level upon receipt of the terminal degree in the faculty member's field). In general, for those in the scientist scholar track, the Department places high value on publications and evidence of successful grants, and for those in the educator scholar track, evidence of highly valued/reviewed teaching and education scholarship. However, the specific ratio of importance of each area varies for each faculty member and shall be determined by the faculty member's responsibilities as indicated in the position description and percent effort form. It is also recognized that a faculty member may display creative activity in any of the areas. Creative activity is defined for the purpose of this document as the creation of something original, using imaginative skills recognized by outside peers.

More specifically, the major criterion for promotion of Research Faculty is demonstrated research productivity of a population science, clinical science, or educationally-related nature and excellence in professional service. Teaching, if negotiated between the faculty member, Department Chair, and Principal Research Supervisor when applicable, will be considered towards promotion but is not required. If the faculty member is contributing to the departmental teaching mission, then the criteria outlined for promotion in the Scientist Scholar title series will be applied.

Faculty with Research appointments will be evaluated in a manner that is consistent with their faculty title and reflective of their percent of effort in the areas of Research & Scholarly Activity and Service. The promotion and tenure committee will assign ratings of "Does Not Meet Expectations," "Good," "High," and "Outstanding" to these areas based upon the preponderance of evidence supplied by the candidate in their evaluation dossier that addresses the promotion criteria outlined in Tables 11–12 of the DPH Guidelines on Evaluation, Promotion and Tenure Handbook.

Faculty considered for promotion under the DFCM guidelines are required to demonstrate contributions to scholarship in the areas of teaching, discovery, integration and application which are defined above.

Procedure for Promotion Promotions in rank are initiated by a written recommendation from the Department Chair to the Dean of their college or school. This recommendation must include a thorough evaluation of the qualifications of the candidate. This evaluation must take into account, and speak with reference to, the tenure plan or plans under which the candidate has

served, specifying the candidate's duties and goals, identified by the candidate's contract(s) as required by Board of Higher Education Policy Manual §605.1 Subpart 3 b. (1) and (2). Recommendations are then submitted to Vice President for Health Affairs and Dean. Prior to a final review, the Dean obtains additional evaluation from the SMHS CPT. Recommendations (for probationary and tenured faculty) are then forwarded to the President. In accordance with State Board Policy 305.1.4.d, the President will approve or disapprove the recommendation (Faculty Handbook).

Promotions are regarded as recognition and reward for academic attainment in three areas: teaching, scholarly and/or creative activity and service (distinctive contributions to one's discipline, profession and School), and patient care (if appropriate). It is recognized that special contributions to one particular area of his/her job responsibilities may limit the time and talent commitments that a faculty member might give to other areas. Therefore, it is not necessarily expected that each faculty member should demonstrate outstanding accomplishments in all of the areas. However, it is essential that chairs and faculty understand that promotion to the upper academic ranks of associate professor and professor will occur only if:

1. Outstanding accomplishment is achieved in at least one of the areas
2. At least high accomplishment is achieved in a second area and
3. At least good accomplishment is achieved in the third area.

The relative importance of each area varies for each faculty member and shall be determined by the faculty member's responsibilities as indicated in the position description and percentage of Page 25 effort form.

The DFCM, at this time, does not have Research Faculty. If needed the School CPT criteria will be utilized.

6) Select at least three of the measures that are meaningful to the program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the program may add measures that are significant to its own mission and context.

Template E4-1

Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	**Target**	**2017-18**	**2018-19**	**2019-20**
Percent of primary faculty participating in research activities	75%	100%	100%	100%
Number of articles published in peer-reviewed journals	2 Per Faculty[*]	67% of faculty	100% of faculty	89% of faculty
Presentations at professional meetings	2 Per Faculty[*]	83% of faculty	80% of faculty	67% of faculty[^]

[*]Note: Number of faculty varied from three to nine within this timeframe. 2017-18 = 6 faculty members; 2018-19 = 5 faculty members; 2019-20 = 9 faculty members
[^]Note: Four of nine faculty members were hired during the 2019-2020 academic year.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program has partnerships and collaborations with local, regional, national and international organizations and leaders that promote opportunities for research and scholarship.
- Faculty collaborations with public health agencies allow for streamlined access to public health datasets.
- The Program has an existing CTR, creating opportunities for pilot funding and faculty development (e.g., Redvers, Wescott, Lyon-Colbert, and Nadeau).
- The Program has excellent relationships with Tribes and other communities to build community-based research projects.
- Research is integrated into the curriculum and students have opportunities to participate in research projects.
- The MPH faculty leverage University- and School-based resources and assets to expand scholarly activity.

Weaknesses
- The MPH Program does not have a streamlined and comprehensive approach for data collection related to faculty research and service.

Plans for Improvement
- Continue pursuit of large Center grants focused on faculty development (e.g., COBRE).
- Continue professional development support for early career faculty.
- The Program is exploring ways to improve the faculty data collection process.

E5. Faculty Extramural Service

The program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the program's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

1) Describe the program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.

   In the DPH Guidelines on Evaluation, Promotion and Tenure, service is defined as providing assistance to individual(s) or organization(s) associated with one's professional role. There are three areas of such service. The first is service to the institution through such activities as committee work (university, college, and departmental levels), curriculum design, assessment coordination, and other work that fulfills the mission and strategic planning of the department, college, and university. Program area coordination both at the graduate and undergraduate level, for both on-campus and distance programs is considered a special form of service to the department and is evaluated as service (e.g., not as administration). The second area is service to one's profession, via service to professional societies and/or recognized practitioners in the field. The faculty member being evaluated must describe the nature of the work, which often includes being involved in a professional organization by reviewing proposals or manuscripts, holding office in the professional society/organization, conference planning, a non-refereed presentation or publication. The third area is service to one's community through work in schools, agencies, or institutions related to one's professional role.

   In the DFCM Guidelines on Evaluation, Promotion and Tenure, service includes contributions and activities that promote the general welfare of a department, the School, or the University. Service also includes activities that contribute to the development of a professional discipline, a professional society, or an outside agency or community. For all faculty members, regardless of appointment or rank, the concept of "service" includes displaying a collegial spirit of cooperation and avoidance of disruptive behavior.

   The policy regarding service in the program is consistent with UND policies outlined in the UND Faculty Handbook, which require faculty to engage in service to support the academic tradition of shared governance, to support the professional and organizational needs of the faculty member's discipline, and to bring the products of University work to the public to benefit society. The kind and quality of service expected of a faculty member should be in accordance with the faculty member's contract, consistent with the level of performance expected at the faculty member's academic rank and aligned with the Department's priorities and the University's mission. The quality of participation is relevant to evaluating service activity.

The following are examples of Service:

1) Service to the institution
   a) Committee membership and/or leadership at the program area, department, college and university levels
   b) Undergraduate program area coordination
   c) Directing a graduate program
   d) Program planning and development
   e) Authors departmental reports or documents
   f) Coordinates a special service (e.g., assessment planning)
   g) Curriculum design and development (e.g., create a new course, block of curriculum changes, develop a new minor or degree program)
   h) Obtains grants to improve programs and curriculum
   i) Mentors faculty and/or students in significant ways (e.g., Alice Clark, Fulbright or honors program or presenting)
   j) Sponsors or presents at faculty seminars, SGID facilitator, etc.
   k) Other department, college, and/or university mission-related and/or strategic plan work
   l) Participates in departments tasks that support students (e.g., capstone tasks)
   m) Participates in department tasks that support faculty (e.g., serves on faculty evaluation committees)

2) Service to the profession
   a) Holds office in professional organizations (international, national, state, local)
   b) Plans a conference
   c) Reviews conference proposals
   d) Speaks or presents in non-refereed situations
   e) Sponsors a student organization
   f) Administers a grant (e.g., service or teaching grant)

3) Service to the community
   a) Involved with schools/colleges/universities (e.g., accreditation, workshops, consults/advises)
   b) State level committee membership (e.g., curriculum standards development, policy planning)
   c) Serves on boards, liaison, representative, external reviewer to schools/colleges/universities

2) Describe available university and program support for extramural service activities.

The program supports extramural service activities serving the profession, community and other classifications of service. Outstanding service to the profession would be demonstrated by well-documented, well-described service to one's professional societies and/or recognized practitioners in the field. Service is varied and/or deeply dedicated to selective tasks. Evaluation materials provide evidence of impact and high quality leadership and/or participation. Outstanding service to the community would be well-documented, well-described service to communities such as schools, colleges, universities state or other agencies. Service is varied and/or deeply dedicated to selective tasks. Evaluation materials provide evidence of positive impact and quality participation.

The program provides financial support to faculty to attend conferences and serve on extramural committees, boards, etc. The faculty are also provided protected time for service related activities which is demonstrated by the percent FTE designated on the position description.

3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

Example 1: Donald Warne, MD, MPH: Dr. Warne integrates his experience as both a healthcare provider and public health professional in describing the differences between medicine and public health as well as the need for improved coordination across multiple disciplines to improve population health outcomes. In his roles as a Board member of several national, regional, and local health programs, he links course content to contemporary public health and health policy issues. Current National Board roles include March of Dimes and the Public Health Foundation as well as the Health Disparities Subcommittee for the CDC.

Example 2: Nicole Redvers, ND, MPH: As the board chair of a charity organization that provides traditional healing services to Indigenous people, Dr. Redvers includes Indigenous support workers as guest speakers into her classes. Dr. Redvers has a case study on the public health related programming in her curriculum.

Example 3: Andrew Williams, PhD, MPH: Dr. Williams participated in the Maternal and Child Health self-study that informs the state department of health's MCH activities and funding priorities. In teaching PH 552 and mentoring students, this understanding of how public health agencies and funders identify priorities is invaluable to students as they develop an understanding of how public health agency and funder priorities effect delivery of public health services and interventions.

Example 4: Cristina Oancea, PhD, MS: In addition to working as an associate professor in the UND SMHS MPH program, Dr. Oancea also serves as the lead epidemiologist for the North Dakota Statewide Cancer Registry (NDSCR). In her Epidemiology class, she gives many examples of the use of the NDSCR data, merger of various datasets, and many research projects in which she's involved that use NDSCR data.

Example 5: Melanie Nadeau, PhD, MPH: Dr. Nadeau serves on the Turtle Mountain Band of Chippewa Indians Research Review Board and provides examples of how a tribal IRB differs from a University IRB. Dr. Nadeau serves as the co-Chair of the American Indian/Alaska Native/Native Hawaiian caucus for APHA. She also covers ethical issues concerning at-risk populations.

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service.

Example 1: Nicole Redvers, ND, MPH: Dr. Redvers volunteers with a number of planetary health organizations around the globe and has been able to connect students interested in this work to develop their networks and gain perspective in the environmental health aspects of public health.

Example 2: Andrew Williams, PhD, MPH: Dr. Williams regularly peer reviews for a variety of academic journals. If reviewing an article relevant to a student's interests, or a project the

student is currently working on, Dr. Williams will invite the student to review the article as the journal allows.

Example 3: Cristina Oancea, PhD, MS: Dr. Oancea has worked with UND students on using the NDSCR dataset in order to identify a potential association between indoor radon exposure and Chronic Lymphocytic Leukemia (CLL). This research led in the following publication: Oancea SC, Rundquist BC, Simon I, et al. County level incidence rates of chronic lymphocytic leukemia are associated with residential radon levels. Future Oncol. 2017;13(21):1873-1881. doi:10.2217/fon-2017-0165. Currently, Dr. Oancea is working with another MPH student on trying to better understand less researched risk factors for breast cancer in North Dakota by using the NDSCR data.

Example 4: Melanie Nadeau, PhD, MPH: Dr. Nadeau serves on the North Dakota Department of Health Equity committee and one of her students completed the interprofessional practice strategic planning assignment by working with the group to update/create a strategic plan.

5) Select at least three of the indicators that are meaningful to the program and relate to service. Describe the program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the program may add indicators that are significant to its own mission and context.

Table E5-1

Outcome Measures for Faculty Related to Service				
Outcome Measure	**Target**	**2017-18**	**2018-19**	**2019-20**
Percent of primary faculty participating in extramural service activities	75%	100%	100%	100%
Number of community-based service projects	1 Per Faculty*	100% of faculty	100% of faculty	67% of faculty^
Public/private or cross-sector partnerships for engagement and service	1 Per Faculty*	100% of faculty	100% of faculty	67% of faculty^

*Note: Number of faculty varied from three to nine within this timeframe.
^Note: Four of nine faculty members were hired during the 2019-2020 academic year.

All of the MPH Program's faculty are encouraged to engage in extramural service activities. Service activities are included in faculty evaluation for promotion and tenure. Faculty are encouraged to conduct service activities that provide opportunities for student involvement. With a growing number of new faculty, the Program expects that 100% of faculty will be engaged in service activities in future academic years.

6) Describe the role of service in decisions about faculty advancement.

In the DPH Guidelines for Evaluation, Promotion and Tenure, promotions are regarded as recognition and reward for academic attainment in three areas: teaching, scholarly and/or creative activity and service to one's discipline, profession and school, and, for those in the clinician scholar track, patient care. It is recognized that special contributions to one particular area of his/her job responsibilities may limit the time and talent commitments that a faculty member might give to other areas. Therefore, it is not necessarily expected that each faculty member should demonstrate outstanding accomplishments in all areas. However, it is essential that chairs and faculty understand that promotion to the upper academic ranks of associate professor and professor will occur only if, at a minimum:

- Outstanding accomplishment is achieved in at least one of the areas, the area in which faculty percent effort is highest
- High accomplishment is achieved in at least one other area, and
- No more than one area receives an evaluation of Good

In the DFCM Guidelines for Evaluation, Promotion and Tenure, Promotions are regarded as recognition and reward for academic attainment in three areas: teaching, scholarly and/or creative activity and service (distinctive contributions to one's discipline, profession and School), and patient care (if appropriate). It is recognized that special contributions to one particular area of his/her job responsibilities may limit the time and talent commitments that a faculty member might give to other areas. Therefore, it is not necessarily expected that each faculty member should demonstrate outstanding accomplishments in all of the areas. However, it is essential that chairs and faculty understand that promotion to the upper academic ranks of associate professor and professor will occur only if:

- Outstanding accomplishment is achieved in at least one of the areas
- At least high accomplishment is achieved in a second area and
- At least good accomplishment is achieved in the third area.

In both departments, the relative importance of each area varies for each faculty member and shall be determined by the faculty member's responsibilities as indicated in the position description and percentage of effort.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- There is a strong culture within the MPH Program of faculty engagement with the community, devoting considerable time to extramural service.
- Faculty service is well supported by senior administrative leadership at SMHS.

Weaknesses
- The MPH Program does not have a streamlined and comprehensive approach for data collection related to faculty research and service.

Plan for Improvement
- The program is exploring ways to improve the faculty data collection process.

F1. Community Involvement in Program Evaluation and Assessment

The program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).

Specifically, the program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

1) Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations.

   The MPH Program has a formal CAB that meets biannually and provides feedback on student outcomes, curriculum and overall planning processes. The CAB membership is diverse and represents numerous areas of public health. CAB agendas and minutes are in ERF A1.

   1. Grace Njau, MPH (Director Division of Special Projects & Health Analytics, North Dakota Department of Health)
   2. Terry Dwelle, MD, MPHTM, CPH (Public Health Community Member)
   3. Judy Lee, BS (Senator, North Dakota Legislature)
   4. Gretchen Dobervich, BSW (Representative, North Dakota Legislature)
   5. Dave Molmen, MPH (Chief Executive Officer, Altru Health System)
   6. Pete Seljevold, MS, MM (Program Administrator, Blue Cross Blue Shield of North Dakota Worksite Wellness)
   7. Karina Knutson, MPH (Associate Director, UND Wellness Promotion)
   8. Debbie Swanson, MS, RN (Director, Grand Forks Health Department)
   9. Julie Ferry, RN (Nurse Administrator, Nelson-Griggs District Health Unit)
   10. Allen Anderson, RD, LRD (Family Heath Team Leader, Grand Forks Public Health Department)
   11. Kylie Overson, JD (Community Member)
   12. James Roemmich, PhD (Center Director, Grand Forks Human Nutrition Research Center)
   13. Mara Jiran, MPH (Chief Executive Officer, Spectra Health)
   14. Molly Soeby, MPA (Family & Community Wellness, Grand Forks County Extension Service)
   15. Alison Traynor, BSW, MPH (MPH Alumnus)
   16. Zachary Hoggarth, MPH (MPH Alumnus)
   17. Andria Spaeth, MBA (MPH Student)
   18. Donald Warne, MD, MPH (MPH Director, *ex officio*)
   19. Kenneth Ruit, PhD (SMHS Associate Dean for Education & Faculty Affairs, *ex officio*)

2) Describe how the program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

   - **MPH CAB**
     - The MPH CAB meets biannually and regularly reviews and assesses the content and currency of curricula and its relevance to current practice and future

directions. The MPH Faculty Council reviews CAB recommendations and implements changes as appropriate. See ERF A1 for committee minutes.

- **INMED Tribal Advisory Board (TAB) input on Indigenous Health MPH specialization**
  - The INMED TAB meets quarterly and Indigenous Health MPH updates are a standing agenda item. TAB members provide community-based input regarding curriculum priorities, future directions, and student recruitment.
- **Alumni engagement**
  - The MPH Program regularly engages with its alumni through focus groups and other methods. Through focus groups and informal communications, alumni provide feedback related to currency of curricula and relevance to current and future practice.
- **Faculty and staff engagement on committees**
  - Many MPH faculty and staff are active members on public health committees and boards. This involvement allows for interaction with stakeholders on a regular basis.
- **External stakeholder participation in student presentations and activities**
  - External stakeholders regularly attend MPH student ILE presentations and related activities. Through this involvement, partners and stakeholders are able to assess students' preparation for the workforce and provide feedback.

3) Describe how the program's external partners contribute to the ongoing operations of the program. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals and evaluation measures

In 2018 and 2019, the MPH Program reviewed and revised its vision, mission, values, goals and evaluation measures. At its July 1, 2019, meeting, the MPH CAB played a significant role in reviewing draft versions and providing input for changes.

b) Development of the self-study document

MPH CAB members reviewed criteria B1, D5, E2, F1 and F3 from the self-study document prior to submission. Specific questions meant to serve as prompts during CAB review include the following:

1. Is the narrative clear?
2. Is there anything you're wanting to know more about?
3. Do you feel like you/your work/the value of our partnership is sufficiently represented?
4. Does the impact of our program to the field of public health come through?
5. Are we missing any strengths? Weaknesses? Plans for improvement?

MPH Alumni reviewed criteria A3, B1, D7, E2, H1 and H2 from the self-study document prior to submission. Specific questions meant to serve as prompts during alumni review include the following:

1. Is the narrative clear?
2. Is there anything you're wanting to know more about?
3. Do we sufficiently represent our program's efforts?
4. Does the impact of our program to the field of public health come through?
5. Are we missing any strengths? Weaknesses? Plans for improvement?

c) Assessment of changing practice and research needs

The MPH CAB serves as the primary means of program assessment of changing practice and research needs. The MPH Program provides updates to the CAB on its current curriculum, practical opportunities and linkages, and research priorities at established biannual meetings. The CAB reviews and provides input for future directions of the program. At its October 2020 meeting, the MPH CAB reviewed MPH Program practice and research activities and discussed relevancy and currency to practice and research needs. See ERF A1 for committee minutes.

The MPH Program regularly engages with the North Dakota Department of Health, via CAB membership and as an alumni employer, to assess changing practice and research needs. During the October 2020 MPH CAB meeting, the North Dakota Department of Health had dedicated time to provide updates and reflect on how the MPH Program serves current and future practice and research needs. See ERF A1 for committee minutes.

d) Assessment of program graduates' ability to perform competencies in an employment setting

The Program conducted an employer survey in Fall 2017/Spring 2018. This survey utilized the Program's former competencies, as the graduates' curriculum was built off those. Table F1-2 reflects survey results related to the following question: "Identify, on the scale below, whether you agree that the UND MPH graduate you employ/employed was adequately prepared for employment based on the MPH Program's competencies." The full report is located in ERF B5.

Table F1-2

MPH Core Competencies	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to Observe
1	50% (2)	25% (1)	25% (1)		
2	25% (1)	75% (3)			
3	50% (2)		25% (1)		25% (1)
4		25% (1)	25% (1)		50% (2)
5		75% (3)	25% (1)		
6	25% (1)	25% (1)	25% (1)		25% (1)
7	25% (1)	25% (1)	25% (1)		25% (1)
8	50% (2)		25% (1)		25% (1)
9		100% (4)			
10	25% (1)	50% (2)	25% (1)		
11	25% (1)	50% (2)			25% (1)

12	50% (2)		50% (2)		

The MPH Program Evaluation Committee plans to conduct a full review of Program assessment measures in Spring 2021. This will include alumni and employer quantitative and qualitative methods.

4) Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3.

Example 1: The MPH CAB review process of Program vision, mission, values and goals is documented in ERF A1, specifically the July 1, 2019, meeting.

Example 2: MPH Alumni and MPH CAB involvement in the development of self-study document are located in ERF F1.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program has a robust CAB with diverse members that provide input from multiple public health perspectives.

Weaknesses
- The MPH Program does not have a defined qualitative process to regularly engage and collect data from employers related to graduates' ability to perform competencies in an employment setting.

Plans for Improvement
- Develop and implement quantitative and qualitative data collection related to employer perspectives on graduate outcomes and competency attainment.

F2. Student Involvement in Community and Professional Service

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

1) Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate.

   During new student orientation, students are introduced to the importance of involvement in community and professional service, and, on a basic level, are introduced to opportunities within the Program and state. During this time, Program staff and faculty strive to help students gain an understanding of the importance for work performed outside of the classroom, contributing to the larger context of public health.

   The MPH Program was built on a foundation to serve North Dakota by training the health workforce and providing assistance to State public health agencies and community-based health organizations. Therefore, developing and introducing service opportunities, community engagement and professional development activities for faculty and students has been a Program priority. The Program has strong relationships with many public health organizations, which in turn creates opportunities for students to provide service and engage with the community. A few of these include:

   - **The NorthEast Public Health Collaborative**, a formal alliance between the eight local public health units in the Grand Forks area
   - **GFPHD** – opportunities for involvement in the agency's accreditation activities, including focus groups, secondary data collection and analysis, and report writing
   - **Altru Health System** – opportunities for involvement in the agency's accreditation activities, including focus groups, secondary data collection and analysis, and report writing
   - **North Dakota Department of Health** – opportunities for involvement in research and outreach

   In addition:
   - Students conduct their APEx in community-based settings, often creating a network for further service and engagement.
   - Guest lecturers are integrated across the curriculum and provide perspective and insight related to the contribution of service and engagement to the advancement of public health.
   - Service opportunities are frequently shared by the MPH Program Manager. Students are surveyed regarding their service participation during the required annual MPH student survey administered every spring.

2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years.

The table below lists examples with brief descriptions of professional and community service opportunities in which MPH students have participated.

Table F2-1

Activity	Brief Description
Out of the Darkness Walk (American Foundation for Suicide Prevention), 2018-2019, 2019-2020	One MPH student served on the UND Chapter Out of the Darkness Walk planning committee. In addition, she conducted press relations and acted as social media representative. She also emceed a suicide prevention awareness panel to 400 UND athletes. Multiple MPH students participated in the Out of the Darkness Walk.
APHA's Speak for Health Advocacy Bootcamp, 2019	One MPH student attended the APHA's Speak for Health Advocacy Bootcamp in Washington, D.C. The event focused on trainings and workshops with the basics of Capitol Hill, advocacy and policy messaging through a climate change and health lens.
UND Student Health Services Utilization Survey, 2019-2020	In collaboration with the MPH Program and UND Student Health Services (SHS), one MPH student completed nearly a year of service to assist in assessing SHS utilization and making subsequent recommendations.
Grand Forks Public Schools, Youth Risk Behavior Surveillance System, 2019-2020	In consult with MPH faculty and staff, one MPH student utilized secondary data to create a presentation highlighting risky behavior trends within middle school and high school students. The presentation was utilized by the Grand Forks Public Schools Character Education & Prevention Coordinator to present to the Grand Forks Public School Board.
Grand Forks Public Health Department / Altru Health System Community Health Assessment, 2018-2019, 2019-2020	Four MPH students were involved in accreditation activities of GFPH and Altru Health System. Their work included primary data collection (e.g., focus groups), secondary data analysis, and report writing.
Grand Forks Green Dot Bystander Program, 2019-2020	In collaboration with the Community Violence Intervention Center (CVIC), an MPH student is a member and facilitator for the Green Dot Bystander program. She has been part of the training of staff at Altru Health System.
North Dakota Youth Homelessness State Policy Stakeholders Group, 2020	A MPH student is volunteering to assist in the drafting of three bills for 2021 to facilitate access to vital documents for people experiencing homelessness, including unaccompanied homeless youth. Bills will seek to provide youth with access to

	health care, behavioral health care, housing and other services.
Grand Forks Public School Student In Transition (SIT) Bus, 2020	A MPH student volunteers for the SIT bus, providing transportation for homeless youth to and from school.
This is Public Health Ambassadors, 2019-2020, 2020-2021	Nominated by the MPH Program, and selected by ASPPH, three MPH students have served as This is Public Health Ambassadors. Ambassadors help raise awareness about the field of public health by leading events and planning activities.

Service is provided to other organizations and initiatives including Live Well Grand Cities, to which MPH staff, students, and faculty have belonged. In addition, historically the PHA allowed MPH students and undergraduate students interested in public health to engage in a variety of service-related activities including:

- Rural Health Day Information Booth
- Community guest speakers
- Step Out Diabetes Walk team
- NDPHA Legislative Day
- Public Health Week Activities

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program orients students to the importance and existence of service and community engagement activities.
- The MPH Program has strong connections with local and regional agencies that call upon the Program and its students to conduct service and engagement activities.
- Throughout each academic year, the MPH Program advertises service and community engagement opportunities to students.

Weaknesses
- Annual student assessment results have shown a downward trend in student involvement in service-related activities.

Plans for Improvement
- Continue building the Program's community network to advance professional relationships between the MPH Program and the community.
- Continue to encourage students to participate in service activities.

F3. Assessment of the Community's Professional Development Needs

The program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

1) Define the program's professional community or communities of interest and the rationale for this choice.

   The MPH Program's professional community includes multiple and diverse stakeholder groups. Communities of interest include North Dakota, South Dakota, and Minnesota. Public Health organizations from these communities include:

   - North Dakota Department of Health and other regional state health departments
   - Altru Health System, Sanford Health and other health systems
   - Grand Forks Public Health Department and other local public health units
   - Spectra Health and other Federally Qualified Health Centers (FQHCs)
   - NDSU Extension Service and other academic organizations
   - Live Well Grand Cities and other local coalitions
   - American Cancer Society and other not-for-profit public health organizations
   - Blue Cross Blue Shield and other health insurers
   - Great Plains Tribal Chairmen's Health Board and tribal health programs

   Rationale for selection
   Consistent with the Program's vision and mission, we define priority communities as those within North Dakota and the region. In collaboration with the NDSU's Department of Public Health (the state's other MPH program), the UND MPH Program identified and defined communities and organizations within the region that are vital components of the Public Health system. These organizations also include sites where MPH students and faculty regularly contribute scholarship and service. In addition, many UND MPH alumni are employed by these organizations.

2) Describe how the program periodically assesses the professional development needs of its priority community or communities and provide summary results of these assessments. Describe how often assessment occurs.

   The UND MPH Program engages its priority communities and organizations through a number of mechanisms, including a periodic Workforce Needs Survey, key informant interviews, engagement as MPH CAB members, and conversations with APEx preceptors and alumni employers.

   Workforce Needs Survey
   The UND MPH Program conducted its first comprehensive Workforce Needs Survey in 2014. Given the comprehensiveness of the survey and results, it has not been repeated to-date. The Program has plans to complete another survey assessment in 2021 or 2022. The survey and results are located in ERF F3.

Key Informant Interviews, Fall 2018/Spring 2019
The UND MPH Program and NDSU Department of Public Health conducted key informant interviews in Fall 2018/Spring 2019. Participants included representatives from the Program's professional communities of interest. The UND MPH Program and NDSU Department of Public Health plan to conduct key informant interviews in Fall 2021.

Key Informant Interviews, Summary Results

#	Question	Answer
Section 1		
1.	What do you believe are three or four of the greatest challenges that public health professionals will need to be prepared to tackle in the next 10 years?	Substance/Drug/Opioid Abuse: 44% Building/maintaining PH Workforce: 38% Building Community Partnerships/Collaboration: 31% Focus on Prevention: 31%
2.	What do you do if you need to add a new skill set in your department?	Train Existing Employees: 56% Send to national conferences/trainings: 38%
3.	What are the greatest skills needed for the type of work your department/organization is doing today?	Communication: 31% Policy/politics/legislation: 31% Collaboration: 19% PH knowledge: 19%
Section 2		
4.	What is the most important thing we can do to prepare our current workforce to meet the demands of the future?	Teach collaboration and partnership building, person-focused, new/emerging technology, grant management, systems thinking Practicums that go beyond data and data entry Provide hands-on opportunities Tailor education and skillsets of MPHs to jobs available after graduation opportunities
5.	What have you learned from your own experience in developing your department that might be of value to others who are involved in developing the region/state's public health workforce?	Work with/build on individual's strengths (build teams and tasks based on strengths). Offer training and feedback on weaknesses. Ensure good communication. Silos can be eliminated through team work/collaboration. Grant writing, finance
6.	What are the barriers to getting the skills and abilities you need in your department/ organization?	Budget/compensation/wages: 44% identified as barrier Workforce shortage/retaining PH workforce: 19% *Cost of MPH is too high
Section 3		
7.	How can UND and NDSU's MPH Programs help you fulfill professional development? (In-person workshops, conference	Quarterly NDMPH newsletter with student projects, faculty research, happenings, new funding, alumni spotlight etc. distributed to PH/HC organizations/agencies across the state to foster collaboration and partnerships.

	calls, webinars, lectures, conferences, etc.)	Increase student participation in conferences Have a FREE webinar series presented by UND/NDSU experts. End with an in-person conference/networking event. -Cultural competence/ethics -Public health communication -Budgeting -Using MPHs Build awareness for PH among kids by presenting in schools Improve practicum opportunities to not just include data/data entry

Full results are located in ERF F3.

Engagement with MPH CAB
The MPH CAB meets biannually. Workforce development is a reoccurring agenda item. MPH CAB members are also encouraged to reach out to Program leadership to discuss workforce needs. CAB minutes are located in ERF A1, specifically May 11, 2018 and October 29, 2020 related to workforce development.

Informal interactions include conversations with APEx preceptors, alumni employers, and other stakeholders. Involvement of faculty and staff in service activities and community engagement allow for extensive informal communications regarding public health workforce needs.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program has well-defined communities of interest that have been engaged over the Program's lifespan.
- The MPH Program has excellent working relationships with key stakeholders and partners.
- Faculty and staff have mutually beneficial partnerships with communities and organizations of interest.

Weaknesses
- The MPH Program does not document all informal communications and engagements.

Plans for Improvement
- Create a mechanism to document faculty and staff engagement with community partners.

F4. Delivery of Professional Development Opportunities for the Workforce

The program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

1) Describe the program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.

   The MPH Program has constant engagement with its communities of interest and public health key stakeholder groups. The Program develops and implements professional development activities for the workforce based on priority areas identified by the stakeholders, through formal and informal methods. As the Program becomes aware of professional development needs, the Program Director and Faculty Council determine which faculty and through which means are best to meet the needs. Examples of stakeholder engagement regarding professional development are provided below.

2) Provide two to three examples of education/training activities offered by the program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the program).

   Example 1: Faculty Fridays
   In response to needs of the public health workforce, specifically gaining more understanding about faculty members' research and areas of expertise, the MPH Program developed Faculty Fridays in Spring 2020. An example talk and schedule are located in ERF F4. Topics have included:

   - Youth Risk Behavior Survey – How can we improve it for tribal communities? Melanie Nadeau, PhD, MPH (core faculty)
   - Environmental Health and Emergency Preparedness in North Dakota, Amber Lyon-Colbert, PhD, MS (core faculty)
   - Digital Public Health in the Era of COVID-19: A Glimpse into the Future? Corey Smith, PhD (affiliated faculty)
   - Impact of Boarding School Attendance on the Physical Health of Northern Plains American Indians, Ursula Running Bear, PhD, MA (core faculty)

   External participants served: 12
   Stakeholder groups included: North Dakota Department of Health; Grand Forks Public Health Department; UND Center for Rural Health

   Example 2: North Dakota Colorectal Cancer Roundtable
   The MPH Program Director served as Chair of the roundtable for two years. In this capacity, the Director served as a moderator in the annual meetings in which data were collected regarding training and educational needs to improve colorectal cancer outcomes in North Dakota. Based

on these needs assessments, the Program Director and other MPH faculty developed trainings and education for the public health workforce to improve policy and advocacy strategies.

External participants served: 2019 = 58, 2020 = 65
Stakeholder groups included: American Cancer Society, North Dakota Department of Health, Community Health Association of the Dakotas, Sanford Health, and Altru Health System

Example 3: Tribal IRB Training, October 2020
In response to Tribal community requirements for culturally appropriate research, the MPH Program and the CTR coordinated a Tribal Institutional Review Board Training in Fall 2020. See ERF F4 for full schedule. Topics included the following:

- Resources and Partners in Ethical, Community Based Research
- Ethical Research with Human Subjects in the Northern Plains
- IRB 102: Navigating the Process for Community Based Projects
- Community Engagement Pilot Projects
- Grant Writing and Management
- Public Health Grants and Working with IRB/RRB

External participants served: 34 in-person; 26 viewed recorded presentations (60 total)
Stakeholder groups included: Tribal IRBs, Northern Plains Tribal Epidemiology Center, American Indian Cancer Foundation, and Tribal Colleges

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program has strong connectivity to its communities of interest.
- The MPH CAB facilitates conversations related to public health workforce development.

Weaknesses
- Minimal opportunities for non-credit bearing, short-term continuing education for working professionals.

Plans for Improvement
- Develop more non-credit bearing, short-term continuing education offerings for local and distance public health professionals, based on information from workforce assessments and key informant interviews.
- Enhance marketing of workforce development offerings.
- Explore opportunities to partner with community organizations, such as the GFPHD, to offer continuing education opportunities.

G1. Diversity and Cultural Competence

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the program's scholarship and/or community engagement.

1) List the program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.

    Based on the school-wide diversity priorities discussed below, the MPH Program prioritizes the following under-represented populations:
    1. American Indians, students and faculty
    2. Public health workforce, students
    3. Women, students, faculty and staff

    The MPH Program operates within the SMHS, the School of Graduate Studies (SGS), and the institutional structure of UND. Therefore, this criterion describes efforts that are congruent with the institution as a whole, the SMHS, the SGS, and the MPH Program. It is important to note that the policies presented here are institution- and school- specific and not set by the program. Any policy set by the UND MPH Program remains consistent with institutional- and school-specific policies and is intended to enhance the performance of the program to fulfill its mission, goals and objectives. The following statement reflects the values of the SMHS and UND on diversity and inclusion.

    SMHS Diversity Statement
    The UND and its School of Medicine & Health Sciences (SMHS) take pride in their mission to meet the individual and group needs of a diverse and pluralistic society through education, research, and service. The people served by and associated with the SMHS vary widely; all are valued for the richness their different cultures, heritages, perspectives, and ideas they bring to the community. The SMHS is, in part, a conduit through which individual perspectives and global interrelationships are enhanced by a working, learning, and teaching environment that is aware of and sensitive to the diversity of its constituents. Diversity in the SMHS is constituted by the full participation of people of different racial and ethnic heritage, age, gender, socioeconomic background, religion, sexual orientation, and disability; and of people from other countries. Of special and particular importance is the SMHS's longstanding commitment to the education of American Indian students and the cultures and traditions of American Indians/Alaska Natives.

The SMHS's commitment to diversity extends to students from rural America, in particular those from North Dakota, Minnesota, and states in the (WICHE) consortium. The School has a longstanding commitment to the employment of those with an American Indian background and promotes gender equality across all hires including ensuring gender equality within the full-time faculty and full-time senior administrative staff. The SMHS is committed to providing working, learning, and teaching experiences that promote self-determination, educational advantages, and professional opportunities. (https://med.und.edu/about/purpose-plan-diversity.html)

The MPH program based its definition of underrepresented populations off the populations defined by the University as a whole and by the SMHS. Embedded within the SMHS diversity statement is the description of UND's underrepresented populations: "Of special and particular importance is the SMHS's longstanding commitment to the education of American Indian students and the cultures and traditions of the American Indian people. In addition, the SMHS commitment to diversity extends to students from rural America, in particular those from North Dakota, Minnesota, and states in the WICHE consortium. Furthermore, the SMHS embraces its international student population as they enhance the culturally rich learning environment of campus".

2) List the program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.

Specific goals for increasing the representation and supporting the persistence and ongoing success of specific populations defined above are listed below, and they adhere to the MPH Program's values:

1. Recruit and retain a diverse faculty, staff, and student body that reflects our priority populations.
2. Admission of under-represented students is to be based on a holistic process, including academic preparation and lived experience.
3. Ensuring faculty and staff have resources and opportunities for continuous professional development.
4. Ensuring students have resources to support the ongoing success within our diverse student body.
5. Admitted American Indian students represent at least 20% of the student body.
6. Admitted students from the public health workforce represent at least 20% of the student body.
7. At least 50% of students, faculty and staff will be women.

The MPH Program strives to promote diversity across the program's core mission, values, and objectives. We share the values that guide UND: educating tomorrow's leaders, instilling scientific inquisitiveness, embracing diversity, and serving our communities and the world around us. In addition, the MPH Program includes the following two values within their guiding statements:

Social Justice
We foster social responsibility and equity in our students and the communities we serve.

Diversity and Inclusion
We create and support environments that are inclusive and rich in diversity.

3) List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies.

The process of defining the actions and strategies was initiated through monthly Faculty Council meetings and discussions with the SMHS Dean's Office. The MPH Program Director started in October 2018, and he also serves as the Associate Dean for Diversity, Equity and Inclusion. In this role, he is directly involved in developing and setting priorities for diversity and inclusion at UND. The actions and strategies below are consistent with broader University and SMHS priorities.

1. Recruit and retain a diverse faculty, staff, and student body that reflects our priority populations.
    a. Advertisements for faculty openings are sent to organizations and listservs with diverse constituents, including the APHA American Indian, Alaska Native, Native Hawaiian Caucus, the Native Research Network, and Epi Monitor
    b. MPH Director conducts targeted recruitment for faculty openings
    c. The MPH Program has been successful in retaining staff. No turnover has occurred since 2016.
    d. All faculty and staff hires follow the processes of and require approval of the UND Equal Opportunity and Title IX Office.
    e. As discussed in criterion H4, faculty and staff recruit a diverse student body through conferences, speaking arrangements, and national organizations
2. Admission of under-represented students is to be based on a holistic process, including academic preparation and lived experience.
    a. The MPH Program recognized that standardized exams, (i.e. GRE), can be culturally biased. At its June 25, 2020 meeting, the MPH Faculty Council voted to remove the GRE from MPH admission requirements.
    b. The MPH Admissions Committee recognizes the value of a diverse student body and takes a holistic approach to admissions.
3. Ensuring faculty and staff have resources and opportunities for continuous professional development.
    a. MPH Program promotes faculty and staff retention by providing annual financial support for continuous professional development.
    b. MPH Director and Assistant Director regularly encourage and discuss with faculty the importance of professional development and how it integrates with Promotion & Tenure.
4. Ensuring students have resources to support the ongoing success within our diverse student body.
    a. The MPH Program connects all students with academic support and library resources.
    b. The MPH Program has a robust individualized academic advising process, providing ongoing support for students from diverse backgrounds.

      c.   Individual student advising occurs with faculty advisor and Program Manager to ensure consistent communication and support.

5. Admitted American Indian students represent at least 20% of the student body
    a. Recruitment occurs through the following:
        i. The Indigenous Health curriculum is an excellent recruitment tool for American Indian students
        ii. Indigenous faculty members are effective recruiters of American Indian students, based on cultural connectedness, lived experience, and community engagement
        iii. Faculty participation in conferences, presentations, and national organizations (National Indian Health Board, American Public Health Association Indigenous Caucus, American Indian Higher Education Consortium)
        iv. Distance offerings, allowing American Indian students to remain in their home communities while completing the MPH
        v. Strong partnerships with Tribal colleges and AIHEC create a pathway for students from reservation communities to UND
        vi. Annual UND American Indian Health Research Conference, creating partnerships and engagement with stakeholders and prospective students

6. Admitted students from the public health workforce represent at least 20% of the student body
    a. Recruitment occurs through the following:
        i. Faculty and staff engagement with state health departments, local public health units, and other public health agencies
        ii. Distance offerings, allowing public health workforce students to remain in their home communities while completing the MPH
        iii. Collaboration with UND CRH, including at the Annual Dakota Conference on Rural & Public Health

7. At least 50% of students, faculty and staff will be women
    a. The MPH Program utilizes a holistic approach in hiring faculty and staff and admitting students.
    b. Advertisements for faculty openings are sent to organizations and listservs with diverse constituents
    c. MPH Director conducts targeted recruitment for faculty openings

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities.

Curricular requirements
The MPH Faculty Council regularly reviews and discusses the curriculum, including culturally competency and diversity. A few examples of integration into the curriculum include:
- Core curriculum
    - PH 510 Public Health & Health Care Systems content covers numerous and diverse health systems, including Indian Health Service, Veterans Health Administration, rural health systems, and Federally Qualified Health Centers.

- o PH 541 Public Health Communication addresses cross-cultural communication
- Indigenous Health
  - o The Indigenous Health Specialization is designed to provide students with a critical understanding of determinants of Indigenous health and solutions to health disparities. Students examine Indigenous populations, histories, cultures, societies, traditional healing systems, food sources, patterns and impact of colonization, and health inequity. Students also evaluate the impact of historical and ongoing traumas associated with colonization and colonialism, explore Indigenous concepts of health and healing, and synthesize new approaches of moving toward health equity in a culturally relevant manner. Indigenous populations include American Indian/Alaska Native, Canadian First Nations, Inuit, Sami, Aboriginal Australian, Maori, Ainu, and Pacific Islanders, among others.
- Health Management & Policy and Population Health Research & Analytics
  - o The coursework within these two specializations integrate data sets with diverse populations, policy challenges that effect health disparities, and methodologies to promotion population health.
  - o All Health Management & Policy students take PH 583 American Indian Health Policy.

Diverse faculty, staff and community stakeholders
- Of the 10 PIF, six are people of color, and eight are women.
- MPH Faculty integrate guest lecturers from diverse backgrounds, and those with experience in providing culturally competent public health services.
- The MPH Program has existing APEx agreements with diverse organizations, representing minority and under-represented populations, e.g., American Indian, refugee, and homeless.

Faculty and student scholarship and/or community engagement
- The MPH Program has existing APEx agreements with diverse organizations, representing minority and under-represented populations, e.g., American Indian, refugee, and homeless.
- The MPH Program faculty seek and secure scholarship that reflect the Program's values and goals, including social justice and diversity.
- Research projects include opportunities for students to serve as research assistants
  - o Tribal Tobacco Control Project
  - o Faculty development DACCOTA award – Tribal YRBS survey development
  - o Dr. Williams is working with students on research projects relating to racial/ethnic disparities in Maternal & Child Health. For example, an MPH student is examining sociocultural determinants of breastfeeding among Mexican-American women.

5) Provide quantitative and qualitative data that document the program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.

Based on the school-wide diversity priorities discussed below, the MPH Program prioritizes the following under-represented populations:
1. American Indians, students and faculty
2. Rural populations, students
3. Women, students, faculty and staff

Table G1-1

Outcome Measures for Recruitment and Admissions				
Outcome Measure	**Target**	**2017-18**	**2018-19**	**2019-20**
Percentage of admitted American Indian students	20.0%	5.9%	6.7%	25.0%
Percentage of American Indian faculty	20.0%	14.2%	57.1%	55.6%
Percentage of admitted students from public health workforce	20.0%	30.0%	36.0%	37.8%
Percentage of admitted students who are women	50.0%	70.0%	76.0%	91.1%
Percentage of staff who are women	50.0%	100.0%	66.7%	66.7%
Percentage of faculty who are women	50.0%	71.4%	85.7%	77.7%

6) Provide student and faculty (and staff, if applicable) perceptions of the program's climate regarding diversity and cultural competence.

The MPH Program assessed student perception of climate regarding diversity and cultural competence through a survey administrated via Qualtrics to all MPH students and faculty in the fall semester 2020.

- 2020 survey response rate: The survey was sent to all current MPH students and faculty anonymously (N=81 students and faculty). The response rate for students was 45% (31 out of 69 students responded) and faculty 75% (9 out of 12).

Table G1-2: As a UND MPH student, I will be confident in my ability to work with individuals from backgrounds and cultures different than my own.				
Strongly Agree	**Somewhat agree**	**Neither agree nor disagree**	**Somewhat disagree**	**Strongly disagree**
18 (58.1%)	12 (38.7%)	1 (3.2%)	0 (0%)	0.(0%)

Table G1-3: As faculty of the UND MPH program, I feel we are preparing our graduate students to be culturally aware in the workforce.				
Strongly Agree	**Somewhat agree**	**Neither agree nor disagree**	**Somewhat disagree**	**Strongly disagree**
5 (55.6%)	4 (44.4%)	0 (0.0%)	0 (0%)	0.(0%)

Table G1-4: Please rate your level of agreement with the following statements regarding the program:

Statement	Student/Faculty	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
Promotes communication of diversity and cultural awareness	Student N=31	22 (71.0%)	8 (25.8%)	0 (0.0%)	1 (3.2%)	0 (0.0%)
	Faculty N=9	6 (66.7%)	3 (33.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Curriculum emphasizes issues related to diversity and cultural competency	Student N=31	21 (67.7%)	8 (25.8%)	0 (0.0%)	2 (6.5%)	0 (0.0%)
	Faculty N=9	7 (77.8%)	2 (22.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Recruits diverse faculty/students/staff	Student N=31	26 (83.9%)	5 (16.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Faculty N=9	8 (88.9%)	1 (11.11%)	0 (0.0%)	0 (0.0%)	0 (0.0
Has a general climate of inclusivity	Student N=31	28 (90.3%)	2 (6.5%)	1 (3.2%)	0 (0.0%)	0 (0.0%)
	Faculty N=9	8 (88.9%)	1 (11.1%)	0 (0.0%)	0 (0%)	0 (0.0%)

To obtain qualitative data as part of the survey, the MPH Program asked students and faculty to provide feedback regarding diversity, cultural awareness and inclusion related to the Program. The following feedback was provided:

Students Feedback
- "This program puts diversity first and I think that is critical with how our society operates these days."

- "The UND MPH program provides a great learning environment for everyone."
- "Friends from other programs have been surprised with our programs' diversity in faculty, practices, and real-life experiences."
- "The MPH program feels inclusive to me, but as a white person, I am not the best opinion on this. I think the program events and faculty are diverse, but there does not seem to be a lot of conversation about diversity in actual classes. I'm sure it's better in the Indigenous classes, but the general courses don't think seem to have a lot."
- "Need to have education for students that shows how health education is different for the majority vs underrepresented groups."
- "I would appreciate it if there would be more inclusion and clarity in terms of cultural competency factors relevant to different nationalities."

Faculty Feedback
- "Diversity is built into the Core curriculum and is highlighted in the Indigenous health specialization curriculum."
- "The MPH program seems to be trying their very best to promote diversity and inclusion. I appreciate that effort."

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- Fifty percent of PIF are Indigenous, with a combined nearly 100 years of experience in Indigenous Health.
- Faculty have strong and sustained working relationships with diverse communities and key stakeholder groups.
- Eighty percent of PIF are women.
- Issues related to diversity and cultural competence are integrated across the curriculum.
- Twenty-five percent of students in 2019-2020 are American Indian.

Weaknesses
- Not applicable

Plans for Improvement
- To accommodate program growth, the MPH Program will continue to recruit diverse faculty and staff.
- The MPH Faculty Council will continue in-depth reviews of curriculum to assess areas for increased diversity and cultural competence.

H1. Academic Advising

The program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

1) Describe the program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.

   The MPH Program offers student-centered and hands-on advising that begins from the initial stages of application. Advising services are diverse and are delivered in multiple ways to meet each student's needs and support progress through the entire program. Each advising service is described below.

   Pre-Matriculation Advising
   After students are accepted into the MPH Program, they receive an email from the Program Manager that includes a Welcome Letter, orientation details, programs of study for each specialization and details regarding registration (ERF H1). Students review the programs of study and are encouraged to ask questions and discuss with the Program Director or Program Manager. The Program Manager is automatically assigned as the student's initial advisor and students are provided with her contact information.

   Academic Advising
   The Program Manager serves as the program's primary academic advisor. Faculty advisors also assist students in meeting academic and professional goals. The Program Manager meets with each student at least once per semester, or more often as needed. Students are strongly encouraged to notify the Program Manager of any course changes and any subsequent questions. The role of the Program Manager is to discuss and provide guidance on students' plans of study, the APEx, course registration, deadlines, general student affairs issues, and future career plans. The Program Manager also acts as liaison to the SGS, Student Account Services and other campus offices. The Program Manager holds weekly office hours, during which students have the opportunity to receive advising on any topic of their choosing. The Program Manager and Program Assistant also hold monthly "coffee hours", providing students with another opportunity to get acquainted with the program and ask any advising-related questions.

   Near the end of a student's first semester or completing nine core credits, the Program Manager sends an email to each student requesting the student to confirm their specialization. After the student confirms a specialization, the Program Manager sends a follow-up email to each student with his/her faculty advisor assignment (ERF H1). Students are notified in this email that they can talk with the Program Manager if they would like to request a change in their faculty advisor. If a change is requested, the Program Manager works with the student to process the change. The Program Manager oversees course tracking in each student's permanent record.

APEx Advising

The MPH Program holds a required APEx orientation at the beginning of each spring semester, which is typically during a student's second semester of study. During the orientation, the Program Manager and APEx Faculty Advisor deliver a presentation and discuss the APEx Manual in length (ERF D5), including preparedness and planning. The APEx Faculty Advisor follows up with each student individually to mentor and provide guidance through the development of the APEx Proposal. Students are given permission to register for PH 594: Applied Practice Experience once all paperwork is finalized (APEx Agreement and Proposal). The APEx Faculty Advisor checks in with students half way through their experiences to get a status report and address any concerns or questions. The APEx Faculty Advisor's role is discussed in greater detail in criterion D5.

ILE Advising

Instructors of PH 550, Population Health Research Methods, and PH 583, American Indian Health Policy, introduce students to and assist initiation of the ILE. The student works closely with their faculty advisor throughout these course to finalize their ILE proposals. PH 995, Integrative Learning Experience, typically taken in a student's final semester, is co-directed by two faculty members—the faculty advisor and one other committee member of the student's choosing. The faculty advisor works closely with the student throughout completion of the ILE. The role of the faculty advisor and committee member is discussed in greater detail in criterion D7.

2) Explain how advisors are selected and oriented to their roles and responsibilities.

Each PIF and select non-PIF serve as faculty advisors in the MPH Program. Non-PIF are selected based on level of involvement in the program (teaching and service) and permanent positions at UND. Faculty advisors are oriented to their roles through an individual training session with the Program Manager. The Program Manager introduces and explains the plans of study and all forms and processes that must be followed by the SGS. The Program Manager also informs faculty advisors of other services offered on campus that may be useful to assist students with academic, financial, or personal problems.

3) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students.

A sample of advising materials and resources can be found in ERF H1. Other resources include the following, linked on the MPH Program website:
- Plans of study for each specialization: https://med.und.edu/public-health/masters/coursework.html
- Bulletin and manuals: https://med.und.edu/public-health/masters/student-resources.html

4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable.

The MPH Program assesses student satisfaction with academic advising through a survey administered once every academic year. A full report can be found in ERF B5.

- 2018 survey response rate: The 2018 survey was sent to all the current MPH students anonymously (N = 34 students). The response rate was 73.5% (25 out of 34 students responded).
- 2019 survey response rate: The 2019 survey was sent to all the actively enrolled MPH students anonymously (N = 35 students). The response rate was 85.7% (30 out of 35 students responded).
- 2020 survey response rate: The 2020 survey was sent to all the actively enrolled MPH students anonymously (N = 48 students). The response rate was 68.8% (33 out of 48 students responded).

Table H1-1 presents data related to advising frequency.

Table H1-1: How often do you meet with your Faculty Advisor about academic or career planning?				
Advising Frequency	2018 Students	2019 Students	2020 Distance Students	2020 On-Campus Students
Never	2 (18.2%)	2 (7.7%)	2 (11.8%)	1 (7.1%)
Once each year	4 (9.1%)	3 (11.5%)	1 (5.9%)	1 (7.1%)
Once each semester	10 (45.4%)	10 (38.5%)	9 (52.9%)	5 (35.7%)
Twice each semester	3 (18.2%)	2 (7.7%)	1 (5.9%)	4 (28.6%)
More than twice each semester	6 (9.1%)	9 (34.6%)	4 (23.5%)	3 (21.4%)
Total	25 (100%)	26 (100%)	17 (100%)	14 (100%)

Table H1-2 presents data related to ease in arranging advising sessions.

Table H1-2: Have you had difficulty arranging an advising session with your Faculty Advisor?				
Response	2018 Students	2019 Students	2020 Distance Students	2020 On-Campus Students
Yes	0 (0%)	1 (3.8%)	0 (0%)	0 (0%)
No	23 (92.0%)	23 (88.5%)	15 (88.2%)	13 (92.9%)
Did not respond	2 (8.0%)	2 (7.7%)	2 (11.8%)	1 (7.1%)
Total	25 (100%)	26 (100%)	17 (100%)	14 (100%)

Students in 2018, 2019 and 2020 reported very high satisfaction with all aspects of advising (see Tables H1-3 (2020), H1-4 (2019) and H1-5 (2018).

Table H1-3: Please evaluate your satisfaction with the following related to your Faculty Advisor (2020)						
Faculty Advising Attribute	Student Location	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Availability	Distance, n=15	0 (0.0%)	0 (0.0%)	0 (22.2%)	3 (20.0%)	12 (80.0%)
	On-Campus, n=12	0 (0.0%)	0 (0.0%)	1 (8.3%)	1 (8.3%)	10 (83.3%)
	Distance, n=15	0 (0.0%)	0 (0.0%)	0 (0.0%)	2 (13.3%)	13 (86.7%)

Willingness to listen	On-Campus, n=12	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (8.3%)	11 (91.7%)
Professionalism	Distance, n=15	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (6.7%)	14 (93.3%)
	On-Campus, n=12	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (8.3%)	11 (91.7%)
Overall satisfaction with faculty advising	Distance, n=15	0 (0.0%)	0 (0.0%)	0 (0.0%)	4 (26.7%)	11 (73.3%)
	On-Campus, n=12	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0%)	12 (100%)

Table H1-4: Please evaluate your satisfaction with the following related to your Faculty Advisor (2019)

Faculty Advising Attribute	Student Location	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Availability	Distance, n=9	0 (0.0%)	1 (11.1%)	1 (11.1%)	2 (22.2%)	5 (55.6%)
	On-Campus, n=14	0 (0.0%)	0 (0.0%)	1 (7.1%)	3 (21.4%)	10 (71.4%)
Willingness to listen	Distance, n=9	0 (0.0%)	0 (0.0%)	1 (11.1%)	3 (33.3%)	5 (55.6%)
	On-Campus, n=14	0 (0.0%)	1 (7.1%)	0 (0.0%)	3 (21.4%)	10 (71.4%)
Professionalism	Distance, n=9	0 (0.0%)	0 (0.0%)	1 (11.1%)	2 (22.2%)	6 (66.7%)
	On-Campus, n=14	0 (0.0%)	0 (0.0%)	1 (7.1%)	3 (21.4%)	10 (71.4%)
Overall satisfaction with faculty advising	Distance, n=9	0 (0.0%)	0 (0.0%)	2 (22.2%)	1 (11.1%)	6 (66.7%)
	On-Campus, n=14	0 (0.0%)	0 (0.0%)	3 (21.4%)	1 (7.1%)	10 (71.4%)

Table H1-5: Please evaluate your satisfaction with the following related to your Faculty Advisor (2018)

Faculty Advising Attribute	Student Location	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Availability	Distance, n=9	0 (0.0%)	0 (0.0%)	2 (22.2%)	3 (33.3%)	4 (44.4%)
	On-Campus, n=14	1 (7.1%)	0 (0.0%)	1 (7.1%)	3 (21.4%)	9 (64.3%)
Willingness to listen	Distance, n=9	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (33.3%)	6 (66.7%)
	On-Campus, n=14	1 (7.1%)	0 (0.0%)	2 (14.3%)	2 (14.3%)	9 (64.3%)
Professionalism	Distance, n=9	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (11.1%)	8 (88.9%)
	On-Campus, n=14	1 (7.1%)	1 (7.1%)	1 (7.1%)	2 (14.3%)	9 (64.3%)
Overall satisfaction with faculty advising	Distance, n=9	0 (0.0%)	0 (0.0%)	0 (0.0%)	5 (55.6%)	4 (44.4%)
	On-Campus, n=14	2 (14.3 %)	0 (0.0%)	1 (7.1%)	2 (14.3%)	9 (64.3%)

Students in 2018, 2019 and 2020 reported high satisfaction with aspects related to answers about progress toward graduation and helpfulness of Program in connecting students to campus resources. (see Tables H1-6 (2020), H1-7 (2019) and H1-8 (2018).

Table H1-6: How satisfied are you with the UND MPH Program on these aspects (2020)

Response	Student Location	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Getting answers about progress of graduation	Distance, n=15	0 (0%)	0 (0%)	1 (6.7%)	6 (40.0%)	8 (53.3%)
	On-Campus, n=12	0 (0%)	0 (0%)	0 (0%)	4 (33.3%)	8 (66.7%)
Helpfulness of Program in connecting students to campus resources	Distance, n=14	0 (0%)	1 (7.1%)	1 (7.1%)	6 (42.9%)	6 (42.9%)
	On-Campus, n=12	0 (0%)	0 (0%)	1 (8.3%)	4 (33.3%)	7 (58.3%)

Table H1-7: How satisfied are you with the UND MPH Program on these aspects (2019)

Response	Student Location	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Getting answers about progress of graduation	Distance, n=9	0 (0%)	0 (0%)	0 (0%)	3 (33.3%)	6 (66.6%)
	On-Campus, n=15	0 (0%)	0 (0%)	3 (20.0%)	3 (20.0%)	9 (60.0%)
Helpfulness of Program in connecting students to campus resources	Distance, n=9	0 (0%)	1 (11.1%)	1 (11.1%)	3 (33.3%)	4 (44.4%)
	On-Campus, n=14	0 (0%)	1 (7.1%)	1 (7.1%)	4 (28.6%)	8 (57.1%)

Table H1-8: How satisfied are you with the UND MPH Program on these aspects (2018)

Response	Student Location	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
Getting answers about progress of graduation	Distance, n=8	0 (0.0%)	1 (12.5%)	1 (12.5%)	5 (62.5%)	1 (12.5%)
	On-Campus, n=14	1 (7.1%)	0 (0.0%)	2 (14.3%)	5 (35.7%)	6 (42.9%)
Helpfulness of Program in connecting students to campus resources	Distance, n=10	0 (0.0%)	1 (10.0%)	2 (20.0%)	5 (50.0%)	2 (20.0%)
	On-Campus, n=13	1 (7.7%)	0 (0.0%)	2 (15.4%)	2 (15.4%)	8 (61.5%)

5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

All newly accepted MPH students attend a Program orientation. Orientation is offered for fall and spring semester matriculation. Summer matriculation students are provided with basic information and are invited to attend the full fall orientation. At orientation, students meet

MPH core and adjunct faculty, current MPH students, SMHS administration, and program and SMHS staff. Students are oriented to UND, SMHS and program requirements and policies. They learn about support throughout campus as well as receive the Student Policy Handbook (ERF H1), MPH Program Bulletin (ERF H1), SGS Handbook (ERF H1), and APEx Manual (ERF D5).

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program provides an individualized approach to student advising.
- MPH students regularly meet with their Faculty Advisors and have no difficulty arranging advising sessions.
- The Program has a fall and spring advising week for students to meet with the Program Manager.
- The Program Manager holds regular office hours and is available by appointment for academic advising.
- The Program offers additional advising opportunities, such as "coffee hours", to address questions and/or concerns.
- MPH students are introduced to the program of study very early on, providing ample time to discuss and decide on a specialization.
- The MPH Program integrates preparation for the APEx and ILE early on in the curriculum, including CITI and HIPAA training modules in PH 531 and PH 551.
- The MPH Program holds a separate APEx orientation, allowing for a detailed description of requirements and process.
- The MPH Program incorporates ILE planning into coursework, and faculty advisors are actively involved in ILE development.
- The MPH Program has implemented changes to advising over the years, increasing student satisfaction as shown in the annual student survey.

Weaknesses
- Students do not meet regularly with their faculty advisors, particularly prior to ILE initiation in PH 550 or PH 583.

Plans for Improvement
- The MPH Program will develop a plan to more formally encourage and/or require students to regularly meet with their faculty advisor.
- The MPH Program will continue to review advising processes and procedures based on student feedback.
- In coordination with the SGS and all UND graduate programs, the MPH Program will implement annual performance/progress reviews for all students.

H2. Career Advising

The program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The program provides such resources for both currently enrolled students and alumni. The program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

1) Describe the program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.

   Career advising services are offered to all MPH students through the MPH Program and UND's Career Services. One-on-one counseling is provided for resume/CV and cover letter writing, career searches and mock interviews. Career Services hosts career fairs throughout the year to link students with potential employers and other workshops. Career Services also utilizes Handshake, a platform that facilitates job and internship searching, resume posting, event registration and interview scheduling. A full description of services are listed here: https://und.edu/student-life/career-services/.

   The MPH Program offers a variety of career advising and services. The MPH Program Manager regularly communicates internship, career and employment opportunities to all MPH students through email and Microsoft Teams platform. A MPH Graduate Assistant regularly updates the MPH website with internship and job postings in the region (https://med.und.edu/public-health/masters/student-resources.html). The website also lists public health job search sites and other career development resources. Upon request, the Program Director and Manager are available to discuss career searches and networking. Faculty advisors are available to discuss career searching and networking with students. Advisors integrate career counseling into academic advising, particularly during the second/last year of study in which the ILE is completed. Faculty also integrate career advising into coursework. Career advising is also integrated with the APEx. Students discuss with the faculty advisor and Program Manager their employment goals and how the APEx can help serve to achieve them.

   The MPH Program Manager and faculty are available and meet one-on-one with students in order to tailor and provide services that meet students' specific needs. This can include helping with specific job searches and networking within organizations which a student wishes to gain employment. Students are also encouraged to connect with program alumni to discuss career paths and employment opportunities.

2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.

UND Career Services staff are qualified professionals hired to serve students' career advising needs.

MPH Program staff and faculty provide career advising and services based on their experience and connections with employment opportunities. The Program Director, Assistant Director and Manager regularly orient and present faculty members with current opportunities for career advising and employment.

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

Example 1: MPH Students
The MPH Program offered a Public Health Career Development Day in spring 2018. The day included a UND Career Services presentation, free professional headshots, and a public health employer panel. Panelists included the North Dakota State Health Officer, Director of Grand Forks Public Health, and Director of Provider Partnerships for Blue Cross Blue Shield of North Dakota. Six students attended the Career Services presentation. Twelve people attended the employer panel (8 students, 2 faculty/staff, and 2 community professionals). See ERF H2 for announcement, planning and evaluation results.

Example 2: MPH Students and MPH Alumni
The MPH Program Manager regularly sends employment and career development opportunities to students and alumni via listservs. The Program also regularly updates the website with current job and internship opportunities in public health. Also listed are career development resources and job search sites. Please see https://med.und.edu/public-health/masters/student-resources.html. The Program also recently started a Microsoft Teams specifically for all MPH students. The "Career Hub" within the Teams is a central location for posting jobs, career-related articles/resources, and more. The creation of the Teams, and subsequent resources, is based on student feedback. Fifty-five students are currently active on the Teams. From January 1, 2020 – October 8, 2020, webpage analytics show 384 unique page views (559 total) of the MPH student resources page. See ERF H2 for example email sent to students.

Example 3: MPH Students
The MPH Program provides systemic career development and advising services in coursework, particularly in PH 590. This one-credit course, required for all MPH students in their final spring semester, is used to help them synthesize and communicate the knowledge and skills they bring to the workforce and how they can contribute to the public health field. This is done through class discussion and guest lecturers. Enrollment was as follows: spring 2018 = 11, spring 2019 = 8 and spring 2020 = 15.

Example 4: MPH Students and MPH Alumni
In fall 2020, the MPH Program implemented a bi-monthly series titled "Wednesday Where Are They Now?". The series acts as a career advising opportunity for students and alumni. Alumni are invited to highlight their work and provide guidance to students and alumni. The first

session, held on November 4, 2020, was attended by 14 people (6 students, 4 alumni, and 4 faculty/staff).

Advertisement to current students
"This bi-monthly series will feature our UND MPH alumni and their current work. Join to see familiar faces, network, learn more about Public Health career paths, what you can do now to prepare for your future career, and more." (See ERF H2 for email announcement.)

Advertisement to alumni
"This bi-monthly series will feature our UND MPH alumni and their current work. Join to see familiar faces, network, learn more about Public Health career paths, help to mentor current MPH students, and more!" (See ERF H2 for email announcement.)

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable.

The MPH Program annually assesses student and graduate satisfaction related to several aspects of the program. Quantitative and qualitative data below illustrates level of student satisfaction with career advising.

- 2018 survey response rate: The 2018 survey was sent to all the current MPH students anonymously (N = 34 students). The response rate was 73.5% (25 out of 34 students responded).
- 2019 survey response rate: The 2019 survey was sent to all the actively enrolled MPH students anonymously (N = 35 students). The response rate was 85.7% (30 out of 35 students responded).
- 2020 survey response rate: The 2020 survey was sent to all the actively enrolled MPH students anonymously (N = 48 students). The response rate was 68.8% (33 out of 48 students responded).

Chart H2-1 illustrates overall student satisfaction with information about career and professional plans.

UND MPH Student Survey Results 2018-2020
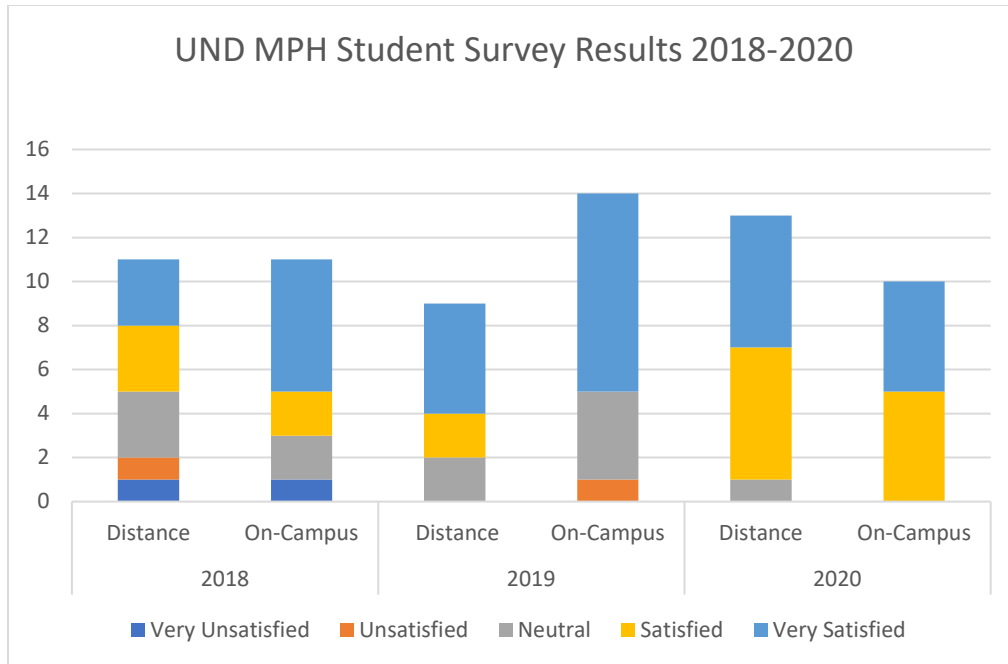
Qualitative Data from MPH Student Exit Interviews

2020
- Suggestions regarding career advising and development included incorporating outside lecturers to speak about their career path in relevant courses.
- Mentorship with job applications would have been helpful.
- Students thought that their practicum and scholarly projects were a great way to make connections with Public Health professionals.
- Continue to offer career panels, sessions, and sending jobs to alumni.

2019
- Suggestions included a more individualized approach, based on student's interests.
- Really enjoyed career panel.
- Made strong connections with faculty, which is a great asset for future networking.
- Visit MPH website often, keep sending jobs.

2018
- Orientation binder helped with types of jobs you can do with MPH.
- MPH staff keep job listings on the MPH website and email when they can.
- The connections students made through practicum were very helpful. Stayed in contact with those met through the practicum.
- Really enjoyed career panel.
- Students reported feeling very well prepared in seeking/securing a job. The skills make students marketable and act as foundation for advancement.
- Students suggested increased faculty involvement and discussion regarding how to make oneself more marketable.

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program provides an individualized approach to student advising.
- The MPH Program integrates career advising and development throughout the curriculum, particularly in PH 590.
- The MPH website lists up-to-date jobs in the region and around the nation.
- Staff and faculty are available to assist students with career advice and support them in their career search.

Weaknesses
- The MPH Program can improve career advising services for students who currently hold public health positions.

Plans for Improvement
- Increase faculty awareness of career advising services at UND and within the MPH Program.
- Continue to assess student and alumni needs for career advising. Implement services based on their feedback.
- Increase development and integration of career advising across the curriculum.

H3. Student Complaint Procedures

The program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

1) Describe the procedures by which students may communicate any formal complaints and/or grievances to program officials, and about how these procedures are publicized.

   There are multiple ways students may communicate their concerns to program officials. First, at least two times per academic year, the MPH Program hosts open forums and feedback sessions. All students are invited to attend, in-person or via Zoom, and encouraged to ask questions and communicate any concerns/complaints during these sessions. Second, the MPH Program Manager host a final feedback session with program graduates. Attending in-person or via Zoom, program graduates are prompted with specific questions and encouraged to share any additional concerns or feedback. Lastly, students are encouraged at all times to submit concerns/complaints, in writing or in person, directly to the MPH Director and/or MPH Program Manager. This recommendation and procedures are included in the MPH Student Policy Handbook (ERF H1) and MPH Bulletin (ERF H1) and is communicated to students during orientation.

2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.

   The process for filing an academic grievance or complaint is detailed in the MPH Student Policy Handbook and MPH Bulletin. Per the SMHS Student Grievance Policy, students with a grievance must first bring it to the attention of the appropriate faculty member within 30 calendar days of receipt of notification of the grade, decision or other academic matter about which the student has a complaint. Together the student and faculty member should attempt to resolve the grievance. If the grievance is not resolved to the student's satisfaction, it may be brought to the department or program level. If the grievance is not resolved to the student's satisfaction at the department or program level, the student may file the grievance for review by the SMHS Grievance Committee. The SMHS Student Grievance Policy is available at https://med.und.edu/policies/_files/docs/3.9-student-grievance.pdf and in ERF H3.

3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

   No formal complaints and/or student grievances have been submitted in the last three years.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The MPH Program publicizes and communicates procedures for formal student complaints/grievances.

Weaknesses
- Not applicable

Plans for Improvement
- Not applicable

H4. Student Recruitment and Admissions

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

1) Describe the program's recruitment activities. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

   The MPH Program faculty and staff promote the program to recruit a well-qualified and diverse group of students while also fulfilling the program mission to serve North Dakota and the Northern Plains. The program recruits and welcomes applicants from a wide variety of backgrounds including the social and behavioral sciences; the basic sciences including biology, chemistry, and physics; mathematics and computer science; and the humanities.

   The MPH Program, in collaboration with SMHS, INMED and SGS, recruits prospective students through several methods and networks, including the following:
   - Program website, available at med.UND.edu/MPH
   - Presentations to undergraduate public health and health professions students at UND and regional universities (Bemidji State University, Minnesota State University Moorhead, Casper College, Tacoma Community College)
   - Promotion through annual recruitment and graduate fairs (SOPHAS), public health conferences, career fairs, and UND student organization fairs. A selection of conferences are listed below:
     o North Dakota Public Health Association (NDPHA)
     o American Public Health Association
     o National Indian Health Board
     o Association of American Indian Physicians
     o Society for the Advancements of Chicanos and Native Americans in Science
     o Others
   - Individual communication through phone, email, social media and in person with prospective students
   - Local and regional media coverage of program and student achievements
   - Faculty and staff presentations at local, regional, national and global agencies and conferences
   - Students from programs outside the MPH are welcome to take MPH courses, and several have enrolled in the degree program
   - The MPH Program offers dual degrees, including MD/MPH, JD/MPH and BS/MPH that engages students from multiple disciplines in the degree program
   - Word of mouth through current students, alumni, faculty, staff and CAB

   Examples of print materials, presentations, and other materials can be found in ERF H4.

2) Provide a statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each.

Applications to the MPH Program are submitted through SOPHAS (https://sophas.org/). A supplemental application is required through the SGS (https://und.edu/admissions/graduate/apply.html). The supplemental application requests basic information and does not require any materials submitted through SOPHAS.

MPH admissions requirements and policies are in alignment with SGS policies and procedures, available in the UND Academic Catalog at http://und-public.courseleaf.com/graduateacademicinformation/admission/ and in ERF H1.

Admissions Policies and Procedures

- Admission to the MPH Program is granted jointly by the SGS and MPH Program.
- Admission to Provisional status may be granted to an applicant who has not met one or more of the general SGS or program level admission requirements, e.g., low GPA, low test scores, lack of required test, or other concerns about the applicant's ability to succeed in graduate study.
- The MPH Program accepts students for fall, spring and summer matriculation.
- The MPH Program accepts applicants until the class is full. Applications are accepted and reviewed on a rolling basis.
- Applicants specify a specialization on their SOPHAS application.
- The MPH Program is committed to the principle of equal opportunity in education. It does not discriminate on the basis of race, color, national origin, religion, sexual orientation, gender identity, genetic information, sex, age, creed, marital status, veteran's status, political belief or affiliation, or physical, mental, or medical disability unrelated to the ability to engage in activities involved with education. Please see UND's Equal Opportunity/Affirmative Action Policy Statement at https://campus.und.edu/equal-opportunity/.

Admissions Requirements
- Completion of the SOPHAS and SGS online applications and payment of application fees.
- A baccalaureate degree or equivalent from an accredited college or university (for U.S. degrees, accreditation by one of the six regional accrediting associations: MSA, NASC, NCA, NEASC-CIHE, SACS-CC or WACS-Sr.).
- An undergraduate and graduate (if applicable) cumulative grade point average (GPA) of at least 3.00. Undergraduate coursework in fields related to public health should generally exceed a GPA of 3.00.
- Fluency in written and spoken English. All non-native speakers of English must meet the SGS requirements regarding fluency in written and spoken English.
- Applicants are required to submit the following supporting documentation:
  - A written statement that describes the applicant's professional goals and motivation for seeking a degree in public health. In addition, applicants should comment on any personal qualities, characteristics, and abilities they believe will enable them to be successful in achieving their career goals. (limit 2 pages)
  - Resume listing work experience, including voluntary, and relevant accomplishments, awards, and honors.
  - Official post-secondary academic transcripts from all institutions attended.

- Three (3) letters of recommendation from individuals who the applicant feels are most qualified to evaluate their academic potential and leadership potential in public health.
- The MPH Program Admissions Committee can request an in-person or Zoom interview with an applicant to assist in the decision process.
- A background check is completed after admission and prior to matriculation.

Admissions Process

Prospective students begin the admissions process by submitting an online application and supporting documentation through SOPHAS. They also submit a supplemental application through the SGS. Once submitted, SOPHAS and the SGS verifies completion. Once verified, SOPHAS and the SGS materials are accessed by the MPH Program. Each application is reviewed independently by two Admissions Committee members from each applicant's specified specialization. In the review, committee members rank and comment on applicants based on five sections: 1) transcripts and academics; 2) personal statement of goals; 3) resume/CV; 4) letters of recommendation; and 5) ranking of applicant evaluations completed by recommender (if applicable). Committee members submit an overall recommendation of the applicant: 1) admit; 2) do not admit; or 3) admit provisionally. They must provide a rationale if "Admit Provisionally" is selected. A template is provided and used to guide each member's review (See ERF H4 for applicant review form). Admissions Committee recommendations are submitted to the Program Director. After the final decision is made, the Program Assistant enters the decision in the SOPHAS and SGS portals. Decision letters are sent by the SGS. (See ERF H4 for a redacted decision letter.) Once an offer of admission has been accepted, the MPH Program makes contact with program-specific letter of congratulations with details about orientation. (See ERF H1 for letter template.)

3) Select at least one of the measures that is meaningful to the program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list, the program may add measures that are significant to its own mission and context.

Template H4-1

Outcome Measures for Recruitment and Admissions				
Outcome Measure	**Target**	**2017-18**	**2018-19**	**2019-20**
Percentage of priority under-represented students accepting offers of admission.	20.0% American Indian	5.9%	6.7%	25.0%

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
- The program maintains an easy-to-use and up-to-date website for prospective students to learn about the program.

- The program has an increasing number of applications and matriculated students.
- Faculty and staff assume an active role in recruitment locally and nationally at conferences, meetings, and other functions.
- Strong connection with UND undergraduate programs.
- Strong connection with regional tribes and tribal colleges.
- Program is a member of ASPPH and utilizes SOPHAS.
- Five Indigenous faculty members actively recruit a diverse and qualified applicant pool and serve as role models and mentors to American Indian students.
- Online and distance degree options allow students to remain in their home communities.

Weaknesses
- Limited internal scholarship opportunities.

Plans for Improvement
- Identify pipeline-programs for recruiting well-qualified students in the region.
- Identify and secure scholarship funding to aid in recruitment of well-qualified students.

H5. Publication of Educational Offerings

Catalogs and bulletins used by the program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

1) Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements.

   MPH Program
   - Overview: https://med.und.edu/public-health/masters/
   - MPH Core Curriculum: https://med.und.edu/public-health/masters/coursework.html#d29e82-2
     - Health Management & Policy specialization: https://med.und.edu/public-health/masters/coursework.html#d29e82-4
     - Indigenous Health specialization: https://med.und.edu/public-health/masters/coursework.html#d29e82-5
     - Population Health Research & Analytics specialization: https://med.und.edu/public-health/masters/coursework.html#d29e82-3
   - Degree Completion Requirements: https://med.und.edu/public-health/masters/coursework.html
   - Admissions Policies: https://med.und.edu/public-health/masters/admissions.html
   - Student Resources: https://med.und.edu/public-health/masters/student-resources.html
     - MPH Bulletin (includes admissions policies, degree and specialization requirements, course descriptions): https://med.und.edu/public-health/masters/student-resources.html#d29e81-3
     - MPH Policy Handbook (includes academic calendar, link to Graduate School policies and procedures, grading policies, links to Academic Integrity Standards and Code of Student Life): https://med.und.edu/public-health/masters/student-resources.html#d29e81-3

   Links to the information below are also found in the MPH Bulletin and/or MPH Policy Handbook:

   - University Academic Calendar: https://und.edu/one-stop/academic-calendar/graduate.html
   - Graduate School Policies and Procedures: https://und.edu/academics/graduate-school/current-students/resources.html
   - Grading Policies: http://und-public.courseleaf.com/graduateacademicinformation/academicpolicies/grades/
   - Academic Standards: http://und-public.courseleaf.com/graduateacademicinformation/academicpolicies/standardsandprofessionalconductpolicy/

- UND Code of Student Life: https://und.edu/student-life/_files/docs/2020-code-of-student-life.pdf